



JOE PARISI
DANE COUNTY EXECUTIVE

Dane County Department of Human Services
Division of Adult Community Services

Director – Lynn Green
Division Administrator – Todd Campbell

CCS Coordination Committee Minutes

Madison Central Library, 1st Floor Conference Room

July 19, 2017

12:00-1:30 p.m.

Committee Members Present: Mary Bixby, David Kuehne, Julie Meister, Anna Moffit, Carrie Simon, Renee Sutkay, Pam Valenta
Guests Present: Bev Wolfram, Donna Hammer, Holly Rasmussen, Jenna Ramaker, Nicole Stockburger

1. Comments about, or corrections to, 5/17/17 minutes.

Questioned age 5-17 substance use rates and discussed youth patterns of use.

Renee moves to approve, all voted to approve.

2. Progress update

- a. CCS enrollment update (605 total, up 30 since last meeting)

- i. Adults = 474 (+28 from May)

- ii. Youth = 131 (+ 2 from May)

- iii. Discharges = 86 total since program began

Reasons: Moved, didn't want services, lost MA, unable to contact

- b. CCS Provider Updates

- i. Network continues to grow

- c. Training of CCS Staff

- i. All CCS trainings offered monthly due to ongoing provider onboarding and interest

- Onboarding an average of 25 new staff per month

- Service Director trainings:

- June 2017: Case Management Best Practices

- August 2017: Grief, Loss, & Trauma for Children in Out of Home Care

- Brownbags on topics of interest

- Fall: provider training & tips

- Continue to broaden our staff knowledge.

- d. Staff update

- i. Introduce Administrative Assistant, Holly Rasmussen: QA component

- ii. Hired CCS Analyst position (Jenna Ramaker)

- iii. Bilingual (Spanish) CCS Intake position posted currently

- iv. Will likely add additional staff positions in 2018 (QA, Intake)

****Renee asked about Todd 's status on committee. Julie commented that Todd received a promotion to Division Administrator and won't be on Committee any longer. Carrie Simon will resume her full time status on Committee.***

3. State certification site visit on June 6

- a. Received full, 2-year, certification.

No citations. State was pleased with coordination committee composition and provider network coordinator documentation.

4. Intake Q & A (Nicole Stockburger, CCS Intake Worker)

Nicole explained Intake process to committee. Intake workers talk with clients about what services they are looking for and explain the CCS program and role of service facilitator. Intake worker offers to help client obtain Physician's Prescription. Meeting with client can take place anywhere client feels comfortable (home, office, community, etc.).

- ***Committee member commented that they are glad that Intake Workers factor in timeframe and taking time to making clients comfortable.***

Committee question: What are the demographics for people of color? (Julie will obtain info and bring to next meeting)

Committee members discussed potential barrier of obtaining a Physician's Prescription and wondered if we could just receive a "referral".

- ***Julie said that Medicaid rules require a physician's prescription.***
- ***Members commented that Resource Bridge and Journey connect clients with doctors, such as going to Access Clinic, to receive prescription.***
- ***Julie explained what is contained on the Physician's Prescription for Services form***

Dr. Bev Wolfram discussed her challenges with licensure and the CCS Professional Type Crosswalk during her application process to become a CCS Provider.

Committee Question: How is CCS working for homeless? Nicole commented that not having an address can be challenging – workers ask if they have a mailing address, email address, or other person to facilitate contact (advocate). Usually most challenging aspect is changing phone numbers—most people seem to have a cell phone. Intake can usually arrange to meet with individuals who are homeless, this hasn't been a big problem. Carrie commented that homeless individuals often have a social worker or outreach worker who knows how to locate the person. Carrie commented that there are 3 service facilitation teams that focus on working with homeless individuals.

What contributes to a client not completing intake? Nicole reported that two main reasons include person losing interest in CCS, client not returning phone calls, and client not attending intake screen meeting. Intake workers will make several attempts to reach people and then will stop if they don't hear back from a person.

Julie commented that she wants the intake process to be supportive and welcoming, so if clients don't initially want services, she wants clients to have positive experience with CCS Intake staff so they feel comfortable calling back when they are ready to engage in services.

Committee member commented that no shows may be prevented by having initial contact be in person or with other people they are familiar with like a case manager. Nicole commented that clients are told they are allowed to have whoever they want present for all

meetings/contacts. Julie commented that service facilitators have been encouraged to attend screen so client feels comfortable with warm hand off. This has been helpful.

5. Intake mailing (Pam)

Mailing from Intake is very business like. Pam would like to discuss this at the next meeting when everyone has copies. Julie agreed to bring copies for committee members. Committee wants to ensure that consumers have all the information that they need but that mailing is not overwhelming or confusing.

Member expressed concern that clients sometimes want “all” the services CCS offers and are turned off when service facilitators limit services based on assessed need. Pam commented that if clients aren’t familiar with the agencies, they will have to research agencies. Nicole asked if it should be simplified and changed to a more basic wording. Julie that we can discuss at next meeting within context of discussion of mailing because we also want to be providing clients sufficient information on which to base their decisions. At this point agency descriptions are written by the agencies themselves.

6. Intake Survey (Jenna)

Intake survey is nearly ready to administer. Jenna asked committee whether they would like survey to be anonymous or if committee would like to track who returns survey. Group consensus was to have anonymous survey.

Discussed mode of distribution—hand out at intake meeting vs. mail to all clients after intake meeting. Group consensus was to have intake worker provide consumer with survey and pre-paid envelope for the survey’s return at the time of the functional screen.

Committee discussed demographic categories including gender, race, ethnicity, and age. Renee suggested changes to the gender categories and Jenna will look at changes to those categories. Jenna utilized a standard breakdown utilized by other State surveys to enable us to compare data. The committee was in agreement to continue given this rationale.

Suggestions to increase likelihood of survey return included: offering incentive and printing survey on bright color of paper to make it look distinctive.

7. Topics for next meeting:

- *Committee will discuss whether group would like to take action on Dr. Bev Wolfgram’s concern. Committee can vote on whether they want to take a role on advocating with the State with regard to reimbursement categories for RNs.*
- *Julie will bring demographic information on CCS participants to include race/ethnicity.*
- *Intake Packet that is mailed will be provided to Committee and reviewed/discussed.*

8. Completion of timesheets.

Carrie made motion to adjourn. Renee seconded. Meeting ended @ 1:45 PM.

Next Meeting: 9/20/17, 12:00-1:30pm at Madison Central Library, 1st Floor Conference Room