

2019 Comprehensive Community Services (CCS) Program Survey Worksheet,
F-02124 (06/2020)

1) Instructions

The Comprehensive Community Services (CCS) Program Survey asks about the operations of your CCS in calendar year 2019. The survey is completed annually by CCS programs. Results will be used by the Wisconsin Department of Health Services (DHS) to inform improvements to Wisconsin's CCS programs, fulfill federal reporting requirements, and direct training and technical assistance efforts.

Complete this online survey by Friday, August 21.

Carefully read these important instructions:

- We recommend you answer and record survey questions before you complete the online survey using this Microsoft Word document: "[survey worksheet](#)."
- If your CCS is part of a certified region (containing more than one county), ensure there is one separate survey completed for your county. Also, if you manage more than one CCS county program, ensure a separate survey is completed for each county program.
- Do not skip through the online survey prior to completing it. If you do, it may be unclear when you have submitted your valid and complete survey and someone from DHS will reach out to you.
- All questions with a star (*) after them require a response.
- If you cannot complete the survey all at once, you may exit and return to complete the survey later by selecting the "save and continue" option at the top of any page of the survey.
- Once the online survey is completed, a copy of your responses from the survey software will be sent to the email address provided within the survey from **noreply@surveygizmo.com**. Check your spam folder or contact your IT or security professional, if you do not receive a copy of the survey.

The topics in the survey are:

- **Administration and Co-Enrollment Information**
- **CCS Participant Discharge Status**
- **CCS Participant Discharge - Transition to Other Services**
- **CCS Participant Demographic Information**
- **Medical Conditions and Substance Use**
- **Use of Evidence-Based Practices**
- **Waiting List Information**
- **Suicide Risk Screening and Assessment**
- **CCS Service Array (NEW)**
- **Recommendations for 2020**

If you have any questions or difficulties with the survey, please contact Christopher Keenan at christopher.keenan@dhs.wisconsin.gov. Thank you!

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2) Administrative Information

Please enter the name of the county contracting for or directly operating your CCS.*

Select the formal name of the CCS regional entity that operates your CCS.*

Does your CCS employ county employees only, private contractors only, or a mixture of county employees and private contractors? *

_____ County employees only
_____ Private contractors only
_____ County employees and private contractors

Please enter the four-digit DQA program certification number for your CCS.*

Please enter the name of the person responsible for completing this survey.*

Please enter the email of the person responsible for completing this survey. A copy of your responses will be sent to this email address after you complete the survey.*

3) Family Care Program Information

Please provide the following information about all CCS program participants served in Family Care in 2019.

How many of the continuing 2018 CCS enrollees plus new 2019 CCS enrollees being served were concurrently enrolled in Family Care? *

How many of the CCS program participants discharged in 2019 were enrolled in Family Care? *

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4) Best Practices – Children and Youth

Does your CCS program co-enroll its youth participants in Coordinated Services Teams (CST) initiatives?*

Yes	No	Our program does not support children or youth

Does your CCS program use the Comprehensive Child and Adolescent Needs and Strengths (CANS) assessment tool for assessing youth needs?*

Yes	No	Our program does not support children or youth

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5) Participant Discharge Status

In this section, please provide information on whether program participants were discharged from your CCS in 2019 and, if so, the reasons why they were discharged. If there was more than one reason for a program participant's discharge, please choose the primary reason. If a participant was discharged because they "recovered to the extent that CCS-level services were no longer needed," please always prioritize this reason over others.

Were program participants discharged from your program in 2019?*

Yes	No

Please select all reasons program participants were discharged from your program in 2019.
[Unchecked reasons for discharge will be excluded from further questions pertaining to discharge for that particular reason. If Other Reasons is selected, a written description will be required.]

Deceased	
Funding or authorization ended for the program participant	
The participant decided to withdraw	
The participant needed services beyond what CCS can offer (inpatient, etc.)	
They moved from your geographic service area	
They recovered to the extent that CCS-level services were no longer needed	
They were sent to jail	
They were sent to prison	
Unknown reason	
Other Reasons 1 (Write-in)	
Other Reasons 2 (Write-in)	

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6) Participant Discharge Status - Number of Program participants

Please enter the number of program participants for each participant discharge status. Your total number of discharges on this page should match the number of discharges reported to DHS across all four quarters in 2019 for the Quarterly Report on Consumers Enrolled in CCS, F-02069 found under *Enrollment Reports* on the [CCS Data and Reports web page](#).

How many program participants were discharged in 2019 because ...*	
	# of Program participants
Deceased	
Funding or authorization ended for the program participant	
The participant decided to withdraw	
The participant needed services beyond what CCS can offer (inpatient, etc.)	
They moved from your geographic service area	
They recovered to the extent that CCS-level services were no longer needed	
They were sent to jail	
They were sent to prison	
Unknown reason	
Other Reasons 1 (Write-in)	
Other Reasons 2 (Write-in)	

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7) Participant Discharge - Transition to Other Services

For all CCS program participants discharged in 2019 for each reason listed in this section, please provide the number of program participants who transitioned to one of the following services. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error. If a participant transitioned to a service for a reason not listed, please describe under *Other (Write-in)*.

Please make sure that the total program participants entered across categories for each discharge reason matches the number of program participants you reported in the previous question(s) as the total discharged for that reason. For example, if you reported 100 program participants discharged because **they moved from your geographic service area**, the sum of program participants across all categories of transitioned to services for that discharge reason should equal 100.

For all program participants discharged in 2019 because funding or authorization ended for the program participant, how many went to each of the following destinations? *

	# of Program participants
Outpatient therapy/psychiatry	
Targeted Case Management (TCM) or other CM program	
Community Support Program (CSP)	
Group Home/CBRF	
Participant did not transfer to other services	
Unknown	
Other (Write-in)	
Other (Write-in)	

For all program participants discharged in 2019 because the participant decided to withdraw, how many went to each of the following destinations? *

	# of Program participants
Outpatient therapy/psychiatry	
Targeted Case Management (TCM) or other CM program	
Community Support Program (CSP)	
Group Home/CBRF	
Participant did not transfer to other services	
Unknown	
Other (Write-in)	
Other (Write-in)	

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For all program participants discharged in 2019 discharged because they needed services beyond what CCS can offer, how many went to each of the following destinations? *

	# of Program participants
Nursing Home	
Community Support Program (CSP)	
Inpatient/IMD	
Participant did not transfer to other services	
Unknown	
Other (Write-in)	
Other (Write-in)	

For all program participants discharged in 2019 because they moved from your geographic service area, how many went to each of the following destinations? *

	# of Program participants
Another CCS	
Outpatient therapy/psychiatry	
Targeted Case Management (TCM) or other case management program	
Community Support Program (CSP)	
Nursing Home	
Inpatient/IMD	
Participant did not transfer to other services	
Unknown	
Other (Write-in)	
Other (Write-in)	

For all program participants discharged in 2019 because they recovered to the extent that CCS-level services were no longer needed, how many went to each of the following destinations? *

	# of Program participants
Outpatient therapy/psychiatry	
Targeted Case Management (TCM) or other CM program	
Group Home/CBRF	
Participant did not transfer to other services	
Unknown	
Other (Write-in)	
Other (Write-in)	

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8) Demographic Information

Please provide the following information about all CCS program participants you served in 2019. If no program participants fit the criteria specified, please enter a "0," otherwise the question will produce an error.

Please be sure the total number served is the same value for each question.

Please enter the number of 2019 program participants of each gender.*

	# of Program participants
Female	
Male	
Trans male to female	
Trans female to male	
Unknown	
Enter Another Option _____	
Enter Another Option _____	

Please enter the number of 2019 program participants in each age group.*

	# of Program participants
12 and under	
13-17	
18-20	
21-64	
65-74	
75+	
Unknown	

Please enter the number of 2019 program participants of each race.*

	# of Program participants
American Indian/Alaskan Native	
Asian	
Black/African American	
Hawaiian/Pacific Islander	
White	
More Than One Race	
Unknown	

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Please enter the number of 2019 program participants of each ethnicity.*

	# of Program participants
Hispanic/Latino	
Not Hispanic/Latino	
Unknown	

Please enter the number of 2019 program participants who are veterans and non-veterans.*

	# of Program participants
Veterans	
Non-Veterans	
Unknown	

9) Medical Conditions and Substance Use

Please provide the following information about all CCS program participants you served in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

Please enter the number of 2019 program participants with the following substance use problems. * *[Count a participant multiple times if they qualify for more than one category on the list.]*

	# of Program participants
Tobacco	
Alcohol	
Marijuana/hashish/cannabis/THC	
Heroin or other opioids	
Methamphetamine	
Cocaine or crack cocaine	
Other illicit drug	

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Please enter the number of 2019 program participants with the following substance use problems who are receiving treatment for those problems. * *[Count a participant multiple times if they qualify for more than one category on the list.]*

	# of Program participants	
	Substance use treatment only	Integrated mental health and substance use treatment
Tobacco		
Alcohol		
Marijuana/hashish/cannabis/THC		
Heroin or other opioids		
Methamphetamine		
Cocaine or crack cocaine		
Other illicit drug		

Does your CCS program use any substance use screening or assessment tools?*

Yes	No

IF YES, please list/describe the tool(s) used for screening and assessing substance use problems.

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Please enter the number of 2019 program participants with the following medical conditions.*
[Count a participant multiple times if they have more than one medical condition on the list.]

	# of Program participants
Metabolic syndrome (participant has all of the following: high blood pressure/hypertension, high cholesterol, and obesity around the	
High blood pressure/hypertension (exclude those with metabolic syndrome)	
High cholesterol (exclude those with metabolic syndrome)	
Obesity (exclude those with metabolic syndrome)	
Type I Diabetes	
Type II Diabetes	
Asthma	
COPD (Chronic obstructive pulmonary disease)	
Cardiovascular problems (angina/coronary artery disease, heart attack, or stroke)	

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10) Evidence-Based Practices (EBPs) – Adults

This section asks about EBPs your program provided to **adult program participants** in 2019. This includes all EBPs provided by any contracted providers to CCS participants in addition to EBPs provided by county agency staff. Use the [EBP Definitions](#) document to report whether you fully implemented, partially implemented, or did not offer each EBP last year. Being “**Fully**” implemented means the EBP you offered had **all** the critical elements; being “**Partially**” implemented means the EBP you offered had **some** of the critical elements; reporting “**No**” means you did **not** offer the EBP at all last year.

If you answer "No" to offering an EBP, the online survey will automatically skip the other following questions about that EBP.

Did you offer the following Evidence-Based Practices (EBPs) to adults in 2019? *			
EBP	Yes Fully	Yes Partially	No
Integrated Treatment for Co-Occurring Disorders (IDDT)			
Family Psychoeducation			
Illness Management and Recovery (IMR)			
Medication Management (MedTEAM)			
Supported Employment			
Permanent Supportive Housing			
Tobacco Cessation <i>Bucket Approach</i>			
Motivational Interviewing			
Other Adult EBP Option (List) _____			
Other Adult EBP Option (List) _____			
Other Adult EBP Option (List) _____			

For each *Other Adult EBP* in the previous question, enter the total participants who received that EBP in 2019, respectively.
[Please enter "0," for each *Other Adult EBP* you did not list as another option, otherwise the question will produce an error.]

Other Adult EBP 1: _____
Other Adult EBP 2: _____
Other Adult EBP 3: _____

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11) *Integrated Treatment for Co-Occurring Disorders (Integrated Dual Disorder Treatment- IDDT) – Adults*

Please provide the following information about all CCS program participants you served in IDDT 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received IDDT in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

12) *Family Psychoeducation– Adults*

Please provide the following information about all CCS program participants you served in Family Psychoeducation 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Family Psychoeducation in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

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13) *Illness Management and Recovery (IMR) – Adults*

Please provide the following information about all CCS program participants you served in Illness Management and Recovery (IMR) in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Illness Management and Recovery (IMR) in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

14) *Medication Management (MedTEAM)– Adults*

Please provide the following information about all CCS program participants you served in medication Management (MedTEAM) in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received medication management in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

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15) Supported Employment–Adults

Please provide the following information about all CCS program participants you served in Supported Employment in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

16) Permanent Supportive Housing–Adults

Please provide the following information about all CCS program participants you served in Permanent Supportive Housing in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

77. How many program participants received Permanent Supportive Housing in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

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17) Tobacco Cessation Bucket Approach (TCBA)–Adults

Please provide the following information about all CCS program participants you served in Tobacco Cessation Bucket Approach in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received TCBA in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

18) Motivational Interviewing–Adults

Please provide the following information about all CCS program participants you served in Motivational Interviewing in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Motivational Interviewing in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

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19) Evidence-Based Practices (EBPs) – Children

This section asks about EBPs your program provided to **youth program participants** in 2019. This includes all EBPs provided by any contracted providers to CCS participants, in addition to EBPs provided by county agency staff. Use the [EBP Definitions](#) document to report whether you fully implemented, partially implemented, or did not offer each EBP last year. Being “**Fully**” implemented means the EBP you offered had **all** the critical elements; being “**Partially**” implemented means the EBP you offered had **some** of the critical elements; reporting “**No**” means you did **not** offer the EBP at all last year.

If you answer "No" to offering an EBP, the online survey will automatically skip the other following questions about that EBP.

Did you offer the following Evidence-Based Practices (EBPs) to children in 2019? * [Please answer "Yes Fully," "Yes Partially," or "No" for each EBP.]			
	Yes Fully	Yes Partially	No
Multisystemic Therapy (MST)			
Therapeutic Foster Care (TFC)			
Functional Family Therapy (FFT)			
Parent-Child Interaction Therapy (PCIT)			
Trauma-Focused Cognitive Behavior Therapy (TF-CBT)			
Trauma-Informed Child-Parent Psychotherapy (TI-CPP)			
Motivational Interviewing			
Other EBP (not listed here, but found on the SAMHSA website) List:			
Other EBP (not listed here, but found on the SAMHSA website) List:			
Other EBP (not listed here, but found on the SAMHSA website) List:			

For each *Other Child EBP* in the previous question, enter the total participants who received that EBP in 2019, respectively.
[Please enter "0," for each *Other Child EBP* you did not list as another option, otherwise the question will produce an error.]

Other Child EBP 1: _____
Other Child EBP 2: _____
Other Child EBP 3: _____

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20) Multisystemic Therapy (MST) – Children

Please provide the following information about all CCS program participants you served in Multisystemic Therapy (MST) in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Multisystemic Therapy (MST) in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

21) Therapeutic Foster Care (TFC) – Children

Please provide the following information about all CCS program participants you served in Therapeutic Foster Care (TFC) in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Therapeutic Foster Care (TFC) in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

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22) Functional Family Therapy (FFT) – Children

Please provide the following information about all CCS program participants you served in Functional Family Therapy (FFT) in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Functional Family Therapy (FFT) in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

23) Parent-Child Interaction Therapy (PCIT) – Children

Please provide the following information about all CCS program participants you served in Parent-Child Interaction Therapy (PCIT) in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Parent-Child Interaction Therapy (PCIT) in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

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24) Trauma-Focused Cognitive Behavior Therapy (TF-CBT) – Children

Please provide the following information about all CCS program participants you served in Trauma-Focused Cognitive Behavior Therapy (TF-CBT) in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Trauma-Focused Cognitive Behavior Therapy (TF-CBT) in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

25) Trauma-Informed Child-Parent Psychotherapy (TI-CPP) – Children

Please provide the following information about all CCS program participants you served in Trauma-Informed Child-Parent Psychotherapy (TI-CPP) in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Trauma-Informed Child-Parent Psychotherapy (TI-CPP) in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you use the EBP toolkit to guide your implementation?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

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26) Motivational Interviewing – Children

Please provide the following information about all CCS program participants you served in Motivational Interviewing in 2019. If no program participants fit the criteria specified, please enter a “0,” otherwise the question will produce an error.

How many program participants received Motivational Interviewing in 2019?*

	Yes	No
Have CCS staff been specifically trained to implement this EBP?		
Did you monitor fidelity for this EBP?		
If so, did you use an outside monitor to review fidelity for this EBP?		
If so, what fidelity measure did you use?		
Fidelity Measure: _____		

27) CCS Waiting List Information

Were there times during 2019 when there was a waiting list for CCS services from your program? * <i>[If you answer “No” to this question, the online survey will automatically skip further questions about waiting lists.]</i>
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Yes	No

28) CCS Waiting List Information, Continued

How many individuals were on the CCS waiting list on December 31, 2018? * _____

How many <i>additional</i> individuals were placed on the CCS waiting list during 2019? * _____

How many individuals were on the CCS waiting list on December, 31 2019? * _____

How long was the average wait time (in months) during 2019 before individuals on your waiting list received CCS services? * <i>[Please provide an average number of months, not a range of months.]</i>

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Which of the following interim services did individuals receive while they were on your CCS waiting list? * [Please check all that apply.]

None	
Case management services	
Outpatient mental health services	
Psychiatric services	
Assistance with locating community resources	
Medication management services	
Outpatient substance abuse services	
Crisis intervention services	
Clubhouse	
Drop-in center	
Other services 1 (Write-in):	
Other services 2 (Write-in):	

29) Suicide Risk Assessment

Does your CCS program have a **written policy** and procedure **that includes screening, assessing, and managing suicide risk**?*

Yes	No

IF NO, please describe any unwritten or informal practices used for screening, assessing, and/or managing suicide risk (or enter "None").

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Does your CCS program use any suicide screening or assessment tools?*

Yes	No

IF YES, Please check the box for any suicide screening or assessment tools your CCS used in 2019. If your tool is not listed, please use one of the "Other" options to list the name of your tool(s). *[Please check all that apply.]*

Adolescent Suicide Assessment Protocol (ASAP-20)	
Columbia Suicide Severity Rating Scale (C-SSRS)	
Massachusetts Youth Screening Instrument-Second Version (MAYSI-2)	
Patient Health Questionnaire-2 (PHQ-2)	
Patient Health Questionnaire-9 (PHQ-9)	
Suicidal Ideation Questionnaire (SIQ)	
Suicide Behaviors Questionnaire-Revised (SBQ-R)	
Suicide Probability Scale (SPS)	
Suicide Status Form (SSF)	
Other, please describe:	
Other, please describe:	

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30) CCS Service Array- NEW

This section asks about components of the CCS service array your program provided to all participants in 2019. This includes components provided by any contracted providers in addition to those provided by county or tribal program staff.

For definitions of allowable services within each service array component see Attachment 1 of [this ForwardHealth Provider Update – June 2014 – No. 2014-42](#) (pages 14-21).

For this first year of this reporting section, the first question in this section (on offering a component) is required, but the second question (on participants receiving a component) is optional. In subsequent years we will require completion of both sets of questions.

The final questions in this section are for you to disclose any potential caveats to the data you reported in this section and if there are any anticipated hardships or barriers to meeting next year’s reporting requirements to report the number of participants receiving a component. DHS staff may use this information to provide technical assistance to programs.

These components are mandatory for all CCS programs and therefore are not included in these questions:

- Screening and Assessment
- Service Planning
- Service Facilitation

Select the components your program had the capability to offer to participants in 2019 (<i>Unchecked components will not be asked about the number of participants receiving that component</i>).*	
Diagnostic Evaluation	
Medication Management - from a prescriber	
Medication Management - from a non-prescriber	
Physical Health Monitoring	
Peer Support (from a Certified Peer Specialist)	
Individual Skill Development and Enhancement	
Employment Related Skill Training	
Individual and/or Family Psychoeducation	
Wellness Management and Recovery	
Psychotherapy	
Substance Use Treatment	
We could not offer any of these components [Excludes above]	

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CCS Service Array, Continued

How many participants received each component in 2019? <i>(Count a participant multiple times if they received more than one component)*</i>	
	Count Participants
Diagnostic Evaluation	
Medication Management - from a prescriber	
Medication Management - from a non-prescriber	
Physical Health Monitoring	
Peer Support (from a Certified Peer Specialist)	
Individual Skill Development and Enhancement	
Employment Related Skill Training	
Individual and/or Family Psychoeducation	
Wellness Management and Recovery	
Psychotherapy	
Substance Use Treatment	

If there are there any known limitations to the data you reported on the service array, please describe.

If there are any anticipated hardships or barriers to meeting next year's survey reporting requirement on the number of participants receiving each service array component, please describe.

31) Recommendations for 2020

What goals or recommendations do you have for 2020 to make your CCS more effective?

Thank you for taking our survey.

A copy of your responses from the survey software from will be sent to the email address provided within the survey after it is completed from **noreply@surveygizmo.com**.

Results will be used by the Wisconsin Department of Health Services to inform improvements to Wisconsin's CCS programs and direct training and technical assistance efforts.