

**Central Wisconsin Health Partnership  
Comprehensive Community Services Regional Coordinating Committee**

**Quality Improvement Committee**

Thursday, January 21<sup>st</sup>, 2016

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**Participants:** Clint Starks, Marquette County; JoAnn Geiger and Erika Dorrington, Juneau County; Tanya Amos and Dr. Toni Morgan-Jones, Waushara County; Tamara Laskowski, Adams County; Dan Naylor and Lori Martin, White Pine Consulting

**1. 2015 Consumer Satisfaction Surveys**

- At their last meeting, the CCS Regional Coordinating Committee reviewed the draft “2015 Consumer Satisfaction Survey Report” and identified several areas of regional strength as well as possible areas for improvement. The Committee’s request was for our Quality Improvement Committee to review the strengths and needs and come back with recommendations.
- See ATTACHMENT A – Draft Consumer Satisfaction Survey Recommendations by the Quality Improvement Committee

**2. Regional QI Plan Development**

- Individuals who attended the CCS data collection session facilitated by Tim Connor and Laura Blakeslee in Green Lake shared the material was helpful to billing staff, but less helpful for Service Directors, as they didn’t go into detail regarding the dashboard portal that’s being developed.
- Group reviewed the following next step as proposed by Dr. Rick Immler (and discussed with Diane Cable) related to QI planning around the possibility of regional data analysis:

Dr. Immler proposes to meet with representative(s) from each county for the purposes of:

1) Understanding the *perspective of the end-user as it relates to data input*:

- challenges with consistency among different clinicians who submit data,
- challenges in the system that requires the input (making the job more difficult/redundant or increasing the chance of errors),
- the amount of time involved and recommendations that may improve the process.

2) Understanding the perspective of the end-user regarding the *validity of the data*. If there are many opportunities for inconsistency, that suggests that data interpretation should be made cautiously.

3) Understanding from an administrative perspective *how data can be helpful*. For example, that data may help identify areas of excessive or perhaps unnecessary service utilization and cost. It also may guide decision-making on improvement in quality. It would be helpful from a consultant perspective to hear what the primary benefit could be of valid data.

4) the opinion of the counties would be helpful regarding *training needs* that could improve the quality, efficiency, and benefit of PPS data.

- Committee members think the plan looks good, and suggests piloting in a county. Waushara offered to be a pilot. Rick can contact Dr. Morgan-Jones (920) 787-6600 who will make the connection with their appropriate staff.

**3. Other**

a. Outreach and identification of elders

- One of the DHS Review Committee Questions regarding our October 2015 CCS Regional Service Model Certification Application was related to serving elders. The topic also came up during the

CCS Regional Coordinating Committee's (RCC) review of the 2015 Consumer Satisfaction Survey results. The RCC asked our QI Committee to review the issue and make recommendations. The QI Committee reviewed a document: Service CCS Consumers Across the Lifespan (See ATTACHMENT B).

- The percentage of consumers who are elders served in our region (4%) mirrors the statewide average of 5%. Although efforts can and should be made to ensure elders who are eligible and could benefit from CCS are identified, there are several possible reasons the numbers are low including:
  - The existence of other successful programs and supports that serve elders including ADRCs, Departments of Aging, and Community Support Programs.
  - Because CCS is relatively new and serves individuals across the lifespan, it is only a matter of time before the number of elders being served rises (as adult consumers grow older).
  - Elders more commonly receive coverage through Medicaid, not Medicare which covers CCS
  - Counties shared current and planned efforts to increase awareness of CCS for elders including giving presentations and material to nursing home administrators (Marquette), the ADRC and Department of Aging (Waushara), and other agencies and programs who serve elders.
- ***Recommendations:*** continue outreach and education efforts to agencies and programs who serve elders; consider future training topics related to serving elders such as elder mental health and substance use considerations, and dementia. Forums / opportunities include Service Director and Service Facilitator forums, Cheryl's CCS Learning Collaboratives, the region's orientation and training plan (White Pine will put together draft outline), and public relations efforts.

b. Supporting consumer participation on committees

- Clint suggested the possibility of supporting a subcommittee or peer-to-peer forum for consumers. They may feel more comfortable sharing suggestions outside the larger committee meetings.
- Discussed the possibility of orientation for new consumer committee members (this should be in place for all new committee members).
- Another option – consumers come 10 or 15 minutes prior to the Regional Coordinating Committee meeting
- Erika suggested that as long as the consumers who are chosen for committees are there because they care and want to be involved, that they will contribute. She didn't see a need for a separate forum.
- Recommendation to add the topic of meaningful consumer recruitment, engagement, and participation to the next Regional Coordinating Committee agenda.

**4. Schedule next meeting(s), determine location(s), discuss agenda items**

- Propose meeting every other month, opposite our Regional Coordinating Committee meetings. 2016 Proposed Meeting Dates (QI from 12:30 to 2:00, Training from 2:00 to 3:30):
  - March 24<sup>th</sup>
  - May 26<sup>th</sup>
  - July 28<sup>th</sup>
  - Sept 22<sup>nd</sup>
  - Nov 10<sup>th</sup>

***Update:*** Clint has offered Marquette County to continue hosting our committee meetings, and has reserved the conference room for each of the dates.

## ATTACHMENT A

### DRAFT - Consumer Satisfaction Survey Recommendations by the Quality Improvement Committee

#### General area to be addressed - **Survey administration**

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**QI Committee Discussion and Recommendations:** White Pine Consulting coordinate as much of the survey administration process as possible, including:

- Central contact with DMHSAS for the region
- Standardization of materials and method (in-person interview when possible)
- Develop and train interviewers (may be staff from each county, a regional “pool” of consumers or peer specialists, or a combination of both)
- Survey collection
- Data analysis and reporting

**Next step:** White Pine will develop a plan outline for the 2016 Consumer Satisfaction Survey administration for review and further development by the QI committee.

#### Area to be addressed based on the results of the ROSI Adult Satisfaction Survey – **Employment and Basic Needs**

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***Survey Item:*** *Mental health and/or substance abuse services helped me get or keep employment.*

***Consumer response:*** 55.6% often or almost always/always (44.4% never/rarely or sometimes)

***Survey Item:*** *I have enough income to live on.*

***Consumer response:*** 38.9% agree or strongly agree (61.1% disagree or strongly disagree)

**QI Committee Discussion and Recommendations:**

The responses to both items are indicative of the economic reality in the region. The committee agreed that there are unanswered questions related to these issues as they apply to our region’s CCS Consumers.

One of the themes of the regional Economic Health Summit held in August 2015 was “Workforce Development” including considering options for regional economic development. Sarah Grosshuesch, Adams County Public Health Department would have information regarding any planned sub-group work or follow-up in this area.

There are several community partners who may have information or be helpful in this area including but not limited to: Fox Valley and other Technical Colleges, Departments of Vocational Rehabilitation, County Veterans Service Officers, and CAP Services.

Depending on the information gathered, the region may consider developing related shared services such as Supportive Employment or Job Coaching.

**Next Steps:**

- Waushara will put together a few clarifying questions for Service Facilitators to ask Consumers in hopes of getting more information about the issue.
- White Pine will contact Sarah Grosshuesch for information related to the work of the Economic Health Summit workgroup
- QI Committee will develop a plan based on the information gathered.

Area to be addressed based on the results of the MHSIP Youth and Family Surveys –  
**Youth Participation and Social Connectedness**

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**Survey Item:** *I felt I had someone to talk to when I was troubled.*

**Consumer response:** 56% agree or strongly agree (44% disagree or strongly disagree)

**Survey Item:** *I participated in my own treatment*

**Consumer response:** 67% agree or strongly agree (33% disagree or strongly disagree)

**Survey Item:** *I know people who will listen and understand me*

**Consumer response:** 89% agree or strongly agree (11% disagree or strongly disagree)

**Survey Item:** *I have people that I am comfortable talking with about my problems*

**Consumer response:** 67% agree or strongly agree (33% disagree or strongly disagree)

**QI Committee Discussion and Recommendations:**

The QI committee saw the results as relatively positive, although there is room for improvement. The recommendation is to emphasize consumer, and especially youth, engagement and trust-building with Service Facilitators.

**Next Steps:**

- White Pine will include youth engagement and trust-building as a topic for the Service Facilitator Peer-to-Peer forum
- White Pine will include as a topic on the regional orientation and ongoing training plan
- The topic will be included in future 2-day “Consumer Family and Teaming Process” workshops for new Service Facilitators
- Consumer recruitment, engagement and participation on the Regional Coordinating Committee (RCC) and subcommittees be added to the February RCC agenda

Area to be addressed based on the results of the MHSIP Youth and Family Surveys –  
**Outcomes**

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MHSIP Youth and Family Satisfaction Survey Items	YOUTH % Strongly Agree or Agree	FAMILY % Strongly Agree or Agree
I am (my child is) better at handling daily life.	67%	60%
I (my child) gets along better with family members.	67%	60%
I get (my child gets) along better with friends and other people.	78%	40%
I am (my child is) doing better in school and/or work.	78%	67%
I am (my child is) better able to cope when things go wrong.	56%	40%
I am satisfied with our family life right now.	67%	17%
I am (my child is) better able to do things he/she wants to do.	78%	40%

**QI Committee Discussion and Recommendations:**

Positive outcomes in CCS are directly related to the specific needs and goals of the consumer as outlined in their individualized Recovery Plans. The recommendation of the committee is to focus on quality service facilitation including the accurate identification of consumer goals and preferences, and the development of effective person-centered Recovery Plans that result in meaningful outcomes.

**Next Steps:**

- White Pine will include as a topic for the Service Facilitator Peer-to-Peer forum
- White Pine will include as a topic on the regional orientation and ongoing training plan
- The topic is and will be included in future 2-day “Consumer Family and Teaming Process” workshops for new Service Facilitators

**ATTACHMENT B**

**Serving CCS Clients Across the Lifespan**

The expectation is that CCS programs serve consumers across the lifespan.

Related DHS 36.03 Definitions:

- (1) "Adult" means an individual 18 years of age or older.
- (10m) "Elder" means a person who is age 60 or older or who is subject to the infirmities of aging.
- (17) "Minor" means an individual under the age of 18 years.

<b>CWHP Consumers Served in CCS 9/1/14 to 10/1/15</b>				
<b>Certified CCS County</b>	<b>Youth (age 17 and under)</b>	<b>Adults (age 18 – 59)</b>	<b>Elders (age 60+)</b>	<b>Total Enrollment 9/1/14 to 10/1/15</b>
Adams	20	21	4	45
Green Lake	10	12	0	22
Juneau	6	23	2	31
Waushara	21	17	0	38
<b>Regional Totals:</b>	<b>57 (42%)</b>	<b>73 (54%)</b>	<b>6 (4%)</b>	<b>136</b>
<b>Statewide Comparison<sup>1</sup>:</b>	29%	66%	5%*	

<sup>1</sup>2013 CCS Annual Program Survey – Wisconsin DHS, DMHSAS (n=1,947)

\* Reflects the number of consumers age 65 and older

One of the DHS Review Committee Questions regarding our October 2015 CCS Regional Service Model Certification Application was related to serving elders. Following is the question from DHS and our regional response:

***Can you please tell us how each of the new counties will be identifying elders for CCS? In addition, Green Lake and Waushara are not serving elders. Why is that and how are they outreaching and identifying elders?***

We will propose adding the topic of “identification of and outreach to elders” to our Regional Coordinating Committee (RCC) agenda in December, including asking Adams and Juneau (two counties who are currently serving elders) to share their outreach strategies, and gleaning input from our RCC consumer members.

Following are county-specific plans for targeting and enrolling elders:

Waupaca - Waupaca County will work with both internal and external providers to identify elders who may be eligible for CCS. More specifically, they provide information related to CCS including populations served (youth, adults, and elders) to all contracted service providers, law enforcement, school districts, medical facilities, private practices, and other community resources that serve elders. They plan to enroll elder consumers over the first three months based on the capacity of their program, which will be assessed on an on-going basis, and will be based on individual Service Facilitator caseloads and monthly case reviews with the CCS Administrator.

Marquette – Marquette County plans to enroll 3 youth and 5 adult consumers (including elders) in January 2016. In order to identify elder consumers, outreach will be made with current providers including but not limited to the Aging Unit, Long Term Support/Aging and Disability Resource Center, and Clinical Services.

Green Lake – Although the 9/1-14 – 10/1/15 data suggests they didn’t serve any elders during that timeframe, they did have several adults in the 55-59 age range, and looking back further into the data have served elders in the past. That said, they will focus more moving forward on reaching out to potential referral sources and properly identifying appropriate elders for the CCS program.

Waushara – Waushara County assured me that they don’t purposefully exclude elders from CCS. They do have strong Family Care, ADRC, and Department of Aging services available to this population, and will continue to partner with these providers (and others) to help identify elders who may qualify for and benefit from CCS.