CCS Coordination Committee Minutes
Madison Central Library, 1st Floor Conference Room
January 18, 2017
12:00-1:30 p.m.


1. Comments about, or corrections to, 10/19/16 minutes. Approved.

2. Progress update
   a. CCS enrollment update (453 total, up 106 since last meeting)
      i. Adults=349 (+85 from October)
      ii. Youth=104 (+21 from October) Feedback from Renee, Youth screens can be burdensome/overwhelming to the youth involved, involves a lot of questions.
      iii. Discharges=34 total since program began

   b. CCS Provider Updates
      i. Completed all contract renewals for 2017-2018 contract period (2-yr contracts)
      ii. Updated Provider Handbook for new contract cycle, on website.

   c. Training of CCS Staff
      i. All CCS trainings offered monthly due to ongoing provider onboarding and interest
         • Onboarding an average of 20 new staff per month

3. Launched new Intake process to meet State expectations
   a. Process begins with consumer completing application (prior to completing functional screen).
      • Feedback from consumers and staff has been positive
      
      Question: What is wait time for services? Answer: Need to have the Physician’s Prescription and know what service facilitation agency the consumer would like to work with before beginning the enrollment process. Want to keep locus of control with the consumer. If there is no preference, screeners are scheduling a few weeks out. Wanting to preserve consumer choice and control over pace of intake.

      Feedback from JMHC SF: With the old way had more information about people at intake and with new way there is less (not necessarily bad). Things go quicker now, service facilitator can attend the functional screen, which feels good for consumers because it is a warm handoff. Youth screens are different, might be too much for a young person to have additional people present and it is a lot of
questions at once. Overall, staff like the new process. For consumers, it does not feel like there is a wait.

Agencies don’t have the option to choose which consumers come to them, which is nice because consumer is in control.

Intake workers are building relationships with service facilitators, which is helpful.

Question: Is there any differentiation for youth/kids? Is there flexibility to do screen in multiple sessions if the kid needs that? Answer: This is tricky because signing the application starts the 30-day clock, so additional time taken for the screen shortens the time frame for assessment/plan development. Looking at how to gather information from other sources (parent/guardian) for kids so we can have only one meeting with the kid.

4. Participation on CCS Coordination Committee
   a. Reaffirm interest in serving on committee for calendar year 2017. No members expressed interest in ceasing participation.

   Group stated preferred location continues to be Madison Central Library.

   Suggestion to have a meeting that includes lunch at some point.

5. Survey of Client Satisfaction with CCS (Lori Bastean)

   See handout.

   Three types of surveys, depending on age – MHSIP for youth, MHSIP for parents, ROSI for adults.

   Survey limited to those who had received services for 6 months, so data set is relatively small – results for MHSIP are compromised by the small sample size

   Different scales incorporated in ROSI - best results (most satisfaction) – Staff Approach, worst – Employment and Basic Needs; Employment ranking influenced by lack of access to education; Person-Centered scale was very high

   Compared to State data from 2014 – Dane is better in Staff Approach, worse in Basic Needs and Employment, other differences not likely significant

   Question – is response size enough for the committee to consider it? It’s not representative of entire population, take the info in conjunction with other info and use it to identify areas for improvement, will repeat measure later this year.

   Question – would it be helpful for SF to know when the survey is happening to remind consumers or have a collection box in the lobby? SF Directors were informed, try to discourage collection boxes so that people feel confident that their answers are anonymous.
What about non-English language speakers? This is a frustration but the state has not translated the ROSI; there is a Spanish version of MHSIP. What about literacy level? Could people with lower literacy skills read and understand the survey? Helpful to reach out with in-person option for people to complete the survey.

Comment – it is overwhelming to look at a complicated survey like this, especially when dealing with other things in life; response – we try to send things out during October (after school starts but before holidays begin), give people 3-4 weeks to complete survey so that people have the chance to complete it with a helper; Suggestion – make it available in electronic version or online with option for Googlevoice or some other technology that would read the survey out loud; questions are very complicated and hard to understand – the state chose this survey and got consumer input at the time; how to get the word out to people who don’t read? Peer support specialists can help, and service providers should pass the word along

State results are from well-established CCS programs that have been operating for a long time, may see different results for Dane once the program becomes more established

Basic needs are hard to meet in this community – not enough affordable housing and if living in outlying areas, transportation is a huge issue, cost of living is higher in Dane County than elsewhere in the state

6. Topics for next meeting:
   a. Please review QA/QI plan and CCS Plan prior to next meeting.
      i. QA/QI plan distributed. **New items were added to the plan by the group.**

      **New full-time analyst position at DCDHS will provide more time to do additional surveys regarding intake or other QA – will add to QI plan that intake survey will be completed in summer of 2017**

      **Increase SF – increased by 70%+ in past year**

      **Question – are there services in outlying areas? Some, but most are located in Madison; there is some word of mouth to develop providers in other areas – should look at this as a goal for the future**

      **Maybe should do some outreach to school districts to increase child enrollees – need to make sure referral sources are aware of CCS – schools don’t seem to understand the program yet**

      **Julie will update the QA/QI plan and bring it back to the next meeting**


      **Please review CCS Plan for next meeting. Julie will also email copy out to members.**

7. Completion of timesheets.

Next Meeting: **3/15/17, 12:00-1:30pm at Madison Central Library, 1st Floor Conference Room**