

CCS Policy/Procedures
Systems Development, Enhancement and Interface
DHS 36.07 (3)

Policy Statement: The CCS program will provide a full array of psychosocial rehabilitation services for mental health and substance use disorder clients and will ensure that there are collaborative and interagency agreements and contracts in place so the system works in concert for the benefit of CCS participants. These policies are designed to lessen the potential confusion, misunderstanding or stress when multiple entities are involved in the CCS participant's life.

Discussion and Procedures:

DHS 36.07 (3)(a) CCS Role in Client's Discharge from a Non-CCS Program or Facility

1. The CCS Service Facilitator will be involved in planning when a CCS participant is being discharged from an institutional service, such as a hospital, inpatient AODA treatment, nursing home, residential care center, day treatment, jail, juvenile corrections, or prison.
2. The Service Facilitator will consult with discharge planning staff and attend discharge related meetings when possible.
3. The CCS Service Facilitator will ensure that appropriate follow up is provided to the CCS participant after the discharge. The Service Facilitator will revise the recovery plan to include any additional supports necessary to ease the CCS participant's transition to the community. The Service Facilitator will serve as an advocate to encourage the individual to be an active participant in the discharge planning process and ensure that the CCS participant's perspective is represented in the plan.
4. Discharge planning staff in non-CCS programs and facilities will be informed about the CCS program, apprised of the process for referring to CCS, and encouraged to educate clients about CCS and include CCS in discharge planning as a service option available to clients in the community.

DHS 36.07 (3)(b) CCS Role in Emergency Protective Placements, Protective Services, or Elder Abuse Proceedings

1. The Service Facilitator will make every effort to prevent situations in which referral to emergency protective placement, protective services, or elder abuse are necessary. This includes, but is not limited to, coordinating with crisis intervention services, facilitating additional supports and diversion resources, and encouraging the CCS participant to make use of the supports available to avert emergency action.

2. If prevention efforts are unsuccessful, and there is an imminent risk to the health and safety of the CCS participant or others, the CCS may need to initiate reporting to protective services. If appropriate, the CCS will inform the CCS participant of the action that needs to be taken and the reason for intervention.
3. If another entity initiates reporting to protective services for a CCS participant, DCDHS protective services will notify the CCS so that interventions can be coordinated across systems in the best interest of the client.
4. The Service Facilitator's role will be to support the CCS participant and explain what is happening and to educate them about next steps and any options they may have—not to take any measures on behalf of the protective services entity.
5. The Service Director will be notified of any of actions restricting the CCS participant's freedom as soon as possible but at least within 24 hours of formal investigation or action.
6. Adult Protective Services staff will be informed about the CCS program and encouraged to offer clients the opportunity to participate in CCS if they so choose.

DHS 36.07 (3)(c) CCS Role When Services are Provided in Conjunction With Other Care Coordination Services

1. The CCS Service Facilitator will work with the other care coordination entity to determine who takes lead on overall treatment/services. This will most likely occur when the CCS participant has multiple needs to be met by different systems (e.g., overlapping mental health and physical disability). For children dually eligible for CCS and CLTS, service facilitation will be consolidated.
2. The recovery plan will set out which program will be responsible for arranging or assisting the CCS participant with each specific goal. The Service Facilitator will invite the care coordination agency to take part in the recovery plan development and to become part of the recovery team, if the CCS participant so chooses.
3. The Service Facilitator's role will be to support the CCS participant and to ensure that services are recovery-oriented regardless of which organization is taking lead.
4. The Agency Service Director will ensure that a coordinated service plan exists between the CCS and the other care coordination service.

DHS 36.07 (3)(d) CCS Role When Person Served Has a ch.51, Stats. Commitment in Effect

1. The Service Facilitator will explain to the CCS participant the conditions of the commitment so that they have the best chance of understanding the rules and the implications of following or not following the order.
2. Enforcement of the outpatient commitment order and its conditions will be the responsibility of the Emergency Services Unit at Journey Mental Health Center, which is the county-contracted Ch.51 monitoring entity that reports back to the court.
3. The Service Facilitator will explain to the CCS participant that CCS staff will be obligated to report to the Ch.51 monitoring entity regarding adherence to the outpatient commitment order. Informed consent at the time of CCS enrollment will address disclosure of this nature.
4. The role of the CCS staff is to provide information to the CCS participant to enable them to make an informed decision about whether they wish to continue with the CCS—understanding that they may have to be served in a more restrictive manner if not in the CCS program.
5. If the person under commitment wishes to continue in the CCS, the role of the Service Facilitator and the recovery team is to provide the CCS participant with as much autonomy and ability to direct their treatment and services as possible under the circumstances.

DHS 36.07 (3)(e) Establishing Contracts and Agreements with Community Agencies

1. The CCS program will have an open network such that willing and qualified community agencies may become CCS service providers at any time.
2. Interested providers must meet the following criteria: be recovery-focused and comply with the applicable regulations of DHS 36, the County's purchasing requirements, and federal, State, and County reporting. The provider must also meet all of the requirements for maintaining centralized administrative and service records for CCS.
3. The Provider Network Coordinator will be responsible for building and maintaining the provider network, ensuring that interested agencies/providers meet all criteria necessary to be a CCS provider and that all relevant documentation is maintained in the centralized administrative record.
4. After the Provider Network Coordinator determines that a provider is qualified, they will refer to the CCS Administrator to initiate the contracting process. The CCS Administrator will work with the provider to set up an open unit by unit rate contract

establishing the terms of providing CCS services as needed on a case by case basis for CCS participants who choose to include that provider in their Recovery Plans.

5. The Provider Network Coordinator will maintain a list of active providers and related documentation and provide notification to the CCS when providers are added or dropped from the network.

DHS 36.07 (3)(f) Establishing Contracts When a Needed Service is Not Currently Available

1. The Provider Network Coordinator will be vigilant in ensuring that agencies are available to provide all of the services in the service array. They will also ensure that services are delivered by a variety of providers so that persons from different cultures, ethnic and racial make-ups or linguistic needs can receive services that are comfortable to them.
2. The need for new providers may occur because a provider ceases to offer services, reaches capacity, or a new service need emerges. The Provider Network Coordinator will identify when there is a need for new providers of services based on feedback from Service Facilitators, CCS participants, and the CCS Coordination Committee.
3. When a need is identified, the Provider Network Coordinator will inform the CCS Administrator and begin recruiting willing and qualified providers to meet that need. As new providers are identified, they will be referred to the CCS Administrator to establish contracts, following the procedure described above in DHS 36.07(3)(e).

DHS 36.07 (3)(g) Arrangements for Crisis Identification and Crisis Services for CCS Participants

1. CCS participants will have access to Journey Mental Health Center's Emergency Services Unit (ESU), which is certified under DHS 34, subchapter 3.
2. CCS participants will be given clear and understandable information about how to contact ESU at any time.
3. The CCS will screen participants for risk of harm to self or others and will make sure that those at risk are referred to ESU for appropriate assessment and safety planning.
4. CCS participants will be encouraged to have and be assisted in developing safety plans, crisis response plans and other tools that will provide advance direction and guidance for managing emerging crises. CCS participants will be informed of possible emergency interventions in the event that they become a danger to themselves or others.

5. The Service Facilitator will offer to assist the CCS participant in working with Emergency Services Unit staff in reviewing and modifying any crisis plans as needed but at least every six months. Such plans will be continued for as long as they are assessed to be necessary.

Approved by CCS Coordination Committee on 5/20/2020.

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