

## Bill Painter's submission regarding the "deliverable" end of the goals and outcomes process:

- Focus on the needs of the individual being served rather than the specific service currently being received.
  - Sort and filter the aggregate population being served by CS into categories that may permit evaluating the level of intensity and need i.e.: diagnosis, level of previous expense per month, and evaluation by service provider
- Identify transitional and long term supports and services in concert with the consumer and their family (when appropriate)
  - Provide the "providers" with list of the providers and services offered by the providers in their area/geographical location
  - Develop a guide with a continuum for what type of services might best fit as related to the deliverable above (diagnosis and intensity need) including the use of natural supports as one of the lower end supports on the list.
- Don't forget the value of natural supports!
  - Provide a tool for providers that will assist therapists and case managers in how to evaluate and develop a schematic for natural supports
- Assess any potential gaps in service array and draft service definitions to address
  - The above strategies would most likely assist with identifying systemic gaps. Gaps should be further defined by the needs that were met by CS AND the needs that were not being met by CS
  - Rather than recreating the wheel, start with identifying evidenced based services and emerging EBPs that could or would fill the gaps. When potential exists for integrating EBPs into the services provided by private providers in the locales (LMEs) then provide

networking / RFPs/ or integration funds or soft support to enable providers to access the EBPs.

- Identify EBPs or emerging EBPs that can be provided under existing service definition and where such cannot effectively occur move forward with devising one that will permit such OR submit the EBP model for consideration as a service definition.
  
- Identify strategies to:
  - maintain the integrity of the provider community as individuals transition to other services
    - Eventually a scoring or evaluative system is needed to permit effective evaluation of the provider as related to each service. Existing systems should be utilized where possible, however the disparity among the LME endorsement and audit process should be minimized via use of state system.
  
  - maintain quality and continuity of care through effective, efficient individual and system planning
    - Ongoing use of the steering committee to assess and evaluate the effectiveness of its work and any recommendations that were adopted by quarterly meetings to evaluate the data results etc.
  
- Develop communication strategies for disseminating information to individuals/families, providers, LME's and other system partners
  - As has been indicated at our last meeting, a multiple disciplinary process is needed to connect with the multiple levels and systems; including use of newspapers, billboards, email, web site, flyers, and messaging as appropriate.

Community Support Steering Committee (from the 080609 meeting)

- Develop formal and informal tracking systems that allow for accountability at all levels of the system.

- Assess the provider network re what types of data they collect in addition to the state mandated system.
- Assess the systems the provider network utilizes.
- Develop method for tracking and tying outcomes to service to provider.