

**WAUKESHA COUNTY DHS 36  
POLICIES AND PROCEDURES  
TABLE OF CONTENTS**

ORGANIZATION PLAN – DHS 36.07(1)..... 1

RESPONSIBILITY OF STAFF – DHS 36.07 (1)(A) ..... 1

QUALITY IMPROVEMENT – DHS 36.07 (1)(B) ..... 3

COORDINATING COMMITTEE – DHS 36.07 (1)(C) ..... 4

RECRUITING AND CONTRACTING – DHS 36.07 (1)(D)..... 5

UPDATING AND REVISING OF THE CCS PLAN – DHS 36.07 (1)(E) ..... 5

COORDINATING COMMITTEE WRITTEN SUMMARY AND RECOMMENDATIONS –  
DHS 36.07 (2)..... 6

AVAILABLE SERVICES – DHS 36.07 (3) ..... 6

AGREEMENTS AND COLLABORATION – DHS 36.07 (3)(A)..... 7

CONSUMER SUPPORT – DHS 36.07 (3)(A) ..... 7

PROTECTIVE PLACEMENTS – DHS 36.07 (3)(B)..... 8

CASE COORDINATION – DHS 36.07 (3)(C)..... 8

CHAPTER 51 COMMITMENTS – DHS 36.07 (3)(D) ..... 8

CONTRACTS AND AGREEMENTS – DHS 36.07 (3)(E), 36.07 (3)(F)..... 9

CRISIS SERVICES – DHS 36.07 (3)(G)..... 9

INDIVIDUALIZED PSYCHOSOCIAL REHABILITATIVE SERVICES – DHS 36.07 (4)(A)  
..... 10

TREATMENT PROVIDER SELECTION – DHS 36.07 (4)(B)..... 11

CONSUMER SERVICE RECORDS -- DHS 36.07 (5) A ..... 11

CONFIDENTIALITY – DHS 36.07 (5) B ..... 12

EXCHANGE OF INFORMATION – DHS 36.07 (5) C ..... 13

CONSUMER RIGHTS – DHS 36.07 (5) D ..... 13

CULTURAL COMPETENCE – DHS 36.07 (5) H..... 13

MONITORING COMPLIANCE – DHS 36.07 (5) E..... 14

RECEIVING AND MAKING REFERRALS – DHS 36.07 (5) F ..... 14

COMMUNICATION TO THE CONSUMER – DHS 36.07 (5) G..... 15

ORIENTATION AND TRAINING – DHS 36.07 (5)(I)..... 15

OUTREACH – DHS 36.07 (5) (J)..... 16

APPLICATION AND SCREENING – DHS 36.07 (5) K..... 17

RECOVERY TEAM DEVELOPMENT – DHS 36.07 (5) L..... 18

ASSESSMENT – DHS 36.07 (5) M (NARRATIVE) ..... 18

ABBREVIATED ASSESSMENT – DHS 36.07 (5) M (NARRATIVE) ..... 19

ASSESSMENT DOCUMENTATION – DHS 36.07 (5) M (NARRATIVE)..... 19

POLICIES AND PROCEDURES TO IMPLEMENT ASSESSMENT PROCESSES – DHS  
36.07 (5) M ..... 19

SERVICE PLANNING – DHS 36.07 (5) N (NARRATIVE)..... 20

PLAN REVIEW – DHS 36.07 (5) N (NARRATIVE) ..... 21

POLICY AND PROCEDURE FOR COMPREHENSIVE COMMUNITY SERVICE  
PLANNING AND DELIVERY – DHS 36.07 (5) N..... 21

SERVICE COORDINATION – DHS 36.07 (5) O..... 22

CONSUMER ADVOCACY – DHS 36.07 (5) P..... 22

SUPPORT AND MENTORING – DHS 36.07 (5) Q.....	23
DISCHARGE PLANNING – DHS 36.07 (5) R.....	23
MONITORING AND DOCUMENTATION – DHS 36.07 (5) S .....	23
SERVICE PENDING DETERMINATIONS – DHS 36.13 (3) .....	24
DETERMINATION OF NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES – DHS 36.13 (4).....	24
DISCRIMINATION – DHS 36.13 (4).....	25
PERSONNEL POLICES DHS 36.10 .....	25
SUPERVISORY AND CLINICAL COLLABORATION POLICY DHS 36.11 .....	26
REGIONAL MODEL OVERSIGHT.....	27
SUICIDE SCREENING .....	28
Services Array	Attachment I

## **COMPREHENSIVE COMMUNITY SERVICES**

### **ORGANIZATION PLAN – DHS 36.07(1)**

#### Policy

Waukesha County Health and Human Services Comprehensive Community Services (CCS) will continue to be an integral service component of the Waukesha County Health and Human Services Clinical Division, which provides comprehensive mental health and substance abuse services to the citizens of Waukesha County.

The Clinical Services Division presently provides for outpatient services, community support programming, adult day treatment, case management, crisis, adult hospital, assessment, psychiatry, and medication management. Residential, vocational, clubhouse and recreational services are also included. These services are provided as appropriate for children, adolescents, and adults. The Department also supports children's mental health/substance abuse services through CCS and other outpatient programs.

Comprehensive Community Services will be County operated using both county employees and contracted agencies. The CCS is incorporated within Clinical Services Division of the Waukesha County Health and Human Services Department to allow for its future expansion and development. Services staff will make modifications as they gain client experience with assessment, service facilitation, development of client directed rehabilitation services, use of contracted providers, customer satisfaction issues, coordination committee suggestions, as well as billing and pricing issues.

Waukesha County is a population based regional CCS under the Wisconsin DMHSAS CCS Regionalization initiative effective 07/01/2014.

#### Procedure

The CCS Program Administrator shall review on a yearly basis the CCS organization plan and make modifications based on consumer input and Coordination Committee recommendation.

The CCS Program Administrator will assure that outcome satisfaction surveys are provided to the consumer, collected, and reviewed with the Coordinating Committee at least annually.

Service staff will make program modifications under the direction of the Administrator based on the above recommendations.

### **RESPONSIBILITY OF STAFF – DHS 36.07 (1)(a)**

#### Policy

A Health and Human Services Supervisor licensed as a clinical social worker or licensed professional counselor will function as the Comprehensive Community Services Program

Administrator and Services Director. This Supervisor will have overall responsibility for Comprehensive Community Services and provide for quality of service and day-to-day consultation to CCS staff. To assist the Service Director (Clinical Supervisor) a licensed psychologist will provide for backup supervision as required. The CCS will include masters prepared mental health counselors and clinical therapists to act as Mental Health Professionals in collaboration with service facilitation. A registered nurse will also be part of the team to provide for consultation and case management of the client's medication requirements as prescribed by a licensed psychiatrist.

The CCS will also include a masters prepared vocational specialist, bachelor's prepared case managers, and paraprofessional staff to assist in providing services from the array and service facilitation (please see attached CCS staff list). Volunteers may be added as client needs and preferences dictate.

### Procedure

Program Administrator will assign duties to appropriate credentialed staff to provide services as outlined in Chapter 36.

Professional Mental Health/AODA staff will provide Assessment, Service Facilitation, and participate in the recovery team and discharge planning process. They will also authorize services and provide for the assessment summary and discharge summary. Bachelor's prepared staff and registered nurses will provide service facilitation and assessment activities under the direction of a licensed mental health professional.

Program Administrator shall assign duties to staff in compliance with Chapter 36 credentialing and training requirements.

The responsibilities of a mental health professional and substance abuse professional within the Waukesha County CCS will include the authorization of services, facilitating the assessment process, and providing for proper discharge planning.

The mental health professional and/or substance abuse professional will authorize services including:

- a) Reviewing and attesting to the applicant's need for psychosocial rehabilitative services and other supportive services.
- b) Assuring that a statement authorizing the proposed psychosocial rehabilitative services is filed in a consumer record; and
- c) That in the event the applicant has a substance abuse disorder, a substance abuse professional will also sign the authorization for services.

The mental health professional and/or substance abuse professional will also provide the assessment process including facilitation, meeting time requirements as prescribed in Chapter 36, establishing a diagnosis of substance abuse if appropriate, and incorporating to the greatest extent possible the consumer's unique perspective and views regarding recovery, experience, etc.

The mental health professional and/or substance abuse professional will also provide for an assessment summary as prescribed in Chapter 36.

The mental health professional and/or substance abuse professional will also facilitate the development of the recovery team and be an active member as prescribed in Chapter 36.

The mental health professional and/or substance abuse professional will also be involved in discharge planning including signing the discharge plan and developing the discharge summary.

## **QUALITY IMPROVEMENT – DHS 36.07 (1)(b)**

### Policy

Waukesha County Health and Human Services will provide a quality improvement plan to assess customer satisfaction and progress toward desired outcomes identified through the assessment process.

A customer satisfaction survey document will be provided to CCS consumers annually. The survey used will be consistent with WI-DMHSAS identified measures (currently ROSI and MHSIP surveys). This consumer satisfaction survey will allow for anonymous comment on services offered by CCS including assessment, service planning and delivery, and service facilitation activities. CCS staff will analyze the data and report the results to the coordinating committee for comment and recommendations regarding potential service adjustments.

Waukesha County CCS annually will encourage all 18 and over CCS participants who have been in CCS six months or greater to complete the 42 point ROSI survey.

Waukesha County CCS annually will encourage all 12 and under parent(s) of CCS participants who have been in CCS six months or greater to complete the Youth Satisfaction Survey-Families (YSS-F).

Waukesha County CCS annually will encourage all 13-17 year old CCS participants who have been in CCS six months or greater to complete the Youth Satisfaction Survey (YSS).

The CCS Coordinating Committee will be consulted to determine the methodology to be utilized for collecting survey data.

The program administrator of the CCS service will also review the effectiveness of changes made in the program based upon the survey and coordinating committee recommendations. This review will be accomplished through a series of case reviews, client interviews, and statistical analyses of outcome data. Service adjustments required as a result of this analysis will be shared with the coordinating committee for input and recommendation.

Additional opportunities for consumer feedback include opportunities to speak with the CCS supervisor, group interest and satisfaction surveys, and ongoing assessment of satisfaction as part of the consumer's at minimum annual re-assessment process.

### Procedure

Program Administrator will provide for a customer service document and dissemination to consumers.

Program Administrator will assign staff to analyze the survey data.

Program Administrator will review data with the Coordinating Committee for potential service adjustments.

Program Administrator will make service adjustments as recommended through the above process.

### **COORDINATING COMMITTEE – DHS 36.07 (1)(c)**

#### Policy

The Waukesha County Health and Human Services Board has appointed a Mental Health Advisory Committee within the Human Services Department to oversee and make recommendations regarding mental health in the County. The Comprehensive Community Services Coordinating Committee has been developed as a subcommittee of the Mental Health Advisory Committee. The Coordinating Committee provides the required oversight of CCS and reports to the Human Services Board regarding their activities. The CCS Coordinating Committee is comprised of at least one-third consumers and no more than one-third county employees. The remainder of the subcommittee is comprised of advocates, family members, and non mental health/AODA service providers.

The Coordinating Committee will review and make recommendations regarding the initial and any revised CCS plan as required under DHS 36.07. The Coordinating Committee will also review the quality improvement plan, personnel policies, and CCS practices to ensure quality, as well as the protection of consumer rights. Minutes of the Coordinating Committee meetings will be reported to the full Mental Health Advisory Committee. The Coordinating Committee will meet a minimum of quarterly.

Consumers enrolled in CCS are informed of the Coordinating Committee and the availability of membership and/or training opportunities. As of March 18, 2019, by vote of the committee, reimbursement for attendance of \$20.00 per meeting, is available for up to 12 consumer members.

#### Procedure

The Mental Health Advisory Committee shall appoint subcommittee members to oversee the Comprehensive Community Services Benefit and review membership on a yearly basis or earlier if additional membership is required.

The CCS Program Administrator shall assure that membership to the Coordinating Committee meets Chapter 36 requirements and that minutes are shared with the Mental Health Advisory Committee.

The CCS Program Administrator shall assure that the subcommittee meets at least quarterly.

The CCS Program Administrator shall assist the Mental Health Advisory Committee in recruitment of committee members and assist in the development of agendas and training opportunities for members.

The CCS Service Facilitators shall inform consumers of the Coordinating Committee and membership opportunities.

The CCS Coordinating Committee Chair shall record attendance at all meetings of the committee. The names of consumer members and date of attendance shall be forwarded to the NAMI Waukesha to make payment of a \$20 stipend directly to the consumer. The CCS shall maintain a contract with the NAMI Waukesha to reimburse the stipend amounts.

## **RECRUITING AND CONTRACTING – DHS 36.07 (1)(d)**

### Policy

The criteria for recruiting and contracting with providers of psychosocial rehabilitation services shall be in compliance and consistent with the general Waukesha County Health and Human Services contracting procedures. Selection of an individual vendor will be based on program expertise and experience, cost, accessibility, and willingness and ability to document as required by the CCS administrator. Consumer input will also be sought regarding program and vendor preference when applicable.

### Procedure

The CCS Administrator will assist the Clinical Services Manager in the development and contracting of providers of psychosocial rehabilitation services.

The CCS Administrator will recommend individual vendors based on expertise, client need, etc.

CCS staff and the consumer will assist in vendor selection wherever applicable.

## **UPDATING AND REVISING OF THE CCS PLAN – DHS 36.07 (1)(e)**

### Policy

The CCS plan shall be reviewed and updated as necessary on a yearly basis.

### Procedure

The CCS Director will review, update, and revise annually or more frequently as required to reflect any changes in the CCS and accurately identify current services. The Director will provide to the Clinical Division Manager and the CCS Coordinating Committee recommendations for revisions and changes in programming for comment prior to the finalization of the revised plan.

## **COORDINATING COMMITTEE WRITTEN SUMMARY AND RECOMMENDATIONS – DHS 36.07 (2)**

### Policy

A written summary of Coordinating Committee recommendations shall be prepared along with implementation plans by the CCS Director.

### Procedure

The Waukesha County Mental Health Advisory Committee will be the oversight committee for CCS and has established a subcommittee per the requirements of DHS 36.09 identified as the CCS Coordinating Committee.

The CCS Coordinating Committee shall meet 6 times per year. Deviations from this schedule may occur if weather events cause cancellation. This will be to ensure the safety of all committee members.

The CCS Director shall attend all meetings in a liaison capacity, to directly give and receive feedback from the CCS Coordinating Committee in compliance with 36.09 (3) (a).

The recommendations of the CCS Coordinating Committee shall be documented in the meeting minutes. The Director's response shall be provided orally to the committee, and documented in the minutes.

The CCS Director shall compile and maintain a written summary detailing the CCS Coordinating Committee's recommendations and the CCS response as an attachment to the CCS Plan referenced under DHS 36.07 (2).

## **AVAILABLE SERVICES – DHS 36.07 (3)**

### Policy

The Waukesha County Clinical Services Division within Health and Human Services Department provides for an array of clinical, rehabilitative, and supportive services including: inpatient, outpatient, crisis intervention, community support services, adult day treatment, medication management, and case management. It also includes these components: residential, recreational, clubhouse, money management and vocational services, as well as children's integrated service programming. The Clinical Service Division also provides for a full array of AODA services including detoxification, intensive outpatient, outpatient community residential, halfway house, outpatient services, and educational services. CCS will enhance the already existing components of the Health and Human Services Department and allow for a coordinated and consumer driven service and planning process which builds on the strength of each consumer. The service facilitation teams and the consumer will be able to develop unique, individualized treatment plans utilizing some of the pre-existing services of the department in the recovery process. Crisis, Residential, Recruitment, and Vocational Services, to name a few, may

be incorporated into the consumer's plan as appropriate to enhance the overall treatment plan and subsequent discharge coordination with other Health and Human Services components.

#### Procedure

The CCS Administrator shall review with consumer, staff, and the coordinating committee available resources for the development of individual recovery plans.

The CCS Administrator will contract with additional outside providers to develop new services when clinically appropriate.

The CCS Administrator shall adjust services as recommended by the Coordinating Committee to the extent allowed under Chapter 36 and add them to the CCS service array as appropriate.

### **AGREEMENTS AND COLLABORATION – DHS 36.07 (3)(a)**

#### Policy

The Comprehensive Community Services benefit allows for a more collaborative service delivery venue to those consumers who require more than customary outpatient programming.

Clients will be able to participate in a rehabilitative case management system that will focus on the strengths of the individual. Comprehensive Community Services will work collaboratively with the outpatient clinic for psychiatric/medication management and crisis services as needed. Individuals who are assessed for mental health services anywhere within the division may be evaluated for possible eligibility for CCS.

#### Procedure

The CCS Program Administrator will disseminate information throughout the department to educate Human Services staff regarding the eligibility requirements for CCS and the intake process.

The CCS Program Administrator will develop collaborative agreements with outside vendors and service delivery systems to ensure case coordination and collaboration as the CCS program develops and recovery plans dictate.

### **CONSUMER SUPPORT – DHS 36.07 (3)(a)**

#### Policy

The Health and Human Services Clinical Services Division will incorporate within its client staffing/discharge planning activity the process for referral to CCS when a client's assessment indicates the possible need for a comprehensive rehabilitative program. Referrals for CCS from other divisions within the Health and Human Services Department will be forwarded to the CCS Director for eligibility determination.

### Procedure

The Clinical Manager will disseminate information and referral materials throughout the Clinical Division and other Health and Human Service Divisions to ensure access and referral to CCS programming and department clients.

The CCS Administrator will provide for an eligibility screening and assessment process for potential CCS clients.

### **PROTECTIVE PLACEMENTS – DHS 36.07 (3)(b)**

#### Policy

The CCS programming will facilitate a protective placement referral when clinically appropriate.

#### Procedure

The CCS service facilitator will make referral to the department's Adult Protective Services Unit (APS) when it appears that a CCS client requires protective placement or protective services, or when elder abuse is suspected. At the request of the CCS service facilitator, a department staffing will be arranged to discuss the client's circumstances and requirements. A disposition will be made regarding the need for case consultation/support from the Aging and Disability Resource Center (ADRC) or for a case transfer from the CCS program to protective services.

### **CASE COORDINATION – DHS 36.07 (3)(c)**

#### Policy

Comprehensive Community Services will work collaboratively with other Health and Human Service entities and community agencies such as protective services, integrated service project, schools, etc., to ensure program coordination and avoidance of duplication in care planning. The CCS service facilitator will take the lead role in coordinating needed staffings, information sharing, and planning.

#### Procedure

The Mental Health or AODA professional will take a lead role in case coordination.

The Mental Health or AODA professional will work with other Health and Human Service divisions as well as outside community agencies wherever possible in the development of a recovery plan and/or discharge planning.

The above mentioned professionals will also obtain pertinent collateral information from outside sources, with the permission of the consumer, to better coordinate the planning process with the consumer.

### **CHAPTER 51 COMMITMENTS – DHS 36.07 (3)(d)**

### Policy

The CCS program will assist the consumer in the Chapter 51 commitment process when applicable.

### Procedure

In the event that a CCS client becomes involved in a Chapter 51 commitment, the CCS service facilitator will coordinate with the court and provide required information and reports as outlined under the commitment process. The service facilitator will also monitor any conditions required by the court or provide court ordered services associated with the commitment order.

## **CONTRACTS AND AGREEMENTS – DHS 36.07 (3)(e), 36.07 (3)(f)**

### Policy

The Comprehensive Community Services Administrator will contract with community organizations who are providing CCS services in compliance with the Waukesha County Health and Human Services contractual procedure. Consumer preference will be recognized as an important contributing factor in the contracting process when applicable. The CCS Administrator, using the established Health and Human Service contracting protocol, will also be responsible for establishing new contracts whenever a needed service is unavailable in the existing array.

### Procedure

The CCS Administrator will be responsible for contracting with community organizations on behalf of the client as it pertains to the service requirements of the recovery plan.

The CCS Administrator will review the recovery plan/and consult with the service facilitator to ensure the appropriate services are available and expand the service array as necessary to meet consumer directed goals.

The CCS Administrator will contact the Medical Assistance office to request adjustment to the CCS service array as needed to facilitate the consumer recovery plan.

## **CRISIS SERVICES – DHS 36.07 (3)(g)**

### Policy

Comprehensive Community Services will work collaboratively with the Department's Mental Health Crisis Program located within our Outpatient Clinic. CCS program facilitators will identify and refer those CCS clients who are in need of crisis planning or emergency services to the crisis program. Crisis services will be provided through the outpatient clinic when appropriate and information regarding the crisis contact and disposition will be forwarded to the CCS service facilitator for case coordination.

### Procedure

The CCS facilitator will make referral to the Departments Emergency Crisis program (Chapter 34) when applicable.

The CCS Administrator will ensure that CCS service facilitators are aware of the availability of crisis services and how to access them.

The CCS facilitator will discuss the availability of crisis services with the consumer during the recovery planning process and before if necessary.

## **INDIVIDUALIZED PSYCHOSOCIAL REHABILITATIVE SERVICES – DHS 36.07**

### **(4)(a)**

(Service Array and Service Providers)

Waukesha County CCS will provide the services outlined on the attached service array form. (See attached form.)

### Policy

The service array (see attached form) is designed to anticipate the general needs of consumers participating in services through CCS. The Waukesha County service array service titles and descriptions comply with the State Model. The assessment process will address all of the following domains of functionality: life satisfaction, basic needs, social network and family involvement, community living skills, housing issues, employment, education, finances and benefits, mental health, physical health, substance use, trauma and life stressors, medications, crisis prevention management, and legal status. Additional areas of assessment include strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the consumer. The assessment will identify developmental factors, cultural factors, and environmental supports as they affect the consumer's goals and preferred methods for achieving goals.

The assessment process will identify the specific services and treatment needs of the consumer in each domain listed above. The service facilitator will coordinate services and referrals with the department's ADRC and APS unit and other county services programs for elderly consumers as appropriate. The case managers assigned to the children's integrated services program will take the lead role in providing assessment and service facilitation for CCS consumers who are minors. They will coordinate services with Child Welfare and Juvenile Justice Divisions within the department as appropriate.

### Procedure

The service facilitator will be responsible for coordinating consumer directed services that are available in the present (MA approved) service array. The facilitators will also alert the program director of any needed services that are not in the array.

The CCS administrator will review the appropriateness of any new service requested which is outside the present array and attempt to have it added to the approved MA service array as appropriate.

## **TREATMENT PROVIDER SELECTION – DHS 36.07 (4)(b)**

### Policy

Specific service providers and treatment providers will be selected based upon the findings of the assessment, provider expertise, and ease of access. Consumer and family choice will also be an important factor in selecting a specific vendor whenever multiple providers are available. Standardized county contracting procedures will also be used as identified previously to ensure accountability and fiscal viability of each provider.

### Procedure

The CCS Administrator will be responsible for contracting with CCS service providers using standard Health and Human Services contracting procedures.

The CCS Administrator will elicit input from service facilitators and recovery team members when multiple providers are available.

## **CONSUMER SERVICE RECORDS -- DHS 36.07 (5) a**

### Policy

Comprehensive Community Services shall create an individualized service record for each consumer and maintain the confidentiality requirements under HIPAA, 51.30, DHS 92, and if applicable, 42 CFR Part 2. Electronic records shall meet HIPAA requirements in 45 CFR 164 subpart C.

The records shall be maintained in a central location and include sufficient information to demonstrate that the Comprehensive Community Services has an accurate understanding of the consumer and his and/or her needs, desired outcomes and progress towards goals. Entries are to be legible, dated, and signed.

Each record shall contain the assessment summary, service plans, updates, and attendance rosters from planning sessions, authorization statements, and consumer requests. The record shall also contain progress notes, records of referrals, description of significant events, indicators of progress and changes of conditions or services, observations of activity level and status, care conference and consultation notes, service provider notes and reports of outside providers.

The consumer records shall also include a documentary list of current medications including names of medication and dosage, route of administration, frequency, duration and date to discontinue, intended purposes, name of prescriber and signature of prescriber if the CCS prescribes medication as a service.

The records shall also include activities related to medication management and monitoring.

The records shall also include informed consent forms, legal documents pertaining to the consumer and a discharge summary, if applicable.

Services by licensed residential care providers shall be documented in accordance with DHS 36 and DHS 83, and maintained in compliance with confidentiality standards listed above. Consumer records shall be maintained by the CBRF services provider and comply with the terms set forth in their contract with Waukesha County Department of Health and Human Services. Copies of progress notes and service billing logs will be provided at least monthly to the CCS. Waukesha County CCS may review the provider record at any time.

Waukesha County DHHS continues with staged implementation of the Avatar electronic health record. Therefore, each consumer record is a combination of a paper record and an electronic record. The CCS Coordinating Committee continues to receive regular updates on the progress of the electronic health record implementation. CCS subject matter experts working on the record development team continue to work diligently to ensure that an electronic health record will continue to meet the requirements outlined in DHS 36. Effective 12/01/2016 CCS staff implemented use of the “Clinical Progress Note” in the consumer’s Avatar record. Effective 01/01/2017 progress notes entered in Avatar are only maintained in Avatar. Notes are no longer printed. External vendor documentation continues to be maintained as a paper file in the consumer’s paper record.

#### Procedure

The CCS Administrator will be responsible for the creation of individualized records and maintaining them in a central location.

The CCS Administrator will also be responsible to train and supervise facilitators in the areas of CCS record content per Chapter 36 as well as HIPAA requirements.

### **CONFIDENTIALITY – DHS 36.07 (5) b**

#### Policy

CCS shall maintain confidentiality throughout its service delivery system in accordance with HIPAA, 51.30, DHS 92 and if applicable 42 CFR Part 2.

#### Procedure

The CCS Administrator will be responsible for training CCS staff in the areas of confidentiality as outlined in Chapter 36.

All CCS staff and providers will be properly trained in confidentiality and updated on additional requirements and regulations on a yearly basis or earlier as applicable.

## **EXCHANGE OF INFORMATION – DHS 36.07 (5) c**

### Policy

The CCS shall provide for a timely exchange of information between the CCS and contracted agencies. This exchange of information shall be facilitated in a timely manner by the consumer's service facilitator.

### Procedure

CCS facilitators will provide for exchange of information in a timely manner to contracted agencies with the permission of the consumer.

The CCS Administrator will review with service facilitators this policy during orientation and training.

## **CONSUMER RIGHTS – DHS 36.07 (5) d**

### Policy

CCS shall comply with the patient rights and grievance resolution procedures in State Statutes 51.61 and DHS 94.

### Procedure

CCS shall recognize the need for choice in the selection of the recovery team members, services, and service providers. Consumers have the right to, and CCS staff will provide, complete and accurate information regarding services. Disputes will be heard utilizing the medical assistance fair hearing process. A request for review of determination of need shall be addressed to the Bureau of Mental Health for all non-medical assistance consumers.

The formal and informal grievance process will be explained to the consumer by the service facilitator as outlined in DHS 94.40 (4) and (5).

The CCS Administrator will review all consumer grievances and make referral to the proper grievance officer if an informal agreement cannot be accomplished.

The CCS Administrator will provide training to all CCS staff pertaining to consumer rights and explain the process making available to staff the grievance report form for consumers to use.

## **CULTURAL COMPETENCE – DHS 36.07 (5) h**

### Policy

CCS shall provide culturally and linguistically appropriate services to consumers and family members as appropriate. Competent translators or bilingual staff will be part of the treatment team as appropriate. Training for staff will include cultural competence curriculum specific to the race and ethnicity of clients to be served.

### Procedure

The CCS Administrator will make available to staff, consumers, and the recovery team culturally appropriate service either provided or contracted.

The CCS Administrator will also provide for translation services using “language line” or a competent translator when appropriate.

The CCS Administration will provide and make available training to all CCS related to cultural competency and related issues.

### **MONITORING COMPLIANCE – DHS 36.07 (5) e**

#### Policy

The CCS program will periodically update program changes as directed by Chapter 36 updates and changes in State and Federal law.

#### Procedure

The CCS Director will periodically but not less than every year review Chapter DHS 36 to ensure compliance and provide for program changes in the event the chapter is updated. The CCS Director will also monitor compliance with applicable state and federal law as appropriate.

### **RECEIVING AND MAKING REFERRALS – DHS 36.07 (5) f**

#### Policy

The CCS program will establish a format for receiving and making referrals.

#### Procedure

CCS will receive referrals through its established intake process using a point of entry located at the Waukesha County Mental Health Center or Outpatient Clinic. The referral process will provide for screening of the request, the completion of the application, and an initial eligibility assessment as appropriate. To ensure ease of access, information regarding the referral process will be disseminated throughout the Human Services Department and to community providers. A single, published telephone number will also be established for referral purposes. CCS service facilitators will be responsible for making referrals to community resources as appropriate in collaboration with the recovery team and service plan recommendations.

The CCS Administrator will be responsible for establishing and maintaining a smooth referral process as outlined above.

## **COMMUNICATION TO THE CONSUMER – DHS 36.07 (5) g**

### Policy

CCS will incorporate into its program design the use of the combined service agreement and informed consent document to ensure consumer knowledge of program services, cost, grievance procedures, and requirements of informed consent.

### Procedure

The CCS Administrator will develop and update as needed the combined service agreement and informed consent document to ensure consumer knowledge as outlined in Chapter 36.

The CCS Administrator will provide orientation and training to CCS facilitators to ensure consumer knowledge as outlined above.

## **ORIENTATION AND TRAINING – DHS 36.07 (5)(i)**

### Policy

The Department of Health and Human Services will develop Comprehensive Community Services staff orientation training. This will require forty hours of training within the first three months of employment for staff having less than six months experience providing psychosocial rehabilitation services to children and adults with mental and substance abuse disorders. Service staff having more than six months expertise in providing psychosocial rehabilitation services will receive at least twenty hours of training within their first three months of employment. Volunteers will receive forty hours of orientation before working independently with a consumer or family member.

### Procedure

The orientation training shall consist of familiarization with Chapter 36. Orientation will also review CCS policy and procedure, job responsibilities, and application pertaining to Chapters 48, 51, 54, and 55. Basic civil rights training will also be provided including familiarity with the Americans with Disability Act of 1990 and the Civil Rights Act of 1964. Information on HIPAA, 51.30, DHS 92, and 42-CFR Part II as it pertains to confidentiality will also be provided. Patient rights information contained in 51.61 and DHS 94 will be included. Current knowledge about mental disorders, substance use disorders, and co-occurring disabilities and treatment methods will also be included in the orientation.

Orientation will include recovery concepts and principles emphasizing hope, healing, and empowerment as well as the provision of services in a respectful and culturally competent manner based on consumer choice and protection of patient rights.

Current principles of Comprehensive Community Services regarding providing services to children and adults will be included. Areas addressed will include recovery-orientated assessment and services, relapse prevention, psychosocial rehabilitation services, and age

appropriate assessment services across the patient's lifespan. Trauma, mental illness, substance abuse, and culturally and linguistically appropriate services will be addressed.

Techniques and procedures for providing non-violent crisis management for consumers will be stressed, including verbal de-escalation, obtaining backup, self protection and protection of the consumer and others in emergencies. Suicide assessment, prevention and management will be included..

Training specific to the position for which each employee is hired will also be provided.

An ongoing training program will also be instituted that will ensure that each staff member receives at least eight hours per year of in-service training to enhance the knowledge and skills received in orientation. Ongoing in-service training shall include one or more of the following: time set aside for training including discussion and presentation of current principles and methods of psychosocial rehabilitative services, presentations by community resource staff, and conferences and workshops.

The Comprehensive Community Services will keep a training log to document attendance at designated in-service training activities.

The CCS Administrator will be responsible for the orientation and training of CCS staff.

## **OUTREACH – DHS 36.07 (5) (J)**

### Policy

Comprehensive Community Services will provide outreach services through its coordination with the division's crisis services, and other Health and Human Service Divisions including: ADRC/APS, Child Welfare, Juvenile Justice and Public Health. Coordination and outreach will also be maintained with the Mental Health Association, NAMI, Health and Human Services vendor agencies, and other community based organizations serving mental health and substance abuse populations.

### Procedure

Information and referral materials will be provided to area providers including psychiatric inpatient units, residential treatment facilities, outpatient treatment clinics, and other community treatment providers as appropriate. The CCS Coordinating Committee will also be solicited for ideas and strategies to assist in linking CCS with individuals in the community who are in need of psychosocial rehabilitative services.

The CCS Administrator shall be responsible for the development and distribution of materials as outlined above, as well as working with the Coordination Committee regarding ideas and strategies for outreach.

## **APPLICATION AND SCREENING – DHS 36.07 (5) K**

### Policy

CCS will provide for a standardized application document and functional screen to determine consumer eligibility. Comprehensive Community Services will be made available to individuals who are determined during the screening process to require more than customary outpatient services and meet all of the following criteria: a) has a diagnosis of a mental disorder, b) has a functional impairment that interferes with or limits one or more major life activities and results in need for services that are described as ongoing, comprehensive, and can be categorized as either group 1 (high service intensity) or group 2 (low service intensity).

If the functional screen cannot be completed at the time of the application, the CCS will conduct an assessment of the consumer's needs pursuant to DHS 36.16(3)(4)(5).

If an applicant is determined not to need psychosocial rehabilitative services, a written notice of determination of non-eligibility shall be given to the applicant along with a referral to non-CCS services as appropriate. An applicant may submit a written request for review of the determination from the Bureau of Mental Health and Substance Abuse at any time. Staff will assist the applicant in requesting a determination from the State when appropriate.

If an applicant is determined to need psychosocial rehabilitative services, CCS staff shall conduct a comprehensive assessment unless an assessment has been already completed during the screening process or the consumer qualifies for an abbreviated assessment.

### Procedure

The application procedure will include a standardized application for eligibility and a service agreement.

The service agreement will include information regarding the general nature and purpose of CCS including hours of operation, staff titles and responsibilities. The service agreement will also include the rights of a consumer in CCS: consumer choice of recovery team members, services and service providers, the right to consent to treatment, grievance procedure rights pursuant to Chapter 51.61 and DHS 94 and fair hearings. The service agreement will also indicate how crisis services can be obtained as well as the cost of services and CCS's procedures for follow-up if a consumer is discharged. The service agreement shall be signed by the applicant to acknowledge receipt and understanding of the CCS and consumer rights, and responsibilities of both parties.

The CCS Administrator will be responsible for the development of the standardized application and service agreement.

The CCS Administrator will provide for orientation and training to CCS service facilitators related to the application and screening process.

## **RECOVERY TEAM DEVELOPMENT – DHS 36.07 (5) L**

### Policy

CCS will develop recovery teams including the consumer, service facilitator, and a mental health or substance abuse professional, or both for co-occurring diagnoses. A consumer may also choose additional members of the recovery team including service providers, family members, advocates, etc.

If the consumer is a minor, incompetent, or incapacitated, a parent or a legal representative may also be appointed to the team. The recovery team shall participate in the assessment process and service planning. Recovery team members shall provide information, evaluate input, and make recommendations regarding outcomes, services, and activities.

### Procedure

The service facilitator will be responsible for the development of the recovery team in conjunction with the consumer.

Recovery team members may include those participants as outlined in Chapter 36.

The facilitator shall provide information and training to the recovery team as to its purpose and mission pursuant to Chapter 36.

## **ASSESSMENT – DHS 36.07 (5) M**

Waukesha County CCS will provide for an assessment process, which is to be completed within 30 days of the receipt of an application for services.

A CCS intake specialist, service facilitator, and a mental health professional in collaboration shall facilitate the assessment process with the consumer and members of the recovery team. This assessment process will be explained to the consumer and any member of the recovery team as appropriate.

An assessment of a consumer's substance use, strengths, and treatment needs shall be conducted by an AODA professional. A substance abuse diagnosis shall be established by a substance abuse professional or other legally permitted professional.

The CCS assessment process in collaboration with the recovery team shall be comprehensive and conducted within the context of the domains of functioning consistent with 36.16(4). The assessment shall be based upon known consumer facts, diagnoses, and evaluations including the assessment for coexisting mental health/substance abuse disorders, physical and mental impairments, and medical problems.

The assessment shall also be updated as new information becomes available and shall address consumer strengths, recovery goals, and personal and lifestyle characteristics. Age appropriateness and developmental factors that may influence agreed upon outcomes and goals

shall also be examined. Cultural and environmental supports are also to be identified which may affect methods for achieving desired outcomes and goals.

The assessment process will identify the consumer's recovery goals and understanding of recovery options for treatment, social rehabilitative services, and self help programs.

#### **ABBREVIATED ASSESSMENT – DHS 36.07 (5) M**

An abbreviated assessment process may be used to authorize services for up to 90 days if the consumer has signed an admission agreement and one of the following applies: a) a consumer's health limits the information gathering process, b) a consumer resists cooperating in completing the assessment at time of the application, c) a consumer only requests specific services that require limited information.

The abbreviated assessment shall attempt to meet the requirements of a full assessment under 36.16(3) to the extent possible and the assessment summary will document the reason for the abbreviated assessment. A comprehensive assessment must be conducted within 90 days to continue rehabilitative services. In the event that a comprehensive assessment cannot be made within 90 days, the applicant will be given notice of discontinuation of CCS services and determination that the consumer is not in need of psychosocial rehabilitation pursuant to DHS 36.14 (3)(b).

#### **ASSESSMENT DOCUMENTATION – DHS 36.07 (5) M**

The assessment shall be documented in summary form and prepared by a service facilitator under the direction of a mental health or AODA professional. The assessment summary will include the dates of the assessment, the information on which outcomes and service recommendations are based, the desired outcomes and goals of the consumer, the names and relation of all participants in the assessment process as well as any significant differences of opinions among members of the recovery team which were not resolved. The summary document will also contain signatures of persons present at meetings being summarized.

#### **POLICIES AND PROCEDURES TO IMPLEMENT ASSESSMENT PROCESSES – DHS 36.07 (5) M**

CCS will provide for a comprehensive assessment process, which will incorporate the Initial Eligibility Assessment Form and the Functional Eligibility Screen for Mental Health and AODA Services.

A CCS intake specialist, service facilitator, and the Mental Health professional in collaboration with the recovery team and the consumer, including a substance abuse professional if appropriate, will conduct the assessment process. A substance abuse professional shall conduct a substance abuse assessment and diagnosis if appropriate.

The assessment will be comprehensive and conducted within the domains as outlined in DHS 36.16 (4). The assessment process and summary shall be completed within thirty days of the

receipt of an application for services. The assessment process will be explained to the consumer by the service facilitator and to family members or a legal representative if appropriate.

The assessment will be based on current facts and recent information and evaluation and includes assessment for co-existing mental health disorders, substance use disorders, physical and mental impairments, and medical problems. The assessment will address the consumer's strengths and needs, recovery goals, priorities, preferences, values and lifestyle of the consumer. It will also address age and developmental factors that can influence outcomes and goals. It will also identify cultural and environmental supports.

The facilitator will also identify the consumer's recovery goals and understanding of recovery and options for treatment. The facilitator will also assist the consumer to understand the options related to psychosocial rehabilitative services and self help problems to advance the consumer's goals.

An abbreviated assessment may be conducted if the consumer has signed an admission agreement and any of the circumstances found in DHS 36.16(5) applies.

If a consumer is receiving mental health treatment and support services via Waukesha County's Community Support Program, Treatment and Support Services Unit, Mental Health Clinic, or Inpatient Mental Health Center at the time of application to CCS, the Mental Health Professional shall assess the need for immediate continuation of psychosocial rehabilitation services. Services received prior to enrollment that are requested by the consumer in order to maintain recovery or stability pending the full assessment, shall be continued. These services providers shall be included in the assessment process. The services shall be identified in the Continuity of Care Affidavit and authorized by the Mental Health Professional.

The assessment process shall be documented in an assessment summary prepared by a mental health professional within thirty days of receipt of an admission application and shall contain information as outlined in DHS 36.16(6).

The assessment process shall include the consumer and recovery team members as outlined in DHS 36.16(7).

### **SERVICE PLANNING – DHS 36.07 (5) N**

A written consumer service plan shall be based upon the consumer's assessment and shall be completed within 30 days of the consumer's application for CCS services.

The service planning process will be facilitated by a CCS staff member serving as the service facilitator in collaboration with the consumer and the recovery team. The planning process will be explained to the consumer and recovery team members present. The service plan shall address the needs and recovery goals identified in the assessment and documentation of the contents of the plan shall be available to all members of the recovery team.

The service planning documents shall include: a) a listing of the facilitation activities that will be provided to the consumer or on the consumer's behalf, b) the psychosocial rehabilitation and treatment services provided along with schedules and frequencies of services to be provided, c) a

listing of the service providers and natural supports who will be providing treatment and support services and the payment source for each service, d) a listing of measurable goals and type and frequency of data collection that will be used to measure progress towards outcomes, e) an attendance roster signed by each person including recovery team members in attendance at each planning meeting. The roster shall include dates of the meeting, names, addresses, and phone numbers of each person attending.

Each original, updated, and partially completed service plan shall be maintained in the consumer's record. The completed service plan shall be signed by the consumer, mental health AODA professional, and service facilitator.

#### **PLAN REVIEW – DHS 36.07 (5) N**

The service plan shall be reviewed and updated at least every six months. A service plan based upon an abbreviated assessment shall be reviewed upon the expiration date of the abbreviated assessment (90 days) or before if the consumer's needs change. The review shall include an assessment of the progress toward goals and consumer satisfaction with services.

#### **POLICY AND PROCEDURE FOR COMPREHENSIVE COMMUNITY SERVICE PLANNING AND DELIVERY – DHS 36.07 (5) N**

A written service plan for all CCS consumers shall be based upon the assessment and completed within thirty days of application.

The planning process shall be facilitated by the service facilitator in collaboration with the consumer and recovery team members with the process explained by the service facilitator to all parties involved.

The planning process will address the needs and recovery goals identified in the assessment and documentation of the service plan shall be made available to all members of the recovery team.

The service plan shall contain:

- a) The service facilitator activities which will be provided to the consumer and or on behalf of the consumer,
- b) The psychosocial rehabilitative treatment services to be provided including frequency and times,
- c) The service providers and natural supports who will be providing services and the payment source for each,
- d) Measured goals and frequency of data collection,
- e) An attendance roster signed by each person in attendance at the planning meeting.

This roster shall contain the date of the meeting and name and address and telephone number of each person in attendance.

Each service plan shall be maintained in the consumer's file. The completed service plan will be signed by the consumer, a licensed mental health and/or AODA professional, and the service facilitator.

Service plans will be updated as the need of the consumer dictates or at least every six months. An abbreviated assessment shall be renewed and updated upon the expiration of the abbreviated assessment or sooner if the consumer's needs change. Each review will include an assessment of the progress toward goals and the consumer satisfaction with services.

The psychosocial rehabilitation and treatment services will be provided in the most natural and least restricted manner. Services shall be delivered with reasonable promptness and build upon the natural supports available in the community. Frequency of services shall be dictated by the service plan and support the goals identified therein. Documentation of services shall be included in the consumer's service record.

Discharge from the comprehensive community services program shall be based on the discharge criteria in the service plan unless circumstances described in DHS 36.17(6) apply.

The CCS staff shall develop a written discharge summary for each consumer and shall include the reasons for discharge, the consumer's progress and status, circumstances that would support a renewed need for CCS, and procedures for reapplication.

The signature of the consumer, service facilitator and mental health/AODA professional are required for a planned discharge. For an involuntary discharge, information regarding the rights to and the procedure for appeal shall be given to the consumer.

## **SERVICE COORDINATION – DHS 36.07 (5) o**

### Policy

The CCS program will ensure service coordination with multi systems as appropriate.

### Procedure

The CCS service facilitator will work to coordinate services when multi-system involvement exists. Collaborative arrangements, contracts, and interagency agreements will be developed when working with consumers who are involved in multiple services. Outreach activities will be conducted in order to make non-CCS programs aware of CCS and CCS referral process.

## **CONSUMER ADVOCACY – DHS 36.07 (5) p**

### Policy

The Comprehensive Community Services will provide for consumer advocacy through the use of the recovery team process and through the activities of the service facilitators who will provide information to the consumer and family regarding patient rights and making referrals to community advocacy organizations such as the National Alliance on Mental Illness, and Wisconsin Family Ties.

### Procedure

The service facilitators will be responsible to provide consumer advocacy as required. The CCS Administrator will be responsible for orientation and training for staff related to consumer advocacy and to review client satisfaction surveys as it pertains to this section.

## **SUPPORT AND MENTORING – DHS 36.07 (5) q**

### Policy

The CCS will provide support and mentoring for consumers. Service facilitators and appropriate contract staff will support the consumer by providing assistance in the designated assessment domains as outlined in the treatment planning sessions. Information will also be given to the consumer and their families pertaining to client rights and service options.

### Procedure

The service facilitators will be responsible for the support and monitoring of consumers as outlined in Chapter 36.

The CCS Administrator will provide orientation and training to CCS staff regarding support and mentoring activities.

## **DISCHARGE PLANNING – DHS 36.07 (5) R**

### Policy

The CCS will provide discharge-planning activity based on the discharge criteria as outlined in the treatment team service planning process unless circumstances described in DHS 36.17 apply.

### Procedure

When a consumer is discharged from Comprehensive Community Services, the consumer shall be given written notice of the discharge including a discharge summary, procedures regarding the reapplication process if appropriate, and fair hearing procedures as outlined in 36.17.

The written discharge summary shall include the reason for discharge, circumstances that would warrant readmission, procedures for reapplication, and for a planned discharge, signatures of the consumer, service facilitator, and Mental Health/Substance Abuse professional.

The service facilitator will be responsible for developing with the recovery team discharge criteria and monitoring the consumer's progress towards meeting the discharge goals.

## **MONITORING AND DOCUMENTATION – DHS 36.07 (5) S**

### Policy

The CCS program will provide for proper record documentation and record monitoring per Chapter 36.

### Procedure

The CCS Service Facilitator will maintain a service record as required under DHS 36.18 and will monitor the client's progress with regard to the treatment plan and recovery team recommendations. Each consumer record will include results of the assessment, service plans, updates, changes in services or providers, and will include progress notes regarding referrals, significant events, observations of client progress, case conference, and outside treatment reports when appropriate. The CCS Administrator will monitor for record compliance throughout the year during staff supervision and training activities.

## **SERVICE PENDING DETERMINATIONS – DHS 36.13 (3)**

### Policy

Pending the determination of the need for psychosocial rehabilitative services, CCS shall identify any immediate needs of the consumer. Services addressing these immediate needs may be provided if a mental health professional has authorized services as required in DHS 36.15, the assessment of initial needs and authorization for services has been completed, and an admission agreement has been signed.

### Procedure

The Mental Health and/or Substance Abuse professional will assess for immediate consumer needs as part of the initial assessment and authorization process.

The Mental Health and/or Substance Abuse professional will attempt to provide supportive services to the consumer or make referral to appropriate services pending the determination of the need for psychosocial services.

In the event the consumer is not found to be eligible for CCS services the Mental Health/Substance Abuse professional will make a community referral as appropriate.

## **DETERMINATION OF NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES – DHS 36.13 (4)**

### Policy

The determination of need for CCS shall be determined pursuant to DHS 36.14.

### Procedure

The Mental Health and/or AODA professional shall be responsible for the determining need using the Functional Screen and CCS designated application materials.

The CCS Administrator shall oversee the development of application materials, the proper training of staff on the use of the functional screen and should review any grievances related to denial of service due to the determination that the consumer does not meet the need for psychosocial rehabilitation services.

#### **DISCRIMINATION – DHS 36.13 (4)**

##### Policy

CCS shall insure that no consumer is denied benefits or is subjected to discrimination on the basis of age, race or ethnicity, religion, color, sexual orientation, marital status, arrest or conviction records, ancestry, national origin, disability, gender, or physical condition.

##### Procedure

The CCS Administrator shall provide orientation and training to CCS staff regarding discrimination and its prohibition pursuant to Chapter 36 patient rights (DHS 94).

The CCS Administrator will provide for a grievance process and train staff regarding its applicability.

#### **PERSONNEL POLICES DHS 36.10**

##### Policy

The Health and Human Services Comprehensive Community Services will verify that all individuals hired by the County in Comprehensive Community Services possess the required credentials, qualifications, and training for each particular position to carry out its prescribed duties as delineated and defined in DHS 36.10. Contract staff employed to provide services shall also be required to meet these requirements.

Documentation of staff qualifications shall be available for review by consumers and parents or legal representatives as appropriate.

##### Procedure

The Comprehensive Community Services Administrator will ensure that the employment practices of the Comprehensive Community Services or Contract Agency will not discriminate against any staff member or applicant for employment based upon age, race, religion, color, sexual orientation, or national origin, disability, ancestry, marital status, pregnancy or childbirth, or arrest and conviction record.

CCS shall be in compliance with DHS 12 and DHS 13 regarding background checks and caregiver misconduct reporting.

Staff records shall be maintained and include all the following:

1. References for job applicants obtained from at least two people including previous employers, educators, or post secondary educational institutions attended if available, and documented either by letter or verification of verbal contact with the reference, dates of contact, person making the contact, individuals contacted in nature and content of the context.
2. Confirmation of an applicant's current professional license or certification, if that license or certification is necessary for the staff members prescribed duties or positions.
3. The results of the caregiver background check including completed background information disclosure form and results of any subsequent investigation related to the information obtained for the background check.

## **SUPERVISORY AND CLINICAL COLLABORATION POLICY DHS 36.11**

### Policy

The Comprehensive Community Services Administrator shall ensure that each staff member be supervised and provided with consultation to perform assigned functions and meet the credential requirements of Chapter 36. Supervision may include clinical collaboration. Clinical collaboration may be an option for supervision only among staff qualified under DHS 36.10(2)(g1-8). Supervision and clinical collaboration shall be accomplished by one or more of the following:

1. Individual sessions with the staff member case review to assess performance and provide feedback.
2. Individual side-by-side session in which the supervisor is present while the staff member provides assessments, service planning, meetings, or psychosocial rehabilitative services and which the supervisor assesses, teaches and gives advice regarding the staff member's performance.
3. Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies.
4. Any other form of professional recognized method of supervision, designed to provide sufficient guidance to ensure the delivery of effective services to consumers by the staff member.

### Procedure

Each staff member qualified under DHS 36.10(2)(g9-22) shall receive day to day supervision and consultation and at least one hour of supervision per week or for every thirty units/clock hours of face to face psychosocial rehabilitative services or service facilitation they provide. Day to day consultation shall be available during CCS hours of operation.

Each staff member qualified under DHS 36.10(2)(g1-8) shall participate in at least one hour of either supervision or clinical collaboration per month, or for every 120 clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide.

A staff member qualified under DHS 36.10(2)(g1-8) who provide supervision or clinical collaboration may not deliver more than sixty hours per week of face to face psychosocial rehabilitative services, clinical services, and supervision or clinical collaboration in any combination of clinical settings. Clinical supervision and clinical collaboration shall be dated and documented with a signature of the person providing supervision or clinical collaboration in one or more of the following ways:

- a. The master log.
- b. Supervisory records.
- c. Staff record of each staff member who attends the session or review.
- d. Consumer records.

The Service Director may direct a staff person to participate in additional hours of supervision or clinical collaboration beyond the minimum identified in Chapter 36 in order to ensure that consumers of the program receive appropriate psychosocial rehabilitative services.

## **WAUKESHA COUNTY REGIONAL CCS OVERSIGHT**

### **Policy**

Waukesha County operates as a Population Based Regional Service Model with two locations within 0.5 miles in Waukesha, WI.

- 1) Main Location: Waukesha County Mental Health Center; 1501 Airport Road Waukesha, WI
- 2) Branch Location: Waukesha County Human Services Center; 514 Riverview Avenue Waukesha, WI.

Waukesha County is certified to provide CCS services under license #3042. The Lead Agency is Waukesha County Department of Health and Human Services. CCS Administration for the Main Location and Branch Location is assigned to one primary CCS Administrator, qualified under DHS 36.10.

### **Procedure**

The lead staff for the Waukesha County CCS is as follows.

*Administrator Role:* A Human Services Supervisor qualified under DHS 36.10 functions in this role on a daily basis. The WCDHHS Outpatient Services Administrator is the direct WCDHHS supervisor to the Human Services Supervisor and will assume the CCS Administrator role in the event of an absence of the Human Services Supervisor. The WCDHHS Clinical Services Division Manager is the direct WCDHHS supervisor to Outpatient Services Administrator. In the event that the Human Services Supervisor or Outpatient Services Administrator are unable to perform as the “CCS Administrator”, the Clinical Division Manager will assume the role of CCS Administrator.

*Service Director:* The Human Services Supervisor assigned as the CCS Administrator is the CCS “Service Director” and functions in this role on a daily basis. Another Human Services Supervisor, located at the CCS Branch location, will provide primary coverage as Service Director when the CCS Administrator is absent (e.g. vacation, medical leave, etc.). The WCDHHS Outpatient Services Administrator is the direct WCDHHS supervisor to both Human Services Supervisors. The Outpatient Services Administrator will assume the CCS Service

Director role in the event of an absence of the Human Services Supervisor and Senior Psychologist.

Waukesha County CCS also has integrated a Clinical Therapist/Lead Worker qualified per DHS 36.10 to provide CCS services. The Clinical Therapist/Lead Worker may fulfill the role as Service Director if those identified above are not able/available to fulfill the role.

**Waukesha County DHHS  
Clinical Division—Outpatient Mental Health and Substance Abuse Services  
Comprehensive Community Services**

**PROCEDURE**

**Assessment of Suicide Risk or Risk of Harm to Self or Others**

All clients seeking services from Waukesha County Clinical Services Division entities shall be assessed for suicide risk or the risk of harm to themselves or others.

An assessment should include investigation of risk factors, including current suicidal thoughts, plan, intent, and means; history of attempts, acute and chronic stressors, diagnosis, substance use history and current use, family history of suicide, lack of psychosocial supports, adolescent or elderly age group, marital status, gender, and race.

Protective factors such as children in the home, pregnancy, religious beliefs, positive coping skills, good social supports, and therapeutic relationships should also be considered.

Risk of self-harm and harm to others should follow a similar format, with additional risk factors considered. Some of the risk factors significant for self-harm/harm to others include adolescence, gender, trauma history, diagnosis, personality disorder, proximity to others, and history of aggressive or violent acting out.

Clients considered to be at risk should be assessed regularly or at every contact. A suicide screening tool adopted from the Columbia Suicide Severity Rating Scale and a Suicide Risk Assessment tool developed on principles of the Columbia Suicide Severity Rating Scale are available for clinician use. The clinician also should seek consultation and notify their appropriate supervisor. (06/2016)