ASHLAND COUNTY
COMMUNITY SERVICE PROGRAMS
514 MAIN STREET WEST • ASHLAND, WISCONSIN 54806
• (715) 682-7171 • Fax: (715) 682-7176 • E-mail: ccsintake@co.ashland.wi.us

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 14th at 2:30 p.m.
Remote/Zoom Meeting
Join by the link sent you via email or by phone
715-312-626-6799 US (Chicago)
Meeting ID: 951 696 1806 Password: 751746

Ashland CCS Committee:

Thomas Mittelstaedt
Terry Barningham
Bad River Tribal Representative

Josh Gilbert
Joan Haukaas
Vacant
Jan Kupczyk

Bayfield CCS Committee:

Cheryl Hanson
Thomas Mittelstaedt
Lorna Gamble

Dale Irwin
Andrew Austin
Kari Lind
Karkan Williams

Regional CCS Committee:

Ashland County: Terry Barningham, Joan Haukaas, Jan Kupczyk, Josh Gilbert, Vacant

Bayfield County: Cheryl Hanson, Dale Irwin, Karkan Williams, Lorna Gamble, Andrew Austin, Kari Lind

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 and Introductions - Welcome to new committee members

2. Discussion of Simplified Roberts Rules of Order

3. Agenda for Ashland CCS only:
   
   A. **Discussion and Possible Action: Review and Approval of the January 14, 2020 Meeting Minutes** (Handouts 4-6)

4. Agenda for Bayfield CCS only:
   
   A. **Discussion and Possible Action: Review and Approval of the January 14, 2020 Meeting Minutes** (Handouts 4-6)

5. Agenda for Regional CCS only:
   
   A. **Discussion and Possible Action: Review and Approval of the January 14, 2019 Meeting Minutes** (Handouts 7-9)

6. Review Program Report (Handouts 10-11)
   
   A. COVID 19 Program Response (Handouts 14-25)
   
   B. Discharges (Handouts 12-13)

7. Children Services

8. **Discussion and Possible Action: New Business**
   
   A. **CCS Quality Assurance Report** (BCCS Handouts 26-29, ACCS Handouts 26-31)

9. Opportunity for Public Comment (Limit 3 minutes please)

10. Other (Informational Items)
11. Future Meeting Dates -

A. October 13, 2020 - Bayfield County Department of Human Services, 117 e Fifth St., Washburn, WI at 2:30 p.m. and/or remote/Zoom.

12. Motion to Adjourn

C: Ashland County Board Chair, Dick Pufall
Ashland County Administrator, Clark Schroeder
Ashland County Clerk, Heather Schutte
Bad River Tribal Chairman, Mike Wiggins Jr.
Bayfield County DHS, Sarah Traaholt
Bayfield County DHS, Nina Bucher
Bayfield County Clerk, Scott Fibert
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,
Ashland Daily Press
Bayfield County
Comprehensive Community Service (CCS) Meeting
Conference Room A – Ashland County – Downtown
January 14, 2020

Members Present: Elizabeth Skulan, Cheryl Hanson, Lorna Gamble, Karlan Williams, Andrew Austin

Members Excused: Nicole Gurnoe, Thomas Mittlestaedt, Kari Lind

Members Unexcused:

Others Present: Terry Barningham, Val Levno, Nettie Titel, Shelby Eckland, Joan Haukaas, Nancy Schouten, Jan Kupczyk, Joshua Gilbert

Call to order and Introductions

Williams called the meeting to order at 2:40 p.m. Introductions made. A quorum was not present until 2:40.

Discussion and Possible Action: Review of the October 8, 2019 Meeting Minutes

Motion by Williams, seconded by Gamble to approve October 8, 2019 meeting minutes, as presented. Motion passed.

Discussion and Possible Action: Plan and Policy Update

Motion by Hanson, seconded by Gamble to approve plan and policy update. Motion passed.

Discussion and Possible Action: Term limits: Karlan Williams

Motion by Gamble, seconded by Austin to approve term limits and keeping Karlan Williams on the committee. Motion passed.

Review Program Report

Austin wonders why there are so many discharges within ACCS and what we can do about them. Barningham explains to the committee that people are meeting goals or not finishing the required paperwork to get into the program. Levno will include more detail on discharges on her next Program Report.
Children Services

Levno reviewed current services offered children.

New Business

A. Advertising – Levno presented the updated CCS Adult and Youth Brochure. We are using them throughout Ashland and Bayfield Counties.

B. Letter to CCS participants about CCS Coordination Committees – The committee reviewed the letter, which was sent out in October with changes the committee had recommended. No one has responded that they would like to meet with a member of the Coordination Committee.

C. 2019 CCS State Satisfaction Surveys – Levno explained the State Satisfaction Surveys results and showed a comparison of how we match up with other counties in the state.

D. Groups – Levno stated the program does not provide groups facilitated by state staff except for substance abuse groups and what an intern does. The program does contract for groups from CCS Vendors.

E. CCS Admissions Process – Schouten questioned whether a psychologist could sign the physician’s prescription. Levno stated that it had to be a medical doctor per state statutes.

F. Peer Support – Levno stated we have Peer Supports through Headwaters and North Country Independent Living Center. If participants are interested in Peer Supports they can talk to their Service Facilitator to add it to their plan.

G. Voluntary Participant Meetings – Schouten offered to volunteer her time to talk with CCS participants about the program and to support each other. Schouten will write a letter and send it to Levno to be distributed to CCS participants.

Opportunity for Public Comment (Limit 3 minutes)

None.

Other (Informational Items)

The next Statewide Meeting will be at Glacier Canyon Lodge on May 12th. If anyone wants to see minutes of past meetings they are found on the DHS website.
Future Meeting Dates

- April 14th, 2020 – Bayfield County Department of Human Services, 117 E 5th St. Washburn, WI at 2:30 p.m.
- July 14th, 2020 – Ashland County Community Services Programs, 514 W Main St. Ashland, WI at 2:30 p.m.
- October 13th, 2020 – Bayfield County Department of Human Services, 117 E 5th St. Washburn, WI at 2:30 p.m.

Motion to adjourn.

Motion to adjourn the meeting by Gamble, seconded by Hanson. Motion passed.

Minutes submitted by: Shelby Eckland, Administrative Assistant – Ashland County
Ashland HHSD and Bayfield County DHS
Regional Comprehensive Community Service (CCS) Coordination Meeting
EOC Room – Bayfield County
January 14, 2020

ACCS Members Present: Terry Barningham, Joan Haukaas, Jan Kupczyk, Nancy Schouten

ACCS Members Excused: Thomas Mittelstaedt, Amber Jensen

ACCS Members Unexcused:

BCCS Members Present: Elizabeth Skulan, Cheryl Hanson, Karlan Williams, Andrew Austin

BCCS Members Excused: Nicole Gurnoe, Thomas Mittelstaedt, Kari Lind

BCCS Members Unexcused:

Members-At-Large: Val Levno, Thomas Mittelstaedt

Others Present: Shelby Eckland, Nettie Titel, Joshua Gilbert

Call to order and Introductions

Williams called the meeting to order at 2:35 p.m.

Discussion and Possible Action: Review Minutes from October 8, 2019 Meeting

Motion by Barningham, seconded by Schouten to approve October 8, 2019 minutes as presented. Motion passed unanimously.

Review Program Report

Austin wonders why there are so many discharges within ACCS and what we can do about them. Barningham explains to the committee that people are meeting goals or not finishing the required paperwork to get into the program. Levno will include more detail on discharges on her next Program Report.

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- July 14th, 2020 – Ashland County Community Services Programs, 514 W Main St. Ashland, WI at 2:30 p.m.

- October 13th, 2020 – Bayfield County Department of Human Services, 117 E 5th St. Washburn, WI at 2:30 p.m.

**Motion to adjourn**

Motion to adjourn the meeting by Hanson, seconded by Kupczyk. Motion passed.

Minutes submitted by: Shelby Eckland, Administrative Assistant – Ashland County
Comprehensive Community Support
Coordination Committee Program Report
July 14, 2020

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Staffing:
- Christopher Beirl, BCCS Service Facilitator hired
- BCCS Service Facilitator
- Northland College fall intern
- WITC fall intern

Provider Network:
- Working on contract with Wisconsin Family Ties for Certified Parent Peer Specialist.

Best Practice:
- COVID-19
  - Staff primarily working remotely beginning the week of March 18.
  - Service Facilitator’s focus with participants included education on COVID-19, identifying and problem solving around resource shortages and supportive counseling.
  - Letter sent to all participants March 20 that CCS staff were going to connect with participants via phone. Also, included handout from SAMHSA “Taking Care of Your Behavioral Health.” Both are attached.
  - WI Division of Medicaid Services issued memos on “temporary” telehealth and “permanent” telehealth allowing CCS staff/providers to provide services via phone or an internet platform such as Zoom if services would be effective and the functional equivalent of face-to-face services. We were also directed to obtain signatures for these telehealth services and all program documents verbally.
  - One CCS provider has provided face-to-face services outside with physical distancing throughout the past four months. All services that could be switched to phone or internet based was switched.
Nurses worked with prescribers of injectable medication and medication observation orders to determine safest way for prescribers to prescribe. Nurses have given injectable medication and continued with medication observation throughout COVID 19 precautions. Injections that were given in the home were moved to the office to be able to better control the environment.

Referrals were triaged. If a referral were to need immediate services that could be provided safely, intakes would be done. All others in the referral pathway were called weekly by the Mental Health Professional for assessment and case management as needed. In April, we began intakes on all referrals without triaging.

State informs us that verbal signatures are valid for 10 days and efforts need to be made to obtain physical signatures.

Letter sent to all participants May 19 with information on CCS staff obtaining physical signatures including home visits for this purpose. Included was WI Department of Health Services document “Recipients of Home and Community Based Services – Use and Conservation of Personal Protective Equipment”. Both are attached. In May, there was an increase in CCS providers willing to do face to face services with social distancing and masks primarily outdoors.

In June, most of the local psychotherapists had some availability face to face while primarily utilizing phone or internet based platform.

On June 16, all participants were mailed “A Guide to Sources of Support During COVID-19”. See attached.

If there is a circumstance that using a phone or internet based platform is not available or is not working, CCS staff are considering home or office visits with personal protective equipment and physical distancing.

- Training:
  - Chris, Emilie and Martin – LGBT Training
  - Annual training on cultural competency

Coordination Committee:

- April 14th meeting cancelled. Committee sent a detailed letter of how we are serving participants during Safer At Home order.
- Next meeting is July 14, 2020 and is will be held virtually with Zoom.
- ACCS Coordination Committee: Recruitment letter mailed. Josh Gilbert has been appointed. Still have an opening for a participant.

Participant Story:

- A 40-year-old male was living with his parents when he enrolled in CCS due to severe social anxiety. He now lives independently, eats out in public five times a week and is volunteering at the BRICK two days a week. He wants to start looking for paid employment when the job market opens up post COVID-19. He still struggles with social anxiety, but is pushing himself to overcome it.
New Horizons North - Bayfield CCS
State Discharge Survey
For the Period Between 4/1/2020 and 6/30/2020

State Closing Reason

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This report is subject to all federal, state laws and regulations pertaining to the confidentiality and security of patient health care information.
New Horizons North - Bayfield CCS

State Discharge Survey

for the Period Between 4/1/2020 and 6/30/2020

Late Closing Destination

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March 20, 2020

To All Comprehensive Community Services (CCS) Program Participants:

Coronavirus (COVID-19) is affecting our country in significant ways. The health and well-being of CCS participants and staff is our highest priority. With that in mind, we have made the decision to connect with you remotely effective today until further notice.

Bayfield County CCS staff will continue to connect with you by telephone. Feel free to call them as you need to. Our focus will be on helping you in this time of constant change and uncertainty.

Other CCS providers will be following their organization’s direction as far as meeting with you in their office, the community or your home. It is expected that most, if not all of them, will also suspend face to face meetings. If you have questions, please contact them directly or contact your Service Facilitator.

Attached is a handout from the Substance Abuse and Mental Health Services Administration to give you more guidance in steps you can take.

We are all in this together and can come back from this challenge as strong as ever. Again, please feel free to call your Service Facilitator as needed.

May you be safe and stay healthy.

Val Levno
CCS Administrator
What Is Social Distancing?
Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.

What Is Quarantine?
Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

What Is Isolation?
Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

Introduction
In the event of an infectious disease outbreak, local officials may require the public to take measures to limit and control the spread of the disease. This tip sheet provides information about social distancing, quarantine, and isolation. The government has the right to enforce federal and state laws related to public health if people within the country get sick with highly contagious diseases that have the potential to develop into outbreaks or pandemics.

This tip sheet describes feelings and thoughts you may have during and after social distancing, quarantine, and isolation. It also suggests ways to care for your behavioral health during these experiences and provides resources for more help.

What To Expect: Typical Reactions
Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- **Anxiety, worry, or fear related to:**
  - Your own health status
  - The health status of others whom you may have exposed to the disease
  - The resentment that your friends and family may feel if they need to go into quarantine as a result of contact with you
  - The experience of monitoring yourself, or being monitored by others for signs and symptoms of the disease
  - Time taken off from work and the potential loss of income and job security
  - The challenges of securing things you need, such as groceries and personal care items
  - **Concern** about being able to effectively care for children or others in your care
  - **Uncertainty or frustration** about how long you will need to remain in this situation, and uncertainty about the future
  - **Loneliness** associated with feeling cut off from the world and from loved ones
  - **Anger** if you think you were exposed to the disease because of others’ negligence
  - **Boredom and frustration** because you may not be able to work or engage in regular day-to-day activities
  - **Uncertainty or ambivalence** about the situation
  - **A desire** to use alcohol or drugs to cope
  - **Symptoms of depression,** such as feelings of hopelessness, changes in appetite, or sleeping
too little or too much

- Symptoms of post-traumatic stress disorder (PTSD), such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled

If you or a loved one experience any of these reactions for 2 to 4 weeks or more, contact your health care provider or one of the resources at the end of this tip sheet.

**Ways To Support Yourself During Social Distancing, Quarantine, and Isolation**

**UNDERSTAND THE RISK**

Consider the real risk of harm to yourself and others around you. The public perception of risk during a situation such as an infectious disease outbreak is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

- Stay up to date on what is happening, while limiting your media exposure. Avoid watching or listening to news reports 24/7 since this tends to increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.
- Look to credible sources for information on the infectious disease outbreak (see page 3 for sources of reliable outbreak-related information).

**BE YOUR OWN ADVOCATE**

Speaking out about your needs is particularly important if you are in quarantine, since you may not be in a hospital or other facility where your basic needs are met. Ensure you have what you need to feel safe, secure, and comfortable.

- Work with local, state, or national health officials to find out how you can arrange for groceries and toiletries to be delivered to your home as needed.
- Inform health care providers or health authorities of any needed medications and work with them to ensure that you continue to receive those medications.

**EDUCATE YOURSELF**

Health care providers and health authorities should provide information on the disease, its diagnosis, and treatment.

- Do not be afraid to ask questions—clear communication with a health care provider may help reduce any distress associated with social distancing, quarantine, or isolation.
- Ask for written information when available.
- Ask a family member or friend to obtain information in the event that you are unable to secure this information on your own.

**WORK WITH YOUR EMPLOYER TO REDUCE FINANCIAL STRESS**

If you’re unable to work during this time, you may experience stress related to your job status or financial situation.

- Provide your employer with a clear explanation of why you are away from work.
- Contact the U.S. Department of Labor toll-free at 1-866-487-2365 about the Family and Medical Leave Act (FMLA), which allows U.S. employees up to 12 weeks of unpaid leave for serious medical conditions, or to care for a family member with a
serious medical condition.

- Contact your utility providers, cable and Internet provider, and other companies from whom you get monthly bills to explain your situation and request alternative bill payment arrangements as needed.

CONNECT WITH OTHERS

Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

- Use the telephone, email, text messaging, and social media to connect with friends, family, and others.
- Talk “face to face” with friends and loved ones using Skype or FaceTime.
- If approved by health authorities and your health care providers, arrange for your friends and loved ones to bring you newspapers, movies, and books.

- Sign up for emergency alerts via text or email to ensure you get updates as soon as they are available.
- Call SAMHSA’s free 24-hour Disaster Distress Helpline at 1-800-985-5990 if you feel lonely or need support.
- Use the Internet, radio, and television to keep up with local, national, and world events.
- If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

TALK TO YOUR DOCTOR

If you are in a medical facility, you may have access to health care providers who can answer your questions. However, if you are quarantined at home, and you’re worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider:

- Ask your provider whether it would be possible to schedule remote appointments via Skype or FaceTime for mental health, substance use, or physical health needs.
- In the event that your doctor is unavailable and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

USE PRACTICAL WAYS TO COPE AND RELAX

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities, and do something fun after a hard task.
- Talk about your experiences and feelings to loved ones and friends, if you find it helpful.
- Maintain a sense of hope and positive
thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

AFTER SOCIAL DISTANCING, QUARANTINE, OR ISOLATION

You may experience mixed emotions, including a sense of relief. If you were isolated because you had the illness, you may feel sadness or anger because friends and loved ones may have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.

The best way to end this common fear is to learn about the disease and the actual risk to others. Sharing this information will often calm fears in others and allow you to reconnect with them.

If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or using drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed to the right for a referral.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

Helpful Resources

Hotlines

SAMHSA’s Disaster Distress Helpline
Toll-Free: 1-800-985-5990 (English and español)
SMS: Text TalkWithUs to 66746
SMS (español): ‘Hablamos’ al 66746
TTY: 1-800-866-8517
Website (English): http://www.disasterdistress.samhsa.gov

SAMHSA’s National Helpline
Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)
Website: http://www.samhsa.gov/find-help/national-helpline

National Suicide Prevention Lifeline
Toll-Free (English): 1-800-273-TALK (8255)
Toll-Free (español): 1-888-628-9454
TTY: 1-800-799-4TTY (4889)
Website (English): http://www.suicidepreventionlifeline.org
Website (español): http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx

Treatment Locator
Behavioral Health Treatment Services Locator Website: http://findtreatment.samhsa.gov/locator/home
For help finding treatment, 1-800-662-HELP (6357) https://findtreatment.gov/

SAMHSA Disaster Technical Assistance Center
Toll-Free: 1-800-368-3515
Email: DTAC@samhsa.hhs.gov
Website: http://www.samhsa.gov/dtac

*Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

HHS Publication No. SMA-14-4894 (2014)
May 18, 2020

To: CCS Program Participants:
From: Val Levno, MSED LPC, CCS Administrator
RE: CCS Documents and Signatures

The CCS program is committed to providing services in the safest way. Your safety and the safety of CCS staff have been, and continue to be, our highest priority while providing Comprehensive Community Services (CCS).

BCCS staff have been accepting verbal signature for documents. In addition, physical signatures are required for these documents. Documents have been mailed to you with an enclosed stamped self-addressed envelope. If you have not already done so, please sign these documents and return them in the envelope provided.

If BCCS does not receive signed documents back, it will be necessary for staff to travel to your home to have the documents signed. If this is necessary, CCS staff will call to arrange a visit, they will remain outside your home maintaining a physical distance of at least six feet from you. CCS staff will be wearing a cloth facemask and gloves. We ask that you wear a cloth facemask as well. If you do not have a mask, please ask your service facilitator and you will be provided with one.

CCS staff do not need to visit your home if you sign and return the documents mailed to you. If you have the documents, please sign them and mail them immediately.

Enclosed is the Wisconsin Department of Health Services guidelines for Recipients of Home and Community Based Services. Please review the guidelines both for your health and ours, follow them when CCS staff come to your home. CCS staff will follow similar guidelines issued by the Wisconsin Department of Health Services for Home and Community Based Service Providers.

Thank you for continuing to be flexible during these uncertain times. CCS is committed to continuing to serve you in the safest way. Please call your Service Facilitator with any questions or concerns you may have.

May you be safe and stay healthy,

Val
During a Home Visit

Wear a cloth face covering over your mouth and nose. You can use a bandana or scarf if you do not have a cloth face covering. Wash and dry face coverings every day. If cover becomes soiled, you should replace it as soon as possible.

As much as possible, stay at least six feet away from other people who do not live with you.

Wash your hands with soap and water often, or use hand sanitizer when soap is unavailable. Always wash your hands after using the bathroom; before, during, and after making food; before eating; after blowing your nose, coughing, or sneezing; and after touching garbage.

Keep your home and all frequently touched surfaces clean by wiping them down with disinfectant. Some frequently touched surfaces to keep clean include: doors and doorknobs, TV remotes, computer keyboards, phones and tablets, counters and tables, sinks and faucets, and assistive devices.

Other Best Practices
- Do not touch your face, eyes, or mouth
- Cover your coughs and sneezes with your elbow

Additional Resources:
- CDC Guidance on Cleaning and Disinfect Your Home
- CDC Guidance on PPE Optimization
- WI DHS Guidance on PPE
June 16, 2020

To: CCS Program Participants:
From: Val Levno, MSED LPC, CCS Administrator
RE: Additional Resources

Many people are feeling increased stress and anxiety because of the COVID 19 pandemic. Your Service Facilitator and your Recovery Team are here to support you. Please feel free to call them at any time. In addition, there are other supports that might be helpful. I have enclosed a brochure of some of the resources available to you.

CCS is committed to serving you safely. Please contact your Service Facilitator with questions or concerns as they come up.

May you be safe and stay healthy,
Val
Across Wisconsin, people are experiencing increased stress and anxiety due to the COVID-19 pandemic. But if you have a preexisting behavioral health concern—like depression or harmful substance use—taking care of yourself and others during this time may be more difficult. You may face disruptions in care or react to stress differently or more strongly than before. That’s why it’s important to keep up with your treatment plan, identify healthy coping practices that work for you, and find additional sources of support.

**Right now, support organizations are working hard to serve more people than ever before.** Be persistent and patient and remember: you are not alone. There are many organizations ready to help.

Visit [resiliencer.wisconsin.gov](https://resiliencer.wisconsin.gov) to connect to the resources listed in this guide, find tips for managing stress, and more.

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*Agencies listed are provided for your information and for the benefit of the general public. The views expressed by the service providers do not necessarily reflect the official policies of the Wisconsin Department of Health Services.*
General Behavioral Health Support

Talk to Someone Who Understands

Talk to a person who cares and get help right away with a call or text to one of these support organizations.

**Wisconsin**

**Cope Hotline**
Available 24/7
262-377-2673

**Cornucopia of Madison**
608-249-7477

**HOPELINE Text Service**
Available 24/7
Text HOPELINE to 74741

**IRIS Place of Appleton**
Available 24/7
920-815-3217

**Monarch House of Menomonie**
Available 24/7
715-505-5641

**National Alliance on Mental Illness (NAMI) Wisconsin**
608-268-6000

**R&R House of Pewaukee**
Support for veterans available 24/7
262-336-9540

**RAVE Recovery Avenue of La Crosse**
608-785-9615

**Solstice House of Madison**
Available 24/7
608-244-5077

**The Gathering Place of Green Bay**
920-430-0187

**The Wellness Shack of Eau Claire**
715-855-7705

**The Friendship Connection, Inc. of Adams**
608-339-6810

**Warmline, Inc. for Milwaukee County**
414-777-4729

**National**

**NAMI Helpline**
1-800-950-NAMI (6264)

**Schizophrenia and Related Disorders Alliance of America**
Available 24/7
1-800-493-2094

**Trans Lifeline**
Available 24/7
877-565-8860

**Trevor Project**
Available 24/7
866-488-7386
Text START to 678678

**Veterans Crisis Line**
Available 24/7
1-800-273-8255 and press 1
1-800-799-4889 for the deaf and hard of hearing
Text 838255

**SAMHSA’s National Helpline**
Available 24/7
1-800-667-HFIP (4357)
Get Virtual Support

These organizations continue to offer support during the COVID-19 pandemic with virtual options like online support group meetings, peer chat rooms, and more.

**Wisconsin**

*You Are Not Alone*
Connect with others in a supportive, safe environment

**National**

*Anxiety and Depression Association of America*
An anonymous peer-to-peer online anxiety and depression support group

- **Depression and Bipolar Support Alliance**
  Offering online support groups for people living with depression and bipolar disorder

- **Hearing Voices Network USA**
  Mutual support for those who experience hearing voices, seeing visions, and more

- **Veterans Crisis Line Chat**
  A confidential online chat service for veterans and service members in crisis, as well as their loved ones

Support for Those Experiencing Substance Use Disorders

Talk to Someone Who Understands

Talk to a person who cares and get help right away with a call or text to one of these support organizations.

**Wisconsin**

*Wisconsin Addiction Recovery Helpline*
Available 24/7
211 or 833-944-4673
Text your zip code to 898211

**National**

*SAMHSA’s National Helpline*
Available 24/7
1-800-662-HELP (4357)
TTY 1-800-487-4889
Get Virtual Support

These community organizations are offering virtual substance use disorder support services, like online support group meetings, during the COVID-19 pandemic.

Wisconsin

Wisconsin Voices for Recovery
Twice weekly meeting for all people in recovery

National

12 Steps.org
Online information, tools, and resources for 12-step recovery program participants

Adult Children of Alcoholics
Virtual support for people who grew up with harmful substance use in the home

Al-Anon Electronic Meetings
Hosting online meetings for those affected by alcoholism in a family member or friend

Alcoholics Anonymous Online Intergroup
Online meetings and recovery resources for people living with substance use disorders

Bridge Club Virtual Meetings
Virtual sober peer support for women and members of the LGBTQ+ community

Crystal Meth Anonymous
A network of worldwide online recovery support resources, including web and phone meetings

Families Anonymous Virtual Meetings
Providing online support for those affected by a loved one's harmful substance use

Heroin Anonymous
A fellowship of people in recovery from heroin addiction

In The Rooms
Hosting 130 weekly online meetings for those recovering from addiction and related issues

LifeRing Recovery
Online sobriety support for people who have experienced harmful substance use

My Recovery
Virtual 12-step support group meetings and online forums for those in recovery

Narcotics Anonymous
A global network of online recovery support resources, including web and phone meetings

Recovery Dharma
A peer-led organization that supports individuals on their path of recovery from addiction using Buddhist practices and principles

Refuge Recovery Online Meetings
Offering more than 40 online recovery support meetings, available 7 days a week

SMART Recovery
Virtual support services include daily only meeting peer message boards, and 24/7 live chat

Sober Grid
A peer support mobile app that provides 24/7 recovery coaching via phone call or live chat

Sober Mommies
Online peer-to-peer sobriety support for mothers who have experienced harmful substance use
BAYFIELD COUNTY COMPREHENSIVE COMMUNITY SUPPORT
2019 QUALITY ASSURANCE REPORT

PROGRAM DESCRIPTION

Bayfield County Department Human Services contracted with New Horizons North for Bayfield County’s certified Comprehensive Community Services (CCS) until the end of April 2020. Bayfield County Department of Human Services brought the program in-house May 1, 2019.

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. Fifty-five Participants were served in 2019. Fourteen Participants were children. There were twenty-five admissions and thirty-two discharges in 2019.

Staff includes a part-time Administrator, part-time Service Director, full-time 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. Fifteen Service Array Providers include certified peer specialists, employment specialists and in-home/community skill building specialists. We contracted with an additional nineteen people outside of New Horizons North or Bayfield County staff to provide psychotherapy and ten to provide adult mental health day treatment. The Bayfield Community Support Program (CSP) psychiatrist also continued to serve Participants who moved from the CSP to CCS program. One Participant was served with CCS services within a Community-Based Residential Facility. Four CCS staff are shared staff with the Ashland County CCS program.

The individuals served by the program in 2019 have been given the diagnosis of the following substance use and mental illness disorders:

<table>
<thead>
<tr>
<th>Substance use or Mental Illness</th>
<th>Total</th>
<th>Substance use or Mental Illness</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia Disorder</td>
<td>5</td>
<td>Major Depressive Disorder</td>
<td>23</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>5</td>
<td>Bipolar Disorder</td>
<td>13</td>
</tr>
<tr>
<td>Delusional Disorder</td>
<td>2</td>
<td>Unspecified Mood Disorder</td>
<td>6</td>
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<tr>
<td></td>
<td></td>
<td>Depression NOS</td>
<td>3</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>16</td>
<td>Other Specified Anxiety Disorder</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>11</td>
<td>Anxiety Disorder</td>
<td>12</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>16</td>
<td>Separation Anxiety Disorder</td>
<td>0</td>
</tr>
<tr>
<td>Cannabis Use</td>
<td>15</td>
<td>Posttraumatic Stress Disorder</td>
<td>20</td>
</tr>
<tr>
<td>Other Substance Use or Dependence</td>
<td>3</td>
<td>Panic Disorder with or without Agoraphobia</td>
<td>3</td>
</tr>
<tr>
<td>Methamphetamine Use</td>
<td>1</td>
<td>Social Phobia</td>
<td>1</td>
</tr>
<tr>
<td>Nicotine Dependence</td>
<td>4</td>
<td>Obsessive Compulsive Disorder</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Childhood Emotional Disorder, Unspecified</td>
<td>1</td>
</tr>
</tbody>
</table>

(715) 373-6144 Phone/TDD • (715) 373-6130 FAX • www.bayfieldcounty.org • baycdhs@bayfieldcounty.org
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Dissociative Identity Disorder</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Deficit and Hyperactivity Disorder</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>4</td>
<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>Impulse Control</td>
<td>2</td>
<td>Personality Disorders</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>8</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Intermittent Explosive Disorder</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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%)
Sixteen Participants were discharged before the Service Plan was due. One hundred percent of the remaining forty 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, HIPAA 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%)
Eighty-four percent (forty-seven) of CCS Participants saw a medical provider in 2019. Forty-six percent (twenty-one individuals; four individuals have dentures) of CCS Participants saw a dentist in 2019.

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.)
Seven CCS Participants were hospitalized for inpatient psychiatric hospitalization, substance abuse inpatient hospitalization or residential treatment in 2019. Two individuals of twenty-five individuals in the CCS program less than 12 months (eight percent) are CCS Participants who have been hospitalized or in residential treatment in 2019. Five individuals of thirty-one individuals in the program longer than 12 months (sixteen percent) are CCS Participants who were hospitalized or in residential treatment in 2019.

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 2019, seventy-seven percent of CCS Participants lived independently the majority of the year. Twenty-three 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%)
Forty-five percent (twenty-five) engaged in paid employment during 2019. In addition, fifteen are pursuing education, fifteen are full time homemakers and two are retired. Three Participants are both employed and going to school.

Percentage of people pursuing education or regular volunteer commitments (Target: 15%)
Fifteen CCS Participants (twenty-seven percent) pursued education in 2019. Fourteen people (twenty-five percent) had regular volunteer commitments in 2019. Twenty-nine (fifty-two percent) pursued volunteer commitments or education.

Number of Participants over age eighteen learning to manage money independently. (Target: 30%)
Four Participants with a Representative Payee took steps toward managing their money independently. Three Participants without a Representative Payee were supported in money management with CCS assistance in 2019. Four percent learned to manage money independently.

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

CCS Service Facilitators completed 2019 Progress Reports for CCS Participants (one hundred percent).

**IV. QUALITY OF LIFE - PARTICIPANT OR GUARDIAN PERSPECTIVE**

Completion of a Recovery Oriented System Indicators (ROSI – Adult Scale) or Mental Health Statistical Improvement Program (MHSIP – 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 2019 by their Service Facilitators along 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 Walmart or Hansen’s IGA. Service Facilitators gave several verbal reminders to Bayfield County CCS Participants or Guardians who had not completed a survey timely.

Eleven ROSI – Adult Scale surveys were returned of twenty-one surveys given to eligible Participant or Guardians (fifty-two percent). Seventy-three percent of the survey results indicate their experience is mostly recovery oriented. Eighteen percent of survey results indicate their experience is mixed; sometimes mostly and sometimes less recovery oriented experience. Nine percent indicated his or her experience is less recovery oriented. One MHSIP – Youth survey was returned of three surveys given to eligible Guardians (thirty-three percent). It was not used in order to preserve the confidential nature of the survey. One Participant or Guardian was eligible to complete a MHSIP – Youth survey. Because of the confidential nature of the survey, this survey was not given.

**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 2019. Total committee membership is six individuals (one-third of the members are Bayfield County CCS Participants).