TSIG Goal #5 First Meeting
March 8, 2006

Convener: Lauren Siembab

1. Introductions (and attendance)

2. Handouts

3. Overview of projects
   - New Freedom Commission Report
   - Goal #5
   - Focus across the lifespan
   - Evaluation components, including needs assessment and resource inventory
   - Project timeline and question of **What are allowable costs?**
   - **Issue: if resource inventory does not include private sector (e.g., insurance) or SSI/SSDI, how can this be captured? Especially important in terms of housing and other supports**

4. Workgroup strategy
   - Review of specific sub goals, questioning relevance of 5.1 and 5.4
   - Wish of researchers to conduct pilot studies to inform 5.1., 5.2., and 5.4, including cost effectiveness studies to inform policy, role of families and family interventions
   - Brief overview of existing research initiatives: trauma, medication adherence, cost effectiveness, addressing side effects, illness management and recovery, cultural competence and disparities, culturally specific interventions
   - Need to move research to practice (5.2), pilots/demonstrations of adapting and implementing ebp's
   - Challenge of taking existing resources and reallocating to evidence-based practices rather than waiting for new dollars
   - Need to focus on quality of care, regardless of evidence-base or not (they are not the same) (possible overlap with technology workgroup--#6)
   - Need to focus on school-based interventions (possible overlap with workgroup #4)
   - Study needed to identify incentives or other reimbursement strategies to increase system capacity, as well as disincentives for providing quality care
   - Begin with inventory of evidence-based practices to stimulate discussion of what ebp's (broadly defined) Connecticut might want to implement and disseminate
   - Need to be mindful of issue of consumer/family choice in relation to ebp's (overlap with workgroup #2)
   - Need to look at data relative to 5.4, especially disparities (workgroup #3) and acute care (possible connection to workgroup #6); could "acute care" include emergency shelters, respite care, and other alternatives/defaults?

5. Meeting schedule: Wednesday mornings; next meeting <u>Wednesday, March 29, 9:30</u>