

CCS Policy/Procedures  
Quality Improvement Plan  
DHS 36.08

Policy Statement: So that CCS clients and Dane County policy planners have information about compliance with CCS vision and regulations, and individuals' progress toward goals, as well as, overall transformation, a robust and continuous quality improvement plan and review process will be followed.

**Discussion**

QI indicators will measure:

- a. client satisfaction;
- b. progress toward desired outcomes identified through the assessment process; and
- c. programmatic compliance and improvement.

**Procedures**

*Confidentiality Procedures*

Each client service record will be maintained pursuant to the confidentiality requirements under HIPAA, s. 51.30, Stats., ch DHS 92, and if applicable, 42 CFR Part 2. Information obtained for the purposes of program evaluation shall remain confidential and shall not be used in any way that discloses the names or other identifying information about the individual whose records are being reviewed.

The CCS evaluation requirements dictate that certain client data be provided to the State of Wisconsin through secure means. The same confidentiality requirements listed above apply to the use of that data.

Reports developed by the County regarding client satisfaction, outcomes, and program compliance and improvement will be released in aggregate form only.

*Client Satisfaction Surveys:*

1. The DCDHS Planning and Evaluation Division will be responsible for conducting client surveys at least annually using the instruments required by the State. These include the Recovery –Oriented Systems Indicators (ROSI), the Youth Satisfaction Survey (YSS) for youth ages 13-17, and the Youth Satisfaction Survey – Families (YSS-F) for families of children 12 and under.
2. Surveys will be administered according to the State guidelines which currently call for sending out surveys in mid-September to all current CCS clients who have been in CCS for at least 6 months and to clients discharged in the past 60 months who have spent at least 6 months in CCS.
3. Clients will be informed that all responses are confidential, completion of the

survey is voluntary, that their opinions are important to improving services, and that strong rules protect them from retaliation, no matter what they wish to say about their services.

4. Surveys will be conducted by mail using discreet unmarked envelopes.
5. Postage paid return envelopes will be provided.
6. If there are sufficient funds, a nominal incentive will be offered to persons completing a survey. Notification will be provided through the peer network to draw attention to the survey process.
7. To the extent possible, surveys will be made available in alternate languages for persons who speak a language other than English. For clients who do not read or write, attempts will be made to have a neutral person (non-staff) read the questions and write the responses.
8. Data is to be submitted to the State by November 1.
9. DCDHS Planning and Evaluation staff will conduct an analysis of the data and provide a written report to the CCS Administrator, Service Director, and CCS Coordination Committee.

*CCS Program Compliance and Improvement:*

1. Quality improvement measures will be collected and analyzed to understand progress of CCS toward more fully achieving the goals and outcomes possible through CCS.
2. The CCS Administrator will complete a CCS Program Survey annually, to be submitted to WI DHS in February/March of each year, and presented to the CCS Coordination Committee thereafter.
3. Program measures will include:
  - a. Number of people served
  - b. Use of evidence-based practices
  - c. Use of wait list
  - d. Use of non-traditional services
  - e. Discharge reason and destination
  - f. Consumer grievances
  - g. Compliance with regulations and standards (through state and random audits conducted by Administrator/designee)
4. Client outcome measures will include:
  - a. Community living skills
  - b. Living situation
  - c. Employment status (>age 15)

- d. Educational functioning (for children/young adults)
- e. Hospitalizations, emergency detentions, and ER visits
- f. Care Center utilization
- g. Institutionalization
- h. Commitment status
- i. Criminal justice involvement (> age 11)
- j. Substance use
- k. Co-occurring medical conditions

*For All QI Components:*

1. DCDHS Planning and Evaluation Division will prepare outcome reports for program and system design improvement measurements annually. All reports will be submitted to the Coordination Committee for its review and recommendations. The Administrator and Service Director will attend the Coordination Committee meeting where feedback and recommendations are given.
2. The Administrator and Service Director will design subsequent quality improvement plans, based on the outcomes and recommendations, designating point persons to carry out tasks and analyze ongoing results.
3. The Chair of the Coordination Committee will have the review of the QI plan progress as an agenda item at least annually at a Coordination Committee meeting.

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Developed: 5.1.2014

Revised: 8.18.2014. Formatting only revised: 8.25.2014

Reviewed by CCS Coordination Committee: 8.20.2014

# Comprehensive Community Services (CCS)

## Quality Improvement Plan - 2025

**Background:** The quality improvement plan is to assess CCS participant satisfaction and progress toward desired outcomes. The plan needs to include a description of the methods for measuring participant opinion on the services offered by CCS, and the assessment, service planning, service delivery, and service facilitation activities. It is to include a description of the methods the CCS will use to evaluate the effectiveness of changes in the program based on the results of the participant satisfaction survey, recommendations for program improvement by the CCS Coordination Committee, and other relevant information. (DHS 36.08)

No.	Issue	Goals	Activities	Responsibility	Time Lines
1.	Need to know what CCS participants and CCS providers think of the program and to identify areas for improvement.	Obtain input from CCS participants and CCS providers regarding their satisfaction with the CCS program and services.	Administer the State-required MHSIP, YSS, and YSS-F surveys	CCS Program Analyst to administer and compile the results from surveys.	August - October 2025 – Annual State-required surveys will be provided to eligible CCS participants via Service Facilitator.
		Identify areas for program improvement.	Review gift card incentive options and method of survey administration, and alter, if needed, to increase response rate.	CCS Coordination Committee to provide input and recommendations surrounding gift card selection, method of survey administration, and wording of any additional questions.	March-July 2025
		Maintain response rate of 20% or greater for annual MHSIP survey.	Engage in dialogue with service facilitation agencies regarding areas for improvement and any barriers experienced during monthly TA and Service Director meetings.	CCS Service Director & CCS Administrator	Monthly
		Maintain annual MHSIP response rate of identified underrepresented groups to 20% or greater.	CCS Program Survey results will be shared with Coordination Committee annually and uploaded to DCDHS website.	CCS Analyst, CCS Administrator, CCS Coordination Committee to provide input, review, and identify areas for improvement based on the results of the survey.	Spring 2026
	Response rate for disenrolled participants is significantly lower than for currently enrolled participants.	Increase the response rate for disenrolled participants to 20% or greater.	Develop plan regarding way to increase response rate for disenrolled participants.	CCS Analyst, CCS Administrator, CCS Coordination Committee	March-July 2025

No.	Issue	Goals	Activities	Responsibility	Time Lines
2.	As the CCS program continues to grow, it is important to ensure that all CCS services and Dane County Intake capacity continue to meet CCS participant demand.	Maintain sufficient capacity within service facilitation and array agencies to accommodate new CCS referrals and ensure timely service delivery.	Monitor ongoing capacity of service facilitation and array agencies in the CCS program to accept new referrals as well as capacity of CCS Intake to meet with and enroll new CCS participants in a timely fashion. Recruit additional providers and DCDHS staff, as needed.	CCS Provider Network Coordinator, CCS Administrator, CCS Analyst, CCS Service Director	Ongoing
		Maintain sufficient staffing in CCS Intake Unit at DCDHS to meet annual rescreen requirements and ensure timely enrollment of new CCS participants.	If CCS wait times appear to be increasing, administer wait time survey to provider agencies to obtain information to reduce wait times.	CCS Analyst, CCS Administrator, CCS Coordination Committee will review results of survey, if administered.	Ongoing
			Recruit providers specializing in equine assisted therapy and eating disorders to fill network gaps.	CCS Provider Network Coordinator, CCS Administrator	2025-2026
3.	Ensure potential CCS participants, service facilitators, and service providers are aware of the agencies and providers that are part of the service array.	Provide opportunities for service facilitators to become acquainted with agencies/providers that are part of the CCS service array.	Coordinate presentations to spotlight various array agencies and providers.	CCS Provider Network Coordinator, CCS Administrator, CCS Service Director	Ongoing
		Maintain an accurate and updated on-line resource of agencies that are part of the CCS Provider Network that is accessible to the public.	Maintain an on-line Provider Directory.  Distribute informational brochures and flyers highlighting array services to service facilitators when received.	CCS Provider Network Coordinator, CCS Service Director	Ongoing

No.	Issue	Goals	Activities	Responsibility	Time Lines
4.	Large quantity of service facilitation agencies increases possibility of inconsistencies within the Dane County CCS program and increases challenges surrounding collaboration.	Ensure that staff from all service facilitation agencies receive the same information regarding CCS program operations in a timely fashion.	<p>Hold Service Director meetings and meetings with Service Facilitation agencies each month to ensure ongoing information sharing and education of providers.</p> <p>Hold quarterly CCS All Provider meetings.</p>	<p>CCS Service Director, CCS Quality Assurance Staff</p> <p>CCS Service Director, CCS Quality Assurance Staff</p>	Ongoing
5.	<p>Ensure that CCS services are inclusive, accessible, and equitable.</p> <p>Individuals experiencing homelessness experience more barriers in accessing behavioral health services.</p>	<p>Utilize data to understand gaps that may exist in CCS services to underrepresented populations.</p> <p>Increase CCS Intake presence in locations where individuals experiencing homelessness may gather.</p> <p>Develop means for ongoing communication between Beacon and SF agencies to facilitate participants' ability to connect to their providers.</p>	<p>Participate in outreach efforts to groups identified as being underrepresented in population of CCS clients served.</p> <p>Regularly review intake process for potential barriers specific groups of individuals may experience when attempting to access CCS services.</p> <p>CCS Intake Staff will engage in pilot of being physically present at The Beacon day resource center every-other-week to answer questions and facilitate CCS referrals.</p> <p>CCS Intake staff will explore ways to facilitate communication between Beacon participants their CCS providers and/or CCS intake staff to reduce barriers to engagement.</p>	<p>DCDHS Staff</p> <p>CCS Intake Supervisors</p> <p>CCS Intake Staff, CCS Administrator, CCS Intake Workers</p>	<p>Ongoing</p> <p>Ongoing</p> <p>2025-2026</p>

No.	Issue	Goals	Activities	Responsibility	Time Lines
			Explore adding pronouns to CCS module to display for all CCS staff	CCS Analyst, CCS Administrator, DCDHS IT staff, CCS Service Director	2025

Approved by CCS Coordination Committee on March 12, 2025.