

TSIG Goal #5 Second Meeting
March 29, 2006

Convener: Lauren Siembab

1. Introductions (and attendance)
2. Handouts (minutes, ebps from DCF, DMHAS lessons learned report, implementation research monograph, guidelines for workgroups, blueprints for model programs, toolkit descriptions)
3. Overview of T-SIG workgroups
4. Discussion of evidence-based practices and research activities

In addition to ebps, state plan must also take into account and address problematic trends, gaps, and wasted resources and lives, e.g., people going into jails and prisons, people in nursing homes and hospitals, resources allocated to practices that are not evidence-based.

Lots of lists of lots of practices compiled by lots of different groups with lots of different agendas. Confusing, contradictory, and challenging in terms of implementing any of these on a broad-scale with fidelity. What about measuring fidelity and outcomes? Might this have a longer-term impact on the state? If outcomes assessment and monitoring is taken up by workgroup #6, and supervision by workgroup #7, then perhaps this group can focus on fidelity and more on the content of the practices than the infrastructure.

Review of existing initiatives, including supportive housing, DCF/CCSD multi-systemic recovery, illness management and recovery, employment supports, gender specific and trauma informed treatments, iddt and other co-occurring disorder treatments, preventing and addressing homelessness (housing first model), enhanced care clinics with DCF/DSS, assertive community treatment, early intervention in first episode psychosis, prison and jail overcrowding commission made several recommendations for practice improvements, jail diversion and re-interview programs, re-entry program, crisis intervention teams, functional family therapy for parolees, DOC/DMHAS/CSSD alternative to incarceration initiative.

Adherence to treatment guidelines for medication is a big need. Also has to be tied to psychosocial interventions, when to terminate meds, how to assess effects, etc. DCF is beginning to look at electronic medical records to monitor medication prescription and administration. Issues of informed consent also highlight the need for tracking of prescription practices and to what degree youth and families are making informed choices.

Is there a role for front-line staff to identify needs and suggest directions for adoption of new practices? Can they be “empowered” to suggest and try out innovative solutions to address existing limitations or problems? Need for access to data and possible role for performance measurement. There are challenges in implementing such systems across agencies, which have different agendas and value different outcomes. The need for

identifying valued outcomes that hold across stakeholders, including people in recovery and families. Data system also needed to justify reallocating resources from practices that do not work to fund ones that do. Issue of nursing home dollars is related to, but bigger, than this and needs separate attention.

DVA looking at the needs of veterans with addictions and/or mental illnesses.

5. Next meeting: Wednesday, April 12th, 9:30 – 11:30