CCS Coordination Committee Minutes
Madison Central Library, 1st Floor Conference Room
March 16, 2016
12:00-1:30 p.m.


1. Comments about, or corrections to, 2/17/16 minutes. None

2. Progress update
   a. CCS Intakes thus far (146 total).
      i. Adults=112 (+17 from last month)
      ii. Youth=34 (+7 from last month)
         1. Capacity issues at all SF agencies.
         2. Actively recruiting/exploring additional agencies.
      iii. See ACS_CYF Breakdown document for numbers of participants per agency.
          • Question - how many people are waiting? How long does it take from the time of initial contact to time?
          • Is there a wait list? How long between when the person calls and when they have initial visit? Between initial visit and intake? Reason for wait?
          • Element of QA - need to track this at each stage
          • Question - why is there a disproportionate number of kids served per agency vs number of adults?
             a. Kids system rollout was planned to be slower, more existing infrastructure on the adult side, existing clients that enrolled, number of people served per agency varies
   b. Contracting
      i. Service Facilitation Agencies
         1. Youth = 8 agencies
            • DCDHS, Community Counseling Center, Community Partnerships, HealthyMinds, Journey Mental Health Center, Madison Trauma Therapy, Orion Family Services, Sankofa
         2. Adults = 9 agencies
• Community Counseling Center, Community Partnerships, HealthyMinds, Journey Mental Health Center, Madison Trauma Therapy, Porchlight, Sankofa, SOAR, Tellurian
• Lutheran Social Services in process of contracting

ii. Array Agencies
   1. 37 total fully contracted (+2 from last month)
   2. 6 agencies in process of contracting

iii. Provider Expo was well-received by both providers and CCS Participants that attended.
   • Feedback from committee member: very successful - good networking opportunity, positive feedback from Service Facilitators
   • Not a lot of consumers there, next time should consider outreach
   • Discussion of marketing CCS to the general public
     ○ Need to be metered in our outreach so that we can do a good job
     ○ Need to let provider network ramp up and get recertified, make sure we have capacity to serve new people

c. Training of CCS Staff
   i. Continuing to offer Overview & Recovery and Service Facilitator trainings monthly due to ongoing provider onboarding and interest
      1. March 10, 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.
         • Request from provider agency for a stronger feedback loop between providers and county re: IT progress, would be helpful for them to see the priority list and be updated as things get accomplished
         • Couldn't we just hire a consultant to fix things? System is home grown and involves other county programs, so can't just have an outside person come in and work on one part of it
         • 2 new IT project positions open - 5 applicants, Hired an LTE and will hire another LTE, reallocating staff at IT downtown
         • Difficult to attract IT staff to public sector jobs

6. CCS Participant Handbook
   a. Final call for edits before printing of the CCS Participant Handbook v.2
      • Grade level did not change much - suggestion to send the handbook back to the work group to look at sentence structure - need to set up another work group meeting
      • Question about when do consumers receive the hand book and directory - direct to Julie

7. Lori Bastean from Dane County Planning and Evaluation
a. Survey
   o Keep in mind that soon we will be doing ROSI, MHSIP - do we want to do
     supplement to that? Or survey at different points in time as people go through
     the process?
   o 2 types of surveys presented - one for post-intake, one for after 3 months of
     service
   o Suggestion to incorporate things that are not included in ROSI/MHSIP, such as:
     ▪ Able to take risks in recovery plan
     ▪ Quality of the environment - safe, pleasant, welcoming
     ▪ Understanding the right to refuse meds
     ▪ Understanding how to help my child in crisis
     ▪ I believe that my facilitator is a good fit for me
     ▪ My team is able to calmly help me in a crisis
   o ROSI/MHSIP are more program-oriented, but do not capture feedback on what
     the experience was like (esp. for Intake)
   o Request to identify SF agency with survey info, concerns re: anonymity
   o Options - add everything to ROSI/MHSIP, send 2 additional surveys (intake and
     after 3 months), send additional surveys and add some items to the
     ROSI/MHSIP
     ▪ Send out brief survey after 3 months that covers intake and initial
       services
     ▪ Then annually program evaluation survey would coincide with the
       ROSI/MHSIP
     ▪ Maybe add a brief survey (3-5 questions) post intake - post card that
       can be sent back
     ▪ Feedback on survey items
   o JMHC is looking at ways to do a more warm hand-off - have chosen SF attend
     intake appointment

b. Quality Improvement Plan
   • Address capacity concerns
   • Address wait time
   • Looking at increasing availability of psychiatry - County could reach out to providers
   • How to increase challenging employment opportunities - discussion re: to what
     degree is this within the scope of CCS

8. Topics for next meeting
   • QI plan - specifically how to look at employment agencies

9. Other issues.

10. Completion of timesheets.

11. Next meeting:
   a. 4/20/16, 12:00-1:30pm at Madison Central Library, 1st Floor Conference Room