STATE OF CONNECTICUT
State Innovation Model
Design Group 2 – Community Integration
Design Workshop #1
Meeting Summary
Tuesday, May 27, 2015
12:00 – 1:30p.m.

Location: By Conference Call and WebEx

Members Present: Susan Adams; David Finn; Abigail Kelly; Rebecca Mizrachi; Rowena Rosenblum-Bergmans; Jesse White-Frese

Absent Present: Anne Klee; H. Andrew Selinger; Elsa Stone

Other Participants: Elizabeth Beaudin; Lesley Bennett; Supriyo Chatterjee; Michelle Moratti; Mark Schaefer; Katie Sklarsky

Agenda Items:
1. **Meeting Objectives**
2. **Key Success Factors for CCIP Participants**
3. **CT SIM Goals and CCIP**
4. **Overview of Community & Clinical Integration Models**
5. **Next Steps**

Meeting Summary:

The meeting started at 12:04 p.m.

Katie Sklarsky of The Chartis Group facilitated a group discussion. Participants articulated a number of perspectives including:

- Agreement that monitoring reporting and community linkages should be required for Advanced Networks participating in the CCIP program.
    - Without reporting and monitoring there is no way to know what works and what does not.
- Request for a formalized definition of the strength of community linkages - suggested that metrics would be critical to monitor linkages in order to demonstrate progress.
- Agreement on proposal that the Advanced Network would have the flexibility to define their target population given the local community needs and have the autonomy to choose which clinical capabilities and community linkages are necessary to address the needs that are specific to their community.
    - Asked if existing assessment tools could be used (e.g.; hospital assessments) – as long as output is defensible (i.e.; good for population).
    - Request/suggestion that in addition to assessment the community is polled to gain a better understanding of what their needs are/what services would support them.
- Several additional suggestions were made about community linkages that might be relevant:

    - Faith based organizations, employment agencies, school based health centers.
    - Ultimately group acknowledged that the list could be endless and the linkages formed should be dependent on the population's needs.
- Group mostly felt that 211 had good information about available resources, but feels that there could be better education to providers and patients about what 211 is and how to use.
    - Unclear where this fits within CT SIM, but is a need.
- Regarding accountability for community linkages members' points of view varied – some felt there should be contractual arrangements between clinical and community settings while others felt a taskforce would be sufficient.
    - Feeling that the strength of relationship should reflect what you are doing (i.e.; legal/risk contractual, but if trying to improve health and all members are bought in a taskforce should be sufficient).
    - Seemed to have consensus that what was most important was to be clear about expectations (roles/responsibilities and desired outcomes) and the structure that seems most appropriate to accomplish those outcomes should be used.
    - Discussed that at a minimum there should be something more than a "handshake" (discussed charter or MOU).

The meeting adjourned at 1:06 p.m.