**Central Wisconsin Health Partnership**

**Comprehensive Community Services Regional Coordinating Committee**

**Training and Quality Improvement Committee**

Wednesday, January 23, 2019

**Present (Phone Conference):** Diane Osborn – Adams; Danielle Moore – Juneau; Jeremy Lee – Marquette; Brenda Rice, Shawna Hansen, and Jan McDonough – Waupaca; Dr. Toni Morgan-Jones – Waushara; Lori Martin – Regional Coordinator

1. **Site updates**
   * **Adams** – preparing for CCS DQA survey on Jan 30th. Received CSP certification. Allison has shifted to the Behavioral Health unit to focus on completing the hours needed for her clinical licensure; she plans to return to CCS later this year. Kay will continue providing CCS supervision and acting as Mental Health Professional; Diane will be performing the administrative activities including preparation for DQA survey.
   * **Juneau** – 56 consumers enrolled. Discharged 10 in past couple of months; several due to lack of engagement for 3 months or more. Efforts being made to improve screening / identification of appropriate individuals for the program. 23 people in referral process – 4 people to be screened the first week in February. Facilitators are being assigned to referrals to connect with them about the program. CCS DQA Survey in March. Updating policies and procedures. All charts reviewed since last DQA survey.
   * **Marquette** – 23 open; 3 discharged. Had DQA survey in December by Heather. Staff worked hard to prepare; resulting in a successful visit with no citations. One area of focus was to ensure their Nurse was logged on supervision logs.
   * **Waupaca** – in process of expansion. Shawna Hansen was hired as Manager of Family and Community Services which includes CST (several CST workers also facilitate CCS). Have combined CST CCS referral form. Brenda Rice has become the CCS Technician responsible for quality assurance – initial contact with providers, billing, and documentation review. All 2019 providers completed the rate setting spreadsheet. Jan has a new position as CCS and CSP Coordinator. Working to transition consumers Jan has been working with to other service facilitators, which will allow her to spend more time as the MHP. 3 positions for CCS facilitators have been posted; ends 1/30, interviews begin 2/6. 36 consumers in referral process. Will also be hiring for additional 1.5 CST workers. 34 open cases. 1 successful discharge of a teenager who was very high-risk with little family support and addiction issues. Went through addiction program and CCS support – 1 year clean, in school, reunited with family. One key question update – Racine and Kenosha Counties’ projects developed a consent form that Waupaca is planning to adopt.
   * **Waushara** – maintaining a stable consumer group. In process of adding four. Similar to Juneau, experiencing difficulty with engaging consumers after referral. Emphasize role of the person making the referral to help with engagement. Clara has stepped down from her position as lead CCS worker and has taken an outpatient psychotherapist position, her career goal is to be a therapist. 2 new service facilitators, both bring experience including an individual who was previously an intern.
2. **Training**
3. **Follow-up to January 8th Public Health (PH) / CCS Forum**
   * 25 participants, all 6 counties were well represented by Public Health. All but Waushara had CCS representation – which varied from agency Director (Jason - Green Lake, Mandy -Marquette), to CCS Coordinator (Kate – Green Lake, and Jan – Waupaca), to Service Facilitators.
   * Each table represented a county – so PH and CCS from each county sat together.
   * Overview of CCS including the service array (Assessment, planning, med management, physical health monitoring, individual skill development related to personal care)
   * Overview of Public Health – interesting how the focus is less on individual intervention and more on community public health and prevention.
   * Large group activity – each county shared with the group how PH and CCS ae currently collaborating. Ranged from reports of little to no collaboration to Green Lake sharing a handout on their Wellness Groups detailing purpose, participation, logistics, and topics. Waupaca shared “One Key Question Effort”.
   * Small group activity – brainstorming ways PH and CCS partnership can be strengthened including barriers and next steps. Lori shared a handout of who was in attendance and encouraged coordinators to follow-up participants.
   * Regrouped for final discussion. In general, excitement to improve communication. Many questions related to PH actually providing and being reimbursed for CCS services.
   * Next steps –

* participants take their “next steps” back to their counties
* CWHP consortium
* This QA/Training Committee forum
* Regional Coordinating Committee

1. **2019 Workshops**
   * Walked through updated 2019 schedule
   * All locations confirmed – thank you!
   * Tomorrow’s workshop – Service Facilitator Skills for High-Powered Teaming. Online registration closed, but could fit a few more in.
   * Feb 13th – Hoarding 101 in Green Lake. 36 people registered as of yesterday at 4:00. Registration closes Friday. Waushara doesn’t appear to be represented – Dr. Toni will follow-up.
   * March 8th Jonathan Cloud to present on Sparks for Consumers – trying to pin him down on a description for flyer so we can open registration.
   * Lori will be working to schedule May and beyond.
2. **Statewide CCS Meetings**
   * CCS Statewide meeting April 16th – for county and non-county CCS staff and service providers. Notice sent January 15th (would appear in inbox from “Wisconsin Department of Health Services”). If didn’t receive, email Langeston Hughes and request to be added to his CCS GovDelivery Email list.
   * Combined CST / CCS Statewide meeting Wednesday Sept 4th – targeted to county CST and CCS staff.
3. **Website Orientation Training Page Updates**
   * Lori followed up with Danielle G-H earlier this week regarding whether the 6 months experience used to determine whether a provider needs 20 or 40 hours of orientation training needs to be specific to CCS or not. Haven’t heard back – will certainly share when I hear back.
     + UPDATE: Lori received follow-up email from Danielle G-H on 1/24 that was forwarded to the group. Summary of response: *In regards to the past conversation had around experience to determine whether a provider needs 20 or 40 hours of documented orientation and training, the decision is left to the CCS program. The CCS program must ensure that the staff member has adequate work history to support the language of who has less than 6 months and/or who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders. Each CCS program should have policies and procedures that specifically address providing orientation and training to meet the requirements of DHS 36.12. In short, no the staff does not need to have past CCS work experience.*
   * On the Orientation Training page of the website, there is a 3-step process listed –
     + 1. Contact program coordinator (unchanged)
     + 2. Used to be attend in person orientation workshop, now has link to the 20-minute video I created.
     + Step 3 remains the same – personalizing an orientation plan that can include UWGB’s curriculum in addition to the resources included on the website (need to update with what I presented at our last meeting)
4. **Quality Improvement**
5. **2018 Consumer Satisfaction Survey Results**
   * Group reviewed draft Regional 2018 CCS Consumer Satisfaction Survey Report
   * County-specific reports were also completed – Lori sent to coordinators via email earlier today. If desired, Lori can visit an upcoming committee meeting to share the results.
6. **CLTS and CCS update**
   * There is a statewide workgroup that has formed to address concerns. At this point, continue as we’ve discussed at past meetings – if the Functional Screen shows dual eligibility, complete the CCS enrollment process though the assessment. If at that point, the individual is found to not be eligible, document the findings very clearly.
7. **Provider records – background checks, references, supervision logs** 
   * DHS 36 defines "staff member" as “a person employed by a county department, tribe, or contracted agency.” All staff record requirements references in DHS 36.10 apply to contracted providers as well as county staff.
   * Group reviewed current language regarding requirements in current Provider Handbook / Orientation Packet. Also reviewed sample language from Dane County related to the need for provider references. Lori will add to packet.
8. **Documentation of Service Facilitation on the Recovery Plan** 
   * Discussed practice related to documentation of service facilitation on recovery plans. Was a topic of discussion at last NE regional CCS meeting. Consensus there was that information related to service facilitation should be included under each goal. Juneau is currently doing this. Discussed as possible “best practice”.
9. **Policies regarding contracted provider travel time and mileage** 
   * Concern regarding some providers not accurately tracking / billing for travel time and mileage. Providers should only be charging for travel time from their work office to the place of CCS service. Adams shared they check some providers’ claims against MapQuest.
10. **Other** 
    * + 1. Eligibility for CCS – Danielle shared a scenario and received feedback. Discussed application and determination of need – functional and clinical.
        2. Diane requested sample letters related to notifying a consumer on ineligibly for CCS. Danielle offered to share with Lori who will forward.
11. **Scheduling of 2019 Meetings**
    * Last Wednesday of each odd month, 1:00 – 3:30, in Montello (Jeremy will check room availability)
      + - March 27
        - May 29
        - July 31
        - Sept 25
        - Nov 27