**Central Wisconsin Health Partnership**

**Comprehensive Community Services Regional Coordinating Committee**

**Training and Quality Improvement Committee**

Friday, September 28, 2018

**Present:** Danielle Moore, Kate Meyer, Clara Voightlander, Dr. Toni Morgan Jones, Jeremy Lee, Brenda Rice, Allison Else, and Jan McDonough

1. **Site updates**
   1. Adams – 42 consumers; since our last meeting 13 individuals have been admitted, and 13 people have been discharged. Currently have 4 open service facilitator positions.
   2. Green Lake – 30 consumers; several discharges and new enrollments. Have 6 in-house therapists. 4 interviews taking place next week.
   3. Juneau – 55/56 consumers; several individuals on referral list (20)
   4. Marquette – 25 people enrolled; 3 pending discharges
   5. Waupaca – 35 enrolled; 2 in process of discharge; 25 referrals. Sherrie is waiting to see if she can get a waiver for her licensure (LMFT) to supervise the CSP program. When they get this answer, they can hire. Approved 2 CCS service facilitator positions. “One Key Question” initiative is being launched November 15th.
   6. Waushara – approximately 36 consumers; still have an open service facilitator position. Utilize targeted case management for individuals who may not need CCS services.
2. **Training**
3. **Upcoming workshops**
   1. Wed, Oct 3 – Quality Progress Notes using TARP; taking place in Adams; 20 individuals registered; registration is closed.
   2. Wed, Nov 7 – Ethics and Boundaries for Unlicensed Staff in Mauston, being offered at no cost. 17 registered so far, registration will remain open until October 24th.
   3. Wed, Dec 5 – CCS and Public Health in Montello. Planning call with Kate Meyer and Jodi Field (public health nurse with Juneau County). Agenda to include background/purpose for discussion; overview of what’s already being done collaboratively (groups, CCS service provision); review of CCS service array services that pertain to Public Health providers; next steps.
      * UPDATE: the date of this forum has been changed to Tuesday, January 8th.
   4. Planning for 2019. Have several topic ideas.
      * January 2019 - Skill Building workshop for Service Facilitators, facilitated by Greg Erickson and Clara Voightlander
      * Sparks for Parents – Jonathan Cloud (available Spring 2019)
      * Planning for discharge / transition
      * Coping with grief/separation, including separation that occurs at discharge
      * Education of Personality Disorders – what they are, how to provide guidance
      * Practical skill building that can increase a service facilitator’s tool box, such as:
        + Motivational interviewing 101
        + Tobacco cessation – bucket approach (online training being rolled out?)
        + Crisis assessment (e.g. Columbia suicide scale)
4. **Orientation Training** 
   1. Service Facilitators –
      * Clara is willing to share her onboarding checklist
      * The committee would like to see online training available for service facilitators
   2. Individuals who need 30 initial training hours plus 20/40
      * Discussed provider vs. county responsibility for training workers. Lori surveyed other sites at a recent NE regional CCS meeting, and most provide some training, but not all.
      * Who needs the initial 30 hours of training?
        + Individuals who fall under #21 Rehabilitation worker related to DHS 36 staff qualifications (unlicensed, no bachelors degree; or unrelated bachelors degrees). Doesn’t apply to individuals who have a relevant BA/S or are licensed.
      * Committee reviewed handout comparing required categories for 30 initial hours for rehabilitation workers and the 20 or 40 hours for professionals who have a minimum of a relevant Bachelor’s degree or higher. Although there is overlap, there are differences in expectations. Lori complied online videos from several sources including Dane County, the Behavioral Health Training Partnership, SAMHSA, and the WRRWC.
   3. BA, MA and licensed professionals –
      * Discussed what type of information is important for professionals to all receive:
        + Roles and expectations
        + TARP note
        + CCS 101
        + Information related to what is billable and not billable
   4. Next Steps

* The committee would like to develop online training videos on a basic set of topics that would be important for all providers to have knowledge of.
* Lori will work on developing an initial orientation video to share with the committee.

1. **Quality Improvement**
2. Site visit update – 5 of 6 are done. Visiting Waupaca on Monday. Hope to have a summary report to share with the Regional Coordinating Committee.
3. Discussion regarding how counites manage tracking data required by DQA. Suggestion to have service facilitators collect it for the clients they serve, or to discuss during staffing. Lori will send the committee a “CCS data element” document she created.
4. Functional Screen
   1. Discussion related to CLTS and CCS dual-eligibility. When a youth screens eligible for both programs, they must be offered the initial stages of CCS through completion of the Assessment. If, following the completion of the comprehensive assessment, it is deemed by the MHP that the youth is not clinically eligible / CCS isn’t medically necessary, this should be well documented, and CCS services (e.g. service facilitation, assessment) can end. The youth would then only be enrolled in CLTS.
   2. Transition when found functionally in-eligible for CCS. There isn’t a “grace period” related to MA. Have to stop billing MA for CCS services as of the date the individual was found ineligible. The hope is that transition is discussed from day 1, and that if there is a sense an individual may no longer be found functionally eligible, that transition planning take place.
5. Contracted Providers that are used by multiple counties in our region (communication, consistency) – topic tabled for future meeting
6. Documenting “non-traditional” services such as equine therapy and acupressure – topic tabled for future meeting

**3. Other**

* + - 1. SALS Recovery – Lori will send information to the group regarding this new provider
      2. Billing for Supervision – The least risky method of getting reimbursed from MA for a supervisor’s time invested in CCS supervision is to bill it as a direct service to the program (as opposed to a direct service to a specific consumer).

1. **Next Meeting:**

* Thursday, November 15th