

Embrace-CT InCK Needs Assessment Design Group

<u>Meeting Name</u>	<u>Embrace-CT InCK Needs Assessment Design Group</u>	<u>Meeting Date and Time</u>	<u>Tuesday 08/10/2021 2-3:30p</u>
<u>Meeting Purpose</u>	<u>Develop needs screener and administration process for CT-InCK</u>	<u>Meeting Time</u>	<u>Join the Zoom call: https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZpTG5jdz09</u>

<u>Attendees</u>					
	<u>Name</u>	<u>Role, organization</u>		<u>Name</u>	<u>Role, organization</u>
	Dr. Megan Smith	Member, Connecticut Hospital Association	X	Mikaela Honhongva	Co-Facilitator, Clifford Beers
X	Alice Corrigan	CHO, Clifford Beers	x	Leslie Brown	CHO, Clifford Beers
	Ken Okwuosa	CHO, Clifford Beers	x	Erica Garcia-Young	Member, DSS
	Dashni Sathasivam	Member, Health Equity Solutions		Robert Plant	Member, Beacon Health Options
x	Jennifer Gagnon	Member, Beacon Health Options	A	Smruti Vartak	Member, Beacon Health Options
x	Bernadette DAlmeida	Member, Community Health Network	x	Tressa Spears	Member, Community Health Network
	Lauren Kelley	Member, Project Access-New Haven	X	Hannah Croasmun	Member, Christian Community Action
	Bethany Zorba	Member, Department of Children and Families	x	Yvette Cortez	Member, Department of Children and Families
	Claudette Kidd	CHO, Clifford Beers	x	Jennifer Richmond	Clifford Beers

Reminders/Definitions

1. Group Agreements:

- a. Respectful participation
- b. Speak truth!
- c. Listen to understand
- d. Agree to disagree
- e. Expect discomfort/growing edge

2. **Health Equity working definition:** Everyone has a fair and just opportunity to obtain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, or socioeconomic status. (Health Equity Solutions)

3. **Housing Stability working definition:** Stable Housing means households have a choice over when and under what circumstances to move. They do not live in perpetual uncertainty about their housing needs. Households are able to afford monthly housing payments without it taking up a significant portion of their budget. (Corporation for Enterprise Development)

4. **Food Security working definition:** Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life. This can be a temporary situation for a household or

can last a long time. Food insecurity is one way we can measure how many people cannot afford food.
(Feeding America)

Agenda Topic	Key Discussion Points / Decisions	Notes
1. Welcome, Update (5m)	a. SOP Submission	
2. Functioning Impairments Feedback (20m)	a. SWYC	<p>Possible tool to use for younger kids:</p> <p><u>Survey of Well Being of Young Children(SWYC)</u> (About 70 questions)</p> <ul style="list-style-type: none"> ● Can be used as young as 2 mos. ● Identifies areas where a child may be at risk. ● Identifies strengths ● Prioritizes needs. ● Assesses parents needs ● Developmental milestones <p>Thoughts?Questions?</p> <p>Like this screener because it covers a lot of things. Like that it addresses parents' needs. How long will it take to complete?</p> <p>First 15 questions can be pre populated.</p> <p>Other fields can also be pre populated.</p> <p>Sections (depending on age) can be skipped or pre populated.</p> <p>Functional Impairments for 5-18 y/o...may be able to skip some questions.</p> <p>Ask parents...are there any general concerns you may have?</p> <p>Can we do a broad based assessment?</p> <p>In excel, somehow create a core group of questions. Based on certain parameters, additional questions</p>

		<p>SPARKLER: Possibly pre populated with the Office of Early Education. May address literacy issues.</p> <p>ASQ:Is sufficient enough to make a Birth to Three referral. Social/ Emotional component.</p> <p>PHQ 2 : Age limit?</p> <p>PHQ 9</p> <p>No automatic triggers, there is a workflow.</p> <p>Parent’s experience in PHQ 9: Under 12, parent assisted child to complete. Over 12, let the child complete independently.</p>
<p>3. Data Driven Pre-fill Approach (20m)</p>	<p>a. Use of pre-filled data</p> <p>b. Sensitive data - Child Welfare, Foster Care</p>	<p>If we prepopulate, kids change over time. May be difficult to pre-populate.</p> <p><u>Areas we may pre populate:</u></p> <ul style="list-style-type: none"> ● Need for Child Welfare Services ● Out of home placements ● Number of hospitalizations (what kind of admission) <p>Per Beacon: Have the ability to distinguish what type of hospitalization admission.</p> <p>Need to define difference between chronic and acute.</p> <p><i>How can we give families a heads up that things may be pre populated?</i></p> <p>Perhaps HUSKY Health can send out a letter advising families that they will be</p>

		<p>contacted and that it's okay to talk with them. Additionally, your information has been shared with your chosen provider.</p> <p>Make providers aware, as beneficiaries trust their providers.</p>
4. Training needs (15m)	a. Begin brainstorming training needs and approach	<p>What are the training materials that tend to be helpful?</p> <ul style="list-style-type: none"> ● Webinars, reading materials ● Webinars are good because they can be interactive.(Have to consider access) ● Emails/texts/websites <p>Include in Needs Conversation:</p> <ul style="list-style-type: none"> ● training around motivational interviewing. ● Opt out process
5. Future Meetings (10m)	a. Feedback for next steps	<p>One last meeting.</p> <p>Will be shifting to a pilot run through.</p> <p>Final draft due 10-30-21.</p> <p>Anticipate that design group will go for few more months.</p> <p>Kia will be in touch with everyone.</p>

Action Item(s):	Person Responsible	Date Due
1. Will provide simple alcohol screening tools	Bern (CHN)	
2. Consult with Sandrine (CHN physician) about how we should look at nicotine & vaping.	Bert Plant (Beacon)	
3. Follow up with Beacon on distinguishing different types of hospitalization admissions	Kia and Jen Gagnon	
4.		

5.		
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