

CCS Policy/Procedures
Quality Improvement Plan
DHS 36.08

Policy Statement: So that CCS clients and Dane County policy planners have information about compliance with CCS vision and regulations, and individuals' progress toward goals, as well as, overall transformation, a robust and continuous quality improvement plan and review process will be followed.

Discussion

QI indicators will measure:

- a. client satisfaction;
- b. progress toward desired outcomes identified through the assessment process; and
- c. programmatic compliance and improvement.

Procedures

Confidentiality Procedures

Each client service record will be maintained pursuant to the confidentiality requirements under HIPAA, s. 51.30, Stats., ch DHS 92, and if applicable, 42 CFR Part 2. Information obtained for the purposes of program evaluation shall remain confidential and shall not be used in any way that discloses the names or other identifying information about the individual whose records are being reviewed.

The CCS evaluation requirements dictate that certain client data be provided to the State of Wisconsin through secure means. The same confidentiality requirements listed above apply to the use of that data.

Reports developed by the County regarding client satisfaction, outcomes, and program compliance and improvement will be released in aggregate form only.

Client Satisfaction Surveys:

1. The DCDHS Planning and Evaluation Division will be responsible for conducting client surveys at least annually using the instruments required by the State. These include the Recovery –Oriented Systems Indicators (ROSI), the Youth Satisfaction Survey (YSS) for youth ages 13-17, and the Youth Satisfaction Survey – Families (YSS-F) for families of children 12 and under.
2. Surveys will be administered according to the State guidelines which currently call for sending out surveys in mid-September to all current CCS clients who have been in CCS for at least 6 months and to clients discharged in the past 60 months who have spent at least 6 months in CCS.
3. Clients will be informed that all responses are confidential, completion of the

survey is voluntary, that their opinions are important to improving services, and that strong rules protect them from retaliation, no matter what they wish to say about their services.

4. Surveys will be conducted by mail using discreet unmarked envelopes.
5. Postage paid return envelopes will be provided.
6. If there are sufficient funds, a nominal incentive will be offered to persons completing a survey. Notification will be provided through the peer network to draw attention to the survey process.
7. To the extent possible, surveys will be made available in alternate languages for persons who speak a language other than English. For clients who do not read or write, attempts will be made to have a neutral person (non-staff) read the questions and write the responses.
8. Data is to be submitted to the State by November 1.
9. DCDHS Planning and Evaluation staff will conduct an analysis of the data and provide a written report to the CCS Administrator, Service Director, and CCS Coordination Committee.

CCS Program Compliance and Improvement:

1. Quality improvement measures will be collected and analyzed to understand progress of CCS toward more fully achieving the goals and outcomes possible through CCS.
2. The CCS Administrator will complete a CCS Program Survey annually, to be submitted to WI DHS in February/March of each year, and presented to the CCS Coordination Committee thereafter.
3. Program measures will include:
 - a. Number of people served
 - b. Use of evidence-based practices
 - c. Use of wait list
 - d. Use of non-traditional services
 - e. Discharge reason and destination
 - f. Consumer grievances
 - g. Compliance with regulations and standards (through state and random audits conducted by Administrator/designee)
4. Client outcome measures will include:
 - a. Community living skills
 - b. Living situation
 - c. Employment status (>age 15)

- d. Educational functioning (for children/young adults)
- e. Hospitalizations, emergency detentions, and ER visits
- f. Care Center utilization
- g. Institutionalization
- h. Commitment status
- i. Criminal justice involvement (> age 11)
- j. Substance use
- k. Co-occurring medical conditions

For All QI Components:

1. DCDHS Planning and Evaluation Division will prepare outcome reports for program and system design improvement measurements annually. All reports will be submitted to the Coordination Committee for its review and recommendations. The Administrator and Service Director will attend the Coordination Committee meeting where feedback and recommendations are given.
2. The Administrator and Service Director will design subsequent quality improvement plans, based on the outcomes and recommendations, designating point persons to carry out tasks and analyze ongoing results.
3. The Chair of the Coordination Committee will have the review of the QI plan progress as an agenda item at least annually at a Coordination Committee meeting.

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Developed: 5.1.2014
Revised: 8.18.2014. Formatting only revised: 8.25.2014
Reviewed by CCS Coordination Committee: 8.20.2014

Comprehensive Community Services (CCS) Quality Improvement Plan - 2021

5.19.2021

Background: The quality improvement plan is to assess CCS participant satisfaction and progress toward desired outcomes. The plan needs to include a description of the methods for measuring participant opinion on the services offered by CCS, and the assessment, service planning, service delivery, and service facilitation activities. It is to include a description of the methods the CCS will use to evaluate the effectiveness of changes in the program based on the results of the participant satisfaction survey, recommendations for program improvement by the CCS Coordination Committee, and other relevant information. (DHS 36.08)

No.	Issue	Goals	Activities	Responsibility	Time Lines
1.	Need to know what CCS participants think of the program and to identify areas for improvement.	<p>Obtain input from CCS participants regarding their satisfaction with the program and services.</p> <p>Identify areas for program improvement</p> <p>Improve survey response rate among underrepresented populations and achieve 25% response rate overall.</p>	Administer the State-required MHSIP, YSS, and YSS-F surveys	<p>CCS Program Analyst to administer and compile the results from surveys.</p> <p>CCS Coordination Committee to provide input, review, and identify areas for improvement based on the results.</p>	September 2021 – Annual State-required surveys will be mailed to qualifying CCS participants.
2.	As the CCS program continues to grow, it is important to ensure that all CCS services and Dane County Intake capacity continue to meet CCS participant demand.	<p>Maintain sufficient capacity within service facilitation and array agencies to accommodate new CCS referrals and ensure timely service.</p> <p>Maintain sufficient staffing in CCS Intake Unit at DCDHS to meet annual rescreen requirements and ensure timely enrollment of new CCS participants.</p>	Monitor ongoing capacity of service facilitation and array agencies in the CCS program to accept new referrals as well as capacity of CCS Intake to meet with and enroll new CCS participants in a timely fashion. Recruit additional providers and DCDHS staff, as needed.	DCDHS Staff and the Provider Network Coordinator	Ongoing

No.	Issue	Goals	Activities	Responsibility	Time Lines
			Explore brief electronic survey to CCS agency primary contacts to ascertain average wait time to begin working with new CCS referral.	CCS Analyst, DCDHS staff	Fall-Winter 2021 (post-pandemic)
3.	<p>Increase awareness among potential CCS participants, service facilitators, and service providers of the agencies and providers that are part of the service array.</p> <p>Need for CCS participants to know which agencies offer services that are accessible to individuals with physical disabilities and the need for bilingual services.</p>	<p>Provide opportunities for service facilitators to become acquainted with agencies/providers that are part of the CCS service array.</p> <p>Maintain an accurate and updated on-line resource of agencies that are part of the CCS Provider Network that is accessible to the public.</p>	<p>CCS Coordination Committee will review Provider Directory and explore ways to make information about CCS agencies available to CCS participants and staff.</p> <p>Offer presentations to spotlight various array agencies and providers, as requested.</p> <p>Maintain an on-line Provider Directory.</p>	Provider Network Coordinator, CCS Administrator, CCS Service Director.	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
4.	Large quantity of service facilitation agencies increases probability of inconsistencies within the Dane County CCS program and increases challenges surrounding collaboration.	Ensure that staff from all service facilitation agencies receive the same information regarding CCS program operations in a timely fashion.	Continue to hold Service Director meetings and meetings with Service Facilitation agencies each month to ensure ongoing education of providers.	DCDHS Staff	Ongoing
5.	It is often difficult for CCS participants to obtain psychiatry services.	Increase the number of psychiatric prescribers available to CCS participants within the CCS network.	Do outreach with psychiatrists, including those in private practice, to make them aware of the CCS benefit.	DCDHS Staff and CCS Provider Network Coordinator	Ongoing

No.	Issue	Goals	Activities	Responsibility	Time Lines
			Communicate with Service Directors to identify barriers and monitor client access to psychiatry.		
6.	It is unclear whether employment-related recovery goals are being adequately addressed in the CCS program based on previous participant survey results.	Determine whether CCS participants with employment-related recovery goals are utilizing employment related services.	<p>Examine recovery plans to determine whether identified employment needs are being met with employment related skills training (ERST) services.</p> <p>Use information from consumer status data forms (CSDF) to determine whether employment outcomes improve after individuals enroll in CCS and whether outcomes differ by age category. Monitor agencies providing ERST for sufficient capacity to provide ERST services to CCS clients.</p> <p>Explore adding data point to CCS Module to capture individuals that leave CCS due to obtaining full time work.</p>	<p>Program Analyst will conduct analyses on client recovery plans and CSDF's.</p> <p>DCDHS staff will monitor ERST capacity.</p>	<p>This will be assessed post-pandemic due to vocational challenges directly related to COVID-19.</p> <p>Ongoing</p>
7.	Ensure that CCS services are inclusive, accessible, and equitable.	<p>Utilize data to understand gaps that may exist in CCS services to underrepresented populations.</p> <p>Gain greater understanding of the barriers to providing</p>	<p>Increase outreach efforts to groups identified as being underrepresented in population of CCS clients served.</p> <p>Regularly review intake process for potential</p>	DCDHS Staff Program Analyst	Ongoing

No.	Issue	Goals	Activities	Responsibility	Time Lines
		and funding adequate interpretation services within the CCS Program.	<p>barriers specific groups of individuals may experience when attempting to access CCS services.</p> <p>Research how other counties provide and fund bilingual CCS services and resources available to fund interpretation services, including Medicaid.</p> <p>Explore barriers encountered by current CCS providers in providing bilingual services.</p>		
8.	The CCS program has an average of 15-17 discharges per month.	Increase understanding of reasons for discharge.	Bring data regarding CCS discharges to CCS coordination committee for discussion.	CCS Coordination Committee CCS Analyst/Administrator	July-December 2021

Approved by CCS Coordination Committee on 5/19/2021.