



JOE PARISI
DANE COUNTY EXECUTIVE

**Dane County Department of Human Services
Division of Adult Community Services**

Director – Shawn Tessmann
Division Administrator – Todd Campbell

CCS Coordination Committee Minutes
GoToMeeting (Due to COVID-19 precautions)
September 16, 2020
12:00-1:30 p.m.

Present: Laura Abilene, Teri Barman, Andi Galka, Gala Gardiner, Michelle Hicks, Wendy Johnson, Khar'a Moore, Mary Rauwolf, Heidi Stringer, Mai Zong Vue, Julie Meister (Chair)

Absent: Susan Frank, Nikyra McCann, Margaret Rubio

Present (Non-Members): Niki Parker, Jenna Ramaker

1. Public comment time (5 min/speaker up to 15 minutes total allocation)
 - a. **None**
2. Welcome to new member, Nikyra McCann, and introductions.
 - a. **Ms. McCann will be in attendance at the November meeting**
3. A special thank you to outgoing member, Gala Gardiner, who served 4 years on committee. We appreciate your thoughtful input over the years as well as your bright smile and the company of your faithful and sweet companion, Charlie.
 - a. **Today is Gala Gardiner's last meeting. She has been on the Committee for 4 years and has reached her term limit! Thank you for all of those years you have committed to us! "CCS has opened up my passions."**
4. Comments about, or corrections to 7/15/20 minutes.
 - a. Approval of minutes
 - i. **Minutes are approved.**
5. Progress update (as of 9/14/20)
 - a. CCS enrollment update in Dane County (1449, up 47 since 7/15/20)
 - i. Adults = 1091 (up 31)
 - ii. Youth = 358 (up 16)
 - iii. Discharges = 655 total since program began in 2015
 - Average discharges = 17/month in 2019, 20/month 2020 Q1, 13/month Q2

Once COVID hit, many of the discharges are related to moving closer to their families. During COVID engagement is particularly critical, and creative strategies may be needed.
 - b. Review of CCS statistics
 - i. **Race**
 1. **Hard to determine because the state categorizes race in different ways**

ii. Ethnicity

- 1. LatinX individuals are highly underrepresented in CCS per population. Julie will be reaching out within the next few months regarding the gap to get more answers**
- 2. Mary suggested having a representative that works with the Hispanic population attend the next meeting to talk more about guiding us on how to decrease that gap**
- 3. Laura- has CCS ever had anyone work with the University students/staff in terms of the statistics and diversity? Would they ever become an aide for CCS to provide resources about the statistics listed above? It could be a free resource for students, while helping the community at the same time. Julie will look more into this by reaching out with her colleagues.**
- 4. The breakdown by agency is what % their consumers are youth/adult**
- 5. Wendy works within the school district and Julie wants schools to keep CCS in mind as a referral resource should students be struggling with mental health or substance use. The school staff are generally highly involved with the youth in CCS. Mai Zong mentioned that she can be used as a resource if you need information regarding youth and ethnicity.**

iii. Gender

iv. Age

6. Review 2020 QI Plan for next steps.

- a. Goal #1- Surveys will go out in October 2020 along with a \$5 gift card (unsure on where the gift card will be used at)**
 - i. Mai Zong mentioned that the gift cards could be used at grocery stores due to the pandemic**
- b. Goal #2- The capacity for Dane County staff to meet with individuals wanting to apply for CCS should never be the barrier to anyone enrolling in CCS. The 2021 budget proposal will add 4 more CCS full-time intake workers, one intake worker being bilingual. Our agencies in the community have also supported this goal.**
 - i. Julie will reach out to the intake supervisor regarding intake scheduling**
- c. Goal #3- Information has been added to the Information System to facilitate the CCS Provider Directory and tracking of bilingual capabilities at agencies.**
 - i. Julie and Heidi are now brainstorming on how to promote more array agencies in an equitable way; SFs should be more aware of the new specialized services that come into the network. Now that we aren't meeting in person, we will need to get more creative, previously provided access to agency brochures on a resource table.**
- d. Goal #4- Continuing to reach these goals with having monthly Service Director meetings. The attendance has been excellent throughout the pandemic months.**
- e. Goal #5- Will is a longstanding and statewide issue. We have made significant progress in this area within CCS. APNPs can now sign physician prescriptions, it no longer has to just be an MD.**
 - i. Julie: Independent practitioner or CCS provider can sign off on the prescriptions. However, referring doctor/provider needs to be enrolled with Medicaid.**
- f. Goal #6- Julie mentioned that the committee can discuss if we want to pursue data analysis of Employment Related Skill Training. This data could be taken from the CSDFs (Consumer Status**

Data Forms). Data changes are moving very slow; IT is extremely busy right now. Within the last 6-8 months we contracted with EmployAbility, the referrals have increased our capacity at least 30% with employment related resources. Julie and Jenna will come together to brainstorm more on timeline for analysis of this goal.

- g. Goal #7- The number of agencies providing service facilitation that have expertise in SUD treatment has increased within the last year—i.e. Anesis and Triquestrian are now DHS-75 Certified. They both provide service facilitation. We would like to provide another training to the SF staff relating to specific SUD needs.*
- h. Goal #8- Ensuring that CCS services are inclusive, accessible and equitable. Julie is going to reach out to other counties to inquire as to how the other Counties are funding bilingual interpretation services within CCS. This can be a challenge for providers.*
- i. Goal #9- COVID has had an impact on the ability for providers to provide services. In March we found significant drop in revenue, the average drop was 23%. This revenue reduction was reduced to 10%, likely due in part to continued enrollment. The biggest reduction in billable time at the outset of the pandemic was transportation time. Dane County set aside funds that agencies could request to help pay for unexpected costs (technology, HIPAA-compliant telehealth platform, PPE, etc.) Julie and Heidi continue to speak to the Service Directors about COVID-19, knowing this isn't going to end any time soon. Some CCS participants will need more face to face services, more intensive care and we are exploring creative ways to provide face-to-face service while adhering to public health guidelines (sitting in chairs outside, talking between cars, etc.)*
 - i. Agencies billing for travel time, is there a difference with the amount of revenue they're down compared to agencies that don't have any transportation time? Mai Zong Vue talked about the normal check-in 15-20 minutes now turn into double the amount of time, the staff are trying to provide services beyond the added amount of caseloads they're receiving. Julie mentioned how important it will be to follow pandemic guidelines but also being creative with finding ways to still have that face to face services. Gala said it sends out a mixed signal when service facilitators can meet clients in person outside during this time but psychiatrists are not allowed to have that face to face service. It's very important to make sure people are not falling through the cracks.*
 - ii. This feedback is important to Julie and Heidi. Mental health and SUD services will never be put on hold due to a pandemic, they are essential services. We need to keep providers and consumers safe while also meeting needs. Policies and practices vary by agency, some staff are going in to the office/meeting face-to-face and others that are not. Heidi mentioned there is increased willingness to meet individuals in person, we have settled into a new normal to an extent. A lot of staff/individuals go to parks, set up their offices so that there is a safe distance between two individuals. Wendy agrees with Heidi and Julie, it's very important to ask clients questions on what they prefer on ways to meet. Mai Zong Vue added that when they do food pickups on Friday, it has been a good venue for the staff to see their clients and talk through the window of cars. Being able to see their clients once a week has been helpful when it comes to handing in paperwork and visibly seeing their mental health status.*
 - iii. Michelle discussed communication challenges within the team regarding services that are best provided face-to-face, such as medication management. Julie recommended that especially during the pandemic, team meetings can be very helpful to*

communicate concerns, ensure the team is aware of new/developing needs, and keep team members on the same page.

- iv. *Teri talked about it being difficult to locate CLTS resources (Respite, in-home schooling for special education, etc.). Julie recommended reaching out to the CLTS/CCS service facilitator to help get the answers you need regarding the additional supports CLTS can offer beyond CCS; CLTS is a completely different program that covers additional adaptive aids and supports that CCS does not cover. It is important to use your voice and request what is needed to be fixed. Heidi and Julie will do whatever they can to help.*

7. Items for November meeting

- a. *Speaker coming in to talk about the underrepresented LatinX community*
- b. *Julie will find a DPI contact (Tim)*
- c. *Julie and Jenna will find more out about the gift card options*
- d. *Employment related skill data*

8. Completion of timesheets.

- a. Julie will email timesheets to those that need them to review. Either sign electronically with Adobe Acrobat or send email back to Julie confirming that you agree with time sheet (counts as your signature) and Julie will submit to payroll.

Next Meeting

11/18/20, 12:00-1:30pm

GoToMeeting (due to COVID-19 precautions)