

Policy and Procedure	Date Issued 04/05/2013	Section WCFF	Policy Number CSB - 400	Page 1
Milwaukee County Behavioral Health Division Community Services Branch	Date Revised	Subject: Wiser Choice for Families Network Requirements		

1. POLICY:

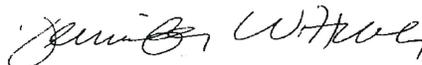
It is the policy of the Behavioral Health Division (BHD) Community Services Branch that those Providers within the Wiser Choice for Families (WCFF) network will recognize the importance of families in relation to an individual's recovery. In order to recognize the importance of the family system, providers are required to adhere to the core values of the WCFF program and provide client centered, trauma informed, evidenced based services to clients.

2. PROCEDURE:

A. WCFF Network Requirements

1. Providers must participate in the Milwaukee Co-Occurring Competency Cadre (MC3) initiative and complete the COMPASS-EZ tool or the IDDT CAT within 6 months of completing application/reapplication to the WCFF network. Participation is defined as attending four or more MC3 meetings per calendar year.
2. Providers are required to attend all trauma informed care trainings offered by Community Services Branch and any additional training identified by Community Services Branch as being required.
3. Providers are expected to maximize the procurement of other (non-BHD) billable sources (e.g., Medicaid, private insurance, other publicly-funded systems) that fund services they provide to clients. The Community Services Branch may disallow for payments made to a provider if a client has insurance benefits. Providers are responsible for checking for insurance benefits for all clients every 30 days.
4. Providers are to adhere to the Core Values of the WCFF network at all times.
5. Providers are to submit a yearly Continuous Quality Improvement plan to Community Services Branch as part of the desk review process. (See template attached)
6. Agency programming is to be based on recognized evidence based or best practice curriculum.
7. Failure to adhere to WCFF network requirements will result in removal from the WCFF network, but does not necessarily mean a termination from the Wiser Choice network unless it is deemed necessary by the Community Services Branch.

Reviewed & Approved by:



**Jennifer Wittwer, Associate Director
Adult Community Services Branch**



**DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION**

Milwaukee County

HÉCTOR COLÓN • Director
KATHIE EILERS • Interim Division Administrator

Quality Assurance/Quality Improvement Plan Template

Agency Name:	
Address:	
Date:	
QI Plan Contact Person and Position:	
QI Contact Person Phone #:	
QI Contact Person E-mail Address:	
Agency Scope of Services Provided:	
Attach the Following Items (If Not Identified as Part of Your QI Plan):	<ul style="list-style-type: none"> • Agency Mission Statement, Vision, Scope • Agency Goals • QI Committee Minutes • Example of Consumer Satisfaction Survey • QI Goals for the Agency
Overview and Purpose of QI Committee:	
QI Committee Comprised of: (indicate names and positions)	
Does your Agency Utilize Data to Make QI Decisions? If So, How Do You Use the Data?	
Meeting Schedule:	
Does Your Agency Have any of the Following Subcommittees: -Incident Reporting -Client Rights -Complaint/Grievance -QA Review of Records/Peer Review -Any Additional Committees?	Incident Reporting: Client Rights: Complaint/Grievance: QA Review of Records/Peer Review: Any Additional Committees:
How Does Your Agency Include Stakeholder Participation Within the Committees? (Please Ensure you Include Consumer/Family Input)	
How Does Your Agency Utilize the Subcommittee Reporting Information to Provide Better Services to you Consumers?	
Staff Training	
Describe How Your Agency Addresses Staff Training on Core Competencies and Service Descriptions?	
Describe How Your Training Plan Includes and Orientation for New Staff Which Covers your Agency's Policies and Procedures, Rules and	

Requirements, Agency Standards, etc?	
Describe How Your Agency Determines Additional Training Needs for Staff?	
Outcomes Measurement	
Describe Your Agency's Process to Ensure Outcomes are Collected and Used to Improve Lives of Consumers Who Receive Services From Your Agency.	
Describe Your Agency's Process for Completion of Consumer Satisfaction Surveys. Include the Method of Collecting; How Often the Info is Collected, Your System of Communicating Results, and Use of the Satisfaction Data.	
Evidence Based Practice and Best Practice Models	
Describe Your Agency's Use of Evidenced Based Practices and Best Practice Models. Detail the Training Protocol of Staff in These Practices and Models.	

Annual QI Projects-Information	
Based upon the findings of your QI activities and your QI Plan, your agency should be able to identify QI projects to better the services received by your consumers. In addition to your own findings by your QI process, the Milwaukee County Community Services Branch may also request a QI Project based upon the results of monitoring of your agency.	
Your QI Projects Should Include the Following Items:	<ul style="list-style-type: none"> ● Basis for Project ● Strategies for Improvement ● Action Taken ● Evaluation of Results ● Recommended Additional Actions
QI Projects or Questions should be submitted to:	Milwaukee County Community Services Branch Attn: 9201 W. Watertown Plank Road Milwaukee, Wisconsin 53226