**Central Wisconsin Health Partnership**

**Comprehensive Community Services Regional Coordinating Committee**

**Training Subcommittee**

Monday, September 14th, 2015

**Present:** Dawn Buchholz, Renee Soroko, and Toni Morgan-Jones – Waushara County; Erika Dorrington – consumer representation; Lori Martin, Dan Naylor, and Rick Immler – White Pine Consulting; Joann Stephens, Stable Life / consumer representation; Sherrie Nichols and Jessie Jenson – Waupaca County

1. **Regional updates**
* Lori is taking the lead on the regional CCS recertification process. The goal is to submit materials to the DMHSAS and then DQA by mid October for recertification by December 31st 2015.
* Waupaca and Marquette Counties also continue their CCS application process, with the goal of certification by December 31st. Dan is supporting their efforts.
* Administration of White Pine’s contract to provide regional CCS coordination will be transitioning from Green Lake County to Adams County effective October 1st.

**2. Update on research of other counties’ / regions’ training plans**

* Since our last committee meeting, Lori has been in contact with several counties asking for sample orientation processes and procedures. She received samples and/or spoke with representatives from Sauk, Kenosha, Jefferson, St Croix, Adams, Columbia, Waupaca, Dane, Sauk, and Chippewa Counties.
* It seems that most counties have a checklist developed for providers that outlines the requirements in DHS 36.12 with columns to identify number of hours, and method of receiving training/orientation for each topic.
* Reviewed sample CCS Service Provider Orientation Checklist from Dane County. They identify “method” for some training topics, such as in-person training for “Laws and Client Rights that affect CCS”, “CCS Overview” that includes overview of DHS 36 and recovery concepts and principles, and “Service Facilitator Training”. Dan is planning to follow up with Dane County’s CCS coordinator to find out more about their in-person trainings.
1. **Orientation training page on website**
	* Review of the draft webpage Lori and Rick are working on that pairs each DHS 36.12 orientation category with links to resources that can be used to gather more information on the subject.
	* Discussion of next steps
	* Lori will continue to work on the orientation webpage, including gathering county-specific information
	* Group discussed several questions related to DHS 36.12 and agreed that a next step would be for Lori to schedule a time to review 36.12 with Cheryl Lofton and present some of the questions, including:
		+ 1. What does Cheryl see as the most pertinent subjects – are there items we should emphasize / focus on stronger than others?
			2. Clarification of “able to apply” in the following statement: “As a CCS staff member you shall be able to apply all of the following:”
			3. Regarding the 20 and 40 hour requirement – is this truly required for ALL providers and volunteers? What are the parameters and/or exceptions? For example:
				1. Nontraditional providers who might provide one service for one individual (e.g. Karate instructor)
				2. Is it an option to not require a nontraditional provider to obtain 40 hours orientation if there is a trained staff person onsite to help support the consumer?
				3. Exception – a psychiatrist who “just subscribes medication and doesn’t provide any other services” does not need to meet the orientation and training requirements in order to bill MA through CCS. (stated in “Personnel” webinar presented by Cheryl Lofton)
				4. Traditional providers who provide one service for one individual (a youth sent for an evaluation to Gunderson Lutheran)
			4. Do providers have to prove they have received orientation in all of the categories? If so, does it have to be within the 3 months of employment (before and after)
			5. Does CCS pay for contracted providers’ orientation time?
	* Lori will compile the list and send it to the committee for review and additions prior to meeting with Cheryl
	* Other “next steps” – consider what topics are most important to the region / what topics should be delivered via in person trainings and/or webinars? Preliminary topics discussed included: Recovery principles, wraparound, and trauma informed care.
	* Discussion regarding what’s been done / is currently being done by partner counties. Dawn recalls former Deputy Director Paul Theyel (now retired) offered some training in person. Dawn still has periodic contact and will follow-up with him regarding Waushara County’s former CCS orientation and training plan.
2. **Draft training needs survey tool**
* Rick introduced the draft survey and encouraged questions, critiques, and discussion. His observation is that while DHS 36.12 emphasizes “recovery-orientation” and requires several orientation training items in this area, DHS 36.12 is less specific / places less emphasis on clinical training and orientation. His draft survey is an attempt to determine specific needs in this area.
* Suggestions from the group include:
	1. Adding “ACES/resiliency” to #3
	2. Add Parent Peer Specialist (PPS) to #5 PPS
	3. Consider separating out “billing for CCS” so it can be addressed specifically with billing personnel.
* Discussed inclusion of an introductory paragraph
* Discussed making the survey available electronically via SurveyMonkey.
* Next steps –
	1. Rick will work with Lori to incorporate the suggestions into an updated draft.
	2. Proposal to pilot the survey with Waushara and/or Adams county
1. **Current training needs**
	1. Fall team development / facilitation workshop for service facilitators
		* + White Pine are working on translating the current 2-day CST care coordination workshop to be specific to CCS. Dan and Lori are facilitating a CST workshop in Rhinelander on the 15th and 16th that will incorporate some CCS-specific information and will ask the CCS participants who are there to share their feedback.
	2. Service facilitator peer-to-peer forums
		* Brief discussion regarding interest in having regularly scheduled (for example, every other month?) forums for CCS service facilitators to network and discuss both challenges and what works. There seems to be interest – next steps? (not specifically discussed)
2. **Other**
	1. Cheryl Lofton’s CCS Learning Collaboratives
		* Our region has hosted Cheryl’s learning collaboratives in the past. She has taken a break in the months of September and October, but would like to resume in November. Historically they have taken place every month, with every other month focusing on fiscal, and the other a pre-determined topic of interest.
		* Dawn suggests have learning collaboratives every other month, with the first couple of hours focusing on a programmatic topic, an hour or so combination program and fiscal staff, followed by a financial focus.
		* White Pine has put together an outline based on past hosting experience for review by the six partner human service directors. Once agreed upon, someone (the suggestion is one of the directors) will need to review the proposal with Cheryl.
	2. Training Subcommittee Membership
		* Discussed the importance of inviting/including the CCS administrators from each partner county to be a part of future meetings
3. **Schedule next meeting and discuss agenda items**
* Lori will set up a Doodle poll for scheduling of the next meeting
* Discussed location – consider something more centrally located, possibly Montello? Lori will look into this.