**Central Wisconsin Health Partnership**

**Comprehensive Community Services Regional Coordinating Committee**

**Training and Quality Improvement Committees**

Tuesday, May 22nd, 2018

**Participants:** Allison Else, Adams County; Kate Meyer, Green Lake; Danielle Moore, Juneau; Wade Rasmussen and Tancy Helmin, Marquette; Jan McDonough, Waupaca; Clara Voightlander and Linda Manske, Waushara; and Lori Martin, White Pine Consulting.

1. **Site updates**
2. Adams – 43 consumers; admitted 8 last month; 4 on deck. As of July 1st, Adams will have Family Care. Will be a Coordinated Services section that will include “all of the C’s”; Diane Ozborn will be Allison’s supervisor. Kay S-B still MH Professional. Allison working on licensure. Friendship Connections up and running. CSP as of January 1st. Norwood Health no longer taking adolescents as of June 1st.
3. Green Lake – 31 consumers; 15 youth; 5 on deck
4. Juneau – 50 enrolled; 2 admitted; 5 discharged successfully; 21 referrals; new facilitator starting Monday (will then be 8 service facilitators – 6 are FTE).
5. Marquette – 30 enrolled (3 discharged last 2 months); new position starting May 30th – hybrid CCS/CLTS worker. 2 FTE who are also crisis; 1 CCS/CST worker. New contracted provider – Living Anew. Tancy is now a certified peer specialist. Dave Peppler – Westfield Public Schools will be providing PSR services.
6. Waupaca – going through significant changes. 3 crisis workers to 5. Hired a BH therapist, hiring a nurse; scheduled to hire 2 SF for CCS. Breaking ground to build off of the current government center to include behavioral health. Jan has 11 cases; Ted, then 4 CST workers that also have CCS clients. 18 on wait list, CLTS cases will also being referred to CCS.
7. Waushara – 40; 6 admissions; short a facilitator, and short a mentor; have additional position approved through board if needed
8. **Training**
9. Feedback from Sparks Across the Lifespan workshop
	1. Individuals who attended very much enjoyed the workshop; and feedback from staff was positive.
10. Upcoming workshops
	1. June 6: Working with Individuals with SU Disorders – Stages of Treatment
* There are around 30 people registered. Lori will send the registration list to everyone.
	1. July 11: Treatment Planning and SMART Objectives
		+ Discussed content – no concerns related to repeating future workshops. Suggestions included: supplying real concrete examples – possibly one for an adult, one for youth, one related to SU, and another to MH.
	2. Aug 1: New Provider Orientation
	3. Sept 12th: Statewide CST/CCS meeting
	4. Ideas for topics for Oct, Nov, and Dec
		+ Public health and CCS (Lori is working on this)
		+ Documentation / TARP note training for all regional providers
		+ Paraprofessionals – boundaries and ethics
		+ Provider Development Day
1. **Quality Improvement**
2. Site visit outline and scheduling
	* Committee reviewed draft outline provided by Lori. Suggestions – ask about the process for providing supervision to outside providers; as a follow-up, Lori should attend a staff meeting in each county to review the results.
	* Lori will send proposed dates to each county and begin scheduling visits
3. Contracted Providers –what’s working, what’s not, and what’s needed (next steps)
	* Jan shared that last spring she sent letters to educators and Occupational Therapy staff to determine interest in providing PSR services over the summer. She had success with this.
	* Discussed procedural differences across counties and regions related to what activities providers are allowed to bill on a monthly basis. This causes frustration both at the county and provider level.
	* Lori shared “Interpretive Decision-Making and Risk Management” model which depicts how procedural decisions counties make related to DHS 36 and MA interpretation carry with them varying levels of risk.
	* Another area of concern is quality documentation. All six counties are encountering inadequate progress notes, even after having discussions with providers.
	* Committee discussed possible next steps including provider training opportunities (e.g. TARP / documentation training this Fall), as well as considering quarterly meetings for managers of provider agencies - possibly in Wis Dells. Lori is also available to help with provider development and rate setting support.
4. CLTS and CCS
	* Discussion related to youth who are dually eligible for CCS and CLTS. According to the DMHSAS Memo 2014-03, CLTS needs to be the funding of last resort and can’t’ cover a service that could be provided / covered through CCS. But, “when a dually enrolled child has need for services that are not covered by CCS, the CLTS Waivers Program can be used to fund those services if they are disability related and meet all CLTS Waiver requirements”.
5. CCS and Title IV-E Funding – Lori shared a handout, “Intersection of CCS and Title IV-E Funding” from the DMHSAS
6. Functional screens
	* Lori shared the following clarifying information that was sent by Robin Raj in follow-up to a recent workgroup meeting:
	* CLTS Waiver – functional screen is due end of the month (not 365 as is for Adults) Waiver Appendix B-6-g
	* Once participant is found Not Functionally Eligible (NFE) – the CWA has 10 days to connect with BCLTSS for a comprehensive screen review – EES Memo 2017-05., page 2
	* If BCLTSS agree with the NFE results, CWA has to then send the standard Notice of Action within 10 days – per waiver manual (Rights)
	* Family has 45 days to file an appeal – per waiver manual (Rights)
	* Technically the child would remain open for up to 65 days from the time the child was initially found Not Functionally Eligible.
	* If the child dis-enrolls – then it is the standard 10-day notice of action prior to end-dating in EES.
7. **Other**
	* + 1. Working with DVR

Deepa Pal, a representative from DVR attended the last Regional Coordinating Committee to discuss coordination when DVR counselors are working with individuals in CCS. She is going to give the supervisors of each DVR region contact information for your CCS Program Coordinators/Service Directors; so hopefully personal connections can be made.

Deepa explained the nature of DVR and the role of DVR counselors:

* + - Case load 65 – 120; always moving/changing; serve individuals with a variety of disabilities from vision to physical to mental health. Workers don’t specialize in certain areas / disabilities (this is where the IPS model becomes important for individuals with mental health and/or substance use issues, as the IPS model specifically targets these).
			* They have 30 days to respond to referral. After an application has been signed, it has to be entered into system within 3 days. Eligibility period - 60 days from initial screening; 90 days for plan development. Plan implementation then begins immediately. Timelines are helpful for service facilitators to be aware of – it could take months from the time a consumer is referred to when a plan is completed.

She emphasized the important role of the CCS Service Facilitator

* + - The DVR counselor may not know that the consumer is involved in CCS or that they have community support. The Service Facilitator can be an important link.
		- If counselor working with more than one consumer in your county/community – invite them the worker to come to your county; give them a space to meet with the individuals.
		- Service facilitator could attend DVR meetings
		- The consumer can list the service facilitator as a second contact on their application

Lori will f/u with Deepa regarding the status of sharing regional contact info with her colleagues, and will also send contact info for the DVR supervisors to the Service Directors.

* + - 1. Sample “Missed Timeline Notice” – Lori will send the electronic version of the document
1. **Future Committee Meetings**
* Thursday, July 19th
* Thursday, September 20th
* Thursday, November 15th

Topic for future discussion – consider topical requirements for provider orientation / training?