State of Wisconsin
Department of Health Services (DHS)
Division of Mental Health & Substance Abuse Services
(DMHSAS)
Bureau of Prevention, Treatment & Recovery (BPTR)

Providing Comprehensive Community Services (CCS) in a Regional Model

DMHSAS Training Team
2014

Today’s Schedule

• 9:30 am: Welcome, Overview of CCS, CCS Expansion and Recovery-Oriented Systems
• 10:40 am: Break
• 10:50 am: CCS Rule and Regional Models: Program and CCS Plan
• Noon: Lunch on Your Own
• 1:00 pm: CCS Rule and Regional Models: Personnel and Assessment
• 2:30 pm: Break
• 2:40 pm: CCS Rule and Regional Models: Service Planning & Consumer Records
• 4:00 pm: End of Day
2nd Day Training Schedule

- 9:30 am: Medicaid Enrollment and Benefit Overview
- 10:20 am: Break
- 10:30 am: Medicaid Financial Overview
- Noon: Lunch on Your Own
- 1:00 pm: Outcomes
- 2:00 pm: Break
- 2:10 pm: Consumer Satisfaction Surveys
- 3:00 pm: End of Day/TA if Needed

Purpose of Training

- Review DHS 36 CCS Plan and Rule
- Apply recovery-oriented systems to CCS program
- Understand the significant rule requirements within the CCS regional models
- Use best practices in implementing CCS in regions
- Understand Medicaid billing
- Review outcomes in a transformed system
  - Policy to Practice
  - Required tools—ROSI and MHSIP
### Comprehensive Community Services (CCS)

- Publicly operated behavioral health program
- Only counties or tribes are allowed to be certified to provide CCS
- A psychosocial rehabilitation service is recovery focused & provides support services
- Is funded by Medicaid for those individuals with Medicaid

### Comprehensive Community Services (CCS)

- 2013-2015 Budget adds $10.2 million for CCS
- Goal is to expand CCS program statewide
- The budget will provide state funding for the “non-federal” share of Medicaid for new and existing counties and tribes when CCS is provided in a regional model beginning July 1, 2014
- This budget will fund current programs, saving counties with CCS programs over $6 million
Why Expand CCS?

- Currently have 32 certified counties
- Serves both children and adults (across the lifespan)
- Treats both mental health and substance use disorders
- **Is recovery based – built on the belief that people get better**
- Is a unique combination of client-direction and professional input
- Is a community based program – majority of services are provided in the home or local community

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Why Expand CCS?

**Decreased need for multiple systems or higher end services**

- Less emergency room visits
- Less hospital visits
- Less civil commitments
- Less criminal justice involvement
- Less suicide
- Less physical aggression
Why Expand CCS?

Integration of Physical and Behavioral Care

- CCS consumers have increased rates of
  - High blood pressure
  - Diabetes
  - Asthma
  - Obesity
- Left untreated these illnesses are costly
- Consumers with mental illness diagnosis die 25 years earlier than their peers without mental illness

Why Expand CCS?

Increase of Recovery and Positive Outcomes

- Consumers Report
  - Feeling empowered
  - Feeling supported and listened to
- 2011 47% of clients discharged from CCS needed less intensive treatment than is provided in CCS
- That was more than double the clients discharged for needing more intensive services
Why Expand CCS?

Quality Improvement and Use of Evidence-Based Practices

- CCS Rule demands each program have a Quality Improvement (QI) Plan
- Each program has a Coordinating Committee that oversees the program and the QI plan
- 2011 62% of CCS programs used at least one evidence-based practice (EBP)
- EBPs assist the CCS to provide quality services

Map of Potential CCS Regions
DHS Vision for CCS in a Regional Model

- Increase access
- Increase efficiencies and effectiveness
- Financial incentives
- Offer a service array based upon a community needs assessment
- Offer individualized, needed services, in the right quantity, at the right time

Regional Models

- Multi-county
- Shared Services
- Community programs (51.42)
- Population-based
- Tribal Nations
CCS Expansion: DHS Multi-Divisional Effort

• There is a three step process to go through to become an approved region with the ability to bill for and receive 100% Medicaid reimbursement
• Each DHS Division is responsible for one of the three steps
• Counties/Tribes/Regions has to complete a step before moving onto the next step

CCS Expansion: Approval of Region First Step

DMHSAS has responsibility to approve regional models used by counties/tribes
• Counties/tribes need to request DMHSAS for approval of their regional model using the Request for Approval CCS Regional Service Model form
• Region completes the Request form and forwards to DMHSAS
• DMHSAS reviews and approves, denies or defers for more information
Wisconsin Department of Health Services

CCS Expansion: CCS Certification
Second Step

DQA has responsibility to certify county/tribe/region
• County/tribe/region must send their approval letter to DQA
• DQA will review letter, request form and other pertinent information
• DQA may need additional information from county/tribe/region
• Next action depends on if counties/tribes are certified or not certified

Wisconsin Department of Health Services

CCS Expansion: Certification
Second Step

• If a county/tribe/region are not DQA CCS certified they will have to go through the certification process
• If a county/tribe are DQA CCS certified they will need to work with DQA on what information and action, if any, is needed to complete the process
• Once DQA certifies the CCS Region the process moves to DHCAA
**CSC Expansion: Medicaid Approval Third Step**

DHCAA has the responsibility for Medicaid Provider Approval

- DQA notifies DHCAA that the Region is certified
- Certified Region will need to apply to DCHAA for Medicaid Certification
- Once DHCAA approves Medicaid certification, the Region is approved to provide CCS in a Regional Model and received 100% Medicaid reimbursement

**CSCS Philosophy**
CCS Embodies...

• Recovery/Resilience
• Evidence-Based Practice (EBP) for Substance Use Disorders
• Trauma Informed Care (TIC)
• Person-Centered Care (PCC) and Planning (PCP)
SAMHSA’s Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Resilience

The ability to adapt well over time to life-changing situations and stressful conditions. While many things contribute to resilience, studies show that caring and supportive relationships can help enhance resilience.
What is the most important principle/component of recovery?
SAMHSA’s 10 Guiding Principles of Recovery

- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect
- Hope

CCS Embodies...

- Recovery/Resilience
- Evidence-Based Practice (EBP) for Substance Use Disorders
Exercise: Substance Use Quiz “Test Your Knowledge”

Evidence-based Practice (EBP) for Substance Use Disorders

- **Assessment**
  - Many public domain standardized instruments available
  - Easy to administer, score, and interpret
  - Shows continuum of substance use severity

- **Brief intervention**
  - For people showing subclinical or mild substance use disorder symptoms
  - Can be delivered by non-specialists
  - Highly effective and well-established EBP

- **Treatment**
  - For people showing moderate to severe substance use disorder symptoms and delivered by a substance abuse professional
  - Many EBPs exist
### Meta Analysis of Adult Alcohol Treatment Outcome: Rank Order

**Source:** Miller & Wilbourne (2002, p. 272)

<table>
<thead>
<tr>
<th>#1 Brief Intervention</th>
<th>#2 Motivational Enhancement</th>
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### What does not work:

- #41 Standard treatment
- #43 Confrontational counseling
- #46 Education

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### CCS Embodies…

- Recovery
- Evidence-Based Practice (EBP) for Substance Use Disorders
- Trauma Informed Care (TIC)
Wisconsin Department of Health Services

Trauma Informed Care (TIC)

Implementing TIC:
• Perform a TIC organizational assessment
• Integrate TIC into the mission statement
• Maintain a TIC workgroup which includes past clients and representatives from all parts of organization
• Develop structure for staff to discuss vicarious trauma
• Form a TIC study group
• Consult with other agencies who have made TIC changes

Adapted from Trauma-Informed Services: A Self-Assessment and Planning Protocol, Community Connections

"What happened to you?"

Wisconsin Department of Health Services

CCS Embodies...

• Recovery
• Evidence-Based Practice (EBP) for Substance Use Disorders
• Trauma Informed Care (TIC)
• Person-Centered Care (PCC) and Planning (PCP)
**Person-Centered Planning (PCP):**

Implementing PCP:
- Ensure the individual is a meaningful participant in his/her recovery planning and services
- Integrate philosophy of recovery/resilience into the way individuals, practitioners, and the organization as a whole consider and define outcomes
- Review recovery plans to make sure they include measurable, achievable, behavioral, time-framed short-term goals/objectives
- Engage in quality improvement: chart reviews, learning groups, consumer surveys (ex., PCCQ)

“One of the serious challenges facing the behavioral health field is how to help consumers find their voice so they can actively participate.”

~Grieder & Adams
Recovery-Oriented Systems: Implementation

- Develop the workforce by raising awareness about the transformation process, improve staff competencies, and bring in experts to provide education and training
- Incorporate peers as equal workforce participants
- Include meaningful participation of peers in the implementation and evaluation of policy
- Provide co-occurring capable services
- Adapt policies to have recovery-oriented language
- Conduct cross-agency collaboration and planning
- Develop policies that promote self-determination


“What you, as an agency or a provider, do cannot force anyone to recover, but your actions (and even what you believe) can help to create an environment in which recovery may flourish.”

~Recovery and Mental Health Consumer Movement in Wisconsin
Recovery-Oriented Systems
Group Activity: Discuss One Thing Your County/Tribe/Agency is Currently Doing and One Thing You Could Do as a Region

DHS 36 CCS Rule Orientation
I: General Provisions
II: Certification
III: CCS Program
IV: Personnel
V: Consumer Services
Subchapter III: CCS Program

CCS Plan

Quality Improvement

CCS Coordination Committee
DHS 36.07 CCS Plan

- 36.07 is a written plan including:
  - (1) the organizational structure (a-e)
  - (2) a written summary of the coordination committee’s recommendations
  - (3) a description of current services and how the CCS program will interface with them and the policies and procedures detailing how the collaborative interagency relations will occur (a-g)

DHS 36.07 CCS PLAN CONT.

- (4) a description of the psychosocial rehabilitative services & providers to be in CCS
- (5) the policies and procedures necessary to successfully implement the CCS program (a-s)

Note: 36.08, 36.09, 36.10, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.18, 36.19 are referenced in the CCS Plan description and policy/procedure documents
DHS 36.07(5)(e) CCS Plan: Policies and Procedures for Monitoring Compliance

- “Staff Member means a person employed by a county department, tribe, or contracted agency”
- 36.07 (5) policies & procedures are the program’s description of implementation guidance to all staff, for example:
  - (a) Consumer records 36.18
  - (i) Orientation & training 36.12
  - (o) Service coordination, referrals & collaboration 36.17(4)
  - (s) Monitoring and documentation 36.17(3)

Applying DHS 36.07 CCS Plan to the Regional Models

- Each CCS program will have an approved plan, regardless of the regional model
- Plans must be updated and include regional information, be reviewed by the Coordination Committee, and provided to DQA when requested.
Applying DHS 36.07(3) CCS Plan: Collaborative Arrangements to the Regional Models

- Each county/region will determine what MH/SA services are needed in the region
- CCS programs are to incorporate existing services, add evidence-based psychosocial services, and enhance service effectiveness through comprehensive service coordination
- Regions will need to describe in their plan how these arrangements will work within the region

DHS 36.07(3) CCS Plan: Collaborative Arrangements

Rule says: CCS programs shall include policies and procedures for developing and implementing collaborative arrangements and interagency agreements.

Shared Services: Each county will need own P&Ps unless there are regional P&Ps regarding this.

Multi-County, 51.42: Same as rule. Make sure to cover entire region.

Pop: Same as rule.
Applying DHS 36.07(4) CCS Plan: Array of Psychosocial Rehabilitation Services & Providers to the Regional Models

- Within the CCS Plan, counties/regions will need to identify anticipated service needs of potential consumers
  - Across the lifespan
  - Based upon the assessment domains DHS 36.16(4)
- Identify treatment interventions to address the identified needs
  - Interventions are identified separately according to age

Subchapter III

DHS 36.08 Quality Improvement
DHS 36.08 Quality Improvement

Rule says: CCS shall develop and implement a quality improvement plan

Regional Programmatic Criteria

Subchapter III

DHS 36.09 CCS Coordination Committee
DHS 36.09 CCS Coordination Committee Role

**Rule says:** Review and make recommendations
1. On the initial and revised CCS plan
2. Quality improvement plan
3. Policies and procedures

**Shared Services:**
- SAME
- **Multi-County, 51.42 & Pop.:** SAME

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DHS 36.09 CCS Coordination Committee Membership

**Rule says:**
A CCS Program must have a Coordination Committee at the start of the certification process.

**Shared Services:** Each county has own Coordinating Committee (*there is flexibility to share)
- **Multi-County, 51.42 & Pop.:** must have one Coordinating Committee
DHS 36.09 CCS Coordination
Committee Membership

**Rule says:**
No fewer than 1/3 consumers
Not more than 1/3 county employees/providers

**Shared Services:** Ratios apply to each county committee. The region can have a regional committee that draws from each county committee.

**Multi-County, 51.42 & Pop.:** Ratios apply to the committee and representation should reflect each member county.

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Subchapter IV: Personnel

*Personnel Policies*

*Supervision and Clinical Collaboration*

*Orientation and Training*
Subchapter IV

*DHS 36.10 Personnel Policies*

- Required functions are:
  - Mental health professional and substance abuse professional
  - Administrator
  - Service director
  - Service facilitator
DHS 36.10 Personnel Policies

Rule says: what functions a program has to have and their qualifications

Shared Services: Each certified program has to have all of the functions. Region can share personnel that perform these functions.

Multi-County, 51.42 & Pop.: Region functions as certified program; therefore, it needs functions that serve all counties in the region.

Group Activity: Rosterig of Staff and Positions
Subchapter IV

DHS 36.11 Supervision and Clinical Collaboration

- Each staff shall be supervised and provided with consultation needed to perform assigned functions and meet credential requirements.
- Supervision may include clinical collaboration but only as an option for staff DHS 36.10(2)(g)1-8.
  - One hour per supervision per month or every 120 clock hours
- Staff DHS 36.10(2)(g)9-22.
  - One hour of supervision per week or every 30 clock hours
  - Received from DHS 36.10(2)(g)1-8
  - Day-to-day consultation shall be available during CCS hours of operation
- Both can be accomplished by one or more of the following
  - Individual case review
  - Individual side-by-side session
  - Group meetings
  - Professionally recognized supervision to provide guidance
Subchapter IV

*DHS 36.12 Orientation & Training*

- Orientation and On-going Training
  - Required hours
  - Content areas
- Training Records
DHS 36.12 Orientation & Training

Rule says: CCS programs have to develop and implement orientation and ongoing training for staff

Shared Services: Each certified program has to have a training program. Region can share a training program between counties.

Multi-County, 51.42 & Pop.: Must have a training program.

Think About This... Personnel, Training, Supervision and Clinical Collaboration in a Regional Model

How You Structure Program, Need to Structure Process

Process Over Multiple Programs or Large Areas

Think about P & P

Gather Information (People Come to You/You Go to Them)

Multicounty, One Program for Multiple Counties, How Cover Region?

Staffing Patterns

If Sharing Staff or P&P, How Would This Impact the Assessment Process?
Subchapter V: Consumer Services

Consumer Application
Criteria for Determining Need
Assessment Process
Service Planning and Delivery Process

CCS Admission and Service Process

- Consumer Application
- Determining Need for CCS
- Authorization of Services
- Assessment Process
- Service Planning & Delivery
Wisconsin Department of Health Services

**DHS 36.13 Consumer Application**

- Any person seeking services shall complete an application
- Physician’s prescription for psychosocial rehabilitation (PSR) services
- Admission agreement is completed and signed by applicant
- Identify any immediate needs and provide service
- Mental Health Professional authorizes services

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**DHS 36.14 Determining Need for CCS**

- CCS services are for individuals who need more than outpatient but less than a Community Support Program
- Individual has mental illness diagnosis or substance use disorder
- Adult or children
- Has functional impairment that interferes or limits one or more life activities
- Ongoing comprehensive and either high-intensity or low-intensity services
- State approved functional screen for adults or children must be completed initially and annually
- If individual does not need CCS services, then no further services would be provided and provide referrals and written notice
Subchapter V

*DHS 36.16 Assessment Process*

- Completed Within 30 days
- Consumer Driven/Person-centered/ Trauma sensitive
- Individualized, Recovery goals and Strengths-based
- Comprehensive and Accurate
- Conducted Within CCS Domains
- Substance Use & Treatment Needs
- Age and Developmentally Appropriate
- Natural Supports
DHS 36.16 Assessment Process

- Criteria to be included: strengths, needs, recovery goals, priorities, preferences, values, lifestyle, age & developmental factors, cultural & environmental supports
- Domains to be included
- Comprehensive assessment requires integrating criteria and domains
- Assessment summary

DHS 36.16 Substance Use Assessment

- Part of initial comprehensive assessment.
- Substance use diagnoses shall be established by a Substance Abuse (SA) professional.
- An assessment of the consumer’s substance use, strengths and treatment needs also shall be conducted by a SA professional.
- Inclusion of SA professional as part of team.
Limited Services & Assessment

- Abbreviated assessment (DHS 36.16 (5))
- Services Pending Determination (DHS 36.13 (2))

Think about this...Assessment in a Regional Model

- How You Structure Program, Need to Structure Process
- Gather Information (People Come to You/You Go to Them)
- Think About P & P
- Process Over Multiple Programs or Large Areas
- Multicounty, One Program for Multiple Counties, How Cover Region?
- Staffing Patterns
- If Sharing Staff or P & P, How Would This Impact the Assessment Process?
DHS 36.16(7) Recovery Team

Team Development:
• The Consumer
• A Service Facilitator (SF)
• A Mental Health Professional and/or Substance Abuse Professional, and for co-occurring both
• A Parent or guardian for a minor or for an adult with need for representation due to incapacitation
• Others, only with the consent of the consumer, such as service providers, family, natural supports, and advocates

DHS 36.16(7) Recovery Team Functions

• Recovery team shall participate in the assessment process and service planning
• Team shall provide information and make collaborative recommendations
• Participation based on relationship to consumer, scope of practice & cultural norms of the consumer.
Subchapter V

*DHS 36.17 Service Planning and Delivery Process*

- Completed Within 30 Days
- Service Facilitator Collaborates with Consumer & Recovery Team
- Measurable Objectives/Goals
- Consumer Driven/Recovery Goals
- Service Delivery Provided in Most Natural & Least Restrictive Manner
- Integrated Settings and Use of Natural Supports
- Service Plan Documentation (Example)
- Review at Least Every Six Months
- Delivered with Reasonable Promptness & Frequency

*Document All Plans & Services*
DHS 36.17(2m) Service Planning and Delivery-From Process to Documentation

- Service plan based upon the priorities from the assessment
- Plan addresses all significant activities to support consumer's prioritized goals
- Services provided in most natural, least restrictive manner & most integrated services practicable, delivered with reasonable promptness and built upon natural supports
- Services provided with sufficient frequency to support achievement of goals identified in plan
- Must be signed by MH Professional/SUD Professional if needed, service facilitator and the consumer

DHS 36.17(2m) Service Planning and Delivery-Documentation

- Required Components of the Service Plan
  - Recovery goals, measurable goals, service facilitation activities, services, schedule & frequency, providers & natural supports, frequency of data collection
- Person-centered processes & documentation
- Documentation includes: significant events contributing to understanding of consumer’s functioning, evidence of progress, response to services, changes in services, activity levels, physical, cognitive or emotional status
Wisconsin Department of Health Services

**DHS 36.17(2m) Service Planning and Delivery-Documentation**

- Service Name
- Service Provider Name Address and Telephone No. (E-mail, cell phone no., if known)
- Start Date
- End Date
- Unit Cost ($/hr; day)
- Authorized Units of Service and Frequency (#/day or week or month)
- Funding Source

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<th>Service Provider</th>
<th>Start Date</th>
<th>End Date</th>
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<th>Authorized Units of Service and Frequency (# X day or week or mo.)</th>
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<td>(Provider) 456 Work Rd. Madison, WI 53711</td>
<td>4/1/14</td>
<td></td>
<td>$45.00/hr</td>
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Think About This...Service Planning and Delivery in a Regional Model

- How You Structure Program, Need to Structure Process
- Process Over Multiple Programs or Large Areas
- Multicounty, One Program for Multiple Counties, How Cover Region?
- Think About P & P
- Gather Information (People Come to You/You Go to Them)
- How to Assure Access to Services (Frequency & Timeliness)?
- Staffing Patterns
- If Sharing Staff or P & P, How Would This Impact the Service Delivery?

Subchapter V

*DHS 36.18 Consumer Service Records/Documentation*
DHS 36.18(2) Consumer Service Record

Rule says: CCS shall maintain a service record in a central location

Shared Services & Pop.: Each certified county would hold their own records

Multi-County & 51.42: Records need to be held in one central location

Trainings and Quarterly Meetings
Advanced Training

Late summer 2014 → 2015

- Substance Use Assessment & Brief Intervention
- Person-Centered Planning
- Trauma-Informed Care
- Recovery/Resilience

CCS Quarterly Meetings

- Begins Fall 2014
- Opportunity to discuss regional implementation, attend workshops, learn from other regions
- More details to come
Resources

- Wisconsin Peer Specialist Employment Initiative: http://www.wicps.org/
- SAMHSA’s Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS-TACS): http://beta.samhsa.gov/brss-tacs

DMHSAS Training Team

- Kenya Bright
- Scott Caldwell
- Lalena Lampe
- Cheryl Lofton
- Bob Meyer
- Sola Millard
- Sally Raschick
- Donna Riemer
Information and Consultation

• Please visit the CCS Webpage at: http://www.dhs.wisconsin.gov/CCS

• Contact: CCS Mailbox DHSDMHSASCCS@wisconsin.gov