CCS Coordination Committee
Madison Central Library, 1st Floor Conference Room
May 20, 2015
12 Noon – 1:30 p.m.

Present: Julie Meister, Carrie Simon, Pam Valenta, Linda Keys, Gregory Smith, Todd Campbell, Peter Rossmeisel, Brad Schlough, Marykay Wills, Anna Moffit

1. Welcome, introductions.
   a. Anna Moffit
   b. Marykay Wills
2. Comments about, or corrections to, 2/18/15 minutes.
3. Progress update
   a. DQA site visit scheduled for June 9. Subsequently will get MA certification. If site visit goes well could be serving folks by July 1. Site visit is at DCDHS Northport office only.
   b. Brochure, hand around. Feel free to contact Julie with feedback.
   c. Hired CCS intake worker - Nicole Stockberger, experience in mental health and ADRC.
   d. Provider Information Sessions completed in March/April, will be held again when needed, or provided individually to providers who need the information. Estimated 20 different providers attended.
   e. CCS Overview & Recovery trainings
      i. 5 sessions throughout May
      ii. Co-facilitated by Certified Peer Specialist
      iii. Expect to have 145 staff trained by June
   f. Upcoming Trainings
      i. Service Facilitator/Mental Health Professional/Substance Abuse Professional
         1. 3 sessions in June 2015
      ii. Mental Health Module/IT trainings
         1. Sessions in late June
         2. More in-depth sessions for Service Facilitator/MHP/SAP
   g. 5 agencies are in the contracting process now, "big stack" in progress;
      i. Need to get applications by May 26th to be able to get people into the first round of IT training - this will need to be a rolling deadline for each training session.
      ii. Good feedback on Brianna/CP as Provider Network Admin - compiling all of the needed info.
      iii. Question - what about people who have outside therapists? Do we need to get those therapists to be CCS trained? Yes, will run trainings frequently in the beginning, at least three month intervals.
4. Review of updated CCS Plan for feedback.

a. Easy to read, good formatting.
b. Pg 4 part A - can we use more positive language for "no wrong door"? Maybe "ease of access" "Any door access"
c. Pg 11 - Coordination Committee - this needs to be updated to sync pg 56 with pg 11.
d. Pg 50 - should it say "CCS Program Evaluation?" probably not, because this applies to all program evaluation.
e. Pg. 51 - for surveys - are consumers asked if they want to receive mail? Some people don't want to get mail at home, sometimes it's a safety issue or maybe someone in your household doesn't know you are getting services.
    i. Could we do via email? And let people choose?
    ii. Alternate language for policy - "Confidential form of survey will be used, keeping the client's preferences in mind."
    iii. Catch this at intake, give people the ability to opt out or choose a different form.
f. Pg 17 - processes section well-written, could use this for training new staff - good language, easier to digest.
g. How many peer support specialists on the roster? Chrysalis has 6, Journey has several - does someone need to be certified to be on the staff list? No, just need to have certification to provide peer support service on the array.
h. Is there any kind of certification for parent peer specialists? Not yet. The state is working on this - incorporating recovery coaches and parent peer specialists.
i. When does the application form get completed? After eligibility determined and client has decided to enroll. Allow maximum time for connecting with SF and getting assessment/plan completed in 30 days.
j. Intake - will there be walk-in intake ability? Not at first, but if someone walks in we can set them up with an appointment.
k. Application form is very consumer friendly, easy to read, good white space, lots of choices, uses language that is accessible .
l. Admission agreement is follow up to application, makes sure people are informed of their rights, etc.
m. Typos on pg 84 - extra space, shows up on some copies but not others

5. Review of Client Handbook for feedback.
a. How did we land on the word "client"? This group discussed at length and settled on client.
b. What is the reading level of this? Some of it is jargony.
    i. Pg 14 - determining eligibility section is difficult to understand, include explanation of functional screen, use term "decide if you're eligible" instead of determine eligibility.
    ii. Subject tense is inconsistent - sometimes directed at "you" sometimes not, should be the same throughout.
    iii. Under service area - likes the way the recovery team is laid out, but on the service array p13, should add some explanatory language of what the categories actually are.

    iv. Should we include services that CCS does not cover? So that people don't have unreasonable expectations - things like housing, DD services, transportation, recreation, citizenship, respite for parents.

    v. Also add caveats re: CLTS, psychotherapy issues with overlapping benefits? CLTS - if someone is dually eligible, CCS services must be covered by CCS, if CCS is declined then those services that were previously covered by Waiver will go away; yes - people should be made aware of that up front.

    vi. Maybe have a separate handout explaining these things, or just have a prompt that tells people to discuss this with the Intake Worker.

    vii. Keep the state's words and add explanatory language.

    viii. Very happy that it includes information about recovery, because nobody explains that when you first become ill.

    ix. Grievance resolution policy - take the language down a bit, there is also a separate form/process for this so we should be able to simplify language in the handbook, this will help people not feel alienated by the process.

    x. This is still a working document and can be updated as needed.

6. Other issues.
   a. Quality Assurance
      i. Committee would like to visit program locations once things are up and running, possibly interview consumers, informal survey, focus group, ground that in the quality improvement plan.
      ii. For next meeting - will talk about how to go about doing that, let people know that we are interested in it
      iii. Standard consumer satisfaction surveys will not provide operational feedback needed for starting a new program.
      iv. Suggestion - if you're bringing people in, don't have it in a county space.
   b. Do we still want Lalena to come and talk about the functional screen? Yes, let's do that, not next meeting but possibly the meeting after that.
   c. For next time, would like to have intake worker come in to talk about how things are going.
7. Completion of timesheets.
8. Next meeting: **8/19/15, 12:00-1:30pm at Madison Central Library**