

REQUEST FOR APPROVAL COMPREHENSIVE COMMUNITY SERVICES (CCS) REGIONAL SERVICE MODEL

This form is intended to be used by counties and tribes to complete the first step: to obtain approval of the CCS Regional Service Model from the Department of Health Services-Division of Mental Health and Substance Abuse Services (DHS-DMHSAS). Please view the accompanying [Info/Action Memo](#) for more information.

NOTE: Counties and Tribes interested in providing CCS and accessing the state payment of the non-federal share of CCS Medicaid costs must complete these three steps:

1. Obtain approval of the CCS Regional Service Model from DHS-DMHSAS by completing this form,
2. Obtain CCS certification from the Division of Quality Assurance (DQA), and
3. Enroll in the Medicaid program and obtain approval from the Division of Health Care Access and Accountability (DHCAA) to bill the Medicaid program for CCS services.

List Counties/Tribes part of this CCS Regional Service Model Adams, Green Lake, Juneau, Marquette, Waupaca, and Waushara Counties	Indicate Effective Date (start date) for each County/Tribe January 1st, 2015
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Name of Consortium (Required)

Central Wisconsin Health Partnership (CWHP)

Indicate by checking a box below the CCS Regional Service Model by which the CCS program proposes to operate. For more information, see publication [P-00602 CCS Regional Service Models Document](#).

For counties/tribes selecting *Tribal Nations: Options* from the publication [P-00602 CCS Regional Service Models Document](#), select which regional service model would be used.

- Population Based Multi-County Services Model
 Shared Services 51.42 Model

Complete the Following Questions by Providing a Narrative Response

1. CCS Governance:

- A. Please attach a fully executed legal agreement (signed by all business partners) for the regional operation of CCS; this may take the form of an intergovernmental agreement (ss 66.0301), a contract or memorandum of understanding.**

Attached please find the Central Wisconsin Health Partnership (CWHP) Regional Comprehensive Community Services (CCS) Memorandum of Understanding, signed by the six partnering agency Directors.

- B. Administration of CCS: Who is the CCS Administrator, CCS Service Director, Mental Health and Substance Abuse Professionals? Include an organizational chart that depicts the CCS program's administrative structure.**

Our regional CCS administrative structure begins with the vision and mission of our Central Wisconsin Health Partnership (CWHP):

Vision: to improve health outcomes in Central Wisconsin by expanding access to behavioral health services.

Mission: to serve 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.

To best fulfill this vision and mission, our regional CCS initiative operates as a Shared Services model. Oversight of the regional CCS initiative is assured by our CCS Regional Coordinating Committee (per DHS 36.09), which has full support of the CWHP. Four of the six partnering counties – Adams, Green Lake, Juneau, and Waushara, are currently CCS certified. Marquette and Waupaca Counties are in the application process with the goal of certification by December 31st, 2015. Although not yet CCS certified, both Waupaca and Marquette counties have been active partners of the CWHP since its formation in 2011, as well as active participants on the Regional CCS Coordinating Committee since its formation in August 2014. Please see **ATTACHMENT A**: Central Wisconsin Health Partnership, Regional Comprehensive Community Services Organizational Chart.

Each certified CCS program has staff designated to fulfill the functions outlined in DHS 36.10(e). Please see **ATTACHMENTS B and C** for Marquette and Waupaca Counties' CCS staff rosters, respectively. One of the long-term benefits of regionalization to all six partnering counties is the expansion of staff through the hiring or contracting for service facilitators and other clinical service staff to assist each county in sustaining optimal services. For example, beginning March 2015, the region procured the services of Dr. Rick Immler, a dual-certified adult and child psychiatrist, who is available on an as-needed contractual basis to each county to provide individual psychiatric case consultations related to consumers with high utilization rates and comorbid conditions. As a result of their involvement in the partnership, Marquette County has been able to access Dr. Immler's consultation regarding a consumer who is in long-term institutional placement.

In fall of 2014, the region began recruitment for a "Regional Administrator" to fulfill responsibilities of a part-time CCS Administrator in each county while also serving the regional interests of the partnership. After several months of unsuccessful recruitment, a collective decision was made by the partners to modify the position from "Regional Administrator" to "Regional Coordinator". On December 15th, Green Lake County Human Services Department entered into a contract, on behalf of the region, with White Pine Consulting Service to fulfill the role of CCS coordination.

Two White Pine Consulting staff serve as regional CCS coordinators. The regional coordinators (RCs) take direction from and report to the CCS Regional Coordinating Committee (RCC), and facilitate the Quality Assurance and Training subcommittees of the RCC. In addition, the RCs work alongside the counties' regional administrators to support both the individual needs of each county's CCS program, as well as regional interests of the partnership. The initial priority of the RCs was to assist Marquette and Waupaca Counties in their CCS certification application processes.

In mid-August, due to unforeseen circumstances, both Green Lake County's Human Services Director and Deputy Director were no longer able to continue the significant leadership roles they played in the development and support of the CWHP and regional CCS initiative. On September 4th 2015, the six partner Human Services Directors (including the interim Director in Green Lake County) and White Pine staff met to discuss the changes, including which county would now take on the regional leadership role, and who would administer the White Pine Contract for regional CCS coordination. The fact that this significant and unexpected change did not derail the region's efforts speaks to the strength of the region.

C. Lead Agency: Will one agency serve as the lead agency for the regional program? If yes, identify this agency.

The CWHP is operating as a shared services model, therefore no one county/agency serves as the lead agency, however, as of October 1st, 2015 Adams County Health and Human Service Department, under the leadership of Diane Cable, Director, administers the contract with White Pine Consulting Service to provide coordination services for the regional CCS initiative. Diane can be reached at: (608) 339-4323, diane.cable@co.adams.wi.us.

D. CCS Coordinating Committee: Does the CCS Coordinating Committee currently exist? What is the current and/or proposed membership? How is the Committee used in governance functions? How does the Committee represent or involve all the regional partners?

Per the requirements of HFS 36.09, each certified partnering county maintains a functioning local CCS coordinating committee. Both Marquette and Waupaca Counties have developed local CCS Coordinating Committees representing consumers, partnering agencies, and interested citizens; who have been actively involved in the development of policies and procedures and help to ensure the county’s values, strengths, and unique vision for CCS are incorporated into each county’s application. Please see **ATTACHMENTS D and E** for Marquette and Waupaca Counties’ CCS Coordinating Committee rosters, respectively.

The CWHP CCS Regional Coordinating Committee (RCC) has been in existence since August 2014, and meets on the first Wednesday of every other month. Membership on the RCC equally represents each CCS-certified partner county and includes 1/3 consumer representation, 1/3 county staff (each county’s CCS Administrator), and 1/3 local coordinating committee/board representation. The RCC serves an advisory role to each partnering county’s local CCS coordinating committee. Although not yet certified, the CCS Service Directors and/or Human Service Directors from Marquette and Waupaca Counties have consistently participated in RCC meetings and on subcommittees.

Consumers are involved at all levels of the Regional CCS and its subcommittees, including involvement in program planning and design, training, and quality improvement. Members of the CWHP and community stakeholders are also encouraged to attend and participate. In addition to the required membership, the six counties’ Human Services Directors also regularly attend RCC meetings. Please see **Attachment F** for the CCS Regional Coordinating Committee membership.

Our RCC serves as a venue for sharing best practices, lessons learned, and where new multidisciplinary resources can be developed to enhance the opportunity for psychosocial rehabilitation. The RCC’s ongoing role is to review and support quality improvement efforts; support regional orientation and training; develop personnel policies and program practices; and to protect consumer rights. The RCC also oversees activities of the regional coordinators, including the work of the Quality Improvement and Training subcommittees. Minutes from RCC meetings and subcommittee meetings are posted on the CWHP website: www.cwhpartnership.org.

2. CCS Access Plan:

A. CCS Access for the Lifespan: Will all populations (children, adults, and elders) have access to CCS at the onset of the program? If not, what is the expansion schedule?

Our region is committed to offering CCS to consumers across the lifespan. The following chart depicts consumer enrollment of youth, adult, and elder consumers in the four certified counties from initial regional certification on September 1st, 2014 through October 1st, 2015:

Consumers Served in CCS 9/1/14 to 10/1/15				
Certified CCS County	Youth	Adults	Elders (age 60+)	Total Enrollment 9/1/14 to 10/1/15
Adams	20	21	4	45
Green Lake	10	12	0	22
Juneau	6	23	2	31
Waushara	21	17	0	38
Regional Totals:	57 (42%)	73 (54%)	6 (4%)	136

Marquette county plans to enroll 3 youth and 5 adult consumers in January 2016. These numbers were determined through interdepartmental discussions during the pre-certification process, and include consumers who are currently receiving substance abuse programming who could benefit from CCS. Expansion in the months that follow will be determined by consumer need / number of referrals, and program capacity.

Similarly, Waupaca County DHHS has also identified individuals who may be eligible for CCS, and plans to begin the process of enrolling consumers following certification before or on December 31st, 2015. Initially, CCS consumers will be drawn from individuals already receiving services through the Children's Long Term Support (CLTS) and Coordinated Services Team (CST) programs, as well as the Behavioral Health Unit, whose needs could better be met through CCS. Waupaca County plans to have 5 to 10 child consumers enrolled and receiving services within the first three months of certification. They plan to enroll adult consumers over the first three months based on the capacity of their program, which will be assessed on an on-going basis, and will be based on individual Service Facilitator caseloads and monthly case reviews with the CCS Administrator.

B. *CCS Access in the Region: For current and proposed CCS programs, how is CCS made available across the region (throughout multiple counties/tribes)? Are there any components of CCS programming restricted to one area, the lead agency, or select counties/tribes?*

Each certified county offers the standard service array of psychosocial rehabilitation services. Consumers throughout the region access CCS through a standard enrollment process which is accessible in the consumer's county of residence. The county of residence is responsible for enrollment and the administration of services to their consumers. Each county operates under its own certification and assures the highest quality of care at the most efficient cost. Accountability for best practices is assured locally with each coordinating committee, with support of the RCC. Upon discharge from the CCS program, individuals may continue recovery through lifelong learning and advocacy, including participation in local or regional coordinating committees to help shape this program for future recipients.

A primary focus of the region has been on the development of a centrally-located facility to enhance the accessibility of psycho-social rehabilitation services, including mental health and substance abuse services, across the region. Over the past year, efforts of partnering agencies, the RCC, and Regional Coordinators have been centered around the development of the following services and activities at this facility:

- a. *Regional trainings for staff, consumers, and community agencies.* This central location was the focus of the Training Subcommittee's planning for regional orientation and training efforts. For example, the region hosted monthly CCS Learning Collaboratives facilitated by Cheryl Lofton with the Division of Mental Health and Substance Abuse Services. These events were not only available to the partnering counties, but to counties across the state, and were attended by 20 – 40 people each. Topics ranged from CCS training and orientation, to developing CCS providers, and fiscal and billing requirements.
- b. *Skill development services.* Waushara County developed and hosted a cooking class for CCS consumers held 2 to 3 times per month at the facility. A testimonial from the Director of Human Services in Waushara County states, "*Participants have worked to improve social and independent living skills while in a natural, pleasant, positive setting, free of the stigma and trauma often associated with the courthouse and other government entities.*"
- c. *Housing a peer-led drop-in center or clubhouse.* The region hosted speakers who presented on the Clubhouse International model; and the Regional Coordinators toured a drop-in center in Portage County. Plans were underway to continue pursuing this option as a possible opportunity for the region.
- d. *Provide location for meetings.* The location was utilized for a number of regional meetings including RCC meetings, Training and Quality Improvement Subcommittee meetings, meetings between the regional coordinators and partnering counties, and meetings with state CCS staff.

- e. *Housing a “living room” model crisis diversion/stabilization site.* On March 25th, 2015, a “Children’s Crisis Diversion Pilot Meeting” took place at the facility. The meeting was represented by partnering counties, Department of Health Services (DHS) and Department of Children and Families (DCF) Area Administration, a DHS Policy Advisor, both the Director and the Section Chief of the Bureau of Prevention Treatment and Recovery, a foster parent, a dual-certified child and adult psychiatrist, an Out-of-Home Care Specialist with the DCF, a Policy Analyst with the Division of Long Term Care, the Administrator of the Division of Mental Health and Substance Abuse Services, the Northeast Wisconsin Child Welfare Training Partnership, and other interested parties. The group toured the facility and discussed the possibility of developing a space for crisis stabilization that could be utilized by children and adults on a voluntary, less-than-24-hour basis.

A follow-up planning meeting hosted by the Northeast Wisconsin Child Welfare Training Partnership took place on July 8th, resulting in a “CWHP Youth Crisis Diversion Work Plan”, which outlined several actions related to the possible development of a crisis stabilization and diversion space at the facility.

As of August 31st, 2015 due to several factors development of the facility as a central resource for the regional CCS initiative was no longer an option. Although this circumstance had some ramifications, it is recognized that the region doesn’t need “a place” in order to ensure access to quality psycho-social rehabilitation services. A unique strength of the region is the long history of collaboration across counties that carries it through difficulties and unforeseen circumstances.

A future focus of the RCC will be to review and modify its plan for shared services, and to move forward building on the strengths of partnering counties. Several examples of unique services and supports exist including a wellness group and an art group in Juneau County, and cooking classes for CCS consumers in Waushara County. The opportunity exists for identifying barriers and making these and other services and supports accessible to consumers across the region.

Following are Waupaca and Marquette’s plans for ensuring consumer access to CCS services. Please note that at the time of the drafting of this application, both county’s coordinating committees are finalizing their individual CCS policies and procedures. The region’s efforts to re-evaluate its plan for access to CCS services will support and strengthen the efforts of Marquette and Waupaca Counties.

Marquette County:

Marquette County will seek referrals from potential sources such as hospitals, law enforcement and correctional agencies, schools, other community agencies, units within Human Services, family members, and potential consumers.

Outreach efforts to consumers, community agencies, and partners will include but not be limited to:

- In-services and presentations in cooperation with local advocacy group and community agencies
- Written articles in local publications
- Participation in ongoing education to the public including presentations to service groups and professional organizations
- Linkages with the local NAMI organization
- Situation-specific consultation with community agencies and service providers
- An agency brochure describing all DHS programs, including CCS
- Establishing a “warm line” for consumer support
- Solicitation of potential referrals to CCS

The CCS Administrator will receive referrals and ensure prompt response to both the consumer and individual or agency making the referral. The CCS Administrator will also ensure the services and supports available through CCS are explained to the prospective consumer. If the individual is either not interested in or does not meet eligibility criteria for CCS, access to other possible services and supports will be discussed.

Waupaca County:

Outreach services are seen as an important part of educating and promoting the CCS Program to possible referral sources. A CCS informational brochure was created and distributed to community members, potential consumers, contracted staff, law enforcement, schools, and other area service providers. This brochure is also available at Waupaca County DHHS. CCS was also added to the community resource number (2-1-1) where residents can call and get information about available services. Local presentations or in-service trainings will be provided to help educate potential referral sources or consumers about the CCS Program. Peer Specialists on consumers' Recovery Teams as well as the Coordination Committee will be looked at to facilitate connections to other resources. Continued outreach and education will be maintained after certification.

Referrals to the program can be initiated from many different sources such as, schools, current providers, CCS staff members, DHHS staff, or natural supports. A completed referral form will be submitted to the Waupaca County CCS Coordinator who will make personal contact with the consumer to help determine their interest and initial eligibility. If at any time it is determined that the individual does not meet eligibility criteria, a discussion will take place with the consumer regarding other programs, services, or supports that may be helpful in addressing their needs.

C. CCS Access to Mental Health and Substance Abuse Programming: CCS offers both mental health and substance abuse treatment. Describe specifically how mental health and substance abuse services are available in CCS. Are there any geographic limitations to the provision of mental health and/or substance abuse services in the region?

As previously mentioned in Section 2B, over the past year a primary focus of the region was the development of a centrally-located facility to enhance the accessibility of psycho-social rehabilitation services, including mental health and substance abuse services, across the region. With the decision to not pursue this facility as a resource, the region is re-evaluating and continues to move forward.

A strength of the counties in the partnership is the fact that each county has an array of available mental health and substance abuse services, the majority of which are provided by employees of the human services and health and human services departments. A key role of the RCC has and will continue to be identifying gaps in service, and to support the expansion of psychosocial rehabilitation services, including mental health and substance abuse treatment services.

One regional effort that has helped fill a service gap is the aforementioned procurement of the services of Dr. Rick Immler, a dual-certified adult and child psychiatrist, who is available on an as-needed contractual basis to each county to provide individual psychiatric case consultations related to consumers with high utilization rates and comorbid conditions.

Following are Marquette and Waupaca County's plans for providing both mental health and substance abuse services to consumers. Please note that at the time of the drafting of this application, both county's coordinating committees are finalizing their individual CCS policies and procedures.

Marquette County:

Through the combined efforts of the Human Services Department and its community partners a continued vision is to provide a full continuum of effective human services, including mental health and substance abuse services; resulting in a healthy, safe, caring and welcoming environment. This continuum of services will be available to CCS consumers based on their needs and preferences.

Historically, mental health and substance abuse services have been provided primarily by two contracted agencies – Northland Community Services, and Marquette Chemical Dependency Services. On June 1, 2015

Marquette County Human Services Department ended its contract with Marquette Chemical Dependency Services and began providing substance abuse services in-house. In addition, on July 1, 2015 the department began pulling in pieces of the mental health programming from Northland Community Services, who has been the only provider of such services in Marquette County for the past 36 years. The contract with Northland Community Services will end on December 31, 2015. The majority of mental health services, including outpatient counseling, crisis follow up, Community Support Program, targeted case management, and Comprehensive Community Services will be provided by the new clinical services unit of Marquette County Human Services. Mental Health Crisis assessments will be a collaborative effort by Marquette County staff and Northwest Connections.

The hope is that the support of the region will aid in assuring quality and the enhancement of available mental health and substance abuse services and resources for youth and adult consumers.

Waupaca County:

Waupaca County DDHS offers a variety of services for children and adults regardless of their ability to pay. These services will be available to CCS consumers, based on their needs and preferences. Currently a majority of available mental health, substance abuse, and crisis services are offered through the Behavioral Health Unit. This unit offers outpatient psychotherapy, psychiatric services, 24-hour crisis services, and AODA counseling for all ages; OWI assessments, referrals to inpatient and/or residential treatment for those in need, targeted case management for voluntary crisis clients, Community Support Program, psychological services and psychiatric nurse/medication management. Waupaca County contracts with other agencies to provide crisis stabilization, psychiatric inpatient care, detoxification services, other AODA treatment, crisis hotline after hours, and other types of services.

Outside of Waupaca County DHHS there are a number of private and public outpatient therapy clinics for mental health and AODA related issues that serve both adults and children: Catholic Charities, Enso Counseling, LLC, Ministry Behavioral Health, Theda Care Behavioral Health, Watson Counseling, LLC, Hope Counseling, Full Circle Counseling Services, Medical and Counseling Associates, Rawhide Youth and Family Services, Samaritan Counseling Center, Brown County Mental Health, Fond Du Lac County Mental Health, Mercy Medical Center, St. Elizabeth's Hospital, St. Michael's Hospital and Theda Clark Medical Center. Ministry Behavioral Health, Brown County Mental Health, Mercy Medical Center and Fond Du Lac Mental health also offer AODA counseling.

Other mental health and AODA resources that Waupaca County DHHS contracts with to serve our children and adults are: DEN Services, Evolve with Karen, IDL, LLC, Innovative Services, Northland Community Services, Outagamie County for after-hours crisis line, Villa Hope, Inc., and Whistling Pines.

Although there are many services offered in the area, Waupaca County is still lacking in resources for AODA inpatient and outpatient treatment, AODA treatment for adolescents, as well as, alternative type therapy techniques such as equine therapy and Eye Movement Desensitization and Reprocessing (EMDR). The hope is that CCS, and involvement in the regional CCS efforts, will expand the services and resources available to consumers in Waupaca County.

3. CCS Shared Services Regional Models:

A. DHS has identified the following examples of CCS components that can be shared among regional partners, please check which services will be shared among regional partners:

- Program Administration
- Staff or Providers
- Clinical Supervision
- Training
- Electronic Health Records or Program
- Documentation
- Billing / Claims
- Quality Improvement Plan
- Facilities
- Other (please describe): regional website

B. Describe how the indicated services/functions of CCS will be shared among regional partners.

Program Administration

As previously mentioned in Section 1B, the initial plan was to hire a “Regional Administrator” to fulfill responsibilities of part-time a CCS Administrator in each county while also serving the regional interests of the partnership. That position was modified to “Regional Coordinator” whose responsibility (in part) is to support the efforts of each county’s regional administrator.

Staff or Providers

Two White Pine Consulting staff serve as CCS Regional Coordinators, under contract with the Adams County Health and Human Services Department. The Regional Coordinators (RCs) take direction from and report to the CCS Regional Coordinating Committee (RCC), and facilitate the Quality Improvement and Training subcommittees of the RCC. In addition, the RCs work alongside the counties’ regional administrators to support both the individual needs of each county’s CCS program, as well as regional interests of the partnership. The initial priority of the RCs was to assist Marquette and Waupaca Counties in their CCS certification application processes.

Beginning March 2015, the region procured the services of Dr. Rick Immler, a dual-certified adult and child psychiatrist, who is available on an as-needed contractual basis to each county to provide individual psychiatric case consultations related to consumers with comorbid conditions and a high utilization of services.

Future plans - the Quality Assurance subcommittee of the RCC is considering development a regional cadre of consumer/peer specialists who could administer consumer satisfaction surveys in 2016. Additional future opportunities may include the development of a cadre of service facilitators and mentors.

Clinical Supervision

Shared clinical supervision was being considered for development at the central regional facility. With the change in availability of the facility, discussion has been put on hold. However, the hope is that future planning can continue around the development of a regional round table review to discuss complex cases; an approach that will mirror the structure of Permanency Round Tables conducted for the child welfare system.

Training

Regional training is a standing agenda item for the RCC. Both Marquette and Waupaca Counties have participated in regional training opportunities. One ongoing CCS training opportunity hosted by the region has been monthly CCS Learning Collaboratives facilitated by Cheryl Lofton with the Division of Mental Health and Substance Abuse Services. Topics have ranged from CCS training and orientation requirements, developing new providers, and fiscal and billing requirements. The region took a two-month break from hosting the events in September and October, but has developed a proposal to resume in November, including rotation of location and hosting responsibilities among the six county partners with the support of the Regional Coordinators.

In the past year, an Orientation and Training subcommittee of the RCC was developed and is facilitated by the CCS Regional Coordinators. Membership includes both consumer and provider representation, the CCS service directors from the six partnering counties, and other interested parties include the training manager with the NEW Behavioral Health Partnership. The subcommittee is developing a regional orientation and training plan for staff, providers, consumers, and the larger community. A 2-day team facilitation workshop for CCS service facilitators is also being planned in December that will be open to all county partners, including Marquette and Waupaca counties. A membership list and notes from past meetings can be found at: <http://www.cwhpartnership.org/training-subcommittee.html>. There are also sections on the website dedicated to CCS orientation and ongoing training, which continue to be developed.

Documentation

Centralization of regional information and data management is the work of the Quality Improvement subcommittee, which is facilitated by the CCS Regional Coordinators (RCs). Given other priorities including their own CCS orientation and training, assisting Marquette and Waupaca Counties in the CCS application process, development of services at the centralized facility, and assisting in the regional recertification process; shared documentation was not identified as a high priority for the RCs in this first year.

That said, the RC's met with the CCS Service Directors from all six counties on September 30th and developed a plan for centralized data entry, analysis, and submission of data to the state for 2015 Consumer Satisfaction Surveys. Future opportunities for shared documentation will be an ongoing discussion of the Quality Improvement subcommittee.

Quality Improvement Plan

Quality improvement is a standing agenda item for the RCC. During the first year, a Quality Improvement (QI) subcommittee was developed and is facilitated by the RCs. Committee membership includes both consumer and provider representation, the CCS service directors from the six partnering counties (including Marquette and Waupaca), the mental health evaluator from the Division of Mental Health and Substance Abuse Services. A membership list and notes from past meetings can be found at: <http://www.cwhpartnership.org/qi-subcommittee.html>.

One focus of the QI subcommittee during this first year has been the CCS Consumer Satisfaction Survey process. Members of the subcommittee reviewed consumer satisfaction materials from the Division of Mental Health and Substance Abuse Services and participated in an informational conference call with Dr. Laura Blakeslee, evaluator with the Division of Mental Health and Substance Abuse Services. The subcommittee discussed survey administration, preparation and training, and data collection; and developed an initial plan for 2015 that includes centralized data submission and analysis. A goal beyond 2015 is to improve consistency across counties related to survey administration, including the possible development of a cadre of consumers/peer specialists who can be available to all partner agencies.

Facilities

As previously mentioned, a primary focus of the region over the first year was the development of a centrally-located facility to enhance the accessibility of psycho-social rehabilitation services, including mental health and substance abuse services, across the region. Unfortunately, as of August 31st, 2015 due to several factors including financial sustainability concerns, development of the facility as a central resource for the regional CCS initiative was no longer an option.

Regional partners continue to share space for meetings and training events. For example, the bi-monthly CWHP consortium meetings take place at Marquette County's Department of Human Services. Similarly, bi-monthly CCS Regional Coordinating Committee meetings take place at Waushara County's Department of Human Services. The Orientation and Training subcommittee has and will continue to utilize centralized locations for regional trainings and workshops.

Regional Website

A CWHP CCS resource website has been developed by one of the CCS Regional Coordinators and can be viewed at: www.cwhpartnership.org. Following is an overview of information currently available on the website.

- An overview of the CWHP including mission, history, meeting notes, membership list, and regional economic health summit
- Regional Coordinating Committee membership and meeting notes
- Regional training and quality improvement efforts including membership and notes from subcommittee meetings
- Regional CCS resources such as the Regional CCS Application Narrative, Addendum for Shared Services, Regional CCS Administrative Structure, and Balancing Autonomy and Recovery in Community
- A regional calendar of events

C. Describe efficiencies and/or estimate savings anticipated through the shared services model

Throughout this report, several efficiencies have been described including the use of shared staff, training, quality improvement efforts, and facilities. Also described have been the priorities of the regional over the past year including: the hiring and training of the CCS Regional Coordinators, assisting Marquette and Waupaca Counties in the CCS application process, development of the Quality Improvement and Training subcommittees of the RCC, and development of a centrally-located facility to enhance the accessibility of psycho-social rehabilitation services. A future priority will be to more clearly articulate efficiencies, financial savings, and most importantly, the benefit of regional CCS to consumers.

For purposes of this report, following is an updated estimate of savings to be achieved through the shared services model, based on the estimates developed by the regional Coordinating Committee in preparation for the region's CCS application in 2014.

In order to estimate future savings, it is necessary to project program enrollment in the region. For this purpose, Marathon County's CCS program is used as a standard due to their commitment to service integration which includes medical services through their affiliation with North Central Healthcare. As of 2014, Marathon County was serving 0.88% of their Medicaid-eligible population through CCS. This penetration (0.88%) was considered a 4-year goal for counties in our region. However, experience over the past year has suggested these numbers are conservative for several counties. For example, Adams County served 37 consumers in 2015, and Juneau County has a goal of reaching 50 consumers by December 2016 – both figures are close to current 2019 enrollment projections.

As depicted in the chart that follows, the projected regional CCS enrollment in 2019 is 303 consumers, with an estimated revenue of \$2,176,393.

County	Population US Census 2014 estimates	Estimated Population Receiving MA Based on 22% of WI population*	2019 Projected Enrollment**	2019 Estimated Revenue***
Adams	20,215	4,447	39	\$280,693
Waushara	24,178	5,319	47	\$335,721
Green Lake	18,836	4,144	36	\$261,545
Juneau	26,395	5,807	51	\$366,504
Waupaca	52,066	11,455	101	\$722,956
Marquette	15,050	3,311	29	\$208,975
TOTALS	156740	34483	303	\$2,176,393

* State Health Care Spending on Medicaid. PEW Charitable Trusts and John D and Catherine T MacArthur Foundation, July 2014; table B.2: Medicaid enrollment and uninsured rates, 2010

** based on Marathon County 2014 CCS penetration rate of 0.88%

*** based on actual per consumer reimbursement rates of certified CCS counties in the CWHP region in 2012 (average \$9,282/consumer/county)

The potential for service efficiencies through serving consumers in CCS, including the provision of services and supports in the least restrictive session possible, indicate a potential decrease in cost related to more restrictive and costly services such as emergency detentions, voluntary inpatient, and crisis stabilization. Following are estimated annual costs for services, with a potential savings of up to \$346,752 in 2019 if consumers' needs can be met through less restrictive means through the CCS process:

- Emergency Detention: \$127,200
[14% (State Ave.) of 303 (cases) = 42.4 (consumers) x 3 days (typical Inpatient stay) x \$1,000 (cost per day)]
- Voluntary Inpatient: \$181,800
[20% (State Ave.) of 303 (cases) = 60.6 (consumers) x 3 days (typical Inpatient stay) x \$1,000 (cost per day)]
- Crisis Stabilization: \$37,752
[8% (State Ave.) of 303 (cases) = 24.2 (consumers) x 13 (hours/yr) = 314.6 (total hrs) x \$120]

Total Cost of Services (Potential Savings) in 2019: \$346,752

Data collected from certified CCS counties in the CWHP region in 2012 show an average annual reimbursement of \$9,282 per consumer. If potential savings for service efficiencies are applied to the cost of the CCS program, the annual case rate per consumer decreases to \$8,138; a 14% reduction in overall cost of care to the State of Wisconsin.

There are several other measures of program efficiencies if we look for impact beyond only one year. Complex systems take longer to impact but have greater return on investment when considering the number of lives impacted among families. Children's out of home care is one measure that will show savings when measured over time.

There is also a cost of not utilizing CCS, which is most apparent when considering complex and chronic disease conditions. Medicaid and Medicare per capita spending is substantially higher for consumers who are "dual eligible" with multiple chronic conditions, particularly when mental/cognitive conditions are present. For example,

The annual mean per person spending for dual eligible consumers was \$19,400, with Medicaid covering more than half (56%) of spending. Spending for consumers with more than one mental/cognitive condition rose to \$38,500, and reached \$31,000 for those with both physical and mental/cognitive conditions.¹

It is assumed that a significant percentage of CCS consumers will fall within these profiles, and related to the use of out of home care, “Half of persons with multiple mental/cognitive conditions and close to two-fifths of those with multiple physical or both physical and mental/cognitive conditions were hospitalized during the year.”¹ These profiles represent a clear public health issue and have significant cost implications.

Fortunately, our regional partners have an awareness of how chronic physical and mental conditions are mutually reinforcing. We now have an opportunity for innovative partnerships that build on the recovery practices of CCS. We look to models such as Marathon County’s partnership with North Central Healthcare. When adequately supported, these practices can yield most importantly dramatic outcomes for consumers as well as fiscal savings. We look forward to partnering with DHS to implement and demonstrate the potency of this program.

DHS-DMHSAS has defined the following performance requirements for providers of CCS:

- 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 on all enrolled participants.
- CCS programs will engage consumers in surveys to assess perceptions of quality. DHS will identify the survey instrument and frequency of administration.
- 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.

Submitting this Request for Approval of the CCS Regional Service Model declares the affiliated providers agree to comply with these performance requirements.

Please provide contact information for questions about the proposed Regional Service Model outlined in this document:

County/Tribe Name Adams County	Contact Name Diane Cable	Title Director, Adams County Health and Human Services Department
Contact Phone Number (608) 339-4323	Email Address diane.cable@co.adams.wi.us	

Submit Form To:

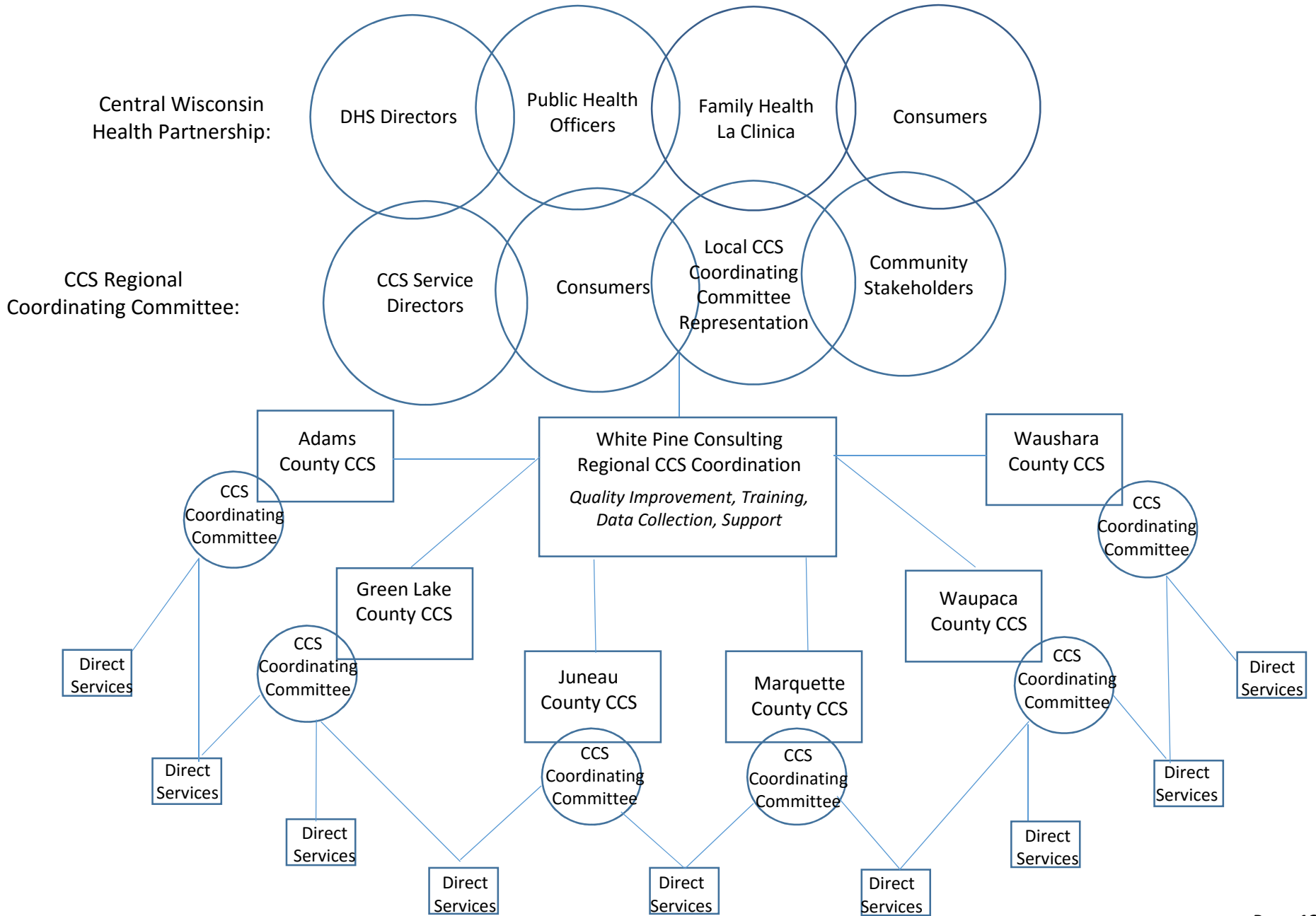
Email: Kenya.Bright@wisconsin.gov

Fax #: 608-267-4865, ATTN: Kenya Bright

Mailing Address: Department of Health Services
Division of Mental Health and Substance Abuse
Services ATTN: Kenya Bright, Room 951
P.O. Box 7851
Madison, WI 53707

¹ Kaiser Family Foundation Commission on Medicaid and the Uninsured (July 2010)

Central Wisconsin Health Partnership Regional Comprehensive Community Services Organizational Chart



ATTACHMENT B

**Marquette County Department of Human Services
CCS STAFF LISTING**

Complete for each staff member who provides psychosocial rehabilitation services including clinical student and volunteers. Staff functions are found in 36.16 (2) (e). Minimum staff qualifications are in 36.10 (2) (g) (1-22). Please record whether the staff are employed or contracted and their % FTE. The caregiver background checks are documented through Background Information Disclosure (BID) forms, Department of Justice, and DDHS response letters, and require updating every four (4) years.

Staff Functions	Minimum Qualifications	Employment
1. MH professional	1-8	Full time employee or
2. Administrator	1-14	Part time employee % or
3. Service Director	1-8	Contract employee %
4. Service Facilitator	1-21	
5. Service Arrays	Any qualification	

Last Name, First MI	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed or Contracted	Caregiver Misconduct Background Checks BID	DOJ	DDHS/IBIS	Within last 4 years	CCS TRAINED
Stanley, Mandy	Program Administrator		2		100% Employed Marquette Co. Dept. of Human Services					
Starks, Clint	Service Director	LPC, SAC #1577-226 #16564-130	1,3,4,5	4	100% Employed Marquette County Clinical Services	10/04	10/04	10/04	due	
Webb, Jim	Service Facilitator Substance Abuse Professional		1,4,5	16	100% Employed Marquette County Clinical Services	2/07	2/07	2/07	yes	
Schmidt, Tiffany	Substance Abuse Professional		1,4,5	16	100% Employed Marquette County Clinical Services	11/06	11/06	11/06	yes	
Adler, Stuart	Service Facilitator Marquette Co. Clinical Services		4,5	9	100% Employed Marquette County Clinical Services	10/04	10/04	10/04	due	
Lee, Jeremy	Service Facilitator Mental Health Professional		1,4,5	9	100% Employed Marquette Co. Clinical Services					
Dedrick, Lisa	Service Facilitator Mental Health Professional		1,4,5	9	100% Employed Marquette Co. Dept. of Human Services	3/05	3/05	3/05	Yes	

ATTACHMENT C

Waupaca County CCS STAFF LISTING - Chapter DHS 36

Name (Last, First, MI)	Position Description	Credentials / License Number	Functions and Qualifications		FTE %	Caregiver Misconduct Background Checks				
			Functions 1 - MH Professional 2 - Administrator 3 - Serv Director 4 - Serv Facilitator 5 - Services Array	Minimum Qualification 1 - 8 1 - 14 1 - 8 1 - 21 Any		E = Employed (full or part time) C = Contracted	BID (Mon /Yr)	DOJ (Mon /Yr)	DHS IBIS (Mon /Yr)	Review within last 4 yrs.
Jenson, Jessie, S	CCS Coordinator	LPC-IT #1921-226	1, 2, 4, 5	14	100 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C	3/14	4/14	4/14	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Nichols, Sherrie, L	Behavioral Health Unit Manager	LMFT #856-124	3, 5	6	20 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C	7/15	7/15	7/15	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Gallow, Sandy	Licensed Professional Counselor	LPC #2557-125	1, 5	6	25 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C	5/13	6/13	6/13	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Binder, Sarah	Licensed Professional Counselor	LPC #3227-125	1, 5	6	25 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C	5/13	6/13	6/13	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Telin, Sonja	Registered Nurse	RN #54215-30	4, 5	12	10 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C	1/15	1/15	1/15	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Green, Rebecca	AODA Counselor	CSAC #2037-132	1, 5	16	20 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C				<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
Ficher, Brian	CST Case Manager	n/a	4, 5	9	50 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Hardwicke, Heather	CLTS Case Manager	Social work #9368-120	4, 5	9	50 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
To Be Filled 1/2016	Peer Specialist		4, 5		90 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
To Be Filled 1//2016	Behavioral Health Tech		4, 5		90 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Wismer Fries, Alison	Child Development Specialist		1, 4, 5	4	25 %	<input type="checkbox"/> E <input checked="" type="checkbox"/> C				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
To be named 1/2016	Psychiatrist (2)		1, 5	1	10 %	<input checked="" type="checkbox"/> E <input type="checkbox"/> C				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

ATTACHMENT D

**Marquette County Comprehensive Community Services
Coordination Committee***

Dani Hinz
Consumer Representative

Tancy Helmin
Consumer Representative

Joanne Stephens
Stable Life
Community Member, provider, and
consumer representative

Rebecca Harring
Consumer Representative

Lout Ginn
Consumer Representative

Other interested parties / non-voting members:

Clint Starks
CCS/CSP Program Director
Marquette County Clinical Services
Marquette County Human Services Department

Wade Rasmussen
Behavioral Health Manager
Marquette County Human Services Department

** Please note that this committee was formed as a “pre-certification committee” to assist in the development of Marquette’s CCS application, and will continue to be expanded to include additional community stakeholders, agency partners, and consumer advocacy organizations.*

ATTACHMENT E

Waupaca County Comprehensive Community Services Coordination Committee

Alisha Haase Ongoing Services Manager
Waupaca County DHHS
alisha.haase@co.waupaca.wi.us
(715) 258-6418

Chris Machamer, Economic and Employment Support
Coordinator
Waupaca County DHHS
(715) 258-6365
Chris.machamer@co.waupaca.wi.us

Jody Muck, Parent of a youth consumer, and citizen
member of the Waupaca County Health and Human
Services Board
muckjody@yahoo.com

Art Bolen - Parent of a youth consumer
artbolen@hotmail.com

Jill Polifka – Parent of a youth consumer
amos47@charter.net

Bruce Rathe, Instructor / Special Needs Support
Fox Valley Technical College, Disability Services
(920) 735-5702
rathe@fvtc.edu

Laurie Schmidt, Director of Pupil Services
New London High School
(920) 982-8447
lschmidt@newlondon.k12.wi.us

Other interested parties / non-voting members:

Jessie Jenson, CCS Coordinator and Psychotherapist
Waupaca County DHHS
(715) 258-6352

Jessie.jenson@co.waupaca.wi.us

Dan Naylor, Regional CCS Coordinator
White Pine Consulting
(715) 258-5430
dan@cwpartnership.org

Susan Younger, Family and Community Services
Manager
(715) 258-6315
Susan.younger@co.waupaca.wi.us

Shannon Kelly, Deputy Director
Waupaca County DHHS
(715) 258-6350
Shannon.kelly@co.waupaca.wi.us

Karen Bittner, Coordinated Services Team
Coordinator
Division of Mental Health and Substance Abuse
Services
(608) 267-9308
Karen.bittner@wisconsin.gov

Please note that although an adult consumer is not currently listed, recruitment is under way to fill this gap. The consultation of an adult consumer from a county in a partnering region was used in the development of Waupaca County's application materials, policies, and procedures.

ATTACHMENT F

**Central Wisconsin Health Partnership
Regional Comprehensive Community Services Coordinating Committee**

CURRENT MEMBERSHIP		
ADAMS COUNTY	Email	Phone
Deb Philbrick, <i>Consumer Representative</i>	Mr.mrsjeep@yahoo.com	608-547-4690
Heidi Roekle, <i>Board Member</i>	heidiroekle@gmail.com	608-547-1367
Tamara Laskowski, <i>Service Director</i>	Tamara.laskowski@co.adams.wi.us	(608) 339-4353
GREEN LAKE COUNTY	Email	Phone
Angie Fralish, <i>Consumer Representative</i>	afralish@fmberlin.com	920-290-1349
Cindy Skipchak, <i>Board Member</i>	Cskipchak2000@yahoo.com	920-361-1510
Vacant, <i>Service Director</i>		
JUNEAU COUNTY	Email	Phone
Erika Dorrington, <i>Consumer Representative</i>	mrscleanit@gmail.com	608-548-4451
Tim Cottingham, <i>Committee Vice Chair Board Member</i>	Tcotty56@gmail.com	608-548-5885
JoAnn Geiger, <i>Service Director</i>	jgeiger@co.juneau.wi.us	608-847-9474
WAUSHARA COUNTY	Email	Phone
Darlene Wedde, <i>Consumer Representative</i>	Wedde8@centurylink.net	Hm: 920-787-2575
Dennis Wedde, <i>Committee Chair Board Member</i>	Wedde8@centurylink.net	Hm: 920-787-2575 Cell: 920-570-3217
Vacant, <i>Service Director</i>		
ADDITIONAL MEMBERSHIP AS OF JANUARY 1st, 2016*		
MARQUETTE COUNTY	Email	Phone
<i>To be determined*, Consumer Representative</i>		
<i>To be determined*, Board Member</i>		
Clint Starks, <i>Service Director</i>	cstarks@co.marquette.wi.us	(608) 297-3124
WAUPACA COUNTY	Email	Phone
<i>To be determined*, Consumer Representative</i>		
<i>To be determined*, Board Member</i>		
Jessie Jenson, <i>Service Director</i>	Jessie.jenson@co.waupaca.wi.us	(715) 258-6352

* Please note, Marquette and Waupaca Counties are in the developmental stages of their local CCS Coordinating Committees, including the designation of members to the Regional Coordinating Committee.