



Department of Human Services

3460 Broadway, Boulder, Colorado 80304
515 Coffman Street, Longmont, Colorado 80501
1755 S. Public Road, Lafayette, Colorado 80026

Tel: 303.441.1000 • Fax: 303.441.1523

www.boco.org/humanservices

Family Resource Network (FRN) Regional Council Meeting Minutes

Thursday, November 9, 2023

3:00-4:30pm, MS Teams

Attendance

Present

- Robin Bohannan
- Susan Caskey
- Suzanne Crawford
- Elizabeth Crowe
- Jorge De Santiago
- Miranda Fisher
- Jackie List
- Christina Pacheco
- Karin Stayton
- Anne Tapp
- Johnny Terrell
- Julie Van Domelen

Absent

- BVSD (Vacant Seat)
- Danielle Butler
- Marc Cowell
- Dr. Perla Delgado
- Jennifer Leosz
- Lexi Nolen
- Mandy Perera
- Simon Smith

Staff Present

- Georgina Becerril
- Katrina Harms
- Susana Lopez-Baker
- Joni Lynch
- Gwen Mossman
- Mary Lynn Neiman (proxy for Danielle Butler)

- Kammi Siemens
 - Whitney Wilcox
-

Welcome and Introductions

The Family Resource Network (FRN) Regional Council Meeting was called to order by Julie Van Domelen.

Family Resource Network Updates

The focus of this part of the meeting was on reviewing the half-day Screener Summit that took place in October. Whitney Wilcox provided a recap of the main discussion and decisions from the meeting. During the Screener Summit, participants collectively identified and prioritized the features they wanted in a screening tool, emphasizing cultural competency, multilingual support, ease of use, and being trauma informed and client centered.

Two screening tools, the PRAPARE and the FRCA tool, were considered. Participants favored the FRN adopting a shared social determinant of health screening tool. When given the choice between adopting existing tools (the PRAPARE or FRCA) or creating a locally developed one, the group chose to develop their own tool.

Julie Van Domelen then encouraged members to share their thoughts and reflections since the meeting.

- Susan Caskey had questions about which agencies would use the tool, which organizations would be referred to, and how practical it would be to implement within HHS. She highlighted the current lack of sufficient resources in the community for referrals and emphasized the need for realistic expectations regarding available services.
- Elizabeth Crowe mentioned that their team is gathering thoughts and echoed Susan's questions. She emphasized the importance of collaborating with nonprofit partners to address needs without overly complicating the system.
- Katrina Harms expressed uncertainty about how the tool would be used in the mountain region, who could take it on with limited capacity, and challenges related to referrals and familiarity with screening tools and human services resources.
- Christina Pacheco highlighted the potential positive impact on the client experience if multiple agencies adopted the tool, providing a consistent approach and screening experience. She emphasized the importance of alignment with other organizations.

Julie said that adopting a shared social determinants of health screening tool was one of the priorities in the FRN work plan. The goal is to transition from the current ad hoc referral system, driven by what a navigator may or may not know, to a more systematic approach. The idea is to quickly identify multiple needs when someone seeks help, ensuring that various agencies can address different aspects of those needs, even if they fall outside the service area of a

particular agency. This shift is intended to address knowledge gaps in services and create a more efficient and effective process for connecting individuals with the support they need.

Whitney asked organizations to show their commitment to using a shared social determinant of health screening tool, considering the resources needed for implementation. Elizabeth suggested a different approach, acknowledging uncertainty around the specific tool design. She emphasized the need for people to affirm the direction but expressed that without identifying a tool, the commitment might be unclear. In response, the group proceeded with other decisions related to the tool and revisiting the commitment discussion later.

Susan Caskey expressed interest and commitment to the vision of establishing a consistent practice for screening or assessment to effectively identify needs and make referrals but noted that HHS is not currently ready for implementation.

Whitney then outlined the decisions the Regional Council must make about the screening tool, covering its format, key domains, and the resources for development, implementation, and upkeep. Once these decisions are settled, the implementation team will handle the rollout. Whitney also presented two viewpoints on the screening tool: one supporting a brief focus on immediate needs and another favoring a more comprehensive format covering a broader range of domains. The group needs to clarify the goal and purpose of the screening tool and choose between a brief screener or a more comprehensive approach. After presenting the features of each tool, Whitney encouraged discussion.

- Kammi Siemens and Julie shared their understanding that the screener is designed to be a light tool for quickly identifying needs and making referrals, rather than a comprehensive assessment. Kammi highlighted EFAA's use of the CFSA as their comprehensive assessment tool, with the common screener serving as a quick tool to identify additional referrals.
- Katrina discussed the potential use of the screener in the mountains, beyond existing liaisons. She considered locations like the library or town hall. While these organizations might be open to referring individuals to services, they might not follow-up to ensure services are accessed. They may also not be familiar with the tools, requiring different training. Julie shared that the referral system is more commonly associated with human services agencies, sharing an example in the mountains where the Nederland Food Pantry might use a brief survey to connect individuals with rental resources or mental health services.

PREPARE Lite Presentation and Q&A

Whitney reiterated that at the Screener Summit, the group decided to develop a local screening tool, taking the best features from the PRAPARE and FRCA screening tools. She highlighted the flexibility of this approach for customization and acknowledged the challenges of limited resources and meeting group-established criteria. Schivonne Keller from Clinica then introduced the PRAPARE light tool, developed during COVID to efficiently screen for social determinants of health. This tool focuses on essential questions covering food, housing, safety,

transportation, and more. While it was initially used to streamline screenings during the pandemic, Clinica has returned to the original PRAPARE tool for reporting requirements.

Whitney asked about the use of the PRAPARE light tool in other organizations, particularly in community-based and government settings. Schivonne was unsure. Whitney highlighted the well-supported nature of the PRAPARE tool and asked if the resources would apply to the light version. Schivonne confirmed that the questions in the PRAPARE light tool are from the original version, indicating compatibility with the modified tool.

Julie asked about Clinica's current use of the PRAPARE tool, and Schivonne explained that currently they use an interview-style approach with a care manager, focusing on specific populations due to capacity limitations of this method. These populations include people with diabetes, pregnant individuals, and others engaged in care coordination. She outlined their future plan to move to an electronic form, conducting annual screenings per family, and asking about identified needs and preferred help. Schivonne mentioned a conference where Kaiser discussed adding three questions to their screenings: if they want help, which areas they need help with, and how they want to receive that help (via email, phone call, or immediate discussion). The goal is to customize support based on individual preferences, and Clinica is collaborating with their software developer to implement this approach.

Discussion and Next Steps

Julie reiterated concerns about developing a new screening tool, suggesting it might be more practical to use or modify an existing one.

Robin Bohannon expressed uncertainty that this was the right audience for this question, stating that the current discussion feels more operational and outside the typical role of an FRN Regional Council member. She added that during past work with HHS and Community Services, a light version of the Self-Sufficiency Matrix called "How Can We Help?" was created. It was intended to be given to clients in waiting rooms and connect them to services and was very similar to the PRAPARE light tool. However, despite being used for a while, it fell out of use but can't recall why.

Julie noticed that our discussions were getting stuck on the tool itself rather than the more challenging aspect of how to actually use it. She suggested that the wording of the questions was less critical than figuring out what actions to take based on the information gathered. Robin added that there's been a shift from concentrating on case management to a focus on resource navigation. She pointed out the lack of a standardized approach to what navigation should involve. To address this, she proposed the group define resource navigation and make a commitment to it as a practice, regardless of individual roles.

Suzanne shared the challenge of incorporating a new screening tool into existing processes, especially in their food bank where there's a high volume of families. Kammi agreed, noting the difference between the theoretical desire to address social determinant of health and the practical challenges of putting it into operation. EFAA has discussed using a simple tool, like the PRAPARE light, for initial screenings by front desk staff or volunteers.

Julie said there is space for variation in the sense that some agencies might see immediate usefulness, while others may need time to figure it out. The concept is to adopt a common tool that can be easily embedded into a closed loop referral system, enabling more efficient resource matching compared to using multiple screeners.

Katrina shared challenges in explaining the tool's purpose to the pantry but emphasized the importance of understanding its benefits and functionality.

Elizabeth recommended taking a step back, and proposed internal discussions within agencies, using some of the questions from the screener summit. Teams would then provide input and feedback on a screening tool.

Julie proposed next steps, advocating against developing a new tool from scratch. The group agreed to bring input from their teams to the January meeting, where each agency will outline their approach to using the tool. Homework, including the PRAPARE light tool, PRAPARE, and FRCA screener, will be sent out for feedback from teams. Responses should be sent to Whitney for compilation by mid-December. The January meeting will be used to share insights, discuss usefulness, and explore potential piloting opportunities.

The meeting was adjourned.