



Dane County Department of Human Services Behavioral Health Division

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CCS Coordination Committee Minutes

Zoom Virtual Meeting

May 17, 2023

12:00-1:30 p.m.

Present: Kim Disch-French, Michelle Hicks, Corri Kohn, Veronica McMurray, Mary Rauwolf, Margaret Rubio, Vanessa Statam, Heidi Stringer, Nichole Wright, Julie Meister (Chair)

Present (Non-Members): Emma Hood, Jenna Ramaker, Niki Sustr

1. Public comment time (5 min/speaker max. up to 15 minutes total allocation)

No public comment.

2. Comments about, or corrections to, 3/15/2023 minutes.

- a. Approval of minutes

All in favor, minutes approved.

3. Progress update (as of 5/12/2023)

- a. CCS enrollment update 2,229 total participants enrolled (up 64 since 3/14/2023)

- i. Adults = 1697 (up 31)

- ii. Youth = 532 (up 33)

- iii. Discharges = 1551 total since program began in 2015

- 2021 average discharges: 26/month
- 2022 average discharges: 36/month

Total enrollments this period = 128
Total discharges this period = 64
Net change in enrollment = +64

4. Orientation and Training Policy revision

Julie- Wisconsin DHS distributed a memo outlining program changes for another Medicaid psychosocial rehabilitation program, CRS, which has similar training requirements to CCS. That memo outlined that exceptions to required training could be requested if a training were completed within the past 12 months. Our

current policy allows trainings to be counted if they took place within the previous 24 months. Proposal is to update our policy to the 12-month timeline for accepting trainings that were previously taken, in line with the current CRS guidance. The total amount of training hours required for CCS staff would not change.

Julie answered questions from the committee regarding how many hours of Orientation Training and Ongoing Training are required for new staff.

Kimberly- What if a staff person did not take a training within the last 18 months, would they have to go through the entire training again? Or could they do an equivalent amount to show that they are up-to-date on their knowledge?

Julie- We don't mandate how many hours anyone needs in any specific category. Staff could complete a 1-hour training that offers a certificate to meet the requirement.

Nichole- The shortened timeframe is going to put a hardship on agencies who are already having difficulties in filling staff vacancies and onboarding. It doesn't make sense to me to add an additional barrier to getting staff CCS-credentialed in this difficult hiring climate.

Mary- I recently did this. When we applied to become a CCS Provider each one of us needed to do so many hours initially of the trainings Julie is mentioning. It wasn't something that was ongoing, it was only when we were applying to become a CCS Provider. Truthfully, peer support and a lot of other providers in our field are required to do a certain number of CEU's to keep their license. All of the CEU's that we got to keep our license were also used for CCS.

a. Review and approval

A motion was made to keep the Orientation and Training of Staff policy as it is currently written (reject proposed changes). The Committee voted unanimously to make no changes to the Orientation and Training of Staff policy at this time.

5. Minimum Standards Policy revision

Julie- There are two proposed revisions to the Minimum Standards policy. First, it is proposed to add language to the Minimum Standards policy requiring service facilitation agencies to have an active MHP/SAP on staff for that agency to be able to receive service facilitation referrals. The MHP/SAP is responsible for authorizing services and approving plans, very critical responsibilities within the CCS program. Second, it is proposed that for agencies new to service facilitation that at least one MHP, Service Director, and Service Facilitator complete the CCS Module training and the SF/MHP/SAP/Service Director training prior to that agency receiving service facilitation referrals. This will ensure that service facilitation and MHP staff have the minimum training required to be able to

effectively complete the tasks of writing assessments and recovery plans as well as creating and approving service authorizations. These two core trainings are foundational to the functioning of the Service Facilitation agency. If training has been taken within 12 months prior to receiving SF referrals OR and individual has been actively serving in the MHP/SF role within the past 12 months, exceptions may be granted.

Heidi- The workflow for assessments and plans significantly changed in September 2022. Would we want to go back a full year? Regarding a full amount of time for retaining the knowledge and operations of the SF, a year is fine. If there have been significant changes to the CCS Module; I would recommend taking the module training again with each change or a refresher.

Julie discussed the caveat in the policy that exceptions “may be granted”. In times when the module has changed significantly, we would likely not approve the exception.

Mary- I know that SFs have a difficult job but we have worked with a few that have not completed the training yet and it was chaotic. I do not think they should be getting referrals until they have a full understanding of the job.

a. Review and approval

Motion to approve the proposed revisions to the Minimum Standards Policy. All voted in favor of amending our Minimum Standards Policy as proposed.

6. Proposed Orientation & Training update

a. Required training for all staff

b. Add Suicide Risk Assessment (C-SSRS) training

Julie- One of our Service Directors suggested that we add suicide risk assessment to the orientation training for all staff. In November 2021, Dane County CCS launched the C-SSRS as the suicide risk assessment tool that would be used across the CCS provider network. At that time, Dane CCS partnered with trainers from Columbia University to offer all Dane CCS staff free training on the use of the C-SSRS. As a result of ongoing staff turnover, however, not all current Dane CCS staff have completed a training specific to the C-SSRS instrument. At the last Coordination Committee meeting, Mai Zong brought up some concerns regarding staff difficulties passing the online quiz as a result of language barriers—especially impacting staff for whom English is not their first language. Julie and the Provider Network Coordinator met with Mai Zong to brainstorm ways to reduce this type of barrier for these staff. The group conclusion was that if staff are not able to pass the test, staff can send their test results to the CCS Provider Network Coordinator (Brianna) with a non-passing score that are signed off by a their supervisor with an added

description of how the supervisor ensured the staff is competent in assessing suicide risk. The plan was to bring the Orientation Checklist back to the committee to see if you would like us to move forward with adding the Suicide Risk Assessment to the Orientation Training Checklist for all new CCS staff so they feel comfortable utilizing this tool and assessing for suicide risk.

Nichole- Were we relying on tools that the agencies had in place or specific processes in order to assess for risk previously?

Julie- Some agencies, but not all, utilized specific tools that they implemented as a standardized tool prior to the launch of the C-SSRS within the CCS program. The core foundation of Suicide Risk Assessment is that everyone should feel skilled to ask the questions. You do not need to be a clinician to ask the questions, you could be anyone to ask these questions.

Nichole- It also increases the opportunity for conversation. It is a myth that asking a person about suicide causes more risky behavior, it is actually the opposite. I am glad to see this added to the Orientation Training Checklist. It also destigmatizes the assessment of risk.

Veronica- The more you can normalize this from either side makes it go a lot smoother for everyone.

c. Review and approve

Motion to approve addition of Suicide Risk Assessment to the CCS Service Provider Orientation Checklist. All voted in favor of adding the Suicide Risk Assessment training to the CCS Service Provider Orientation Checklist for all new CCS staff.

7. QI Plan Revision

Julie- Jenna, the CCS Data Analyst, and I met to discuss our QI plan for 2023 and brought some proposed changes for review. Several items identified for removal because we achieved the goals. Proposed changes to the QI plan were reviewed with the Committee. The timeline for the surveys to be administered has changed to August-October. Another proposed update involves exploring a mechanism to allow Service Facilitators to obtain information on real-time agency availability. This will assist with timeliness of referrals. Goal #3 proposes adding increased distribution of informational brochures of array providers that we receive. Goal #7 proposed adding that DHS is getting close to launching the funding for interpretation services, which are attached to billable Medicaid services. This will require adjustments to our CCS Module to be able to capture that billing.

Nichole- I recommend changing the wording from “psychiatry” to “prescribing” in #5 to reflect that other professionals (APNP, PA) also prescribe medications. Julie agreed to make this change in the final QI plan.

- a. Review and approve

All voted in favor of approving the QI plan for 2023.

8. Survey: Bilingual Services & Accommodations (Jenna)

- a. Results

Reviewed survey results with committee.

9. Items for future meetings:

- a. Update QI Plan (May)
- b. Bilingual Services Survey report out (May/July)
- c. Review Outcomes brainstorming from County staff (July)
- d. State changes to race/ethnicity reporting (July)

10. Completion of timesheets.

- a. Julie will email timesheets to those that need them to review. Either sign electronically with Adobe Acrobat or send email back to Julie confirming that you agree with time sheet (counts as your signature) and Julie will submit to payroll.

Next Meeting

7/19/23, 12:00-1:30pm

Zoom Virtual Meeting