

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

*Please note: this is a section from the Regional CCS Plan Addendum for Shared Services, found in Section 2 of this handbook.*

### 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.