

CCS Coordinating Committee

August 18, 2015, 12:00-1:30 p.m.

Madison Central Library, 1st Floor Conference Room

Attendance: Todd Campbell, Dorothy Hawkins, Linda Kustka, Julie Meister, Anna Moffit, Peter Rossmeissl, Carrie Simon, Gregory Smith, Peggy Spiewak, Pam Valenta, Caroline Miller, Hadeel Hasan

1. Welcome, introduction to new members.
 - Dorothy Hawkins
 - Peggy Spiewak
 - Linda Kustka
 - Guests: Caroline Miller and Hadeel Hasan with WI Voices for Recovery
2. Comments about, or corrections to, 5/20/15 minutes – Approved
3. Progress update
 - DQA site visit June 9.
 - Received 1-year provisional certification.
 - CCS Intakes thus far.
 - Adults=11
 - started roll-out with Yahara House to see if things were working smoothly, there have been some glitches
 - 7/20 was first enrollment, early Sept will be ready for next wave,
 - 65 people have been screened, only one did not pass
 - Intake is focused on being very client-centered, need involvement from the client themselves, not referrals from providers
 - Youth=1
 - Questions regarding Intake Process
 - Are referrals coming only from agencies? No, there is 25% of intake capacity reserved for unconnected referrals. Is that true for kids too? Not yet, but hopefully in Oct when there are more agencies on board.
 - Are Yahara House people who enroll staying with YH? Yes, the services at YH are covered by CCS. All people coming through intake are given the option to change providers if they want to, though so far most have chosen to stay with same provider.
 - Is IT system tracking MH vs AODA vs co-occurring? It does identify folks with co-occurring but maybe does not parse out AODA only. We will need to address that with IT.
 - Were the agencies chosen by the county or did they come forward on their own? Open network, they are coming to us. Will need to recruit providers if there is unmet need in any category.
 - Contracting Progress
 - Service Facilitation Agencies
 - Children - Current: DCDHS only, anticipate JMHC and Community Partnerships and Healthy Minds beginning ~10/1

- Adults - Current: 5 agencies (Community Counseling Center, Community Partnerships, Journey Mental Health Center, SOAR, Healthy Minds), Projected: 4 additional agencies within next 3 months
 - Training of CCS Staff
 - Continuing to offer Overview & Recovery and Service Facilitator trainings monthly due to ongoing provider onboarding and interest.
 - Last week, 30 new participants in initial CCS Overview & Recovery training.
 - Currently over 300 staff are certified to provide CCS in Dane.
 - CCS Module/IT trainings
 - Continuing 1-2 sessions/month
 - Providing on-site technical assistance as needed.
 - Providers finding some unanticipated problems with Web Application (CCS Module) and not used to workflow.
 - Questions
 - Where does CCS funding come from? All funding is federal and state, which is exciting because it allows for expansion that was previously impossible, also good because it is opening the door for new and smaller agencies to provide services
 - Is there communication between counties about CCS? If someone wants to relocate, do they have to go through the whole intake? Yes, but it should be a warm handoff and intake will help facilitate the connection so services can be as seamless as possible.
 - Can BC HMO still get CCS? Yes. CCS services must be paid for by CCS so, if a provider is in CCS network then it can be seamless, if not then the person may need to change providers. Provider directory is available online at Community Partnerships website.
 - Are there outcome measures? Yes, there are two tools mandated by the state, will do next year.
 - What about young adults with private coverage? They need to have MA coverage, so must age out of private insurance or have both.
 - Is there a risk that the money will go away due to political reasons? Maybe, hard to say, but it's unlikely that CCS will go away. Changes in funding would change the way the program is administered.
 - Can private insurance pay for CCS? Not currently, but maybe in the future.
 - How about CLTS and CCS? CLTS remains payer of last resort.
 - How does the Intake function work? Phone call first to consumer, set up initial meeting wherever is convenient for the person.
 - Does the public know about CCS? Info on the DCDHS website, will be reaching out to the community more and more, balancing the need for services with the available provider network.
 - What about rural areas? We will be reaching out to rural communities down the road.
4. CCS Coordination Committee schedule for 2016.
- How do we feel about frequency we are meeting? Should meet more often, now that things are rolling out; suggestion - monthly, can always cancel if not enough info to cover.

- Location? good
 - Time? Good
5. Coordination committee roster. DHS wants individuals to identify one role that they are serving on committee as: ex) provider, consumer, family, etc.
 6. Brochure and Client Handbook, hand around, take time to review and provide feedback.
 - Questions about the reading level - should be 6-8th grade level, may still need some tweaking. There's an app for that.
 - Do people know what psychosocial rehabilitation means?
 - Before next meeting, Julie will re-examine the reading level of the client handbook
 7. Topics for future meetings—ideas:
 - Have intake worker come to talk about how that is going and the functional screen, possibly follow up with Lalena Lampe if more questions about the screen.
 - Feedback from CCS clients about process/program. Coordination committee discussed ways to obtain feedback at last meeting (focus group, informal survey, etc.). Add Quality Assurance as a standing agenda item. It is up to the committee to determine what and how they address QA. Begin by reviewing CCS Plan as it pertains to QA.
 8. Other issues.
 - Questions about intake - Is there capacity yet? Yes, there is some but still developing the infrastructure, so we are not quite ready to open the floodgates.
 9. Completion of timesheets.
 10. Next meeting: 9/16/15, 12:00-1:30pm (Location City-County Building, Room 354)