

Central Wisconsin Health Partnership

REGIONAL COMPREHENSIVE COMMUNITY SERVICES PLAN ADDENDUM FOR SHARED SERVICES

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Central Wisconsin Health Partnership (CWHP) Regional Comprehensive Community Services (CCS) Plan Addendum for Shared Services

INTRODUCTION

Our Comprehensive Community Services (CCS) regional shared services model is built upon the authority granted under Chapter DHS 36 to existing CCS programs among partnering counties. Each county's CCS program is certified by the WI Department of Health Services (DHS) and remains in good standing with all county, state and federal agencies. This document provides a narrative overview of our shared services plan, as well as specific policies and procedures that guide how the member programs will coordinate to improve access and quality of care to our residents.

Addendum policies provide direction for key elements of DHS 36 that enable the functioning of our regional shared services model. Addendums must be approved by the CCS Regional Coordinating Committee representing all of our certified programs. Upon approval, these additions will be incorporated into each local plan and practice. We will use the proposed procedure for resolution of differences to change or harmonize our practice for the greater good of the region.

This is a living document, intended to be revised and shaped over time by the CCS Regional Coordinating Committee, representing each certified CCS program. These addendums are drafted to add value and opportunity to existing programs and complement local priority with uniformity of care.

ADDENDUM NARRATIVE

The regional CCS administrative structure begins with our Central Wisconsin Health Partnership (CWHP) vision and mission:

Vision: to improve health outcomes in Central Wisconsin by expanding access to behavioral health services.

Mission: To serve as a consortium structure assuring equitable access to quality behavioral health services.

Across disciplines, this partnership brings together the best of integrated medicine, integrated human services and integrated public health initiatives. By sharing best practices, innovative contracting, and prevention services, the CWHP promotes quality services to all residents across the region.

The continuum of community-based psychosocial services, assured by the counties for recovering consumers, is an important part of the infrastructure on which all other services depend. Psychosocial rehabilitation services are recognized by the partnership as an essential approach to enabling and empowering consumers into self-directed care. Our partnership is committed to sustaining and expanding psychosocial rehabilitation services (DHS 36) to all eligible residents of the region.

To best fulfill this vision, The Central Wisconsin Health Partnership operates the regional CCS as a shared services model. This approach builds on the foundation of core services already in place. In addition, our shared services promote a balance of autonomy among interdependent programs. This balanced approach occurs through the application of person-centered values.

Recovery occurs where people live and requires self-determination within a milieu of locally accessible resources. The infrastructure that supports recovery should hold the same balance between the individual and community, county, and region. At the same time, each county has an investment in their resident consumers along with the programs and resources cultivated on the consumer's behalf. Recovering consumers will

contribute through their own growth, and to the growth of resources close to home and beyond to the region. We are building on strengths in place while assuring voice, access, and ownership at every level.

Oversight of this initiative is assured by a Regional Coordinating Committee (per DHS 36.09) that has full support of the CWHP. As an oversight committee, the Regional Coordinating Committee includes CCS Service Directors, Consumers, and community stakeholders. Under the direction of this group will be a person or persons in the role of Regional CCS Coordinator to directly support the regional CCS initiative. The Regional Coordinator (RC) takes direction from and reports to the CCS Regional Coordinating Committee (RCC), and facilitates the Quality Assurance and Training subcommittees of the RCC. In addition, the RC works alongside the counties' CCS service directors and/or administrators to support both the individual needs of each county's CCS program, as well as regional interests of the partnership. The RC position will be funded equally by the CCS certified counties.

The CWHP regional CCS program is made up of 6 counties: Adams, Juneau, Green Lake, Marquette, Waupaca, and Waushara. Each county program will maintain and expand current standard positions and functions per DHS 36. As funding allows, increased services will be enabled through the hiring or contracting for service facilitation and other clinical services within appropriate consumer-provider ratios to sustain optimal services.

In the interest of promoting efficiencies, direct service providers will have the largest increases based on function, while management/administrative positions will show the least possible growth across the region. Any practical consolidations of functions will be considered as the programs evolve with greater uniformity around best practices.

A unique strength of the region is the long history of collaborative practices across counties. The CWHP is only one of many initiatives that bring counties and providers together to better assist our high needs and medically underserved populations. Comparable demographics and earned trust relationships across our 6 counties have set the stage for strong partnerships where calculated risks may be taken to alter and improve systems of care.

Important to the balance of shared services across the region is the multidisciplinary vision of CWHP. Our Regional CCS Coordinating Committee (RCC) serves as a venue for sharing best practices, lessons learned, and where new multidisciplinary resources can be developed to enhance the opportunity for psychosocial rehabilitation. The RCC parallels the CCS coordinating committees at the county level, emphasizing consumer representation from each partnering county on the RCC. Local coordinating and regional oversight committees both adhere to DHS 36.09.

Consumers access CCS in two ways; the first is through standard enrollment accessible in each county of residence. The second is upon completion of formal services, when the individual may continue recovery through lifelong learning, including possible participation in local or regional coordinating committees to help shape this program for future recipients. The ongoing participation of consumers in program development is essential for growing the therapeutic milieu and eliminating the glass ceiling that exists when an individual's recovery is tied to being a program "recipient."

Each certified county offers the standard array (June 2014) of psychosocial rehabilitation services, which includes mental health and substance abuse services to all ages. Variations within each service array occurs across counties based on local need and availability of resources.

The county of residence takes responsibility for the enrollment and administration of services to their consumers. Each county operates under its own certification and assures the highest quality of care at the most efficient cost. Accountability for best practices is assured locally with each coordinating committee and through the addition of regional certification with oversight by the regional coordinating committee.

All of the counties in our partnership provide a full continuum of behavioral health services. Most of these services are provided by employees of the human services departments. Where outpatient services are contracted by the county, there are also strong psychosocial services such as the Community Support Program (CSP) and Coordinated Services Team (CST) Initiative that demonstrate a commitment to wraparound and integrated services.

Across the region, we have uniformity in our commitment to collaborative systems of care and variation that reflects local flair. The robust CCS program in Waushara County is a model for the region with many services directed toward children and families. An investment in mentors for families in CCS is a good example of the regional customization that can occur as a coordinating committee looks for the best ways to serve the needs of their consumers.

Piloting new and innovative approaches to care is possible when the essential services are assured through the county DHS. Across the region, counties provide an anchor for formal programs and services. Contractual relationships are developed primarily to procure select services that could not easily be provided in-house.

A snapshot of our wish list for expansion includes but is not limited to: peer and parent mentoring, respite, personal trainer/life coach, vocational rehab specialist/job coach, AODA recovery support workers, and equine therapies. Any of these services could also share with other counties, and in some cases, the partnerships will incentivize services to come into the area.

Through regional certification we will also explore opportunities to contract county staff to other parts of the region as specializations in one area rise as the best practice option for a neighboring county. For instance, a Wellness & Recovery Management Group in Adams County could be open to consumers from neighboring Juneau and Marquette Counties, or parent mentors in Waushara County could be contracted to serve consumers in Marquette County. Green Lake County DHS has all of their clinicians dually certified to provide mental health and substance abuse treatment. Contractual arrangements across counties will evolve organically as need and opportunities come together. Our guidepost is the fidelity to the values and practices of CCS.

Beyond the standard CCS service array, our CWHF offers a unique opportunity for innovation due to the participating interests. Through Human Services we have core services and a safety net. Through Public Health we have wellness & recovery outreach and education. And through our Federally Qualified Healthcare Center we have the benefit of integrated medicine. Thus, we are well positioned to pilot or enhance psychosocial rehabilitation through a range of complementary partnerships. These partnerships include:

1. Christine Anne domestic violence shelter,
2. Brief Intervention Screening (BIS) through Family Health LaClinica,
3. interfacing with the Child Psychiatry Access Line,
4. a multi-county crisis stabilization network,
5. cultivating CCS Health Educators through Public Health Departments,
6. Grassroots Empowerment Project's SAMHSA grant promoting participatory decision making, and last but not least,
7. the management of chronic disease and co-morbid conditions through regional grants and Family Health LaClinica's medical home initiative.

The Regional Coordinating Committee stewards the expansion of psychosocial rehabilitation services and assures the counties are meeting the needs of residents across the region. With each county certification for CCS, there is a commitment to serve individuals across the lifespan and to deliver both mental health and

substance abuse services. Each county program has strengths and growing edges. The RCC partners with the county, leading quality assurance to approve development plans for each program that assure gaps in service are closed and unique needs are being addressed.

Other combined regional roles include:

(1) Administrative Agency: Administration of a contract to provide regional coordination through the position of “CCS Regional Coordinator”.

(2) Training: a regional training subcommittee of the RCC is facilitated by the CCS Regional Coordinator. Membership includes both consumer and provider representation, including the CCS service directors from the six partnering counties. The subcommittee is responsible for the development of a regional orientation and training plan for staff, providers, consumers, and the larger community.

(4) Quality Improvement: a regional quality improvement (QI) subcommittee of the RCC is facilitated by the CCS Regional Coordinator. Membership includes both consumer and provider representation, including the CCS service directors from the six partnering counties. The subcommittee is responsible for developing regional QI plan, including use of the Mental Health Statistics Improvement Program (MHSIP) and/or Recovery Oriented Systems Inventory (ROSI) consumer surveys. The centralized efforts around QI dovetail with coordination of site surveys for purposes of certification by DQA.

(5) Provider Development: Closing the service gaps by expanding the pool of innovative CCS service providers available to each county. These providers could cover a wide range of services from intake workers that screen for functional eligibility to parent mentors and respite providers.

(6) Regional Website: A CWHP CCS resource website has been developed and will be maintained and expanded by the Regional Coordinator (www.cwhpartnership.org).

REGIONAL SHARED SERVICES PLAN- 36.07

Purpose

To provide an overview of component procedures that are unique to the CWHP shared services CCS.

Policy

When multi-system involvement exists, there is a significant need for a formalized coordination of services to ensure consumers' needs are being addressed. The CWHP regional CCS will develop and implement collaborative arrangements across Health and Human Services agencies and agreements with community organizations to outline roles and responsibilities when working with consumers who are involved in multiple services.

Certified CCS programs in each county have full written plans that cover all program elements required in 36.07. In facilitating the regional shared services model, a number of additional procedures are needed. As an addendum to the county plan, procedural descriptions are provided under this heading of Regional Shared Services Plan unless a separate policy is warranted to clarify the rationale for changes at the regional level.

Procedures

Fiscal Responsibilities:

1. Each certified county program will continue as the billing and rendering provider for their resident consumers.
2. Rendering via contract may occur between counties and private providers and also between counties choosing to subcontract for a service.
3. The rendering provider will reflect the county that has paid for the contracted service. A county's rendering provider number should only be submitted on claims for which costs were incurred by the county.

Criteria for recruiting and contracting with providers of psychosocial rehabilitation services (PSR): DHS 36.07(1)(d)

1. A regional resource registry will be developed to catalogue location, cost, and qualifications of any willing provider of PSR services.
2. The registry will clarify who meets minimum staff requirements of DHS 36.10 (g) and background DHS 36.10(c), including those who meet criteria established by the county and are recommended by consumers.
3. The registry will provide guidance on matching consumer needs with services.
4. The registry will be housed on a website that contains all meeting agendas, minutes, outcome data from various programs, and target populations.

Collaborative Arrangements and Interagency Agreements: 36.07(3)

1. Each county will continue the use of existing interagency and collaborative agreements that support their program.
2. Regional interagency agreements will be encouraged between counties and community stakeholders as needed to assure and maintain a robust regional system of care.
3. Agreements will be reviewed by the Regional Coordinating Committee and endorsed if the practice fits the mission of the regional CCS.

4. With a majority of support, an interagency agreement may be added to the CWHP CCS Memorandum of Understanding.
5. Additional areas of unique interest for the CWHP regional CCS include:
 - a. **Transitional Services: 36.07(3)(a)** Consumers who are discharged from non-CCS program facilities are informed of CCS as a regional resource and encouraged to utilize peer supports, natural supports, and programs offered in their communities and within the region.
 - b. **Emergency Protective Placement: 36.07(3) (b)** When regional CCS programs interface with emergency protective placements and when protective services or elder abuse investigations are involved, CCS providers support protections for the person and interventions that are not covered as a Medicaid card service. Adult Protective Services is recognized as a distinct function and supported by CCS where psychosocial needs are present. All related providers support interventions for elderly or disabled persons with complex behavioral needs.
 - c. **Care Coordination, the Coordinated Service Team Initiative, and Schools: 36.07(3)(c)** Collaborative Systems of Care are supported regionally with a “no wrong door” approach. Staff from each program should know how to link and follow up with parallel services.
 - d. **Provision of unique fee for service contracts: 36.07(f)** When a medically necessary service is not available in the existing array of services, the county may contract with another county program that includes the service in their approved array. If the service is not available to the region, the local CCS may work with the Regional Coordinator to develop the service and rationale for approval by WI Medicaid and DMHSAS as a medically necessary service, per DHS 107, that can be approved to be part of the service array of that program per 36.07(4).

Policies and Procedures for Updating and Revising Regional Plan Addendums: 36.07(1)(e)

1. The Regional Coordinating Committee (RCC) will review and make recommendations to approve or refine addendums
2. The RCC will review feedback from stakeholders and DHS in order to assure that addendums accurately identify regional services and any changes in policies and procedures that impact the region.

REGIONAL COORDINATION COMMITTEE – DHS 36.07(1)(c), and 36.09

Purpose

To clarify the role and responsibilities of the Regional Coordinating Committee (RCC) in relation to each individual county's CCS coordination committee.

Policy

The CWHP has established the RCC to assist it in planning, implementing, and monitoring the effectiveness of the Regional Comprehensive Community Services initiative. The RCC's ongoing role is to review quality improvement information; review program practices; and protect consumer rights. The RCC will also oversee activities of the Regional CCS Coordinator.

Per the requirements of DHS 36.09, each certified county CCS maintains a functioning local CCS coordinating committee. The RCC includes comparable consumer membership, county board representation, and county staff. Each local coordinating committee will have representation on the RCC. Consumers will be involved at all levels of the Regional CCS including program planning, design, training, and quality improvement. The following procedures detail how the RCC will be composed and how it will operate.

Procedures

1. The RCC will include a minimum of 18 representatives (three representatives from each partnering county) from each of the following categories:
 - a. One county staff having responsibility for the provision of CCS services. At minimum there will be the CCS Service Director representing each Human Services Department.
 - b. One consumer of behavioral health services, or the primary caregiver of a consumer who is a youth. These will likely include consumers of behavioral health services generally, including family members and advocates, with preference given to those served by CCS programs.
 - c. One County Board member or designee.

Additional county representatives, members of the Central Wisconsin Health Partnership (CWHP), and community stakeholders are encouraged to attend and participate.
2. Stipends for consumer and County Board member participation will be provided by their respective Human Services Department.
3. A quorum will require a majority (a minimum of 10 individuals), with each county having at least one representative from the any of the categories listed under 1.a. – 1.c.
4. The RCC will include two co-chairs who will be selected by the committee. The co-chairs will be asked to make a one-year commitment to their role.
5. The RCC will meet at least quarterly and will maintain written minutes of its meetings, as well as a current membership list. RCC meeting minutes will be posted on the CWHP website.
6. Responsibilities of the regional coordinating committee include:
 - a. Review and make recommendations regarding the initial and revised Regional CCS plan addendums as required under s. DHS 36.07.
 - b. Support and oversee the work of the Quality Improvement Subcommittee. Quality improvement will be a standing RCC agenda item.
 - c. Support and oversee the work of the Training Subcommittee. Training and orientation will be a standing RCC agenda item.
 - d. Review and make recommendations regarding other policies, practices, or information that the committee deems relevant to determining the quality of the Regional CCS program and protection of consumer rights.

- e. RCC members will receive orientation and training related to the role of the committee, understanding mental health and substance use issues, learning the benefits of psychosocial rehabilitation, special concerns of child, adult and elderly populations, and an overview of the systems that serve CCS consumers per DHS 36.12. The Regional CCS Coordinator will work with the Training Subcommittee and each site to help ensure provision of orientation and training, which will be provided in the form of regional trainings, written information, and/or in-service presentations during meetings.
- f. Support and oversee activities of the Regional CCS Coordinator.

REGIONAL COORDINATION COMMITTEE RECOMMENDATIONS – DHS 36.07(1)(c) and 36.09(3)(a)

Purpose

To clarify how written communication from the Regional Coordinating Committee (RCC) will interface with local coordinating committees and state agencies.

Policy

The RCC will draft written recommendations based on their role and responsibilities. These communications will complement and enhance mutual exchange between local CCS coordinating committees as well as state and federal agencies. Written recommendations will facilitate transparency and accountability across partnering interests in order to improve shared services within the region. Clear communications will support local and regional coordinating committees through application and implementation of a shared services CCS.

Procedure

1. Ongoing RCC recommendations will recognize the autonomy of local CCS coordination committees with improvements stemming as much as possible from collaboration.
2. RCC recommendations will be included in meeting notes, which are available on the CWHP website.

REGIONAL QUALITY IMPROVEMENT PLAN POLICY– DHS 36.08

Purpose

To clarify how quality improvement practices will be coordinated to strengthen services to the region.

Policy

This regional Quality Improvement (QI) plan derives from the fundamental mission of the CCS program, which is the improvement of consumers' lives and their movement toward recovery. As such, the data we have chosen to monitor is intended to measure such improvement and recovery directly. That data ranges from consumer-specific progress on identified goals, to functional improvement across life domains, to general satisfaction with life, to specific satisfaction with CCS services, to team-wide success in helping the entire range of consumers served within the entire range of relevant life domains. This policy is designed to enhance best practices across shared services.

In compliance with DHS 36.08, all CCS programs have quality improvement plans. Local QI plans are designed to assess consumer progress toward desired outcomes identified through the assessment process, as well as consumer satisfaction with services generally. These quality improvement plans include survey tools required by State of WI, DHS. The regional priority for QI is to address needs of the system and improve psychosocial recovery practices across all counties.

Tenants of the regional approach to QI:

1. Quality improvement is a continuous process and should be integrated into each practice and at every level across our system of care.
2. Quality improvement requires objectivity and willingness to question operating assumptions.
3. Innovative approaches to data collection and consumer feedback will be encouraged. Especially where the needs of underserved populations are misperceived or poorly recognized using conventional assessment tools.
4. Best practices will be showcased at the regional level and encouraged for implementation through local programs.

Procedure

1. Each County program must administer the Mental Health Statistics Improvement Program (MHSIP) and/or Recovery Oriented Systems Inventory (ROSI) consumer surveys as part of their Q.I. plan.
2. The Regional Coordinating Committee will continue to centralize efforts around Q.I. and oversee coordination of site surveys for purposes of certification and recertification by DQA. Survey results are shared across counties to strengthen accountability and learning.
3. Quality improvement will be a standing agenda item for the RCC.
4. If possible, outcome and program measures will be stored and shared through a central website database that also contains unidentifiable PPS and medical data.
5. The QI subcommittee of the RCC is responsible for the development and implementation of a regional QI plan.
6. Aggregate pooling of data (where possible), will allow the QI committee to form judgments about the overall effectiveness of the CCS program, its relative effectiveness within each of the identified domains, and its effectiveness relative to other regional collaborative systems of care.
7. Results from the aggregated surveys and from general electronic database reports will all be shared as they become available with the Regional Coordination Committee during the committee's regular meetings. The committee will be asked to review and comment on these reports, and it is expected

that suggestions for program improvement will come from this committee based in part on these ongoing reviews.

8. CCS supervisors will annually set goals for their county program based on results of the above outcome measurements and on the suggestions given by the Regional Coordination Committee. They will also annually evaluate their counties' performance over the past year relative to the goals set for the program the previous year. The supervisors' annual goals and reports will also be shared with the Coordination Committee, and the supervisors will review and update their general CCS plans based on the above.

REGIONAL ORIENTATION and TRAINING- 36.12

Purpose

To provide an overview description of the components of orientation and training for the Regional Comprehensive Community Services.

Policy

In accord with the requirements of DHS 36.12, CWHP CCS programs have developed and implemented an orientation and training program for all new employees and an in-service training program for all ongoing employees. This program is designed to assure that staff has the requisite knowledge and skills to provide CCS services effectively, respectfully, and in accordance with all relevant laws, regulations, and internal policies. It is also a priority of our regional CCS to offer training to contract employees, coordinating committee members, and community stakeholders. Expanding the reach of PSR trainings is an important means to advance mental health literacy, reduce stigma, and lower barriers to care. Please refer to each county's training plan. The following procedures outline the specifics of this orientation and training program that are unique to the region.

Procedure

1. The Training subcommittee of the RCC will develop a regional training and orientation plan.
2. The Training subcommittee will present options and report on progress at regular RCC meetings.
3. When possible, training will be made available in a central location within the CWHP region.
4. In addition to individual staff training records kept by each county, the CWHP website will serve as a central location for information related to required and recommended trainings, as well as orientation and training opportunities.
5. Trainings will include best practices and promote uniformity in practice for the region (DHS 36.14).

REGIONAL CONSUMER SERVICE RECORDS- 36.18

Purpose

To ensure that CCS counties of the CWHP understand the proper management of consumer records in relation to regional shared services.

Policy

Per DHS 36.18, each county's CCS program shall maintain, in a central location, a clinical record for each consumer that it serves. Each consumer service record shall include sufficient information to demonstrate that the CCS program has an accurate understanding of the consumer, the consumer's needs, their desired outcomes, and their progress toward goals. Entries into the record shall be legible, dated and signed. This consumer service record shall be maintained pursuant to the confidentiality requirements under HIPAA, s. 51.30 Stats, DHS 92, and if applicable, 42 CFR Part 2. In addition, electronic records and electronic signatures shall meet the HIPAA requirements in 45 CFR 164, subpart C.

Please refer to each county's plan. To assure compliance with this policy, the following regional procedures have been established.

Procedure

1. The county of residence has proprietary responsibility for the case records of their consumers.
2. Documentation of Integrated Case Reviews (ICR) will be housed in consumer records.
3. All attendees will have signed the host county's confidentiality forms.
4. Process and outcome of ICR's on direct services will be documented in the provider's service record.
5. Service Facilitators will assure the need/rationale for ICR is clearly documented in records.

REGIONAL PERSONNEL-36.10(2)(e)

Purpose

To ensure that the CWHP regional CCS counties understand the purpose and function of the Regional Coordinator.

Policy

The participating counties that are certified for CCS will be served by a central coordinator for the region.

The Regional Coordinator will work in partnership with each county's CCS Service Director, and will support the individual needs of the counties as well as the regional interests of the broader partnership.

Procedure

1. A CWHP county DHS, certified for CCS, will serve as the employer or contract administrator for the position of Regional Coordinator.
2. Approval for hiring will be shared by the employing county and the CWHP.
3. The Regional Coordinator will report to the Regional Coordinating Committee and take direction from this group.
4. Funding for this position is expensed as an administrative cost to CCS by the employing county.
5. Primary responsibilities of the Regional Coordinator will include the following:
 - a. Facilitate and support the work of the Quality Improvement (QI) committee, whose task is to support individual counties in meeting program requirements and to develop a regional QI plan.
 - b. Facilitate and support the work of the Training committee, whose task is to develop a regional orientation and training plan.
 - c. Assist non-certified county partners in the application and certification process.
 - d. Develop and maintain a regional CWHP CCS resource website
 - e. Work toward the development of a regional database
 - f. Other duties as directed by the RCC
6. The Regional Coordinator will serve as an intermediary between the county programs, the Regional Coordinating Committee, including subcommittees for Quality Improvement and Training, etc., along with state and federal agencies.
7. Performance of the Regional Coordinator will be evaluated jointly by the county administering the contract and the Regional Coordinating Committee, at six months of hire and annually thereafter.

REGIONAL CONFLICT RESOLUTION

Purpose

Assure understanding among partnering counties, providers and stakeholders, of how conflicts will be resolved.

Policy

Differences arise within any complex system of care. When differences are handled well, all parties grow through the process. The RCC and affiliates will approach conflicts as a *learning opportunity*, demonstrating openness, curiosity, and respect at every level; from administrators to providers to consumers. Problems will be addressed in a timely manner with emphasis on improving communication and mutual understanding. Decisions will be held to the mission of the CWHP and Regional CCS.

Procedure

1. A MOU has been signed by the Department of Human Service Directors.
2. Each county DHS complies with consumer rights and approved grievance procedures in s.51.61 and ch. DHS 94, including a fair hearing process under s. DHS 104.01(5) for Medical Assistance consumers as directed by DHS 36.19.
3. The autonomy of certified county CCS programs must be prioritized and balanced with the interdependence of regional certification. Differences between these spheres must be resolved through collaboration.
4. Process for determining level of intervention:
 - a. County based program policies will be followed for any internal matters.
 - b. Regional differences will be addressed by management across counties or via the Regional Coordinating Committee. (See #5)
 - c. Matters pertaining to employment of CCS staff that cannot be resolved at the county management level may be taken to the Regional Coordinating Committee.
5. Any disputes arising between the collaborating Departments will be resolved by agreement between the Directors of those Departments in cooperation with the Regional Coordinating Committee. If resolution is not achieved at that level, it will be by action of the respective Human Services Boards.