



Dane County Department of Human Services Division of Adult Community Services

Director – Lynn Green
Division Administrator - Fran Genter

JOE PARISI
DANE COUNTY EXECUTIVE

CCS Coordination Committee Agenda

City- County Building, Room 354

September 16, 2015

12:00-1:30 p.m.

1. Welcome, introduction to new members.
2. Comments about, or corrections to, 8/19/15 minutes.
3. Introduction to Adult Intake Social Worker, Nicole Stockburger
4. Progress update
 - a. CCS Intakes thus far.
 - i. Adults=16 (+5 from last month)
 - ii. Youth=3 (+2 from last month)
 - iii. Questions for Nicole regarding Intake Process
 1. Are most intake appointments held at county offices? No, most are in the community, home, or service provider location.
 2. Walk-through of the intake process provided by Nicole.
 3. Are most referrals appropriate? Yes.
 4. When talking with unconnected people, how to do you explain case management? Emphasize client choice and explain different things CMs can do and that client can determine how much or how little the CM will do for them.
 5. Do you have enough info on options for people to make an informed choice? Yes, lots of info to digest, follow up a few days later and answer questions.
 6. Do agencies have focus or distinction of what they specialize in? Many offer the same thing. SFs should be offering the same service, they work within their agencies, which may have other services, but they operate under CCS program.
 7. Do people ever go visit agencies? They have not yet, but the certainly could.
 8. What has been the computer skill level of consumers? At least 80% have a computer and can use it.
 9. Where are the unconnected people coming from? Hospitals, clinics, ADRC, newspaper, word of mouth, senior centers, transfers from different counties.

10. New intake worker will start in October - same job description, can provide back-up and work together to make process go smoothly.
- b. Contracting Progress
 - i. Service Facilitation Agencies
 1. Children
 - a. Current: 3 agencies
 1. DCDHS
 2. Community Counseling Center
 3. Healthy Minds
 - b. Anticipate JMHC and Community Partnerships beginning ~10/1
 - c. (In process of contracting = Madison Trauma Therapy & Sankofa)
 2. Adults
 - a. Current: 7 agencies (+2)
 1. Community Counseling Center
 2. Community Partnerships
 3. HealthyMinds
 4. Journey Mental Health Center
 5. Porchlight
 6. SOAR
 7. Tellurian
 - b. Projected: 2 additional agencies within next month (Madison Trauma Therapy & Sankofa)
 - ii. Training of CCS Staff
 - i. Continuing to offer Overview & Recovery and Service Facilitator trainings monthly due to ongoing provider onboarding and interest
 1. September 17, will train 40 new providers in initial CCS Overview & Recovery training.
 - ii. CCS Module/IT trainings
 1. Continuing 1-2 sessions/month
 2. Providing regular on-site technical assistance to service facilitation agencies
 - a. Providers learning CCS workflow and IT system
 - b. IT system showing significant improvement with enhancements
6. CCS Coordination Committee schedule for 2016.
 - a. Do we want to keep meeting downtown? Consensus thus far has been that central is better.
7. Reading level of client handbook needs to be reduced.
 - a. How should we tackle?
 - i. Small work group of interested Coordination Committee members?
 - ii. Discussion:
 1. There is a computer program to determine reading level and identify potential changes .
 2. There could be two different handbooks, one for pre-6th grade and one for post 6th grade.

3. Elicit assistance from the Literacy Network.
4. In general, the handbook is pretty readable but there is some jargon that should be eliminated.
5. What provisions are there for people who cannot see, or different languages? Working on English and Hmong translation of brochure.
6. Look at language and make it more person-centered, that may be more important than grade level.
7. Everyone should look through the client handbook and identify specific words/concepts that should be changed, report back at next meeting.

8. Quality Assurance

- a. Discussion of focus group idea, how would committee like to approach planning?
 - i. Review current policy for QA plan, satisfaction tools required by the state.
 - ii. The committee's role is to do QA so the committee needs to determine how to do that. The state requires ROSI and MHSP, that is sufficient, but this group has wanted more qualitative feedback, putting a finer point on satisfaction.
 - iii. Concern with confidentiality, especially at the outset because there are so few consumers.
 - iv. Need distinction between different service types as well.
 - v. What the state asks for is really general, usually they are positive; but what the group wants is something more personal - focus groups led by consumers.
 - vi. Surveys will not go out until next September, so there will be no satisfaction data until next year. Two questions at hand - what would the group want to know before that year is up? And what would the group want to know after that year?
 - vii. Look at length of time it takes to enroll people and the experience they have - point of intake is important and sets the stage for the entire experience.
 - viii. Suggestion - have a map that shows where Service Facilitation agencies are.
 - ix. Survey tools are pretty comprehensive - this could point in the direction of information that should be gathered before the survey is officially administered.
 - x. Will satisfaction surveys have results broken out for SF agencies? ROSI and MHSP can be, but that is not specific to SF agencies - maybe need another tool just to rate the SF.
 - xi. Discussion of availability of and training for Peer Specialists.

9. Topics for future meetings—ideas.

- a. Client Handbook

10. Other issues.

11. Completion of timesheets.

12. Next meeting:

- a. **10/21/15, 12:00-1:30pm at City-County Building, Room 354**