1. Comments about, or corrections to, 1/20/16 minutes. None

2. Progress update
   a. CCS Intakes thus far (122 total).
      i. Adults=95 (+18 from last month)
      ii. Youth=27 (+10 from last month)
         1. Capacity issues at all SF agencies.
         2. Actively recruiting/exploring additional agencies.
   b. Contracting Progress
      i. Service Facilitation Agencies
         1. Youth = 7 agencies
            • DCDHS, Community Counseling Center, Community Partnerships, HealthyMinds, Journey Mental Health Center, Madison Trauma Therapy, Sankofa
            • Orion Family Services in process of contracting
         2. Adults = 9 agencies
            • Community Counseling Center, Community Partnerships, HealthyMinds, Journey Mental Health Center, Madison Trauma Therapy, Porchlight, Sankofa, SOAR, Tellurian
      3. Providing monthly on-site Service Director TA to each service facilitation agency in addition to monthly group Service Director TA.
      4. Will be adding quarterly service facilitator meeting for all service facilitators to get together, have questions answered, and collaborate.
   ii. Array Agencies
      1. 35 total fully contracted (+2 from last month)
      2. 6 agencies in process of contracting
c. Training of CCS Staff
   i. Continuing to offer Overview & Recovery and Service Facilitator trainings monthly due to ongoing provider onboarding and interest
      1. February 11, trained 18 new providers in CCS Overview & Recovery.
   ii. CCS Module/IT trainings
      1. Continuing 1-3 sessions/month
      2. Providing regular on-site technical assistance providers as needed.

6. Has CCS changed the way services are provided?
   a. One client, “this blows my mind” because “I have a say . . . I never felt like I was in charge of anything . . . I’m in my 40’s.” Service facilitator stated it was “empowering.”
   b. The collaboration in the assessment is a “therapeutic event” with the client.
   c. One Service Director: “I feel like different providers are communicating with each other . . . it is not territorial.”

7. CCS Participant Handbook distributed to all members for review prior to next meeting.
   a. First round of edits completed. Thank you Dorothy and Todd!
   b. Please let Julie know of edits desired prior to next meeting, via email or phone. If there are significant changes needed, will bring back to group for review.
      • Questions raised:
        i. Was the reading level checked? Not yet, but will try again
        ii. Can the font size be increased? Or a large print edition be made? Will look into it
        iii. What about translations? Will work on translating to Spanish and Hmong once finalized

8. Lori Bastean from Dane County Planning and Evaluation
   a. Review of satisfaction surveys already in place/required by CCS
      i. CCS requires annual administration of the ROSI for adults and the MHSIP for youth and parents
      ii. DCDHS also administers the MHSIP to adults for the general mental health system
      iii. Adding another survey to this mix runs the risk of creating “survey fatigue”
   b. Gather input from committee to create one or more supplemental surveys for CCS participants. How has process gone so far?
      i. Keep it shorter, more qualitative
      ii. What are key topics?
         1. Phone calls - did someone call back in a timely fashion
         2. Getting together - having choice about where to meet, was it easy to find the meeting location?, etc.
         3. Identifying goals
         4. Warm and welcoming, acceptance
5. This program is meant to be {insert CCS philosophy here} - was that your experience?

6. How efficiently are things working? Are we making it hard to access services? What are the barriers? Minimizing stress on recipients of services? Is it helping people meet their needs?

7. How have attitudes toward clientele and recovery changed?

8. What changes with CCS? Accessibility to services? (especially psychiatry)

9. Was the person really offered choices? Did you feel like your recovery team supported and respected decisions? Was your voice heard? Were you well-informed during the intake process? Are CCS staff well-informed? Could they answer questions? If staff are feeling anxious, this can trickle down.

10. Can CCS help programs offer different kinds of services? (e.g. more challenging employment opportunities, services beyond working in a department at YH)

iii. Should we also survey the providers?

1. yes, with an instrument where they can respond in an anonymous way

iv. Not sure we need to add a survey. Things are new, we are just building it up. It may benefit us to see what we get from existing survey and then look at what gaps need to be filled in

1. If the committee decides to ahead with something - keep it simple. Surveys could be combined/compared and contrasted - eliminate duplication, add to it

9. Topics for next meeting
   a. Final edits to handbook.
   b. Continue with participant survey.
   c. The role of volunteers
   d. Review number of clients by agency

10. Other issues.

   CCS Provider Expo March 4th 9am-noon, Job Center
   • Open house - any provider can have a booth
   • Consumers, SFs, any interested party - can come and learn about the service array

11. Completion of timesheets.

12. Next meeting:
   a. 3/16/16, 12:00-1:30pm at Madison Central Library, 1st Floor Conference Room