

Central Wisconsin Health Partnership
CCS Service Facilitation Forum
Wautoma, WI
Tuesday, February 23rd, 2016

Present: Andrea Behnke, Michelle Carpenter, Hans Brammer, Celia Wagner, Kim Whitaker, and Greg Erickson – Waushara County; Erika Cattle, Erica Baldwin, Amanda Negaard, and Sarah Kasten – Juneau County; Lenna Hamilton, Lauren Heitman, Julie Izzo, and Meagan Adelman – Adams County; Dan Naylor, and Lori Martin – White Pine Consulting

1. Introductions and Issues Basket

- Discussed the possibility of inviting the Service Directors to these meetings. The Service Directors will continue to be included in the email distribution of agendas and minutes. Service facilitators should also feel free to personally invite their Service Director if they'd like them to attend.
- CST and CCS dual enrollment
 - This is a question being posed statewide. There are examples of several ways of doing this. Some sites do dually enroll in CST and CCS, others keep them separate. One disadvantage to dual enrollment would be having to meet all reporting requirements for both programs. Our region's approach has been to utilize the principles of CST and team process in CCS.
 - There is a Q&A session at the statewide CCS meeting on April 6th with Kenya Bright and Langeston Hughes which may be a forum to propose related questions.
- Need for peer support

2. Review of notes from the January 25, 2016 forum

- Follow-up on 30-day paperwork timeline discussion – See attached “Summary of CCS Timeline Application through Assessment”

3. Cheryl Lofton's CCS Learning Collaborative

- Cheryl Lofton, CCS specialist with the DMHSAS is retiring; her last day is March 2nd. Our region has dates, times and locations set through December 2016. Dan and Lori are checking with different groups (service directors, service facilitators, quality improvement and training committees) to determine what the best use of these dates is moving forward. A couple of options discussed include: continue with CCS learning collaboratives but ask someone else from the state to facilitate (possible Kenya or Langeston); or, use them as training dates for topics determined by the needs of our region.
- This will be revisited by the Training Committee when they meet on March 24th.

4. Continued discussion – Engaging and trust building with consumers

- Roundtable discussion regarding things that help with engagement and trust building:
 - Get beyond title – share something personal
 - Observe things in their home or about them that you can complement or start a conversation about
 - Give them a choice of where to meet
 - Share examples of how the program has worked for other people (share successes)
 - Review the voluntary nature of the program – involvement is up to them
 - Be personable, thank them for meeting with you. Be genuine and sincere.
 - Don't place judgment – start with an open mind

- Will continue discussion at next meeting (will bring copies of PowerPoint)
- Discussed “OARS” (Open questions, Affirmations, Reflective listening, and Summarizing) as a form of communication.

5. Open forum

- Roundtable discussion regarding options for peer support:
 - There are currently certified adult peer specialists that can be utilized for adult consumers, and whose services are reimbursable under Medicaid. The certification process is being developed for parent peer specialists.
 - Informal – utilizing individuals who have been through the CCS process and are willing to support others currently in CCS.
 - Discussed groups and forums for consumers to gather and support each other (examples and benefits shared by Juneau and Waushara Counties).
 - Ask for volunteer support/advocacy – for example, Greg gave an example of approaching churches or community groups.

6. Plan for next meeting – location, date, time, topic(s)

- Tuesday, March 22nd 10:00 – noon, Mauston (Juneau County)

Items for possible inclusion on a future agenda:

- Ethics and Boundaries
- CCS and CST
- Developing and implementing crisis response plans (learning collaborative subject?)
- Identification of consumer goals and preferences
- Person-centered recovery plan resulting in meaningful outcomes
- Case load size
- Perception of CCS as a funding source
- Building trust with consumers
- Cross-system and inner-agency issues, including building trusting relationships and information sharing
- Service Directors and Service Facilitators being on the same page
- Regional consistency of forms

Summary of Comprehensive Community Services (CCS) Timeline Application through Assessment

Step 1: Consumer Application, Authorization of Services, and Physician's Prescription

- During this phase, the consumer will complete the application and sign an admission agreement
- In order to be reimbursed by Medicaid for services, a physician's prescription must be obtained (ForwardHealth update 2014-42; Medicaid requirement, not a DHS 36 requirement)
- Immediate needs should be assessed which could include stabilization needs, or the need for service facilitation
- Mental health professional will authorize services based on the information they have that the consumer may need PSR services
- Services pending determination of need may begin (i.e. prior to completion of the Functional Screen) such as stabilization, service facilitation, identification of recovery team members. DHS 36.13(2)

Step 2: Determining the Need for CCS Using the Functional Screen

- If the individual is found to not need CCS services, a written notice is provided and no further services would be provided through CCS. Information and referral to other supports and services is provided.

Step 3: Assessment

Summary of CCS Assessment Requirements

- Facilitated by the service facilitator and mental health professional
- Completion within 30 days of application
- Cover each of the 15 required domains
- Based on facts and recent information, and is updated as necessary
- Address age, developmental, cultural, and environmental factors
- Assess for co-existing MH/SA disorders, physical, mental health, and medical needs
- Include consumer's view of their recovery and life experiences, including challenges, strengths, needs, and priorities
- An assessment summary, including:
 - Period of time in which the assessment was conducted
 - Desired outcomes and measurable goals
 - Names and relationship to the consumer of individuals who participated
 - Significant differences of opinion that are not resolved
 - Signatures of individuals involved in the assessment process

Abbreviated Assessment

- Consumer has signed an admission agreement, and one of the following apply:
 - Health or symptoms are such that only limited information that could be obtained immediately
 - Consumer chooses not to provide information necessary for comprehensive assessment
 - Consumer is immediately interested in receiving only specified services that require limited information
- If the assessment process is abbreviated, it must still:
 - meet the assessment requirements in DHS 36.16 to the extent possible, and
 - the assessment summary must include the specific reason for abbreviating the assessment
 - The abbreviated assessment is valid up to 3 months, at which time a comprehensive assessment must be completed.