

**Central Wisconsin Health Partnership (CWHP)**  
**Regional Comprehensive Community Services (CCS)**  
**Memorandum of Understanding**

Originally drafted April 2<sup>nd</sup> 2014; updated September 7<sup>th</sup>, 2015

**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 serve a rural population of 155,740<sup>1</sup> with an average per-capita income of \$23,858<sup>2</sup>. Among the poorest in the state, the region’s population 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<sup>3</sup>.

| <b>County</b>         | <b>Population</b> | <b>Per Capita Income</b> | <b>WI Health Outcome Ranking (out of 72 counties)</b> |
|-----------------------|-------------------|--------------------------|---|
| Adams                 | 20,215            | \$ 22,196                | 63  |
| Green Lake            | 18,836            | \$ 25,275                | 52  |
| Juneau                | 26,395            | \$ 23,343                | 67  |
| Marquette             | 15,050            | \$ 23,490                | 65  |
| Waupaca               | 52,066            | \$ 25,956                | 55  |
| Waushara              | 24,178            | \$ 22,888                | 60  |
| <b>Total: 156,740</b> |                   | <b>Average: 23,858</b>   | <b>Average: 60.3</b><br><i>(Bottom 25%)</i>           |

<sup>1</sup> US Census – Population estimate July 1<sup>st</sup>, 2014

<sup>2</sup> US Census - Per capita income in past 12 months (in 2013 dollars), 2009 - 2013

<sup>3</sup> County Health Rankings and Roadmaps; Robert Wood Johnson Foundation – [www.countyhealthranking.org](http://www.countyhealthranking.org)

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 determines 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. Comprehensive Community Services (CCS) can help assure needed access to self-directed supports for residents of Central Wisconsin.

## **Desired Outcome**

The desired outcomes of the CWHP CCS initiative are to:

1. Promote access to psychosocial rehabilitation services in Central Wisconsin, and
2. Promote efficiencies by sharing resources.

The CWHP regional CCS shared services model results in a CCS program in each of the six partnering counties that provides an array of core services to all eligible residents.

## **Regional Structure**

Regional CCS efforts related to quality improvement, training, and the centralization of data and information are being coordinated by White Pine Consulting Service, under contract with Adams County Health and Human Services Department. Two White Pine Staff split the responsibilities of regional coordination, reporting to the Regional Coordinating Committee (RCC) which operates as a subcommittee of the CWHP and maintains the recovery vision of the CWHP and HFS 36. Costs related to regional coordination services are shared equally among the six partner counties (pending anticipated CCS certification of Marquette and Waupaca Counties by December 31<sup>st</sup>, 2015).

Each county's coordinating committee assures locally developed resources and consumer voice at the county and regional levels. The regional coordinators collaborate with each county's CCS service director as needed, as well as CWHP CCS Regional Coordinating Committee and State DHS staff.

## **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**

- Adams County Health and Human Services Department agrees to serve as a contract administrator for the provision of regional coordination services through White Pine Consulting Service.
- Each CCS certified site will be responsible for their own operations with direct input from Regional Coordinating Committee and regional coordinators.
- 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 state Department of Health Services 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 work with the regional coordinators to organize necessary reporting to the RCC.
- 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 partnering agencies agree to provide the necessary staff as noted in the budget that is agreed upon by all departments.
- All partnering agencies agree to mutually support any required staff training to carry out CCS activities.
- Each county DHS agrees to provide supervision and direction to the CCS staff as required and requested.

- All partnering agencies 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.
- All partnering agencies agree to allow designated staff to work within the six counties as determined by need and availability.
- 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 CCS coordinating committee, who agrees to comply with all State Department of Health Services evaluation requirements. The county CCS service directors and regional coordinators are responsible for coordinating DHS consumer satisfaction surveys. Agencies that have agreed to be partners are willing to share information relevant to the evaluation. The regional coordinators work with each county regarding collection and compilation of evaluation data.

### **Performance Requirements:**

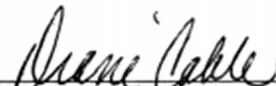
- CCS will be provided to eligible consumers including children, adults, and elders with diagnoses of mental health and/or substance abuse disorders.
- CCS programs will complete initial and annual functional screens for all enrolled participants.
- CCS programs will engage consumers in the annual consumer satisfaction survey process to assess perceptions of quality.
- 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 CCS Coordinating Committee. 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.

**Partner Signatures**

  
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**Diane Cable, Director**  
Adams County DHHS

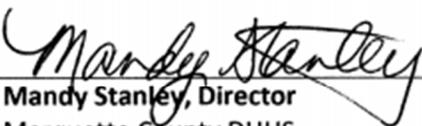
10/7/15  
Date

  
\_\_\_\_\_  
**Linda Van Ness, Director**  
Green Lake County DHHS

10/7/15  
Date

  
\_\_\_\_\_  
**Scott Ethun, Director**  
Juneau County DHS

10-7-15  
Date

  
\_\_\_\_\_  
**Mandy Stanley, Director**  
Marquette County DHHS

10/7/15  
Date

  
\_\_\_\_\_  
**Chuck Price, Director**  
Waupaca County DHHS

10/8/15  
Date

  
\_\_\_\_\_  
**Dawn Buchholz, Director**  
Waushara County DHS

Oct. 7, 2015  
Date