

## Embrace-CT InCK Needs Assessment Design Group

<b>Meeting Name</b>	Embrace-CT InCK Needs Conversation Design Group	<b>Meeting Date and Time</b>	Wednesday 06/30/2021 1-2:30p
<b>Meeting Purpose</b>	Develop needs screener and administration process for CT-InCK	<b>Meeting Time</b>	Join the Zoom call: <a href="https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZpTG5jdz09">https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZpTG5jdz09</a>

Attendees					
	Name	Role, organization		Name	Role, organization
	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
X	Ken Okwuosa	CHO, Clifford Beers	X	Erica Garcia-Young	Member, DSS
X	Dashni Sathasivam	Member, Health Equity Solutions		Robert Plant	Member, Beacon Health Options
	Jennifer Gagnon	Member, Beacon Health Options	X	Smruti Vartak	Member, Beacon Health Options
X	Bernadette DAlmeida	Member, Community Health Network	X	Tressa Spears	Member, Community Health Network
X	Lauren Kelley	Member, Project Access-New Haven		Hannah Croasmun	Member, Christian Community Action
	Bethany Zorba	Member, Department of Children and Families		Yvette Cortez	Member, Department of Children and Families
	Claudette Kidd	CHO, Clifford Beers		Kitty Tyrol	

### 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. <b>CMS Feedback</b> (10m)	a. Feedback from the CMS site visit	
2. <b>Process</b> (20m)	<ul style="list-style-type: none"> <li>a. Incentivizing completion of survey</li> <li>b. Managing multiple family members</li> <li>c. Encouraging accurate report for teenage respondents</li> </ul>	<p>a.</p> <p>Explain how benefits them, how it will improve overall health and not just mental health. Explain purpose of whole InCK program.</p> <p>Bern: see immediate value, what's in it for me right up front. During first convos show value and immediate value.</p> <p>Lauren: At PANH do an intake to see needs. No financial incentive. Make it part of process, say it's part of getting to know one another. Do offer incentive for follow-up. Say we want to understand what's going on.</p> <p>Ken: have understanding that voice matters and we're listening to capture what needs are and to make changes. Part of process is knowing we are listening and that it does matter.</p> <p>Alice: Need to see instant gratification, what they get out of it. Most time have intakes that are referred to us and don't have to be there. Trying to get them to switch over but no incentive to individual. Often times they can take 2 sessions and give stipend. When doing home services was hard to get second intake.</p> <p>Leslie: incorporate into process they are already doing. Let them know the purpose in the process of their healthcare.</p>

		<p>How to motivate providers to do needs assessment process?</p> <p>Smruti: NJ pays, is that possible?</p> <p>Erica: have raised as a thought, have to connect to APM as well as general terms and conditions as well as system of care. Yes possible but no deep dive. Still think about hubs and where else we might find members to interact outside of office setting.</p> <p>Smruti: if no financial incentive, then using same approach as what we would use it for, use it for provider education.</p> <p>Alice: education, who we are and what we're trying to achieve.</p> <p>Bern: they developed provider notification form which they would use to enter info on members they serve. One of more valuable things is had providers be part of development of it. They really participated. Short, sweet type of assessment they can do. Particular about wording. Bring in a small provider to give feedback as well. Make them a superuser/champion</p> <p>Alice: Ken and she did needs convos in past. Leslie also did WIC. Need to have large entities. How did they get providers on board?</p> <p>Bern: they have a provider advisory workgroup, reached out to them via email, phone. CMAP providers with Husky. Sent invitations to participate. Providers did receive an incentive.</p> <p>b.</p> <p>Smruti: if we have a unique family ID that will change things. Certain questions can be pushed out to other areas of record.</p>
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3. <b>Functional Symptoms/ Impairment Feedback</b> (30m)	<ul style="list-style-type: none"> <li>a. CANS</li> <li>b. Ohio</li> <li>c. PHQ-2/9</li> </ul>	
4. <b>Trauma Screening</b> (10m)	<ul style="list-style-type: none"> <li>a. ACES</li> <li>b. PEARLS</li> </ul>	
5. <b>Next Meeting</b> (5m)	<ul style="list-style-type: none"> <li>a. July 13, 2p-3:30p</li> </ul>	

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.		
4.		
5.		