

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

Monday, September 14th, 2015

Present: Dawn Buchholz and Renee Soroko – Waushara County; Erika Dorrington – consumer representation; Lori Martin and Rick Immler – White Pine Consulting; Joann Stephens, Stable Life / consumer representation; Linda Van Ness – Green Lake County; Sherrie Nichols and Jessie Jenson – Waupaca County; JoAnn Geiger – Juneau County (by phone)

1. Welcome and Introductions

2. Role / purpose of the committee (continued discussion)

- a. DHS 36 and Regional Quality Improvement (QI) Plan Policy
 - DHS 36.08 deals with QI. There are two sections:
 - (1) The CCS shall develop and implement a quality improvement plan to assess consumer satisfaction and progress toward desired outcomes identified through the assessment process.
 - (2) (a) The plan shall include procedures for protecting the confidentiality of persons providing opinions and include a description of the methods the CCS will use to measure consumer opinion on the services offered by the CCS, assessment, service planning, service delivery, and service facilitation activities.

(b) The plan shall also include a description of the methods the CCS will use to evaluate the effectiveness of changes in the CCS program based on results of the consumer satisfaction survey, recommendations for program improvement by the coordination committee, and other relevant information.
 - Each county has its own QI plan. There is also a regional QI plan policy (previously distributed to the subcommittee). In summary:
 - Each county is responsible for administering the MHSIP and ROSI consumer surveys as part of their QI plan.
 - The regional coordinating committee (RCC) is to centralize QI efforts and share survey results across counties. (Our QI committee is a subcommittee of the RCC developed for this purpose.)
 - Specific items currently in the regional QI plan include:
 - a. Centralization of outcome and program measures including PPS and medical data through a central website database
 - b. Aggregate pooling of data using an Excel spreadsheet for purposes of analyzing the overall effectiveness of CCS
 - c. Observations and recommendations from our QI subcommittee should be shared with the RCC for review, comment, and recommendation. This information will ultimately help CCS supervisors/administrators set annual goals for their counties.
- b. Consumer Satisfaction Survey Phone Conferences
 - Dr. Blakeslee with the Division of Mental Health and Substance Abuse Services (DMHSAS) is sponsoring two phone conferences to discuss the administration and submission of CCS

consumer satisfaction survey data. One call took place Friday the 11th, and the other will take place Tuesday the 15th. The deadline for submission of 2015 MHSIP and ROSI data to the DMHSAS is November 30th.

- Rick participated on the 11th; everyone else indicated they were planning to participate on the 15th.
- Rick shared part of the discussion centers around the importance of method – in-person (best), phone, or by mail; and that the person administering the surveys should not be the staff providing the services. JoAnn shared that Juneau County utilizes mentors or psychosocial rehabilitation staff to administer the surveys.
- Lori would like the group to consider how she and White Pine could be helpful in the process, including the possibility centralizing the regional data.
- Next steps –
 - Following the call on the 15th, Lori will send our committee a doodle scheduling poll to set up a phone conference to discuss both the county-specific and White Pine’s role in the 2015 CCS consumer satisfaction survey process.

c. CCS Site Reporting Requirements Beyond DHS 36

- Rick recently reviewed the “CCS Data and Evaluation Requirements” recorded training facilitated by Tim Connor, evaluator with the DMHSAS. In addition to CCS consumer satisfaction surveys, Tim lays out the following data requirements:
 - MH/AODA (adults) or CLTS Functional Screen (youth) to determine eligibility / level of need
 - PPS Mental Health (MH) Participation Page – indicated you’ve enrolled an individual in CCS
 - PPS MH / AODA Data System – used to submit CCS data
 - Annual CCS Program Summary – due Feb or March, includes discharge reasons and living situation, co-occurring medical conditions, use of evidence-based practices, and use of waiting lists.
- Future committee agendas should include discussion and planning around these data requirements as well as consumer satisfaction data.
- Rick will send the link to Tim’s recorded training to Lori to distribute to the group (it is one of the training videos available on the CCS portion of the DMHSAS website).
- Also discussed quarterly enrollment data that is currently submitted by sites to Dr. Blakeslee – due October 15th. Would be helpful if sites could cc White Pine.

3. Other

a. QI Subcommittee Membership

- Discussed the importance of inviting/including the CCS administrators from each partner county to be a part of future meetings

4. Schedule next meeting and discuss agenda items

- Next meeting will be a phone conference within the next few weeks to review the DMHSAS CCS consumer survey call and discuss next steps. Lori will set up a Doodle scheduling poll.