



P-00602B (05/2014)

## **Comprehensive Community Services (CCS) Programmatic Criteria**

The goal of the Comprehensive Community Services (CCS) budget initiative is to increase access to CCS services statewide. Providing CCS in a regional model will require counties/tribes to approach the organizational structure of CCS and the provision of services differently. While Admin. Code DHS 36 dictates the structure and services of a CCC program, until recently, only single counties have been certified to provide CCS. Thus, it is important to look at the access and quality of the CCS structure and services, to ascertain if there are additional specifications that need to be put in place to assure access and quality within the regional model.

**Increase Access:** CCS points of access are multi-dimensional; in order to increase access CCS programs must provide:

CCS services will be available to all eligible and appropriate consumers:

- Across the lifespan
- With diagnosis of
  - Mental Health only
  - Mental Health & Substance Abuse co-occurring
  - Substance Abuse only
- Within their service area

CCS services are meant to work in conjunction with other mental health services/benefits and not to replace whole programs such as:

- Community Support Program (CSP)

**Quality Improvement:** Regional CCS programs must also assure that providing CCS within a regional model does not diminish the quality of new or existing CCS programs.

To assure that each program is maintaining quality by serving individuals who are functionally eligible, as well as, clinically appropriate for CCS:

- Functional Screens: Programs must complete initial and annual functional screens on all participants

To assure that each program has a quality organizational structure and providing quality CCS services:

- Division of Quality Assurance (DQA) Certification: Regional programs must submit and have approved CCS certification(s).

- Medicaid Certification
- Annual Submission of Intent to Provide CCS on a Regional Basis
- Service Array: Regional programs should provide services and contract for services in a manner to prioritize the provision of evidence based practice (EBP) and best practices within their service array.
- Training & Technical Assistance: Regional programs should participate in DHS/DMHSAS expansion training and technical assistance with regard to DQA certification and Medicaid Reimbursement.

To assure that each program has meaningful consumer participation and a consumer driven quality improvement plan:

- Meaningful Participation: Regional programs must include consumers on the coordinating committee, per Admin. Code DHS 36, and include representation from each of the counties and populations served.
- Consumer Perception of Quality: Across all regional models, regional programs must use the same standard mechanism to solicit feedback from consumers on their perception of quality of the program (mechanism to be determined).

**Program Outcomes**: Regional CCS programs must also assure that providing CCS, within a regional model, are effective and efficient and that programs will collect and input data into state data collection systems.

To assure that DHS/DMHSAS is able to measure the efficiency and effectiveness of the Regional Model, each program will:

- Consistently use the State data collection systems of FSIA and PPS.

**To assure that the regional model of CCS is effective and efficient they will measure the following:**

- Efficiency Measures: Measures with information coming from the PPS & Functional Screen data
- Consumer Outcome Measures: ROSI for adults and MHSP for children