

# Community Support Steering Committee Minutes

August 6, 2009, 2:00-5:30pm  
Dix Campus, Royster Building, Room 116

## Attendees:

Leza Wainwright	Christina Carter	Jim Jarrard	Lisa Jackson
Mark Grimaldi	Bill Bullington	Debbie Webster	Angela Harper
Starleen Scott-Robbins	Michelle Edelen.	Tara Larson	Kelly Crosbie.
Gordon Simmons	Peggy Balak	Dan Zorn	Tim Hall
Bill Painter	Bob Hedrick	Carl Noyes	Debra Dihoff
Dr. Tad Clodfelter	John Tote	Bernadette Williams	
Roy Wilson	Gail Cormier		

**Welcome and Introductions:** Christina Carter, DMH/DD/SAS, Implementation Manager, and Tara Larson, DMA, Chief Clinical Operating Officer, welcomed everyone and expressed appreciation for those committee members and guests in attendance and those joining by phone. Everyone introduced themselves.

**Charge of the Committee:** The proposed elimination of the current enhanced benefit of Community Support will impact more than 33,000 consumers. The Division of Medical Assistance and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services are coordinating efforts via the formation of this Community Support Steering Committee to solicit much needed input from providers, consumers, and other interested stakeholders and advocacy groups. The charge of the committee is primarily focused on how to make this process a success and consumer centered. The group will be responsible for reviewing data and other documents to plan for the transition of these consumers with the least disruption.

The Committee discussed goals, outcomes and deliverables and reviewed the handout entitled, *Goals & Outcomes*, making these points:

1. Focus on the needs of the individual being served rather than the specific service currently being received. Key Point: Maintain focus on consumer.
2. Identify transitional and long term supports and services in concert with the consumer and their family (when appropriate). Key Point: Emphasize family involvement. Focus should remain on family and consumer.
3. Recognize the value of the natural supports. Key Point: Explore availability of natural supports in the community.
4. Assess any potential gaps in service array and draft service definitions to address.

Group members expressed concern that there needs to be a transitional process that can be implemented and operationalized in order be successful for both the consumer and the provider. Members pointed out a need for financial stability for a successful transition

process to occur. The strategic plan should be outcome driven in order to help the individuals served in the system.

**Documents Reviewed:** The following documents were reviewed to evaluate the data to help with this transition.

1. Goals & Outcomes <http://www.dhhs.state.nc.us/dma/csupport/CSupportGoals.pdf>
2. Senate Bill 202 <http://www.ncleg.net/Sessions/2009/Bills/Senate/PDF/S202v8.pdf>
3. Community Support documents – Medicaid and IPRS claims paid Jan-July 2009 <http://www.dhhs.state.nc.us/dma/csupport/CSupportServiceSummary.pdf>
4. Current Authorizations for Community Support per ValueOptions <http://www.dhhs.state.nc.us/dma/csupport/CSupportAuth.pdf>
5. Alternative Service Providers documents by county and by region <http://www.dhhs.state.nc.us/dma/csupport/ServSpecProvCounty.pdf>  
<http://www.dhhs.state.nc.us/dma/csupport/ServSpecProvRegion.pdf>
6. Day Treatment – documents for 6 months ending April <http://www.dhhs.state.nc.us/dma/csupport/DayTreatServiceSummary.pdf>
7. Intensive In-Home documents for 6 months ending April <http://www.dhhs.state.nc.us/dma/csupport/IntensiveInHomeServiceSummary.pdf>
8. Community Support Team – Children document for 6 months ending April <http://www.dhhs.state.nc.us/dma/csupport/CSupportServiceSummary.pdf>

**Next Steps:** (General discussion on process/focus key factors)

- Lessons learned from the past
- Tracking what we are trying to fix
- Identifying true outcomes
- Use accurate data
- Focus on clinical services that work
- Flexibility of funding other than fee for service
- Identify those providers that get it right
- Identify effective system of implementation of services

The Committee reached a consensus on these key areas to help guide their next steps:

1. There should be an emphasis on clinical knowledge/expertise across Behavioral Health Care providers on effective clinical interventions for specific diagnostic conditions.
2. Strategies should be identified to:
  - Maintain the integrity of the provider community as consumer's transition to other services and/or other forms of care.
  - Maintain quality and continuity of care through effective, efficient individualized system planning.

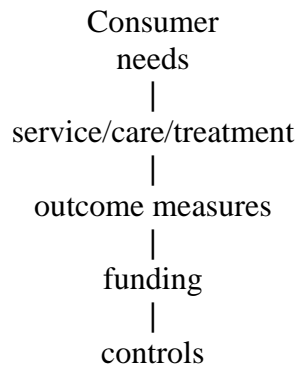
- Develop communication for disseminating information to individuals/families, providers, LME's and other system partners.
- Develop formal and informal tracking systems that allow for accountability at all levels of the system.

This Committee will be focused on planning for two main groups: the group of consumers for whom there is a current alternative service definition but no providers who deliver that service and the group of consumers for whom there is not an appropriate alternative service. It will be critical to identify the right clinical path for each individual as it may not need to be another enhanced service; some may be able to transition to outpatient treatment or other appropriate care. The goal is to help consumers receive the most appropriate care for their clinical needs, with an emphasis that will be on the right service for the right person and in the right amount. The focus will remain on consumers, diagnosis, and data that support services and treatment.

For the August 12, 2009 meeting:

- Lessons learned – assigned to Gordon Simmons and Bob Hedrick due by 5:00 pm on Tuesday 8/11 (send to Lisa Jackson at: [lisa.jackson@ncmail.net](mailto:lisa.jackson@ncmail.net))
- Feedback on Goals & Objectives by committee due back Monday 8/10 at noon for review in the 8/12 meeting
- Case Management definition – will be an agenda item at the next meeting (8/12)
- Peer Support definition – Debra Dihoff and Carl Noyes due by 5:00 pm Tuesday 8/11 (send to Lisa Jackson at: [lisa.jackson@ncmail.net](mailto:lisa.jackson@ncmail.net))
- Data Map by county showing diagnosis and Medicaid/State funding, and respite- Leza Wainwright and Bob Hedrick, to be delivered at the meeting on 8/12
- Boundaries of group: agenda item for the 8/12 meeting
- Gaps in transition within services: agenda item for 8/12 meeting
- Communication strategies: draft provider letter - Dan Zorn; draft LME letter- Leza Wainwright (to be delivered at the 8/12 meeting)

The frame work proposed upon which to view transition from Community Support to other services is as follows:



The meeting was adjourned. The next meeting will be August 12, 2009, from 3:00-5:00 pm in the Clark Building Conference Room on the Dix Campus.