

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**HEALTH & HUMAN
SERVICES**

571 County Road A

Green Lake WI 54941

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**Post Date:
6/1/2023**

The following documents are included in the packet for Family Resource Council meeting held on Monday, June 5, 2023.

- Agenda
- 9/12/22, 12/5/22 and 3/6/23 draft minutes
- CCS paperwork



GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Office: 920-294-4070 Fax: 920-294-4139 Email: glcdhhs@greenlakecountywi.gov

Green Lake County Family Resource Council Meeting Notice

Date: June 5, 2023, Time: 11:30 AM
Green Lake County Government Center,
571 County Rd A, County Board Room #0902 Green Lake WI

AGENDA

Kindly arrange to be present, if unable to do so, please notify our office.
Sincerely,
Kayla Yonke

Virtual attendance at meetings is optional. If technical difficulties arise, there may be instances when remote access may be compromised. If there is a quorum attending in person, the meeting will proceed as scheduled.

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Introductions
5. Minutes (09/12/2022, 12/5/2022 and 3/6/2023)
6. Discussion/Action on Programs/Policies
 - Coordinated Services Teams
 - Children's Community Options Program
 - Birth to Three
 - CCS (Comprehensive Community Service) Program /CLTS
 - CCS paperwork
 - Health Unit – Maternal Child Health Update
 - * Alliance for WI Youth
7. Appearances
 - ADVOCAP
 - ASTOP
 - Christine Anne Domestic Abuse Services
 - Sheriff
 - UW Extension
 - Circuit Court
 - ESU/Child Support
 - School Districts
8. Committee Discussion
 - Future Meeting Date: 9/11/2023 at 11:30am
 - Future Agenda Items for Action/Discussion
9. Adjourn

Lunch will be served at this meeting.

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 219 923 871 891

Passcode: 3n7Kvt

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 920-659-4195,,924942175#](#) United States, Green Bay

Phone Conference ID: 924 942 175#

[Find a local number](#) | [Reset PIN](#)

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

FAMILY RESOURCE COUNCIL MEETING MINUTES—September 12, 2022

Present:

Kristina Boeck, Parent
Kate Meyer CCS/CLTS Coordinator
Judge Mark Slate
Harley Reabe, County Board Supervisor
Kayla Yonke, DHHS Admin Unit
Sarah Petit, DHHS Admin Unit
Danielle Viau, CCOP, Birth-Three and CLTS Coordinator
Dick Trochinski, County Board Supervisor
Greg Metzler, Consumer
Lisa Schiessl, DHHS C&F Unit
Jason Jerome, DHHS Director
Rachel Prellwitz, Public Health Officer
Kathy Anderson Kemnitz, Consumer.
Tara Eichstedt, CST Coordinator
Connie Anderson, Parent
Mark Podoll, Sheriff

Present via Teams:

Carley Porten, Parent
Tony Beregszazi, ADVOCAP
Shelby Jensen DHHS ESU Unit

Certification of Open Meeting Law: The requirements of the open meeting law were certified as being met.

Call to Order: Anderson called the meeting to order at 11:09 a.m.

The Pledge of Allegiance was recited.

Minutes: Motion/Second (Trochinski/Anderson) to approve the June 6, 2021, Family Resource Committee meeting minutes as presented. All Ayes. Motion Carried.

DISCUSSION ON PROGRAMS/POLICIES:

YASI: Schiessl states the youth justice workers is currently on maternity leave. No assessments were done in the previous month.

Coordinated Services Teams: Eichstedt stated CST programming offers wrap around and a team to youth in the community. Eichstedt stated she currently has 17 teams. The Children's and Families unit is finishing up multiple groups for kinds of all ages.

Children's Community Options Program: Viau reported there are currently 2 kids being served under CCOP funding. Discussion Followed.

Birth-Three: Viau reported there are currently 13 kids in the Birth-Three program. There have been 37 referrals made this year. 3 referrals are currently in process. Discussion Followed.

Comprehensive Community Services (CCS) Update: Meyer reported on the CCS satisfaction survey from 2022. Discussion Followed.

CLTS (Children's Long Term Support) Program: Meyer reported there are currently 50 consumers enrolled in CLTS with new referrals every day. The numbers are continuing to rise. Discussion Followed.

Health Unit:

Prellwitz reported for child maternal health update has been working on school health and wellness policies.

Prellwitz reported the new bivalent covid vaccine should be available soon.

Appearances

ADVOCAP: Beregszazi reported community needs presentation will be presented to the ADVOCAP board on Thursday night. The 4 major topics that came up were, affordability and availability of house, childcare, transportation, and Mental Health. Rental and Mortgage assistance programs are still being operated through ADVOCAP. Skills enhancement are to improve people's skills to get jobs or a promotion in the current field.

Prairie view head start center has had some new renovations and is in session.

Small business services are available through ADVOCAP to start up or expand.

Home weatherization program, rehab houses, and buy houses are all additional programs ADVOCAP provides.

ASTOP: No Report

Christine Ann Domestic Abuse Services: No report.

Sheriff: No report

UW Extension: No Report

Circuit Court: No report

Economic Support:

Jensen reported the federal health emergency will be ending the first part of 2023. Medical Assistance will have an unwinding period during that time.

Jensen reported energy assistance has begun for the 2023 heating season.

School Districts: No Report

Future Meeting Dates: The next meeting will be December 5, 2022

Future Agenda Items for Action/Discussion: ADVOCAP Director appearance.

Anderson (Slate/Trochinski) adjourned the meeting at 11:58 p.m.

DRAFT

Family Resource Council Meeting

December 5, 2022

The regular meeting of the Family Resource Council meeting was called to order by Anderson at 11:34 AM on Monday December 5, 2022 in the County Board Room, Green Lake County Government Center, Green Lake WI. The meeting was held in person and via Teams. The requirements of the open meeting law were certified as being met. The Pledge of Allegiance was recited.

Present: Kristina Boeck- Parent, Harley Reabe- County Board Supervisor, Dick Trochinski- County Board Supervisor, Greg Metzler- Consumer, Rachel Prellwitz- Public Health Officer, Kathy Anderson-Kemnitz Consumer, Connie Anderson- Parent, Carley Porten- Parent (via Teams), Tony Beregszazi- ADVOCAP (via Teams), Gail Olson- Consumer, Tanya Marco- Advocap.

Absent: Jason Jerome-DHHS Director, Judge Mark Slate, Lisa Schiessl-DHHS C&F Unit, Sheriff Mark Podoll, Shelby Jensen- DHHS ESU Unit Manager.

Other County Employees Present: Kayla Yonke-DHHS Admin Unit, Sarah Petit-DHHS Admin Unit, Danielle Viau-CCOP, Birth-Three and CLTS Coordinator, Kate Meyer- CCS/CLTS Coordinator, Tara Eichstedt-CST Coordinator.

A quorum of the members for the Family Resource Committee Council was not present so no formal action was taken.

Introductions

Discussion/Action on Programs/Policies -

Coordinated Services Teams: Tara Eichstedt reported: full case load, 2023 goals for CST- seeing an increase of expulsions in last few years, wants to partner with school liaison officers, to help more youth with groups for supports. BASD/GLC C&F unit book study with school staff to incorporate into roles. Discussion followed.

Children's Community Options Program: Danielle Viau reported-CCOP currently supporting two families.

Birth-Three: Danielle Viau reported- 45 referrals, 13 active children, 2 children in process for the 2022 year.

CCS (Comprehensive Community Services) Program/CLTS: Kate Meyer reported- new substance use case manager started, Abby Vogt. Abby will provide case management to AODA clients. Abby has experience in the field. Abby will become a CCS facilitator. CCS is monitored by State of WI. Looking for ways to improve (consumer, facilitator, MH professional). Looking at revamping how cases come into service. Children's Long-Term Support- 43 families enrolled. State review CLTS January 2023 and CCS February/March 2023.

Health Unit – Maternal Child Health Update: Rachel Prellwitz reported- new employee, Lauren Olson, Deputy Health Officer, main objective for MCH- continue with physical activity and nutrition. Lauren is connecting with schools. Alliance: applying for state opioid grant. Drug drop, Narcan, Dose of Reality community event as possible coming events. Opioid supplement

funding monies- looking at options. Currently seeing increased rates of RSV & Influenza across Wisconsin. Common hygiene reviewed; influenza vaccine encouraged. Discussion followed.

Appearances –

Advocap: Tony Beregszazi reported- Community needs assessment completed. Visit [www. Advocap.org](http://www.advocap.org) to find report. Needs assessment showed need for MH services and childcare. Funding for skills enhancement. Grant for nursing, provide support for childcare, transportation, tuition. Seeing increased use in work-n-wheels program. Weatherization has expanded- including water heaters. Looking to increase low-income housing in 2023 along with childcare. Contact Kathy Doyle 920-922-7760 for above needs. Contact Jan in Berlin office for skills enhancement. Contact Karen in Berlin office for homeless/emergency vouchers. Discussion followed.

ASTOP: no report

Christine Anne Domestic Abuse Services: no report

Sheriff: no report

UW Extension: no report

Circuit Court: no report

ESU/Child Support: no report

School Districts: no report

Committee Discussion

Future meeting date: March 6, 2023 at 11:30AM

Future Agenda Items: N/A

Adjourn

Chair Anderson adjourned the meeting at 11:57am.

Family Resource Council Meeting

March 6, 2023

The regular meeting of the Family Resource Council meeting was called to order by Anderson at 11:31AM on Monday March 6, 2023, in the County Board Room, Green Lake County Government Center, Green Lake WI. The meeting was held in person and via Teams. The requirements of the open meeting law were certified as being met. The Pledge of Allegiance was recited.

Present: Kristina Boeck- Parent, Harley Reabe- County Board Supervisor, Dick Trochinski- County Board Supervisor, Greg Metzler- Consumer, Rachel Prellwitz- Public Health Officer, Kathy Anderson-Kemnitz Consumer, Connie Anderson- Parent, Carley Porten- Parent (via Teams), Gail Olson- Consumer, Sheriff Mark Podoll, Jason Jerome-DHHS Director.

Absent: Judge Mark Slate, Lisa Schiessl-DHHS C&F Unit, Shelby Jensen- DHHS ESU Unit Manager, Tony Beregszazi-ADVOCAP.

Other County Employees Present: Kayla Yonke-DHHS Admin Unit, Sarah Petit-DHHS Admin Unit, Danielle Viau-CCOP, Birth-Three and CLTS Coordinator, Kate Meyer- CCS/CLTS Coordinator, Tara Eichstedt-CST Coordinator.

A quorum of the members for the Family Resource Committee Council was not present so no formal action was taken.

Introductions

Discussion/Action on Programs/Policies -

Coordinated Services Teams: Tara Eichstedt reported: WRAP around program- working with kids who struggle with mental health and other issues. Current case load is 15 youth/teams. Continuing to build relationships with schools and school resource officers (SRO). Quarterly meetings with SRO. Working towards more prevention vs. getting citations, etc. Looking for mentors/volunteers in the community. Training will be provided along with background checks and a matching process for elementary to teenagers. Discussion followed.

Children's Community Options Program: Danielle Viau reported-CCOP currently supporting 2 main families. Also, supporting a few other families with things such as museum passes, hotel, and transportation costs for autism conferences.

Birth-Three: Danielle Viau reported- 47 total referrals 2022. 2023 caseload: 12 active children, 6 children in process and 15 referrals to-date in 2023.

CCS (Comprehensive Community Services) Program/CLTS: Kate Meyer reported- new CCS facilitator, Casey Jackl. Current caseload of 28 consumers of all ages. CCS State review 3/14/23. Paperwork changes coming soon for CCS, those changes will need to be reviewed by this council. CLTS- had review and making some programmatic corrections. Review report will be available for next meeting. Current caseload of 46. Will be posting a CLTS position soon, current worker took another position at GLC.

Health Unit – Maternal Child Health Update: Rachel Prellwitz reported- Community health survey is required every 5 years. The survey will start 3/8/23. There will be an online link, paper copies available at local libraries. Alliance youth: awarded \$8,000.00 grant. Grant funding will be used for drug drops, Narcan training and the opioid review in the summer. Discussion followed.

Appearances-

Advocap: no report.

ASTOP: no report

Christine Anne Domestic Abuse Services: no report

Sheriff: UW extension employee has taken another job. The sheriffs dept will continue the inmate program that UW extension was doing.

UW Extension: no report

Circuit Court: no report

ESU/Child Support: no report

School Districts: no report

Committee Discussion

Future meeting date: June 5, 2023, at 11:30AM

Future Agenda Items: N/A

Adjourn

Chair Anderson adjourned the meeting at 11:47am.

CCS/TCM ADULT AND CHILD REGISTRATION FORM

TODAY'S DATE	
FIRST NAME	Click or tap here to enter text.
LAST NAME	Click or tap here to enter text.
DATE OF BIRTH	Click or tap to enter a date.
ADDRESS	Click or tap here to enter text.
CITY, STATE, ZIP CODE	Click or tap here to enter text.
PARENT/GUARDIAN	Click or tap here to enter text.
TELEPHONE NUMBER	Click or tap here to enter text.
SEX	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender
RACE	Choose an item.
ETHNICITY	Choose an item.
MEDICAID ID NUMBER	Click or tap here to enter text.
EPISODE TO OPEN	Choose an item.
DATE TO OPEN EPISODE	Click or tap to enter a date.

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PATIENT CONDITIONS FORM

Client Name: _____

Date: _____

Suicidal/Self-Abusive

Yes No

Pregnancy

Yes No

Seizure Disorders

Yes No

Patient Allergies

Yes No Unknown

Respiratory Condition

Yes No

Patient Allergies

Anti-Biotics
 Penicillin
 Pollen

Heart Condition

Yes No

Diabetic

Yes No

History of IV Drug Use

Yes No

Chemical Withdrawal

Yes No

Recent

Separation/Divorce

Yes No

History of DIV Abuse

Yes No

Other Patient Conditions:

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PATIENT HEALTH QUESTIONNAIRE-9

Client Name: _____

Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day	Declined to State
1 Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking slowly that other people could have noticed or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead or hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not Difficult at All
 Somewhat Difficult
 Very Difficult
 Extremely Difficult
 Declined to Specify

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

INFORMED CONSENT – MENTAL HEALTH/AODA FUNCTIONAL SCREEN

Name: _____

The Mental Health/AODA Functional Screen (MH/AODA – FS) is used to determine your functional eligibility for the program for which you are applying. The MH/AODA – FS only determines functional eligibility. It does not determine program eligibility. Some programs, such as Comprehensive Community Services (CCS) and Community Support Program (CSP) have additional eligibility criteria, including financial eligibility, which must also be met before a person is found eligible for that program. All information collected in order to complete the functional screen is kept confidential. Only staff completing the MH/AODA – FS, monitoring MH/AODA – FS quality, processing appeals, or investigating allegations of fraud or abuse has access to the information.

The MH/AODA – FS determines functional eligibility for multiple programs for adults. These programs are: Comprehensive Community Services, Community Support Program and Community Recovery Services.

The MH/AODA – FS must be updated at least annually. When the MH/AODA – FS functional eligibility results indicate a person is no longer functionally eligible for the program the person currently participates in and receives services from, it is the screener's responsibility to inform that program of the person's screen results. For example, if a certified screener is completing a MH/AODA – FS for the Comprehensive Community Services program and the results indicate the person is no longer functionally eligible for the Comprehensive Community Services program the screener must immediately inform that program that the person no longer has functional eligibility. That program will then discontinue the person. The most current MH/AODA – FS is deemed the most accurate and must be used when determining program eligibility. These functional eligibility results are binding for all programs where the MH/AODA – FS determines functional eligibility.

Authorization for the MH/AODA – FS to be used to determine functional eligibility is voluntary. Refusal to sign will not affect treatment, payment, enrollment or benefit eligibility except for:

No exceptions Exceptions (specified below)

Failing to sign this consent, or revoking the consent before the necessary information is received and used to complete the MH/AODA – FS could prevent an accurate or timely decision of your functional eligibility, and could result in denial or loss of program eligibility.

This consent is valid for 12 months after signing. As evidenced by my signature, I hereby authorize the use of the MH/AODA – FS. I understand that the information provided in this document will be used in determining a person's rights to Medicaid benefits. By signing this document I am affirming that all information in this document is true and correct.

SIGNATURE of subject of MH/AODA – FS

Date Signed

OR

SIGNATURE of Guardian or Power of Attorney

Date Signed

Green Lake County Health and Human Services Department
CCS Recovery Plan

Today's Date:

Consumer Name:

Case # _____

Initial Plan Date:

Date of program enrollment:

Date of last Functional Screen:

Service Facilitator:

New Recovery Plan x

Recovery Plan Update

(at least every six months or as consumer's situation changes)

Required Signatures

*Consumer	Signature	Date	Print or Type Name
*Service Facilitator	Signature	Date	Print or Type Name
*Licensed Mental Health or AODA Professional	Signature	Date	Print or Type Name
Parent or Guardian	Signature	Date	Print or Type Name
Mental Health Provider	Signature	Date	Print or Type Name

*These signatures are statutorily required.

The signature of the MHP or AODA professional indicates that person has assessed the individual's needs and authorizes the psychosocial rehabilitation services contained in the plan.

Life Domain Areas to be addressed in Recovery Plan:

(a) Life Satisfaction	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(b) Basic Needs	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(c) Social Network / Family Involvement	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(d) Community Living Skills	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(e) Housing Issues	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(f) Employment	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months

Green Lake County Health and Human Services Department
CCS Recovery Plan

(g) Education	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(h) Finances and Benefits	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(i) Mental Health	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(j) Physical Health	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(k) Substance Use	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(l) Trauma and Significant Life Stressors	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(m) Medications	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(n) Crisis Prevention and Management	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(o) Legal Status	<input type="checkbox"/> See Goal Below	<input type="checkbox"/> No Identified Needs At This Time	<input type="checkbox"/> Reassess in 6 Months
(p) Other Identified Domains:	<input type="checkbox"/> See Goal Below		<input type="checkbox"/> Reassess in 6 Months

DSM V Diagnoses:

<p>Consumer's individual and Family Strengths (Identify the individual's and family's past accomplishments, current aspirations, motivations, personal attitudes, attributes, etc. which can be used to help accomplish goals and objectives.):</p>
<p>Barriers (Describe the challenges as a result of the mental illness or addictive disorder that stand in the way of the individual meeting their goals and/or achieving the discharge criteria. Identifying these barriers is the key to specifying the objectives as well as services and interventions in the following sections of the plan.):</p>

Green Lake County Health and Human Services Department
CCS Recovery Plan

GOAL #1 (Goal should be stated in the individual's own words, and include statement of dreams, hopes, role functions and visions of life.)

**DOMAIN
LETTER**

--	--

OBJECTIVE (Using action words, describe the specific changes expected in measurable and behavioral terms. Include the target date for completion. Ex. Consumer will....., as evidenced by)

--

INTERVENTIONS (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

Green Lake County Health and Human Services Department
CCS Recovery Plan

GOAL #2 (Goal should be stated in the individual's own words, and include statement of dreams, hopes, role functions and visions of life.)

**DOMAIN
LETTER**

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OBJECTIVE (Using action words, describe the specific changes expected in measurable and behavioral terms. Include the target date for completion. Ex. Consumer will....., as evidenced by)

--

INTERVENTIONS (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

Green Lake County Health and Human Services Department
CCS Recovery Plan

GOAL #3 (Goal should be stated in the individual’s own words, and include statement of dreams, hopes, role functions and visions of life.)

**DOMAIN
LETTER**

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OBJECTIVE (Using action words, describe the specific changes expected in measurable and behavioral terms. Include the target date for completion. Ex. Consumer will....., as evidenced by)

--

INTERVENTIONS (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

Green Lake County Health and Human Services Department
CCS Recovery Plan

CCS Schedule of Services and Supports

Service Code	Array of Services	Assigned Staff or Provider	Start Date	Frequency of Service	Payment Source	End Date
651	Assessment					
652	Recovery Planning					
650	Service Facilitation					
653	Individual Skill Development & Enhancement					
654	Medication Management					
655	Physical Health Monitoring					
656	Employment Related Skills Training					
658	Psycho Education					
659	Substance Abuse Treatment					
660	Psychotherapy					

Green Lake County Health and Human Services Department
CCS Recovery Plan

665	Diagnostic Evaluations and Specialized Assessments					
667	Recovery Education and Wellness Management					
676	Individual Skill Development & Enhancement Group					
	Other:					
	Other:					
	Other					

Green Lake County Health and Human Services Department
CCS Recovery Plan

Discharge Criteria:

Discharge from the Green Lake County CSP/CCS program will occur based on the individualized criteria below unless any one of the follow applies:

- The consumer no longer wants services.
- The whereabouts of the consumer are unknown for at least three months despite diligent efforts to locate the consumer.
- The consumer refuses services from the CSP/CCS program for at least three months despite diligent outreach efforts to engage the consumer.
- The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living.
- The consumer is deceased.
- Psychosocial rehabilitation services are no longer needed.

In addition, the following individualized criteria would lead to discharge from the Green Lake County CSP/CCS program (Describe changes in the individual's current needs and circumstances that would need to occur in order for them to succeed in discharge or transition to a different level of services):

If this is a recovery plan update, include consumer's statement regarding satisfaction with services at this time:

Copies of the completed recovery plan were provided to:

Next Recovery Team Meeting Date:

Time:

Location:

Comprehensive Community Services Recovery Plan

Consumer Name: Name

Date of Recovery Plan Completion: Completion Date

If not within 30 days of application, provide specific reason: Reason

Service Facilitator: Name

Dates of Recovery Plan Review: Review Dates

(at least every six months or as consumer's situation changes)

Date the Recovery Planning Process was Explained to the Consumer and/or legal representative or family member: Date

Consumer strengths:

Strengths

Underlying Needs Statements:

Underlying needs statements

Barriers to meeting underlying needs:

Barriers

Discharge from the CCS shall be based on one of the following:

- Consumer-specific criteria for discharge:
Describe changes in the individual and family's current needs and circumstances that will have to occur in order to succeed in discharge or transition from CCS.
- The consumer has met / is meeting their recovery goals
- The consumer no longer wants psychosocial rehabilitation services
- The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer
- The consumer refuses services from the CCS for at least 3 months despite diligent outreach efforts to engage the consumer
- The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living
- Psychosocial rehabilitation services are no longer needed

Goal #1 (As stated on the Assessment Summary. Goal should be stated in the individual's own words, and include statement of dreams, hopes, role functions and visions of life.)

Goal #1

Associated Domain(s): Choose a Domain, Choose a 2nd Domain (if applicable) , Choose a 3rd Domain (if applicable)

OBJECTIVE #1 (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing "SMART" – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will....., as evidenced by, by (target date)

Objective #1

INTERVENTIONS (Related to Objective #1) (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
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Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date

PROGRESS AND NEEDS UPDATE (Related to Objective #1)

Date of Review	Status	Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services)
Date of Review	Status	Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services)
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Date of Review	Status	Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services)

OBJECTIVE #2 (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will....., as evidenced by, by (target date)

Objective #2

INTERVENTIONS (Related to Objective #2) (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
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Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date

PROGRESS AND NEEDS UPDATE (Related to Objective #2)

Date of Review	Status	Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services)
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Date of Review	Status	Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services)

OBJECTIVE #3 (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will....., as evidenced by, by (target date)

Objective #3

INTERVENTIONS (Related to Objective #3) (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date
Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date

PROGRESS AND NEEDS UPDATE (Related to Objective #3)

Date of Review	Status	Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services)
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Goal #2 (As stated on the Assessment Summary. Goal should be stated in the individual's own words, and include statement of dreams, hopes, role functions and visions of life.)

Goal #2

Associated Domain(s): Choose a Domain, Choose a 2nd Domain (if applicable) , Choose a 3rd Domain (if applicable)

OBJECTIVE #1 (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing "SMART" – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will....., as evidenced by, by (target date)

Objective #1

INTERVENTIONS (Related to Objective #1) (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

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PROGRESS AND NEEDS UPDATE (Related to Objective #1)

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OBJECTIVE #2 (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will....., as evidenced by, by (target date))

Objective #2

INTERVENTIONS (Related to Objective #2) (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

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Service Category	Intervention	Frequency/Intensity	Payment Source	Start Date	End Date

PROGRESS AND NEEDS UPDATE (Related to Objective #2)

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OBJECTIVE #3 (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will....., as evidenced by, by (target date))

Objective #3

INTERVENTIONS (Related to Objective #3) (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.)

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PROGRESS AND NEEDS UPDATE (Related to Objective #3)

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Service Provider Summary

Date (as of)	Provider	Service Array Category	Total Approved Hours of Treatment per Month	Total Approved Hours of Travel per Month	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes
Date	Provider	Service Category	# Hours	# Hours	Notes

Comprehensive Community Services Signature Page

Date of Plan:

I have been explained the service planning process by the service facilitator and/or mental health professional. I understand my options within the CCS Service Array. I have participated in the service planning process.

I am signing off on the plan as Initial Update Final

Consumer

Dated

Guardian

Dated

Service Facilitator

Dated

I have reviewed and attest to this applicant's need for psychosocial services as set forth in DHS 36 and medical and supportive services to address the desired recovery goals. I am authorizing services per the Recovery Plan.

Substance Abuse Professional

Dated

I have reviewed and attest to this applicant's need for psychosocial services as set forth in DHS 36 and medical and supportive services to address the desired recovery goals. I am authorizing services per the Recovery Plan

Mental Health Professional

Dated

Recovery Planning Meeting Roster

Date	Name of Attendee/Relationship	Signature	Address	Telephone Number