

2021 Walworth County Department of Health and Human Services CCS and Quality improvement Plans (DHS 36.07 and DHS 36.08)

INTRODUCTION

The Walworth County Department of Health and Human Services (WCDHHS) pursuant to Wisconsin Statutes provides a comprehensive array of behavioral health services for persons, including children, adults and elders who have a serious emotional disorder, mental illness and/or a substance abuse disorder. WCDHHS either directly provides the service or contracts for the service with a diverse network of providers.

The Mission of the Walworth County Department of Health and Human Services is:

“Our Department exists to serve as a **R**esource for persons who need assistance, a **S**afety net for individuals and families in crisis and, a **P**artner for improving quality of life.”

The Vision of WCDHHS is:

“Leading the way with exceptional services through innovation, community partnerships, and our superior workforce.”

CCS Plan – DHS 36.07

Organizational Plan - DHS 36.07 (1)

Comprehensive Community Services (CCS) is administered by the Behavioral Health Division of WCDHHS. The program is closely coordinated with the Department’s various Community Case Management programs, Behavioral Health Services, Emergency Mental Health Services, and Aging and Disability Resource Center (ADRC).

CCS provides services in a comprehensive continuum of care model for behavioral health. The program is designed to provide a community based psychosocial rehabilitation treatment service for children, adults and elders with a mental health and/or co-occurring issues who require more than outpatient services but do not need the intensity of a CSP approach to case management. The CCS program uses a wraparound model that is flexible, consumer directed, recovery orientated as well as strength and out-come based. The focus of the program is to assist consumers in maximizing their independence through integrated services that address their needs.

The “Core Values” for the CCS program include the following:

- Recovery Oriented - Our services are based on the belief that people are resilient and given the appropriate supports, can recover from and grow beyond their illness. Recovery is an ongoing journey and not an end result.

- Strength Based - Strength based assessment and planning builds on the consumer's and family's unique qualities, abilities and inherent worth.
- Self-Empowerment - Consumers have the authority to choose from a range of options and to participate in all decisions about their path to recovery.
- Responsibility - Consumers have a personal responsibility for their own self-care and journey toward recovery. They must strive to understand and give meaning to their experiences and identify strategies to promote their own wellness.
- Hope - Hope is the catalyst of the recovery process. Hope is internalized, but it can be fostered by peers, families and providers.
- Person-Centered and Individualized - There are multiple pathways to recovery based on the consumer's strengths, needs, preferences, experiences and cultural background. The consumer is a full partner in making the choices about how they will reach their goals.
- Builds on Natural and Community Supports - Consumers are encouraged to identify advocates, family and friends who are supportive of their recovery process so they may participate in supporting their goals. Families of children and adolescents involved in mental health and substance abuse treatment are recognized as central partners in the service and treatment process.
- Services are Outcome Oriented and Evidenced Based - A wraparound model that is flexible, outcome oriented, collaborative across systems with providers with diverse expertise will assist consumers to meet maximum independence.

Current County System of Services - DHS 36.07 (3)

CCS will collaborate with the programs described below to provide an integrated approach to meeting the needs of children, adults and elder consumers receiving CCS.

Community Case Management Services

WCDHHS offers a continuum of community based case management programs for consumers with mental health and/or substance abuse issues. These programs consist of the following:

- Community Support Program (CSP) provides services 7 days per week, 24 hours per day, 365 days per year to adults with serious and persistent mental illness in order to assist them with living as independently as possible in the community.
- Mental Health Community Services (MHCS) provides case management (CM) to adult consumers who are in need of ongoing case management services that are less intensive than those provided in either CSP or CCS.

- Women’s Wrap Around Program (WWP) provides case management services to women with substance use disorders. The program works to integrate alcohol and/or drug abuse (AODA) case management services in conjunction with the outpatient behavioral health clinic, public health, and children’s services. It focuses on keeping women out of jail, hospitals, and with keeping children in their own homes.
- Crisis Case Management (CCM) provides short-term (less than one year) intensive case management services to individuals experiencing a mental health crisis or who are at risk of experiencing a mental health crisis if services are not provided.
- Residential Services provide long-term residential placements to adults with a mental illness who need a more intensive level of daily care. Placement settings include Adult Family Homes (AFH), Community Based Residential Facilities (CBRF), and Supported Apartments (SA). Re-evaluations are done annually to assure that consumers are residing in the least restrictive setting required to meet their needs and to set the support and supervision rates.
- Vocational Services are available to individuals enrolled in one of the Behavioral Health Case Management programs. These services assist individuals who are unable to work in a competitive employment setting to develop both prevocational and vocational skills.

Behavioral Health Services

WCDHHS operates a state-certified outpatient mental health clinic that provides treatment for children, adult and elder county residents. This unit is comprised of dually licensed therapists, psychiatrists, advanced practice nurse practitioners and psychologists. The outpatient therapists provide assessments and individual therapy to consumers and their significant others/families when needed. Specialized group therapies including Dialectical Behavior Therapy, Seeking Safety, Anxiety Management, Trauma Focused Cognitive Behavioral Therapy for kids and Cognitive Processing Therapy. In addition, the clinic offers Functional Family Therapy services, which provides evidenced based family counseling in the home for families with children aged zero to eighteen.

Psychiatric services and medications are offered through the outpatient mental health clinic. Prescribers are on staff and available for service provision five days per week and can be contacted as needed during off hours. Registered nurses provide support to the prescribers as well as medication monitoring and consumer education. For individuals who are uninsured or underinsured, the department assists in obtaining medications through patient assistance programs and through samples provided by pharmaceutical companies.

Walworth County is certified by the State of Wisconsin under DHS 75 as a Substance Abuse Treatment Center. Group, family, and individual therapy services are provided. The clinic offers an Living in Balance, Cognitive Behavioral Therapy and Relapse Prevention models. Walworth County also has an OWI Court, Drug Court and Family Drug Court treatment programs.

Emergency Mental Health Services

Emergency mental health services are provided through the Crisis Intervention Unit 24 hours a day, 365 days per year. During business hours Monday through Friday, designated staff handle consumers who walk into the agency seeking crisis assistance. Emergency psychiatric appointments are provided on an as-needed basis. There are crisis appointments set aside five (5) days during the work week with a psychiatrist or therapist. After hours, crisis intervention staff have access to on call managers and supervisors for consultation on a rotating basis.

On September 1st, 2020 WCDHHS contracted with Northwest Connections (NWC) to provide crisis line services to the consumers of Walworth County during third shift. Northwest Connections provides crisis services to 26 other counties, all under each individual counties DHS 34 certification. Walworth County is utilizing NWC services to provide phone coverage on third shift, to include all over the phone crisis risk assessments, physical custodies and assistance with voluntary hospitalizations. The information is uploaded the following morning so that WCDHHS crisis staff are able to follow up with our consumers in a seamless manner.

Law enforcement agencies within Walworth County may initiate Emergency Detention procedures under s.51.15, Stats. for Protective Custody proceedings under s.51.45 (1) (b), Stats. at any time that the officer deems appropriate. Law enforcement officers must work collaboratively with Crisis Intervention Services staff during this process. Agency psychiatrists and psychologists provide emergency room consultation as needed during business hours.

Walworth County provides both voluntary and involuntary inpatient care through a variety of contracted inpatient hospitals as well as the state institutes. In addition, Walworth County provides both involuntary and voluntary detoxification care through a variety of community contracts. WCDHHS contracts with a variety of service providers in order to offer short-term residential stays for stabilization of mental illness or to facilitate detoxification, and thereby avoid unnecessary inpatient hospitalization. Crisis respite is available to those whom are not appropriate for inpatient psychiatric hospitalization but are not safe to return to an independent environment.

Aging & Disability Resource Center (ADRC)

The ADRC is the first place to go to get accurate, unbiased information on all aspects of life for individuals age 18 and older, who are older adults or adults with an intellectual or physical disability.

ADRCs are friendly, welcoming places where you can go for information about aging or living with a disability, whether you are looking for yourself, or you are a concerned family member or friend, or a professional working with issues related to aging or disabilities.

The ADRC provides Information and Assistance on a broad range of programs and services such as in-home personal care and nursing, housing options, housekeeping and chore services, home modifications, adaptive equipment, transportation, respite, caregiver supports, mental health or substance abuse services, memory screening, etc.

The ADRC provides Benefit Specialist services that can help answer questions and solve problems related to benefits, such as Medicare, Medicaid, Social Security, FoodShare, and private health insurance.

- Disability benefit specialists serve adults with disabilities ages 18 to 59.
- Elder benefit specialists serve people age 60 or older.

The ADRC provides information about the choices available when making decisions about where to live, what kind of help you need, where to receive that help, and how to pay for it. They provide one-on-one consultation to help you think through the pros and cons of the various options in light of your situation, values, resources, and preferences. The ADRC shares information about Wisconsin's long-term care programs and helps connect you to resources in your area. The ADRC helps people understand the various long-term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly funded long-term care.

Children and Families Services

Child Protective Services and Youth Justice are available to take calls 24 hours a day, seven days a week for reports of child maltreatment and problematic juveniles or children. WCDHHS is responsible to respond to substantiated reports of child maltreatment by conducting an initial assessment to assess the safety of the child and to identify families who require support and services to assure child safety. Youth Justice handles referrals of parent/child conflict, runaway/uncontrollable juveniles and truancy. In addition to responding to these requests as required by law, workers collaborate with the Emergency Mental Health Services staff to resolve immediate crises.

Ongoing Children and Family Services provide supervision and services to families and their children who are adjudicated delinquents or in need of protection and/or services. Services are provided to maintain the child safely in the home or in situations where there is an out of home placement. Services are directed in supporting the family in a strength-based fashion ensuring that services are focused on assisting in permanency, safety and well-being while assisting to develop a long-term system of informal supports.

The Walworth County Family Treatment Court mission is to provide substance abuse treatment in a non-adversarial setting distinct and separate from the traditional criminal and juvenile justice systems. Treatment court provides a comprehensive approach to working with persons with substance use disorders who have an open and active Child Welfare case. The central focus of the program is on treatment and recovery; however, the program also attempts to help participants make changes in all aspects of their lives through a holistic approach. The ultimate goal of the family treatment court is to provide the participant with the tools to be a sober, productive, and contributing member of the community and their family. When this goal is accomplished, family reunification is more likely to be permanent.

Staff Functions - DHS 36.07(1)(a)

Administrator Function: The Division Manager of Behavioral Health will fulfill the duties of the CCS Administrator. The duties of this position in CCS will include the overall responsibility for CCS, including compliance with DHS 36 and other applicable State and Federal regulations; and developing and implementing policies and procedures.

Service Director Function: The Service Director role will be provided by the Behavioral Health Case Management Services Supervisor who will be responsible for day-to-day consultation with CCS staff and be responsible to assure that quality services are provided. The supervisor, who is a Mental Health Professional, will oversee the authorization of services. This individual will also meet regularly with other Mental Health Professionals and Service Facilitators in order to ensure high quality services.

Mental Health Professional Function: Mental Health Professionals will participate in the assessment process, recovery team, service planning and discharge planning. Mental Health Professionals will meet regularly with those individuals fulfilling the duties of CCS Service Facilitator in order to ensure coordinated care to consumers.

Substance Abuse Professional: When co-occurring substance use issues exist, a Clinical Services AODA Counselor, or qualified designee, will either be consulted or participate in the assessment process, recovery team, service planning and discharge planning.

Service Facilitation Function: The responsibilities of the “service facilitation function” will be assigned to a qualified staff member. There will be side-by-side collaboration between the CCS Service Facilitator and other recovery team members. The Service Facilitator role includes ensuring that the service plan and service delivery for each consumer is integrated, coordinated and monitored as well as designed to support the consumer in a manner that helps him/her to achieve the highest possible level of independent functioning. This position is also responsible for facilitating the assessment and service planning processes.

Comprehensive Community Services Coordinating Committee - DHS 36.07(1)(c)

To ensure collaboration of advisory and oversight efforts to the Jefferson, Rock, Walworth (JRW) Shared Services CCS Region, each Certified County in the JRW region will maintain a separate CCS Coordinating Committee which meets the requirements of DHS 36.09. All CCS Coordinating Committees shall meet as a regional group at designated intervals to discuss regional service provision and quality assurance matters.

The WCDHHS Coordinating Committee will serve in an advisory role to assist in the planning, development, monitoring and evaluation of the CCS Plan and Program. The committee is also responsible for reviewing the evaluation of the program and developing recommendations to modify the original CCS Plan regarding the quality of the plan, services provided and protection of consumer rights. In addition, the committee also oversees the Children’s Community Options Program (CCOP) and Coordinated Service Teams (CST).

The Coordinating Committee meets quarterly and has the ability to meet more frequently if needed.

In addition there will be a regional coordination committee that will do the following:

- On a quarterly basis there will be a joint meeting of the three County CCS Coordinating Committees representing the JRW Region.
- As needed, or requested by the coordinating committee members, more frequent meetings may be scheduled.
- The Joint Coordinating Committee meetings will address the following:
 - Review the Regional Quality Improvement Data.
 - Review, update and approve the Quality Improvement Plan.
 - Review and approve all Regional CCS policies and procedures.
 - Any other identified matters affecting the Regional model of care.

Comprehensive Community Services Coordinating Committee Written Summary and Recommendations - DHS 36.07(2)

The CCS Coordinating Committee reviewed and provided written commentary as part of the initial application to provide CCS services. As an ongoing process, the CCS Coordination Committee is able to and is encouraged to provide any recommendations or suggestions on the services provided through CCS. In addition, if any additional changes are required, the updated plan will be reviewed by the Coordinating Committee.

Processes to Include the CCS in Planning to Support consumers who are Discharged from a Non-CCS program or Facility - DHS 36.07 (3)(a)

WCDHHS has long-established relationships, both formal and informal, with a wide array of programs and facilities in the County for individuals being transitioned or discharged.

Interface with Non-CCS Programs and Transition Planning/Collaboration for CCS Consumers.

The CCS Service Facilitators will be expected to be actively involved with the consumer when they are admitted to a non-CCS program or facility. Such involvement may consist of on-site visits, telephone contact and planning conferences. Upon obtaining consent, they will be responsible for sharing relevant assessment and service planning information to necessary providers. They will also work with providers to ensure active participation by the consumer in decision-making, goal setting and identifying new service needs essential to the consumer. It is expected that when a CCS consumer is admitted to a psychiatric hospital, the staff will contact the consumer and the appropriate treatment team member within 48 business hours of notification of admission. When a consumer has temporary placement in another program/facility, the CCS Service Facilitator will keep recovery team members informed, as appropriate, of the consumer's condition and progress and will coordinate transition planning.

Role of the CCS When an Emergency Protective Placement is Being Sought and When Protective Services or Elder Abuse Investigations are Involved - DHS 36.07(3)(b)

The CCS may participate in petitions for guardianship (Chapter 54, new guardianship Wisc.Stats.) or protective services/placement (55.08(1) and 55.135, Wisc.Stats.). CCS staff will provide the necessary information and assistance to ensure that voluntary options are considered, when feasible, to help identify the least restrictive services necessary for safe and successful living in the community and to advocate for the consumer to retain as many rights as they are capable of exercising. The CCS will assist, when needed, Elder Abuse Services (46.90(2) Wisc.Stats.) and Adult-At-Risk Services (55043(1d), Wisc.Stats.) when abuse/neglect investigations and legal proceedings are involved. They will collaborate with staff to determine when protective services are needed and will advocate with the consumer for the least intrusive and restrictive services in order to maintain self care and safety in the community. The CCS staff will assist the consumer in understanding their rights and the legal processes, making their own voices heard and, to the extent possible, making choices regarding mandated services. CCS staff and other recovery team members, as appropriate, will be with the consumer at their hearings and other proceedings to reduce confusion and anxiety. The CCS will provide assistance in finding suitable placement resources.

Role of the CCS When Services are Provided in Conjunction with Other Care Coordination Services - DHS 36.07(3)(c)

The diverse needs of persons with psychiatric disabilities and substance abuse disorders for health care, education, advocacy, vocational and social supports dictate coordination between multiple service systems. Walworth County will have the same expectation that it has of our other mental health and substance abuse programs: that the CCS collaborates closely with other care coordination systems the consumer may be involved in. These can include health care networks, schools, AODA system, Disability Services, Aging Services, Child Protective Services, Juvenile Court Intake, Ongoing Children and Family Services and the correction/criminal justice system. The CCS will take an active role to ensure that the consumer's recovery plan is coordinated and organized. The consumer may choose a member of another system to be part of their recovery team. The CCS Service Facilitator will help the consumer prioritize needs, set goals and develop strategies to achieve them, while taking into account the requirements of other systems in which the consumer is involved. Staff will educate other service systems about the philosophy of CCS and psychosocial rehabilitation services. CCS staff will work collaboratively with other systems to identify available resources and funding to meet consumer needs, avoid duplication and provide services in the most cost-effective, efficient and integrated manner. CCS staff will help other systems understand how mental illness and AODA may impact the consumer's experience of services and will help them build on consumer strengths. CCS will facilitate the consumer's participation in other systems so care is integrated and consistent with the consumer's recovery vision.

Role of the CCS When a Consumer is Living in the Community under Chap. 51 Commitment - DHS 36.07(3)(d)

Some adults with mental illness have full autonomy restricted through court-ordered treatment. However, helping consumers maximize autonomy and informed consent with some constraints is important in the recovery process. In Walworth County, CCS staff will work with consumers who are living in the community under a Chap. 51, Wisc. Stats. Commitment or Settlement

Agreement (negotiated agreements in Walworth County under Chap. 51) to help ensure adherence to treatment conditions. CCS staff will receive copies of the Commitment or Settlement Agreement papers and will collaborate with treatment providers to adequately monitor treatment plans. CCS will work with the Legal Services worker if the consumer is not complying with treatment. Staff will make reasonable efforts to engage the consumer in treatment and communicate with the provider(s) to assess the consumer's condition and whether to initiate re-detention. Similarly, CCS staff will be knowledgeable about Chap. 51, Wisc. Stats. and the dangerousness standard and how to initiate an emergency detention or three party petition. They will work in conjunction with the Crisis Intervention Service and the clinical treatment provider when deciding whether involuntary procedures are necessary or advisable. Such participation may include contacting law enforcement for emergency detention, initiating a three party petition or being available for testimony and court hearings. It is essential that CCS staff follow the consumer through the legal steps to help them understand the process and remain engaged with them. CCS, in consultation with the recovery team and Crisis Intervention Services, will make every effort to implement voluntary interventions before considering involuntary procedures in order to respect the autonomy and dignity of the consumer.

Agreements and Contracts with CCS Providers - DHS 36.07(3)(e)

CCS will establish Memorandums of Understanding (MOU) with internal agency programs and obtain contracts with the outside service providers as needed in order to define clear roles and responsibilities and ensure collaboration and quality of service. Every contract and MOU will include agreements to incorporate CCS philosophy, and participate as necessary on recovery teams and ongoing provider staffings. Likewise, contracts or agreements will also incorporate court requirements and other legal mandates into CCS Service Plans, when applicable.

New Contracts for Needed Services - DHS 36.07(3)(f)

If there is a service provider in the community available and willing to provide a service needed by a CCS consumer, a contract will be entered into with the County. Contracts will include the provider's agreement to complete all necessary training requirements in order to be a CCS provider as well as incorporate the philosophy behind CCS into their treatment with consumers.

Crisis Intervention Services - DHS 36.07(3)(g)

WCDHHS has a certified DHS 34 Emergency Mental Health Services Program. CCS participants will be offered the full array of crisis services that are currently provided to Walworth County residents. These services include 24 hour telephone counseling, intervention and referral; mobile crisis intervention services; walk-in services providing face-to-face support; linkage and coordination services and stabilization services. Each individual's assessment and plan will include the development of a person-centered comprehensive crisis plan when indicated, which will identify strengths and needs related to potential crisis situations. When a CCS Service Facilitator is unavailable, the mobile crisis responder will be contacted and will have access to the participant's crisis plan in order to resolve the crisis. Protocol dictates that the Service Facilitator is informed of all crisis contacts so that linkage and follow-up will be assured.

CCS Contracting Process for Services - DHS 36.07(4)

The service array for Walworth County CCS is set up to address the needs of consumers of all ages who are currently served within the program. It was also designed to address the needs of consumers who require support and service coordination to remain at home or in the community, who might otherwise not qualify for other mental health programming.

WCDHHS offers a wide array of community based mental health programs that offer a variety of service as well as services provided through our Behavioral Health Unit and our Crisis Intervention Unit. WCDHHS also has purchase of service contracts and fee-for-service agreements with numerous organizations providing a wide array of clinical treatment, psychosocial rehabilitation and support services.

While Walworth County does have a wide array of services available, it may be determined that additional services need to be added to the service array in order to meet the unique needs of our consumers. The service array includes those services identified by the State and WCDHHS. Additional services to be added to the initial service array will be determined through the Service Facilitator's assessment of consumer needs in collaboration with the CCS Service Director.

CCS Consumer Policies - HSF 36.07(5)

Consumer Records that Meet the Requirements in DHS 36.18 - DHS 36.07(5)(a)

In accordance with County, State and Federal regulations, CCS consumer records shall be maintained and retained in an organized manner by WCDHHS (the managing CCS Department) and its contracted providers. The CCS managing agency and its contracted providers must adequately document the type/scope of services, duration of time, locations where services took place and effectiveness/overall satisfaction of services rendered on behalf of the CCS consumer.

Confidentiality Requirements of this Chapter - DHS 36.07(5)(b)

CCS consumer records and information (written, electronic or verbal) shall remain confidential in accordance with Chapter 51 (51.30), the Wisconsin Adm. DHS 92, DHS 94 and 42, CFR 482.13 (when applicable). The Health Insurance Portability and Accountability Act (HIPAA) regulations will be adhered to: in order to protect the privacy of the consumers' information.

The Timely Exchange of Information between the CCS and Contracted Agencies Necessary for Service Coordination - DHS 36.07 (5)(c)

The written consent of the CCS consumer will authorize the WCDHHS (and its contract agencies/entities) permission to exchange information for the purpose of facilitating the team process, provisions of services and collaboration with all appropriate entities under the CCS service network. Information disclosed must be limited to the minimum necessary requirement to comply with the request. The CCS provider agencies will be required to maintain and adhere to a professional verbal and written communication, e.g., collateral contacts, maintaining and exchanging written documentation on case records, etc. The CCS provider contracts will

delineate specific timelines, standards information and other outcomes required on behalf of the consumer.

For youth enrolled in CCS it is the policy to have the youth and parents (or legal guardian) sign the Authorization for Release of Information.

Consumer Rights – DHS 36.07(5)(d)

Each consumer, family member, guardian, natural support, or other interested party shall have the right to grieve any violation of a consumer's right and/or register a concern or complaint. Consumers in the CCS program will be provided consumer right information by the Service Facilitator that shall include grievance resolution procedures in compliance to Chs.51.61 Statutes, DHS 94 & DHS 36.19. This shall include oral and written instruction (brochure) of options on how to utilize the information and formal resolution processes. It will specifically identify who and how to communicate concerns including how to access the Consumer Rights Specialist. Consumers will be provided information on how to appeal and how to file a written request to review CCS determination as indicated in the fair hearing process under DHS 104.01(5). Consumers will be provided to the fullest extent possible choice in their recovery team membership including active participation in the assessment of needs and selection of a service array plan that can reasonably be provided. Consumers in the CCS program will be provided individualized, complete and accurate information as to provide informed consent of their proposed recovery options.

Monitoring Compliance – DHS 36.07(5)(e)

Quality Assurance activities may include, but are not limited to: compliance with all WCDHHS requirements related to billing reports, treatment delivery, certification/licensure requirements and all issued policies/procedures. Quality Assurance monitors and reviews the programs of providers of AODA and Mental Health Services that receive Walworth County funding by completing reviews and consumer interviews.

Receiving and Making Referrals – DHS 36.07(5)(f)

Referrals to the CCS program will be made to the CCS Service Director through the use of a referral form. The CCS Service Director will contact the referring person as well as the individual/guardian to discuss the CCS program. The CCS Service Director will describe CCS and encourage the individual/guardian to complete an application and provide information necessary for completion of the *Children's Long Term Support Functional Screen* or the *AODA/Mental Health Functional Screen*.

In addition, the CCS Service Director will work collaboratively with the agency manager that oversees the Children's Long Term Support (CLTS) program to ensure that information on children who are screened functionally eligible for CCS through their screening will be provided to the CCS program to determine the appropriate level of care.

Communication to the Consumer of CCS Services, Costs, Grievance Procedures and Requirements for Informed Consent – DHS 36.07(5)(g)

Consumers and parent/guardian as appropriate in the CCS program will be given information about the program that shall include services offered, any costs to the consumer, State requirements for informed consent for medication and treatment, consumer rights and grievance procedure. The Admission Agreement will also include hours of operation, staff member titles and responsibilities and how to obtain crisis services during hours in which the CCS does not operate.

Cultural Heritage and Primary Language Considerations - DHS 36.07(5)(h)

The CCS staff will ensure that a consumer's cultural heritage and primary language are considered as essential factors in all related assessment and care. Consumers in the CCS program who are non-English speaking or hearing impaired can expect professional interpretive/translation services in all aspects of recovery. CCS staff will ensure clear communication as often as necessary to ensure that a consumer is accurately assessed, informed and able to actively participate in the development of the service plan and related services. The CCS staff will be trained in gender, age and culturally responsive care to accommodate consumer needs.

Orientation and Training – DHS 36.07(5)(i)

The policy of the JRW Region is to ensure consistent CCS staff proficiency across the region in comprehension and use of culturally competent, individualized, recovery-based principles in the provision of psychosocial rehabilitation services to CCS consumers. Orientation and training of Regional staff and providers in CCS service provision is essential for the development of the knowledge base, experience and skills required to effectively meet consumers' needs. The programs shall work proactively to increase the capabilities of its staff while identifying and addressing additional training needs.

The CCS Administrator and CCS Service Directors or their designee(s) shall assure the organization, delivery and documentation of the orientation and training adheres to all requirements in DHS 36.12.

In addition, as a regional provider WCDHHS orientation and training plan will include the following:

- All regional partners will use a common Orientation and Training Checklist which will assure the standards of CCS training are achieved. Additional specialized training may be provided as deemed necessary.
- Whenever possible, training, in-service and orientation opportunities will be coordinated and shared across the Regional partners.
- When one county has trained a provider, documentation of the completed training requirements will be available to share with the regional partners.
- The regional partners will maintain a shared list of trained CCS providers which will be updated as trained providers are added.

Outreach Services – DHS 36.07(5)(j)

The CCS program will strive to provide outreach and educate related community organizations regarding the array of services and target populations served within the program covering all life domains – children through elderly. Information will be distributed broadly within the community through WCDHHS’s relationship with other systems.

Application and Screening – DHS 36.07(5)(k)

Any individual referred to the CCS program whose referral information indicates they will potentially meet eligibility, will be contacted by the CCS Service Director to complete an application. The individual will undergo a formal eligibility determination process consisting of an interview and consent to contact collateral sources and obtain additional health care provider/medical records, as needed to assist with completion of the *Children’s Long Term Support Functional Screen* or the *AODA/Mental Health Functional Screen*. If eligibility is established, the individual will be offered the program and all necessary admission paperwork will be completed.

If the information provided by the referral source or *Functional Screen* is determined to not meet eligibility guidelines, the individual will be referred to a non-CCS program at an appropriate level of care, e.g., traditional outpatient, intensive day treatment or case management. The individual/guardian will be informed of alternative mental health, AODA and psychosocial rehabilitation supports available to them in the community.

Recovery Team Development and Facilitation – DHS 36.07(5)(l)

Once an individual has been found eligible and admitted to the CCS program, a collaborative team (recovery team) will be formed. The process of forming the team will be initiated by asking the consumer to identify who they would like this team to include. (In the case of children, the parent or guardian would identify who they want on the team.) At a minimum, the recovery team will consist of the consumer, a Service Facilitator and a Mental Health Professional. Additional members may be added due to consumer request or with consumer consent. Additional members could include other service providers, family members, natural supports, peer specialists, advocates, etc. The consumer will decide who will be part of their recovery team. These teams may change over time according to what the consumer wants and needs.

If a consumer has or is believed to have co-occurring issues such as substance use and/or abuse, the recovery team will consult with an individual who has qualifications of a Substance Abuse Professional.

Consumers will be equal participants on their teams and will be recognized as having expertise of their own. WCDHHS believes that a person possesses great insight and knowledge regarding their illness and recovery. Personal experience will be acknowledged as well as education/professional experience. Every effort will be made to reduce barriers to successful engagement and participation, including providing support and training that will enable

consumers to fully participate in CCS and in their recovery. Also, we understand and believe that successful engagement and participation is more likely to occur when consumers are recognized as equal partners, treated with dignity and respect, have a voice and have ownership regarding their care and life.

The Service Facilitator will convene the team. Team members will have a clear understanding of and respect for each other's roles, limitations and strengths. The recovery team will participate in the assessment process and service planning. The role of each team member will be guided by the nature of the team member's relationship to the consumer and the scope of the team member's practice. Team members will provide information, evaluate input from various sources and make collaborative recommendations regarding outcomes, psychosocial rehabilitation services and support activities. This partnership will acknowledge the cultural beliefs and practices of the consumer and will provide the best culturally competent services it can. If this is not occurring, the consumer will be encouraged to bring additional members to the team who will be able to provide improved culturally competent services.

Service Assessment – DHS 36.07(5)(m)

All individuals found functionally and financially eligible for CCS services shall have a comprehensive assessment and assessment summary completed by a Service Facilitator within 30 days of receipt of an application for services. The assessment shall incorporate to the extent possible, an individual's unique perspective and own words about how they view their recovery experience, challenges, strengths, resources and needs in each of the domains included under DHS 36.16(4).

Service Plan Development - DHS 36.07(5)(n)

A written service plan identifying the psychosocial services to be provided or arranged based upon the needs and recovery goals identified in the individualized assessment shall be completed within 30 days of the consumer's application for services. Consumer goals will be measurable so that progress towards desired outcomes can be measured. The plan and its process shall be explained to the consumer and, if appropriate, a legal representative or family member. The plan will be reviewed as the needs of the consumer change or at least every six months.

The Service Plan will include:

- Identification of consumer's strengths and interests.
- Measurable goals and the type of frequency of data collection that will be used to measure progress toward desired outcomes.
- A description of the service facilitation activities that will be provided for the consumer or on the consumer's behalf.
- The psychosocial rehabilitation and treatment services to be provided or arranged for the consumer including the schedules and frequency of services provided.
- The service providers and natural supports that are or will be responsible for providing the consumer's treatment, rehabilitation, or support services and the payment source for each.

- A Crisis/Wellness Recovery Plan when the need is indicated.

Service Coordination, Referrals Collaboration – DHS 36.07(5)(o)

When multidisciplinary system involvement exists, there is especially a need for formalized coordination of services to ensure consumer's needs are being addressed. Walworth County CCS will develop and implement collaborative arrangements and interagency agreements to outline roles and responsibilities when working with consumers who are involved in multiple services. MOU's will be developed with internal programs of the County working in coordination with CCS and contracts will be developed with external agencies.

Advocacy – DHS 36.07(5)(p)

Advocacy can be provided to the consumer by any member of their recovery team at the consumer's request. If a consumer wishes to be referred for other advocacy, the Service Facilitator can refer them to Disability rights of Wisconsin or other advocacy groups as requested.

Support and Mentoring for the Participant – DHS 36.07(5)(q)

Support and mentoring for the consumer will be provided by CCS staff, recovery team members or arranged for in the service plan at the consumer's request. Based upon consumer request, or in general, the Service Facilitator and the recovery team will support consumers by providing education and training that will assist participant to develop skills and/or enhance current abilities in the areas of self-advocacy skills.

Discharge Planning and Facilitation – DHS 36.07(5)(r)

Discharge from the CCS will be based on the discharge criteria in the service plan of the consumer unless any one of the following applies:

- The consumer no longer wants psychosocial rehabilitation services.
- The whereabouts of the consumer are unknown for at least three months despite diligent efforts to locate the consumer.
- The consumer has had little to no contact with the CCS program for at least three months despite concerted efforts to engage the consumer in services.
- The consumer refuses services from the CCS for at least three months despite diligent outreach efforts to engage the consumer.
- The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living.
- The consumer is deceased.

- Psychosocial rehabilitation services are no longer needed.
- The consumer is incarcerated for a period of over six (6) months.
- The consumer is in residential placement for over six (6) months.
- The consumer is no longer a Walworth County resident.

Discharge from CCS will involve the consumer in the planning process and support will be provided to make this transition to the appropriate level of care as seamless as possible.

Monitoring and Documentation – DHS 36.07(5)(s)

Quality Assurance activities ensure the appropriate expenditures of public funds and the provision of quality services. Quality Assurance activities may include, but are not limited to: compliance with all WCDHHS requirements related to billing reports, treatment delivery, certification/licensure requirements and all issued policies/ procedures. Quality Assurance monitors and reviews the programs of providers of AODA and Mental Health services that receive Walworth County funding by completing reviews and consumer interviews. CCS and the WCDHHS Contract Department will be conducting periodic reviews of providers.

Providers shall retain all documentation necessary to adequately demonstrate the time, durations, location, scope, intervention and effectiveness of services rendered to a consumer. Each consumer record will be maintained pursuant to the confidential requirements under HIPAA s. 51.30, Stats. ch. DHS 92 and if applicable, 42 CFR Part 2. The electronic record and electronic signatures will meet the HIPAA requirements.

All providers must have a consumer record for each consumer and document each contact with a consumer in a progress note. Consumer files/records must be kept secure and be in compliance with all federal, state and agency requirements. Documentation reflective of the service provision must be in the consumer record before a service is billed. Providers are responsible to ensure adequate and accurate documentation is maintained in the consumer record. Progress notes shall include the name of the consumer, the date of service, times (start and end time) and duration of session, location of service (e.g. office), summary of contact with the consumer and direct service provider’s signature. Typed names or stamped signatures do not constitute a direct service provider’s signature. Each progress note must be signed separately.

2021 Agency Quality Improvement Plan - DHS 36.08

The Walworth County CCS program utilizes continuous quality improvement (CQI) activities both to assure the quality of services provided to individual consumers and to improve system quality. These improvement activities are reported to the Coordination Committee and implemented as decided by the committee. The CCS administration identified the following quality improvement area to be targeted for 2020:

- The reestablishment and implementation of a quality improvement process through compliance of the CCS program. This will be done through:
 - Updating and implementing the CCS and the quality improvement plans on a biannual basis.

- Completing chart audits to ensure compliance with DHS 36.
- Reviewing general programming documentation such as supervision, satisfaction surveys, personnel requirements, and training requirements/documentation.
- Reviewing the Policy and Procedure manual and updating as needed.

2020 Regional Quality Improvement Plan - DHS 36.08

The Jefferson Rock Walworth (JRW) Regional CCS will implement a Quality Improvement Plan to assess consumer satisfaction and progress toward consumers’ desired outcomes as identified through the assessment process.

Please review the attached 2020 Regional Quality Improvement Plan. At the December 1, 2020 regional meeting a new 2021 regional Plan will be developed.

In addition, identified quality improvement outcomes will be reviewed at quarterly regional Quality Improvement Meetings and quality improvement data and analyses will be shared at County level and Regional CCS Coordinating Committee Meetings. Feedback from the Coordinating Committees will be noted and integrated into developments in quality improvement processes.

Annually, CCS Regional Partners will review and revise the above plan, adapting quality improvement activities according to the data obtained.

Additional Regional Policies:

Walworth County CCS will be working in collaboration with Rock and Jefferson Counties in a shared services regional model. In addition to having joint policies for Orientation and Training, Quality Improvement, and Coordination Committee, there were two other policies adopted:

Shared Staff and Providers Policy – in order to share CCS providers across the region, the established JRW regional leadership team will:

- Maintain a list of contracted CCS providers which can be accessed by all regional partners. This will include documentation of providers’ completion of CCS training requirements, background checks and other legal verifications.
- Collaborate during monthly meetings to determine and review contract terms for each provider including establishing common rates.
- Develop joint ongoing training opportunities for regional contracted providers.
- Share feedback regarding provider performance and compliance among the regional partners to enhance quality assurance for all CCS consumers.
- Explore options for sharing employed staff to create efficiencies and enhance access to specialized services.

Organizational Structure Policy - to support collaborative efforts in the JRW Shared Services Region:

- A JRW Leadership team will be established to include CCS Service Directors and Administrators from each of the three partner counties.

- The JRW Leadership Team will meet monthly to plan and coordinate shared efforts related to training, quality assurance and use of common providers.
- Individual counties will maintain separate CCS Coordinating Committees which will meet as a joint group at least annually per the Regional Coordinating Committee Policy.