



ASHLAND COUNTY COMMUNITY SERVICE PROGRAMS

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Terry Barningham, Director

Joint Meeting of

**Ashland County and Bayfield County
Local Comprehensive Community Services (CCS) Coordination Committees**

And

**Ashland County and Bayfield County Regional
Comprehensive Community Services Coordination Committee**

July 13, 2021 at 12:30 p.m.

Remote/Zoom Meeting

Join by the link sent you via email or by phone

715-312-626-6799 US (Chicago)

Meeting ID: 890 2294 7642 Password: 739363

Ashland CCS Committee:

Thomas Mittelstaedt

Terry Barningham

Bad River Tribal Representative

Josh Gilbert

Colleen Grand

Evren Poe

Jan Kupczyk

Bayfield CCS Committee:

Tom Croteau

Thomas Mittelstaedt

Lorna Gamble

Dale Irwin

Vacant

Karlan Williams

Sandra Notzke

Regional CCS Committee:

Ashland County: Terry Barningham, Colleen Grand, Jan Kupczyk, Josh Gilbert, Evren Poe, Bad River Tribal Representative

Bayfield County: Tom Croteau, Dale Irwin, Karlan Williams, Lorna Gamble, Andrew Austin, Sandra Notzke

Members-At-Large: Val Levno, Thomas Mittelstaedt

Bayfield CCS: Notice is hereby given, in the event the standing committee does not have a quorum, the County Board Chair or Vice Chair may act as an ex officio member (County ordinance, Chapter 3, section 2-3-1 (c))

Any person wishing to attend who, because of a disability, requires special accommodations, should contact the Ashland Community Service Programs at 715-682-7171 at least 24 hours before the scheduled meeting time, so appropriate arrangement can be made.

Agenda

1. Call to Order. Introductions
2. Role Call
3. Discussion of Simplified Roberts Rules of Order
4. Agenda for Ashland CCS only:
 - A. **Discussion and Possible Action:** Review and Approval of the July 13, 2021 Meeting Minutes (Handouts 1-3)
5. Agenda for Bayfield CCS only:
 - A. **Discussion and Possible Action:** Review and Approval of the July 13, 2021 Meeting Minutes (Handouts 1-3)
 - B. **Discussion and Possible Action:** Term limits of Tom Mittelstaedt and Andrew Austin
 - C. **Discussion and Possible Action:** Bayfield Plan and Policy Update - CCS Coordination Committee absentee policy change to include membership term. (Handout 4)
6. Agenda for Regional CCS only:
 - A. **Discussion and Possible Action:** Review and Approval of the July 13, 2021 Meeting Minutes (Handouts 5-7)
7. Review Program Report (Handouts 8-9)
8. Children Services
9. 2020 CCS Quality Assurance Reports (Handouts 10-15)
10. **Discussion and Possible Action:** New Business
11. Opportunity for Public Comment (Limit 3 minutes please)
12. Other (Informational Items)
13. Future Meeting Dates:
October 12th, 2021 at 12:30 p.m.

C: Ashland County Board Chair, Dick Pufall
Ashland County Administrator, Clark Schroeder
Ashland County Clerk, Heather Schutte
Ashland County CCS, Shelby Ecklund
Bad River Tribal Chairman, Mike Wiggins Jr.
Bayfield County DHS, Deanna Regan
Bayfield County DHS, Nina Bucher
Bayfield County Clerk, Lynn Divine
Bayfield County Administrator, Mark Abeles-Allison
Bayfield County Board of Supervisors Chair, Dennis Pocernich
Red Cliff Tribal Chair, Richard A. Peterson
WI DHS Area Administration, Becky Boquist
Ashland Daily Press

**Draft - subject to change
at the July meeting**

**Bayfield County
Comprehensive Community Services (CCS)
Local Coordination Meeting
(Held Via Zoom)**

April 13, 2021

Members Present: Tom Croteau, Karlan Williams, Thomas Mittelstaedt, Lorna Gamble – Red Cliff CCS, Sandra Notzke (arrived at 12:47)

Members Excused: Andrew Austin

Members Unexcused: Dale Irwin

Others Present: Val Levno, Heather Gilbertson, Rachel Zwicky, Elizabeth Skulan, Thomas Mittelstaedt, Terry Barningham, Josh Gilbert, Jan Kupczyk

Call to order and Introductions: Mittelstaedt called the meeting to order at 12:35 p.m.

Roll Call: Roll call was taken.

Discussion of Simplified Roberts Rules of Order: Mittlestaedt reviewed Robert's Rules of Order. Discussion points included: raise your hand; wait to be recognized before speaking; address the chair when speaking; once recognized state your name; state your name when making a motion or seconding a motion so the minute taker is aware of who is speaking.

Discussion and Possible Action: Review of the January 12, 2021 Meeting Minutes

Motion by Williams, seconded by Croteau to approve January 12, 2021 meeting minutes. Motion carried.

Review Program Report

Enrollment: BCCS program numbers remain stable. There were less referrals in 2020 due to COVID19. Less participants are being served than when CCS transition to the counties, but the program is more stable.

Provider Network: There is still a need for additional service array staff. Levno is working with two new out of area vendors. She hopes to attract them into our region to provide services. Levno is also encouraging local vendors to expand their workforce.

North Country Independent Living may hire a second staff member to provide Individual Skill Development and Enhancement (ISDE).

Marketing and Outreach: Current marketing and outreach efforts include: Public Service Announcements (PSA) on the Radio, and staffing with Memorial Medical Center-Behavioral Health Unit (BHU), law

enforcement, wellness court, the New Day Shelter, and Julia Karibalis - a private practice counselor in Hayward, Chequamegon Counseling, Strength to Aspire New Dreams (STAND), Northland Counseling & Northlakes

Best Practice: Bucket Approach to Tobacco Cessation – Within two years, all CCS staff will have taken the same training. Croteau and the BCCS team will complete the training by the end of April.

The Bucket Approach to Tobacco Cessation is a tailored approach working with participants to help them determine if they are ready to make changes in their tobaccos use and allows staff to assist them in making those desired changes. The training is an educational component that provides staff with the confidence and tools to help individuals.

A joint team meeting was held on March 3, 2021. The meeting agenda included information regarding Parent Peer Specialists, Person Center Planning (PCP)/Recovery Oriented Language. suicide assessment, State Satisfaction Survey, and LGBTQ/Transgender training.

Children Services: There have been no changes to children services. The biggest challenge in children services continues to be a shortage of vendors who provide services to children. Service facilitators are currently providing services that contracted providers should provide. Certified Peer Specialists are working with youth participants and this is going very well.

2020 CCS State Satisfaction Survey: Wisconsin requires programs to conduct a satisfaction survey each year. This year the state used the Mental Health Statistical Improvement Program (MHSIP) rather than the ROSI (Recovery Oriented Systems Indicators) used in previous years.

The MHSIP is nationally recognized. It identifies matters that are important to consumers of publicly funded mental health systems. CCS satisfaction surveys are distributed annually in the spring and are used to identify areas for improvements. A client must be in the program for at least six months to be eligible to complete the survey.

Surveys were mailed this year due to COVID19. This resulted in a significant decrease in the number of surveys that were returned. In prior years, service facilitators delivered the surveys directly to participants. Both ACCS and BCCS program results indicated 100% of participants have a more positive outlook of the program. The overall response to the new survey is that it is easier to fill out.

New Business

Croteau suggested the Bayfield County Absentee Policy be added to the next agenda to include a time limit for the number of absences allowed before an automatic resignation similar to Ashland's policy.

Opportunity for Public Comment (Limit 3 minutes): None

Other (Informational Items): None

Future Meeting Dates: Held via Zoom until further notice.

- July 13th at 12:30 p.m.
- October 12th at 12:30 p.m.

Motion to adjourn. Mittelstaedt adjourned the Ashland and Bayfield County Local and Regional Coordination Committee meetings at 1:30.

Minutes submitted by: Heather Gilbertson, Clerk II–Bayfield County

BAYFIELD PLAN & POLICY UPDATE

7-13-21

Existing plan states:

Absentee Policy: Three absences, excused or unexcused, by committee members, excluding county staff and tribal representatives, will result in an automatic resignation from the CCS Coordination Committee.

We would like to change this to the following:

Absentee Policy: Three absences within a term, excused or unexcused, by committee members, excluding county staff and tribal representatives, will result in an automatic resignation from the CCS Coordination Committee.

Draft - subject to change
at the July meeting

**Bayfield County and Ashland County
Comprehensive Community Services (CCS)
Regional Coordination Meeting
(Held Via Zoom)**

April 13, 2021

BCCS Members Present: Karlan Williams, Thomas Mittelstaedt, Lorna Gamble – Red Cliff CCS, Sandra Notzke (arrived at 12:47)

ACCS Members Present: Thomas Mittelstaedt, Terry Barningham, Josh Gilbert, Jan Kupczyk

Members Excused: Colleen Grand (ACCS), Andrew Austin (BCCS)

Members Unexcused: Dale Irwin (BCCS), Evern Poe (ACCS), Bad River Tribal Representative (ACCS)

Members-At-Large: Val Levno (ACCS), Tom Croteau (BCCS)

Others Present: Heather Gilbertson, Rachel Zwicky, Elizabeth Skulan

Call to order and Introductions: Mittelstaedt called the meeting to order at 12:35 p.m.

Roll Call: Roll call was taken.

Discussion of Simplified Roberts Rules of Order: Mittlestaedt reviewed Robert's Rules of Order. Discussion points included: raise your hand; wait to be recognized before speaking; address the chair when speaking; once recognized state your name; state your name when making a motion or seconding a motion so the minute taker is aware of who is speaking.

Discussion and Possible Action: Review of the January 12, 2021 Meeting Minutes

Motion by Gilbert, second by Williams to approve January 12, 2021 meeting minutes, as presented. Motion passed.

Discussion and Possible Action: Plan and Policy Update – ACCS

Discussion of the Absentee Policy. The policy allows no more than three absences, excused or unexcused before resulting in an automatic resignation. Kupczyk asked for clarification. Levno reported there are only four meetings each year, so even if absences were not consecutive, it would be difficult for the individual to be an informed member of the committee. Changing the policy to three excused/unexcused absences in a term would result in an automatic resignation.

Motion by Gilbert second by Williams to amend the motion to no more than three absences excused or unexcused within a two -year term will result in an automatic resignation.
Amended motion passed.

Motion by Gilbert moved to approve the motion as amended, seconded by Kupczyk to approve the Ashland Comprehensive Community Services Plan and Policies -Absentee Policy. Motion passed, carried as amended.

Review Program Report

Enrollment: Referrals in ACCS have recently increased, including referrals for children, BCCS program numbers remain stable. There were less referrals in 2020 due to COVID19. Less participants are being served than when CCS transition to the counties, but the program is more stable.

Staffing: Martin Gordon, the ACCS Substance Use Professional will retire on April 29, 2021. No new hire is planned at this time to fill the vacancy. Liz Kallio and Emily Shutte from ACCS will be assuming Martin's workload. ACCS is hiring two full-time Service Facilitators and two part-time Service Facilitators.

Provider Network: There is still a need for additional service array staff. Levno is working with two new out of area vendors. She hopes to attract them into our region to provide services. Levno is also encouraging local vendors to expand their workforce.

Two Northland College students started CCS training. One has accepted a Service Facilitator position.

North Country Independent Living may hire a second staff member to provide Individual Skill Development and Enhancement (ISDE).

Marketing and Outreach: Current marketing and outreach efforts include: Public Service Announcements (PSA) on the Radio, and staffing with Memorial Medical Center-Behavioral Health Unit (BHU), law enforcement, wellness court, the New Day Shelter, and Julia Karibalis - a private practice counselor in Hayward, Chequamegon Counseling, Strength to Aspire New Dreams (STAND), Northland Counseling & Northlakes.

Best Practice: Three ACCS staff are currently taking an eight-hour webinar training called the Bucket Approach to Tobacco Cessation. Within two years, all CCS staff will have taken the same training. Croteau and the BCCS team will complete the training by the end of April.

The Bucket Approach to Tobacco Cessation is a tailored approach working with participants to help them determine if they are ready to make changes in their tobaccos use and allows staff to assist them in making those desired changes. The training is an educational component that provides staff with the confidence and tools to help individuals.

A joint team meeting was held on March 3, 2021. The meeting agenda included information regarding Parent Peer Specialists, Person Center Planning (PCP)/Recovery Oriented Language, suicide assessment, State Satisfaction Survey, and LGBTQ/Transgender training.

Children Services: There have been no changes to children services. The biggest challenge in children services continues to be a shortage of vendors who provide services to children. Service facilitators are currently providing services that contracted providers should provide. Certified Peer Specialists are working with youth participants and this is going very well.

2020 CCS State Satisfaction Survey: Wisconsin requires programs to conduct a satisfaction survey each year. This year the state used the Mental Health Statistical Improvement Program (MHSIP) rather than the ROSI (Recovery Oriented Systems Indicators) used in previous years.

The MHSIP is nationally recognized. It identifies matters that are important to consumers of publicly funded mental health systems. CCS satisfaction surveys are distributed annually in the spring and are used to identify areas for improvements. A client must be in the program for at least six months to be eligible to complete the survey.

Surveys were mailed this year due to COVID19. This resulted in a significant decrease in the number of surveys that were returned. In prior years, service facilitators delivered the surveys directly to participants. Both ACCS and BCCS program results indicated 100% of participants have a more positive outlook of the program. The overall response to the new survey is that it is easier to fill out.

New Business

Croteau suggested the Bayfield County Absentee Policy be added to the next agenda to include a time limit for the number of absences allowed before an automatic resignation similar to Ashland's policy.

Opportunity for Public Comment (Limit 3 minutes): None

Other (Informational Items): None

Future Meeting Dates: Held via Zoom until further notice.

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Minutes submitted by: Heather Gilbertson, Clerk II– Bayfield County

**Ashland County Comprehensive Community Support
Bayfield County Comprehensive Community Support
Coordination Committee Program Report
July 13, 2021**

Enrollment:

Ashland														
	June	May	April	2021 1 st Qtr	2020 1 st Qtr	2020 2 nd Qtr	2020 3 rd Qtr	2020 4 th Qtr	2020	2019	2018	2017	2016	2015
Total	58	56	64	87	111	83	90	74	157	188	133	118	132	78
# of Children	7	8	10	11	18	13	13	10	20	28	15	13	15	10
Intakes	5	3	12	26	34	16	19	11	80	109	63	62	78	78
Discharges	3	11	9	16	41	18	24	23	106	111	54	48	76	24
Referrals Closed	10	5	3	6	6	10	13	7	36	58	44	53	54	41
Referrals Pending	5	10	5	7	10	7	10	6	6	5	17	11	4	9
Referrals Received	9	9	17	28	45	26	26	18	121	155	114	120	135	148
Inquiries Pending	3	4	2											

Bayfield														
	June	May	April	2021 1 st Qtr	2020 1 st Qtr	2020 2 nd Qtr	2020 3 rd Qtr	2020 4 th Qtr	2020	2019	2018	2017	2016	2015
Total	26	24	23	23	29	21	24	23	35	56	59	72	62	35
# of Children	5	5	5	4	6	4	6	3	8	14	9	12	4	5
Intakes	3	3	1	3	5	0	3	3	11	25	22	36	37	35
Discharges	1	2	1	0	6	0	4	3	15	32	28	35	28	8
Referrals Closed	0	1	1	4	3	9	5	0	17	7	14	26	24	22
Referrals Pending	3	0	2	1	7	5	1	5	5	4	5	6	8	8
Referrals Received	4	2	3	1	12	6	5	4	29	30	36	62	61	65
Inquiries Pending	0	2	0											

Staffing:

- ACCS has hired two full-time Service Facilitators, Liam Strehlow and Kim Brown and one full-time Service Facilitator/Service Array staff, Bianca McLemore.

Provider Network:

- Innovative Services to begin providing CCS services in August
- GT Independence is no longer providing CCS services. They are in process of hiring a new manager in the Ashland office and then will consider whether to contract to provide CCS services in the fall.
- NCILC – In interview process for additional skill building staff. One NCILC staff passed away on July 5th. CCS staff working with participants to provide support as needed.
- The Equine Connection has begun to provide limited equine therapy.
- Contract negotiations with Jody Petit for equine therapy.
- Table at Northland College commons area Sept 3 from 11 to 3

Marketing and Outreach:

- MMC-BHU – Tom Croteau set up CCS staff giving short presentation to an MMC-BHU Inpatient group on what CCS is.
- Tom is connecting with law enforcement/sheriff/treatment court/criminal justice in Bayfield County
- Wellness Court (Ashland County)
- Community Provider Meeting
- CA:tCH

Best Practice:

- Training:
 - o Bucket Approach to Tobacco Cessation– All staff to be trained by the end of the year.
 - o WI DHS Person Centered Planning Training
 - o Cultural Awareness in Motivational Interviewing - Stanford

BAYFIELD COUNTY COMPREHENSIVE COMMUNITY SUPPORT 2020 QUALITY ASSURANCE REPORT

The main challenge in 2020 was providing community and home services that meet state statutes and Forward Health requirements in light of the pandemic. Wisconsin Division of Medicaid Services (WI DMS) made provision for the use of temporary telehealth in the state's psychosocial rehabilitation programs. This has been a game changer for us allowing us to provide services via telephone or a secure internet platform such as Zoom. All in office services were changed to telehealth, community or home if at all possible. All in office services were by appointment only. A variance was applied for with Wisconsin Department of Quality Assurance and obtained for providing supervision via telehealth and using verbal consent/signatures. All staff have worked partially remotely when they could do so as efficiently and effectively as when in the office. Safety protocols were put in place in the building for when staff are in the building. The state gave us direction regarding using verbal signatures instead of physical signatures and later stated that the original direction given was inaccurate. The correct direction was we needed to get physical signatures within 10 days of the verbal signature. Because of the slowness of the postal service, most physical signatures end up being something we are doing in person. Protocol was established for providing services safely in homes and the community including social distancing, meeting outside if at all possible and wearing a mask.

PROGRAM DESCRIPTION

The Bayfield County CCS program provides individualized treatment in the home and community for persons of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient care, but less than the intensive care provided in a Community Support Program or an inpatient setting. The Participant and/or Guardian works with a dedicated team of service providers to develop a service plan to meet the individual's unique needs and goals. The office is located at 117 East Fifth Street in Washburn, Wisconsin. Thirty-five Participants were served in 2020. Eight Participants were children. There were eleven admissions and fifteen discharges in 2020.

Staff includes a part-time Administrator, part-time Service Director, full-time CCS Supervisor/Mental Health Professional/Psychotherapist, two full-time Service Facilitators, one part-time Functional Screener, part-time Substance Use Professional and a part-time Registered Nurse. Ten Service Array Providers include certified peer specialists, employment specialists and in-home/community skill building specialists. We contracted with an additional twenty-two people outside of Bayfield County staff to provide psychotherapy and eight to provide adult mental health day treatment. Seventeen staff supported a Participant residing at a Community Based Residential Facility. Five CCS staff are shared staff with the Ashland County CCS program.

The individuals served by the program in 2020 have been given the diagnosis of the following substance use and mental illness disorders:

Substance use or Mental Illness	Total	Substance use or Mental Illness	Total
Schizophrenia Disorder	2	Major Depressive Disorder	15
Schizoaffective Disorder	3	Bipolar Disorder	13
		Unspecified Mood Disorder	4
Alcohol Abuse	6	Anxiety Disorder	21
Alcohol Dependence	6	Posttraumatic Stress Disorder	14

Cannabis Use	3	Panic Disorder with or without Agoraphobia	1
Methamphetamine Use	3	Social Phobia	2
Opioid Use – Heroin or other opiates and synthetic opiates	3	Adjustment Disorder	3
Other Substance Use or Dependence	2	Attention Deficit and Hyperactivity Disorder	13
Nicotine Dependence	2	Oppositional Defiant Disorder	1
		Conduct Disorder	1
		Personality Disorders	3
		Insomnia	2

DISCUSSION OF PROGRAM OUTCOMES TARGETED IN THE CCS OUTCOME EVALUATION PLAN

I. THE TREATMENT/ REHABILITATION PROCESS WILL BE PARTICIPANT AND/OR GUARDIAN DIRECTED AND CONSIST OF PARTICIPANT/GUARDIAN/STAFF PARTNERSHIP

Rationale:

Mental Health Participant and Guardian activists in the national "Recovery" movement point out that recovery only occurs when Participants *believe* they can get better and work in partnership with mental health treatment providers to make it happen. They measure Participant and Guardian satisfaction by the extent to which there is genuine Participant, Guardian and staff collaboration in the planning and implementation of the treatment process.

CCS makes an effort to establish partnerships with CCS Participant and Guardians in the following ways:

- **People receive factual information about their illness.** This helps people strip away some of the mythology and stigmatizing baggage connected with a mental illness diagnosis. It also offers people hope that they can make a good life for themselves despite their illness. It provides them with tools to begin to identify and track their symptoms, take ownership over their daily health routine, and design their own plans for any psychiatric crisis intervention.
- **Share available treatment options.** CCS aims to assist people to select and individualize the array of supports they need to experience stable health, achieve education and employment goals, enjoy good relationships with friends and family, and experience greater personal fulfillment.
- **Work jointly to develop a Recovery Team and Service Plan.** Recovery planning is a several stage process. It begins with the Service Facilitator formally or informally meeting with a CCS Participant and/or Guardian and identifying what steps can be taken in the next six months toward meeting the Participants goal for their life and who they would like to support them. Participant and/or Guardians are invited to involve their family members or other allies in this process.

To measure Participant and/or Guardian participation and ownership of the Participants mental health treatment Bayfield County CCS program utilizes these indicators:

Participant and/or Guardian participation in formulation of the Service Plan (Target: 100%)

Service Facilitators actively engage CCS Participants and/or Guardians in the formulation of their Service Plan. Service Facilitators report that forty individuals participated in the formulation of service plans. One Participant lost funding or did not pass the functional screen and fifteen Participant and/or Guardians did not engage in the service planning process. All sixteen of these Participants were discharged before the Service Plan was due.

Service Plans read and signed by Participant or Guardians. (Target: 100%)

Four Participants were discharged before the Service Plan was due. One hundred percent of the remaining thirty-one CCS Participants and/or guardians signed Service Plans.

Informed Consents for Treatment (Target: 100%)

Upon admission to CCS all Participant and/or Guardians are required to sign a CCS Admission Agreement and Informed Consent for Treatment, HIPPA Participant Privacy Rights Policy and given both a written and verbal explanation of Wisconsin's Client Rights. As part of their annual service planning process all CCS Participant and/or Guardians are also asked to sign an updated Informed Consent for Treatment and receive another explanation of their Client Rights. One hundred percent (fifty-six) of CCS Participant or Guardians signed the informed consents for treatment.

II. PARTICIPANTS WILL RECEIVE APPROPRIATE MEDICAL CARE

Rationale:

Since mind and body are inextricably linked, CCS attends to a person's physical health issues with the same vigilance with which they address mental health and/or substance use issues.

To ensure careful and timely medical care the CCS program measures its performance in this area in these ways:

Percent of people who have their physical/dental health evaluated annually (Target: 75%)

Ninety-four percent (thirty-three) of CCS Participants saw a medical provider in 2020. Forty percent (twelve individuals; two individuals have dentures) of CCS Participants saw a dentist in 2020.

All CCS Participants will have a complete psychiatric medication history and accurate medication records. (Target: 100%)

To the extent that all medical records are obtainable, one-hundred percent of Participant's Comprehensive Assessments contain a medication history and medication records.

Percentage of people requiring inpatient psychiatric hospitalization, substance abuse inpatient hospitalization or residential treatment (15% or less of people in program longer than 12 months. 35% or less of people in program 1-12 months.)

Four CCS Participants were hospitalized for inpatient psychiatric hospitalization, substance abuse inpatient hospitalization or residential treatment in 2020. Three individuals of eleven individuals in the CCS program less than 12 months (twenty-seven percent) are CCS Participants who have been hospitalized or in residential treatment in 2020. One individual of twenty-four individuals in the program longer than 12 months (four percent) are CCS Participants who were hospitalized or in residential treatment in 2020.

III. THE PROGRAM FOCUS WILL BE TO ASSIST PEOPLE TO HAVE ACCESS TO HOMES, JOBS, FRIENDS, FAMILY AND ACCEPTANCE AS VALUED COMMUNITY MEMBERS

Rationale:

In addition to stable mental and physical health, Participant/survivors of mental illness use the term "recovery" when they feel that they are experiencing a positive quality of life despite their illness.

Bayfield County CCS attempts to measure progress toward "recovery" in these ways:

Percentage of people living independently for the majority of the year (not in the home of extended family, a CBRF, group home, adult family home, supervised apartment, paid roommate, or institution) (Target: 80%)

In 2020, eighty percent of CCS Participants lived independently the majority of the year. Nine percent of CCS Participants were not living in the home of their choice.

Percentage of people in paid employment at some time in year (Target: 50%)

Twenty-nine percent (ten people) engaged in paid employment during 2020. In addition, nine are pursuing education, five are full time homemakers and one is retired.

Percentage of people pursuing education or regular volunteer commitments (Target: 15%)

Nine CCS Participants (twenty-six percent) pursued education in 2020. Nine people (twenty-six percent) had regular volunteer commitments in 2020. Eighteen people (fifty-one percent) pursued volunteer commitments or education.

Number of Participants over age eighteen learning to manage money independently. (Target: 30%)

Two Participants had a Representative Payee. Neither took steps toward managing their money independently. One Participant without a Representative Payee was supported in money management with CCS assistance in 2020.

Service Facilitators will complete an Annual Participant Progress Report. (Target: 100% return)

CCS Service Facilitators completed 2020 Progress Reports for CCS Participants (one hundred percent).

IV. QUALITY OF LIFE - PARTICIPANT OR GUARDIAN PERSPECTIVE

Completion of a Mental Health Statistical Improvement Program (MHSIP – Adult, Family and Youth Scales) satisfaction surveys. (Target: 50% return rate from Participants and/or families and a 51% satisfaction rate)

The satisfaction surveys were given to eligible Participant or Guardians (for participants who received services for at least the past six months) the month of November and December 2020 with a letter of explanation and an envelope to return the completed survey confidentially to the CCS Administrator. For each survey completed, the Participant or Guardian was given a \$5 gift card to Wal-Mart or Hansen's IGA. Service Facilitators gave several verbal reminders to Bayfield County CCS Participants or Guardians who had not completed a survey timely.

Eight MHSIP – Adult Scale surveys were returned of seventeen surveys given to eligible Participant or Guardians (forty-seven percent). The overall mean was one hundred percent had a more positive experience in CCS. Three MHSIP – Youth surveys were sent out and none were returned.

CCS Participants and Guardians are empowered to actively participate on the Coordination Committee. No less than one-third of the membership of the Coordination Committee is CCS Participants or Guardians.

The CCS Coordination Committee had two Bayfield County CCS Participants appointed to the committee in 2020. Total committee membership is six individuals (one-third of the members are Bayfield County CCS Participants).