

OFFICE OF THE GOVERNOR STATE OF CONNECTICUT

Governor's Task Force on Housing and Supports for Vulnerable Populations Sub-Group on Service Coordination for the Pilot Project January 17, 2020, 10:00 am – 12:00 pm Capitol Room 208 DRAFT Meeting Minutes

Task Force Members Present*

Office of the Governor Senior Coordinator for Housing/TOD Lisa Tepper Bates

Department of Aging and Disability Services Patricia Richardson

Department of Correction Erin Forest

Department of Developmental Services Commissioner Jordan Scheff

Department of Economic and Community Tommy Hyde

Development

Department of Mental Health and Colleen Harrington and Fred Morton

Addiction Services

Office of Early Childhood Kyle Pilon

Office of Health Strategy Laura Morris and Brent Miller

Office of Policy and Management Scott Gaul

Supportive Housing Works David Rich, Lauren Zimmerman, and Jessica Kubicki

Connecticut Health Network

Partnership for Strong Communities

United Way of CT

Nancy Sienkowski

Kiley Gosselin

Rick Porth

- I. Introductions and purpose of meeting Rick Porth and Fred Morton introduced the purpose of the meeting to review the current draft concept for service delivery for participants identified for the pilot, and to review the progress in developing a training approach for the service providers who will participate.
- II. Brief discussion of New England Journal of Medicine article: "Health Care Hotspotting A Randomized, Controlled Trial," and response from Camden Coalition of Healthcare Providers Lisa Tepper Bates and David Rich reviewed the recent series of articles on this topic. While there is more to be learned from the experience in Camden and the results of the RCT

^{*}Leadership of participating entities may elect to appoint a designee

regarding that work, two early conclusions that have emerged seem to support the approach proposed for the pilot: (1) embracing a wider range of data points across systems to think about how to assess for need and improved outcomes; (2) closer coordination across multiple systems and more robust response to non-medical needs. (Articles attached.)

- III. Review of Service Delivery Pilot process map – Lauren Zimmermann, Director of Strategy and Operations for Supportive Housing Works, reviewed the draft process map developed in conjunction with a wide range of partners from government agencies as well as nonprofits. The goal is to pilot a truly person-centered, multi-system approach that will seek to work together to meet the most critical urgent needs of identified clients. Clients identified as eligible for the pilot will be outreached by DSS extenders, Beacon Healthcare Options and Community Health Network. Once a client agrees to participate, and has signed a release of information stipulating which of their administrative data may be shared with the service delivery team, the client will then move to the team to begin care delivery. Dr. Maria O'Connell, of the Yale Program on Recovery and Community Health (PRCH) is currently modifying the client mapping exercise for application in the service delivery pilot. That "map" will serve as the shared starting point for all providers on the team to understand the goals and priorities of the client or client family. The team will be multi-disciplinary, consisting of state agency representatives and nonprofit organizations who will work together in meeting client needs. Senior points of contact will meet on a regular basis to review cases and to work together to develop service delivery plans, with an emphasis on meeting critical client needs quickly. In addition to multidisciplinary collaboration, this pilot will also offer the opportunity to provide more innovative supports for clients based on their specific needs and employing flex funds and other tools. (Draft process map is attached.)
- IV. Update on Service Delivery Pilot training component
 - a. Person-centered care training Patricia Richardson, ADS, is the lead on a multi-agency grant to the state of CT on person-centered care under the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). Patty explained that the larger project is focused on aligning different person-centered care models and training programs across CT state government. Given the opportunity of the Task Force pilot, and together with NCAPPS TA provider, Janis Tondora, Yale School of Medicine, and in tandem with partners from Yale PRCH, the team would help to identify training opportunities for the senior- and case-manager level member of the pilot team.
 - b. Adverse Childhood Experiences (ACES) Kyle Pilon, OEC, explained the importance of an approach that factors in appropriate attention for ACES. To meet that need, senior and working-level staff involved in the pilot will be trained on ACES. The first opportunity for this training will be an event at the Capitol in March, at which a screening and moderated discussion of the movie "Resilience," will be offered. The group agreed that the senior Agency/Organization Points of Contact for the pilot would be outreached to

- participate in that event. Training for the case-manager level staff for the pilot will be arranged separately.
- c. Critical Time Intervention (CTI) David Rich noted that the implementation of CTI in the homelessness response system in Fairfield County had led to a marked expansion in service provision to help more people. Jessica Kubicki, Director of Programs for Supportive Housing Works, elaborated that CTI provides an intensive, time-limited approach to stabilize clients while connecting them to permanent services and supports (both formal and informal). She noted that there is substantial overlap with the personcentered approach. Jessica and Patricia Richardson agreed that the CTI and personcentered care elements of the training could be reconciled to minimize overlap and ensure the best use of participant time.
- V. Additional updates and next steps Rick Porth and Fred Morton noted that the service delivery model would be brought to the full membership of the Governor's Task Force on Housing and Support for Vulnerable Populations at the next scheduled meeting January 24.
- VI. Meeting adjourned at 12:10.