

Milwaukee County CCS Program

Meeting Agenda

September 8, 2016

9a-11a

Meeting is at:

1126 S. 70th Street. Room N101, Instructions to get to this conference space are as follows: Pull into the parking lot behind the West Allis Center and park near the 1126 South 70th Street entrance to the building (this entrance is located in the middle of the building – look for the glass double doors). Upon entering the building you should see a security desk. Walk past the security desk and take a right, and almost immediately to your left you'll notice a hallway. Turn left to go down the hallway, walk past the women's and men's bathrooms, and N101 is the very last door down that hall.

I. Introductions: Welcome

The meeting was called to order at 9:03 a.m. by M.L.B. Introductions were made.

II. Update on Enrollment Numbers and New Provider Agencies

- a. Current enrollment numbers: **J.W. made a report on enrollment. There are currently 428 individuals enrolled in CCS. As of 1/1/16, there were 200 members enrolled. This equates to about a 120% increase in CCS enrollment since the beginning of the year.**
- b. New Agencies- Care Coordination- WCS and MMHA: **J.W. reported that there are two new agencies who are in various stages of onboarding as Care Coordination teams. WCS has fully onboarded and has enrolled their first few clients. MMHA has met with CARS staff and has submitted their application to CARS to become a Care Coordination provider. The plan is to onboard them, including submission of a branch office application to the state, during the 4th quarter of 2016.**
- c. Ancillary- **ARMHS-** bilingual prescriber med management and MD physical health monitoring, psychotherapy; **Ascent-** added a dietician to roster; **Honey Creek Counseling-** equine therapy; **Benedict Center-** specialize in working with women involved with or transitioning out of the criminal justice system- psychotherapy, substance abuse treatment, independent skill development, psychoeducation; **Our Space:** **J.W. reported on all of the above-noted ancillary providers who are onboarding to the CCS network. Discussion was held about continued needs for**

the network. J.W. noted that there remains a need to continue to emphasize adding outpatient providers to the network. P.F. made an inquiry about adding Grand Avenue Club for transitional employment. R.P. inquired about adding the Aurora Partial Hospitalization program. It was noted by J.W. that conversations with Aurora will continue, although they have not been interested in being a CCS provider thus far. Discussion was held about promoting use of the ancillary network. A.G. noted that there is a need to push CCS providers to know the provider directory. P.F. suggested that another route to promote use of the ancillary network is to ensure that Peer Specialists are informed about the network and directory as well.

III. RAC Newsletter

Members of the RAC Newsletter Subcommittee R.P., D.W., K.Z., P.F. and J.W. reported on the newsletter. The first RAC newsletter has been completed! Copies of the newsletter were distributed to the full committee. It was discussed that doing a newsletter about two times per year would be a worthwhile endeavor. K.Z. noted that working on the newsletter was a process that went very well and that everyone worked together as a team to get it done. R.P. indicated she was very pleased with the final product. M.L.B. suggested that in the future, a newsletter be done in the fall and again in the spring. P.F. suggested that we add the newsletter to the CCS website, distribute to change agents, share with the Mental Health Task Force, post at the Care Coordination agencies and share at the upcoming Resource Fair/Orientation. K.Z. noted that while doing the ROSI surveys, she is also looking for people who may want to share their successes in a future newsletter. Kudos were given to D.W. for being the first to volunteer to be a consumer success story.

IV. State Survey Results

- a. How can we better engage natural supports:

The results of the most recent state survey were shared with the committee by J.W. The committee had a robust discussion about ways to include natural supports in the recovery planning process. A.G. asked that an inquiry be made to determine if and how we can include friends and family even if they do not live nearby. R.C. suggested agencies need to be creative to pull out information about who consumers have involved in their lives. P.F. noted her agency has done NIATx projects about this issue, that it has been a struggle in many programs. D.W. inquired if there is a way to implement electronic signatures for those who cannot attend in person. P.F. noted it is a two-step process, to identify and then welcome natural supports. It was suggested that the topic be covered in the newsletter and in the orientation/resource fair.

V. Bylaws subcommittee update and membership recruitment needs: **The Bylaws Subcommittee reported that it continues to meet every other month. Outreach has been done to members who have not been attending the committee regularly. There remains a need to recruit consumer membership.**

VI. Provider Collaboration and Ancillary network business update: **This item was covered above.**

VII. Upcoming Subcommittee Meetings: 1) **Consumer Orientation and Resource Fair Subcommittee 9/16 1-2 PM CARS;** 2) **Bylaws Subcommittee Meeting 10/13 9-10AM CARS 44B, Room 13: All members are encouraged to attend subcommittees as they are able.**

VIII. Questions/Comments

D.W. noted that it would be helpful to consumers to have education about insurance or provide advocacy, as it can be very difficult to navigate.

IX. Adjournment

The meeting adjourned at 10:28 a.m.