

Central Wisconsin Health Partnership (CWHP)
Regional Comprehensive Community Services (CCS)
Memorandum of Understanding
September 29th 2014

Vision

The Central Wisconsin Health Partnership (CWHP) strives *to improve health outcomes in Central Wisconsin by expanding access to behavioral health services.*

Mission Statement

The Central Wisconsin Health Partnership (CWHP) serves 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 clients, 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 (HFS 36) to all eligible residents of the region.

History

The Health Departments and Human Services Departments of Adams, Juneau, Marquette, Waushara, Waupaca and Green Lake Counties, along with Family Health /LaClinica, FQHC, serve a rural population of 157,800 with an average per-capita income of \$23,500. Among the poorest in the state, this population historically ranks in the bottom quarter of Wisconsin counties for health determinants in a range of areas that directly impact mental health and physical well-being.

The Central Wisconsin Health Partnership formed in 2011 to explore options to enhance the behavioral healthcare delivery system. The Wisconsin Mental Health and Substance Abuse Infrastructure Study in 2009 and the Federal Affordable Healthcare Act in 2010 provided an impetus to explore alternate funding and pathways for consumers to enter service.

Our partnership increases access to a range of behavioral health services through a regional collaboration that includes core benefits of 6 county human services, public health with consumer outreach, and integrated medicine. Offering a balance of population level prevention strategies and individual interventions, this unique and replicable partnership stands on a long history of successful collaboration among regional partners.

Philosophy

Mental illness and addiction are treatable conditions from which most people can recover when adequate and early supports are made available. However, from the very beginning, access to behavioral health services determine this outcome. Timely access to the right support is a critical need for residents of Central Wisconsin. At the same time, recovery occurs in communities where individuals and families live. The local community is where consumers incorporate their formal and natural supports. To be successful, recovery requires a balance of multi-disciplinary resources and consumer voice at the local level. CCS assures needed access to self-directed supports for residents of Central Wisconsin.

Desired Outcome

The desired outcome of the CWHP CCS is to (1) Promote access to psychosocial rehabilitation services in Central Wisconsin and (2) promote efficiencies by sharing resources. This regional CCS will result in a program in each county that provides an array of core services to all eligible residents. Presently, among partners, three counties have established CCS programs, a fourth county is just beginning CCS and two wish to become certified. The current four counties with

existing programs will strengthen or expand current services. The two new counties will begin CCS programs with support of shared services of neighboring counties while local programs are developed under the guidance of their own program director and coordinating committees.

Regional Structure

Facilitating the regional CCS will be a central program administrator who reports to a Regional Coordinating Committee (RCC) (currently the CWHP). The RCC operate as a subcommittee of the CWHP and will maintain the recovery vision of the CWHP and HFS 36. The regional administrator will be employed within any certified CCS county DHS that is willing to serve as administrative host. Costs of this regional administrator will be shared equally among the 4 to 6 counties. Each county coordinating committee will assure locally developed resources and consumer voice at the county and regional levels. The regional administrator will interface with each county service director as needed, as well as CWHP CCS Regional Coordinating Committee and State DHS to assure program compliance and assist in resource development, rate setting and other administrative responsibilities per HFS 36.

Guiding Principles for Regional CCS

The system of care will:

- Hold a balance between uniformity of services while providing individualized services that are flexibly administered.
- Promote developmentally informed services at every level: individual, family, community programs and region.
- Assure sovereignty of local resources and natural supports.
- Assure and model self-direction through voice, access and ownership of services.
- Maintain fidelity to (1) the principles of CCS, (2) the law and program requirements that support this service and (3) sharing resources through collaboration.

- Build on the multi-disciplinary, multi-county collaboration to assure accountability.
- Be person-centered, with strengths and needs dictating the types and mix of services provided.
- Promote early identification and intervention to enhance the opportunity for positive outcomes.
- Provide access to a comprehensive array of services that promote physical and emotional wellbeing through mental health and substance abuse services while addressing identified social, educational, and recreational needs of all ages.
- Provide service coordination to ensure that multiple services are developed and delivered in a coordinated, collaborative, and confidential manner.
- Ensure a smooth and coordinated transition from the child- to the adult-service system.

Responsibilities of Partners

- A county DHS agrees to serve as employer of record, providing an office, administrative support and supervision to the position of regional administrator.
- The employer the regional administrator will seek feedback on his/her performance from the Regional Coordinating Committee and the DHHS Directors of the CWHP at 6months of hire and annually thereafter.
- A county DHS agrees to implement quality improvement program that assures best practices are developed and maintained across CCS functions. Costs incurred will be shared equally.
- Each CCS certified site will be responsible for their own operations with direct input from the regional administrator and Regional Coordinating Committee.
- Each site will be responsible for complying with the requirements of the scope of services for regional CCS certification per HFS 36.
- All sites will use the common reporting and information gathering systems meeting DHFS requirements.

- Each county DHS will assume the responsibility for assuring coordination with other department units and activities necessary for CCS duties.
- County service directors will coordinate necessary reporting to the RCC in cooperation with the regional administrator .
- Each county's CCS coordinating committee will name their representatives to sit on the regional CWHP-CCS coordinating committee. County representatives will include (a) the CCS service director and (b) at least one consumer to assure a minimum of 1/3 consumer participation.
- All county DHS agree to provide the necessary staff as noted in the budget that is agreed upon by all departments.
- The regional administrator provides direction to the county service directors necessary to assure the functions of the CCS are maintained.
- All Departments agree to mutually support any required staff training to carry out CCS activities. The regional administrator is responsible for coordinating the required training and any training costs will be as determined by the budget for the CCS
- Each county DHS agrees to provide supervision and direction to the CCS staff as required and requested.
- All Departments agree to provide designated staff during the hours of operation. Departmental supervision of the staff regarding time in/out, vacation requests, personal time off, overtime, discipline issues and other human service duties are provided as determined by departmental procedures and policies with input from the regional administrator.
- All Departments agree to allow designated staff to work within the six counties as determined by need and availability. The regional administrator will coordinate work assignments with CCS service directors in each county program.
- Monthly reports of the CCS operations will be provided to County and State DHS as determined in RCC meetings. Any changes in report format or distribution will be decided by the RCC. An annual report of the CCS activities will be considered part of each County DHS's annual report to their respective County Board of Supervisors.

Program Evaluation

Ongoing evaluation will be conducted by the county-certified program and regional (CWHP) coordinating committee, who agrees to comply with all State Department of Health and Family Services evaluation requirements. The county CCS service directors and regional administrator are responsible for synchronized DHS site surveys. Agencies that have agreed to be partners are willing to share information relevant to the evaluation. An agency is responsible for collection and compiling data for evaluation.

Performance Requirements:

- CCS will be provided to eligible consumers including children, adults and elders with diagnoses of mental health and/or substance abuse disorders.
- CCS programs will complete initial and annual functional screens on all enrolled participants.
- CCS programs will engage consumers in surveys to assess perceptions of quality. DHS will identify the survey instrument and frequency of administration.
- CCS programs will report outcome data through the functional screen reviews and submitting service information at designated intervals via the Program Participation System (PPS). CCS providers agree to cooperate with DHS in developing performance measures to assess CCS outcomes.
- CCS programs will notify DHS of any significant change in the design of the Regional Service Model, including changes in counties/tribes participating in the program.

Failure of any county CCS to fulfill the responsibilities and performance requirements for regional certification may result in suspension of that county from the regional certification including the fiscal benefits and shared resources.

Conflict Resolution Procedure

Any disputes arising from this agreement between the collaborating Departments will be resolved by agreement between the Directors of those Departments in cooperation with the Regional Coordinating Committee and CWHP. If resolution is not achieved at that level, it will be by action of the respective Human Services Boards. Either party may terminate this agreement by informing the other in writing of that intent within 60 days.

Partners:

Glen Johnson, Director
Waushara County DHS

Patti Wohlfeil, PHO
Waushara County Dept. of Health

Mandy Stanley, Director
Marquette County DHS

Kathleen Meckstroth, PHO
Marquette County Dept. of Health

Scott Ethun, Director
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Barb Theis, PHO
Juneau County Dept. of Health

Diane Cable Director &
Sarah Grosshuesch, PHO
Adams County HHSD

LeRoy Dissing, Director &
Kathy Munsey, PHO
Green Lake County DHHS

Ted Kay, CEO
Family Health LaClinica, FQHC

Chuck Price, Director &
Terri Brooks, PHO
Waupaca County, DHHS

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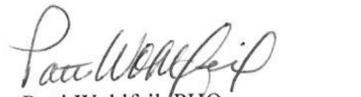
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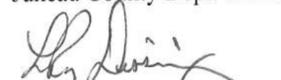
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