

**Central Wisconsin Health Partnership
Comprehensive Community Services (CCS)
Regional Coordinating Committee (RCC) Meeting**
Wednesday, February 4th, 2015
Neshkoro Community Center

Present: Ted Kay, Family Health/La Clinica; LeRoy Dissing and Philip Robinson, Green Lake County; Tom Charles and Diane Cable, Adams County; Dawn Buchholz, Dennis Wedde, Darlene Wedde, and Clint Starks, Waushara County; Scott Ethun and Tim Cottingham, Juneau County; Kathryn Goel, Waupaca County; Dan Naylor and Lori Martin, White Pine Consulting; Dr. Rick Immler (by phone)

1) Welcome and Introductions

- Phil introduced Dr. Rick Immler who joined us by phone. Dr. Immler is a Board Certified Psychiatrist; he is dual-certified to provide both adult and child psychiatry. He may be available to provide clinical consultation to our region related to individuals involved in CCS on a case-by-case request basis. Also discussing the possibility of his involvement to support our quality improvement, program development, and data/evaluation efforts.

2) Review / Approval of Agenda – no changes or additions, agenda approved.

3) Review / Approval of December 3rd, 2014 Meeting Minutes

- Clarification under agenda item 2 – Review /Approval of Agenda. The phrase “meeting minutes will be taken informally not listing member names” refers to the discussion that it is not necessary to list the name of the individual who makes a motion.
- Request to move Heidi Roekle’s name to “Committee Members Present” (she was incorrectly listed as a non-voting member)

4) Brief County Updates

- Juneau County –
 - Scott shared that Joann was unable to be here today. Juneau has 9 open CCS cases (3 children and 6 adults). They are in the process of contracting with a psychiatrist to work solely with individuals in CCS.
 - Scott asked if partners had MOU’s between their CCS and crisis programs. No one identified that they had a written agreement.
 - Juneau’s CCS recertification package has been submitted to the Division of Quality Assurance. They are expecting an audit/survey in March or April and will let Lori and Dan know when it is.
 - CCS staff are finding that the assessment process is lengthy and cumbersome – especially for the client. Discussed that there is a possibility for an extension – has to be documented that it is in the best interest of the client. Phil noted that Cheryl Lofton has suggested sites dedicate whatever staff time is needed to conduct the assessment, as this time is 100% reimbursable.
 - Proposed “assessment process” as a possible future training topic. In general, Scott suggests monthly ½ day trainings would be optimal for staff.
- Waushara County –
 - Currently serving approximately 24 – 25 individuals in CCS, with several referrals waiting. Have received a couple of referrals from La Clinica.
 - Wade Rasmussen has resigned and has accepted a position with Marquette County as their Behavioral Health Manager.

- Working with Ted at La Clinica to bring on an APNP (Advanced Practice Nurse Practitioner) – looking at the possibility of this person spending 2 days/week at La Clinica and 2 days at Waushara Department of Human Services.
- Suggestion that the region standardize CCS process and forms as much as possible.
- Working to expand psychiatry services – Dr. Patel is booked out until May. There is a need for a regional psychiatrist.
- Would like to expand their current Community Support Program (CSP) exercise group to a CSP/CCS exercise group.
- Dawn shared that there will be a cooking class for CCS clients held at the Neshkoro Community Center from 3 :00 – 4:00 on March 18th.
- Waupaca County –
 - Continues to move forward. They have permission to fill a CCS coordinator position, but are still working on the details/responsibilities of the position. Hope to recruit within next month or so.
- Adams County –
 - Currently 26 individuals in CST, being served by 2 CCS staff. Close to making a decision regarding hiring of a CCS coordinator.
 - Preparing for CCS audit – Dan and Lori will be a part of the process.
 - Recruiting for a Behavioral Health Supervisor
 - Tele psychiatry is going very well.
 - Training for new staff and providers is a need (suggestion to also invite committee members and consumers to training opportunities).
- Marquette County –
 - No one present to report (Mandy unable to attend). They have hired Wade Rasmussen as their Behavioral Health Manager.
- Green Lake County –
 - Currently serving 9 children and 4 adults. 2 clients have been discharged in the past 2 months.
 - Expect enrollment to pick up with an expected change in staff.
 - Their psychiatrist has retired. In response, they set up a telemedicine service and secured onsite services from a psychiatrist out of Mequon.
 - Quality Improvement: Phil has been watching enrollment numbers since the regionalization. 2015 projections are: 35 Adams, 35 Waushara, 10 Green Lake, 10 Juneau, 10 Waupaca, and 10 Marquette. Estimating \$9,280 reimbursement per client.

5) CCS Regional Coordination update

- White Pine’s revised work plan related to Dan and Lori’s role in providing training and technical assistance to CST sites has been approved to begin February 1st; reducing their commitment to CST to 20 hours per person per week and allowing them to dedicate 20 hours per person per week to Regional CCS Coordination.
- Lori and Dan have completed several of the Department of Health Services (DHS) CCS training webinars, and are pursuing opportunities for continued education, including setting up meetings with Cheryl Lofton and other appropriate state and regional staff.
- Lori has been working on the development of a CWHP website. The site, which is a work in progress, can be accessed at: www.cwhpartnership.org.

- Working on planning a 2-day Motivational Interview training in April or May; looking into Scott Caldwell (DHS) and possibly partnering with Sharron Locklin and the Northeast Behavioral Health Training Partnership.
- Preliminary work and discussions around the subject of data, outcomes, and quality improvement. Sarah Grosshuesch, Health Officer with Adams County's Health Department, obtained a grant on behalf of the CWHP. As a result of her efforts, we have access to "Community Commons" – a web-based interactive map-able public data information system. As previously mentioned, there is also a possibility that Dr. Immler will assist in our efforts.
- Plan to begin working with Waupaca and Marquette Counties on the development of their CCS Coordinating Committees and CCS certifications.
- Dan and Lori would like to attend site's CCS Coordinating Committee meetings – please add them to your committee mailing lists.
- Role clarification – Regional Coordinator vs. Administrator. Per DHS 36, each CCS program has a person they designate to fulfil the responsibilities of "CCS Administrator". That person has overall responsibility for the CCS, including compliance with the rule. Part of Dan and Lori's role as CCS Regional Coordinators is to support to each county's CCS Administrator in their efforts.
- Lori gave a brief overview of the www.wicollaborative.org website she created as a resource for the statewide Coordinated Services Team (CST) initiative.

6) Consumer Input

- Committee should consist of the following individuals from each county – service director, consumer, and board member / decision-maker. Suggestion to invite peer specialists to our meeting to help consumer members feel more comfortable. Discussion of the definition of "Consumer Member" – suggestion to start with a broad definition if needed (it's important to have someone representing the consumer voice), with the goal over time of having individuals who have direct experience with CCS.
- Adams County recently recruited a new consumer member. Lori will follow-up and add the individual to our list.
- Discussion regarding total cost of care through Medicaid. Some of the data is available now, and that we have support from the state (Pat Cork) to have access to that data.
- Training – importance of addressing comorbid conditions – behavioral health and mental health.

7) Quality Improvement (QI)

- Phil led discussion. White Pine will be coordinating the efforts including the development of a QI subcommittee. Dr. Immler has been studying Medicaid and Evidence Based Practices across the state and assessing if the state's mental health system is effective, and where improvement can be made. We have the capability to build Dr. Immler into our development. He has vast experience and is an advocate for the county mental health system. Dan shared that Dr. Immler was also had key involvement in a 6-county wraparound grant; currently co-chairs the Mental Health Council's Children and Youth Committee; and is active in promoting legislation for the child psychiatric access line.
- Phil commented on the region's interest in co-morbidity, and the need to look at how medical needs influence mental health and vice versa. The region also has the capacity to have Dr. Immler consult with counties with complex client situations.
- There are 17,000 individuals in Wisconsin who utilize Medicaid, only 5% of whom are being served through the county system. Dr. Immler commented on the burden on counties to pay for mental health services. CCS offers a wonderful opportunity. Commented on the prevalence of individuals with one or more diagnosis and their use of services – problem with separation between health care and mental health care.

- Phil suggested next steps in securing Dr. Immler’s services – clarify a contractual relationship; get the o.k. from DHS; and get the blessings of CWHP directors to add his services to the contract.
- Discussion of how much money is currently uncaptured and the importance of partnering with your county’s billing staff.
- Discussion of where the savings go, and who benefits in the system? Needs to be reinvestment of savings. Dr. Immler mentioned System Improvement Grant.
- Need to establish a baseline and connections with where the benefits are seen – public health outcomes, consumer outcomes, financial outcomes, etc. The work in changing, we need to capture the time and effort to show a dollar amount and the value.

8) Meeting Formality (continued discussion)

- Decision to keep our meeting format informal.

9) Other – no discussion

10) Next Meeting – Wednesday, April 1st, 10:00 to noon

Proposed agenda items:

- QI and data
- Training
- Calendar