
Report to the Legislature
January 2017

MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES AND PROGRAMS
PROVIDED BY
WISCONSIN COUNTIES AND REGIONS
CY 2014 and CY 2015

SUMMARY REPORT

Pursuant to Wis. Stat. § 51.42 (7)(d)



Wisconsin
Department of Health Services

Division of Care and Treatment Services

P-00997 (01/2017)

Table of Contents

INTRODUCTION.....	3
Wisconsin Act 251.....	3
Scope of Report.....	3
Data Tables.....	3
Data Notes and Limitations.....	4
Appendices.....	4
Comments.....	5
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.....	6
Table 1: Count and Per Capita Mental Health (MH) Consumers Served, by County/Region and Statewide, CY 2014 and CY 2015.....	6
Table 2: Count and Per Capita Substance Abuse (SA) Consumers Served, by County/Region and Statewide, CY 2014 and CY 2015.....	8
Table 3: Count of Mental Health Consumers Served, by Service Type, by County/Region and Statewide, CY 2014.....	10
Table 4: Count of Mental Health Consumers Served, by Service Type, by County/Region and Statewide, CY 2015.....	11
Table 5: Count of Substance Abuse Consumers Served, by Service Type, by County/Region and Statewide, CY 2014.....	12
Table 6: Count of Substance Abuse Consumers Served, by Service Type, by County/Region and Statewide, CY 2015.....	13
SERVICES AND PROGRAMS PROVIDED BY REGIONS.....	14
Regional Mental Health/Substance Abuse Pilots.....	14
Regional Comprehensive Community Services (CCS).....	14
APPENDIX I: Integrated Home and Community Mental Health and Substance Abuse Programs, by County/Region (as of 2015).....	15
APPENDIX II: Mental Health Service Types, by SPC Code.....	17
APPENDIX III: Substance Abuse Service Types, by SPC Code.....	18
APPENDIX IV: Mental Health and Substance Abuse Service Definitions.....	19
APPENDIX V: Overview of Major Accomplishments and Milestones in Implementing Regional Core Benefit Services as of December 2015.....	28

INTRODUCTION

Wisconsin Act 251

Wisconsin Stat. § 51.42 (7)(d) was created by 2013 Wisconsin Act 251 and directs the Department of Health Services (DHS) to prepare a report describing mental health services and programs provided by counties and multi-county regions across Wisconsin. DHS submits this report in fulfillment of this requirement. This report also includes data on substance abuse services.

Scope of Report

Under Wis. Stat. § 51.42, counties are directed to provide or contract for public information, prevention, assessment, inpatient, residential, partial hospitalization, outpatient, emergency, and supportive transitional services within the limits of available state, federal, and county funds. Services are to be provided for persons having mental health, substance use, and developmental disability needs.

Counties are required to report to DHS the mental health and substance abuse services they deliver to consumers for whom they are responsible to provide care, regardless of payment source. County agencies may provide services in their own facilities and clinics or they may contract with private agencies. Consumers included in this report may also receive additional services from private providers that work independently from counties, but such services are not reported by counties and thus are not included in this report.

This report has been completed using data available to DHS, including data reported by counties through the Program Participation System (PPS). PPS is a statewide consumer information system that contains data on mental health and substance abuse services authorized by county departments of community programs and human services departments. Counties report the services provided to consumers in PPS by Service Program Category (SPC). PPS data are also used to meet federal reporting requirements associated with the community mental health and substance abuse prevention and treatment block grants received by DHS.

The time period for the consumer data in this report is calendar years (CY) 2014 and 2015. CY 2016 data will not be available until mid-2017. It will be included in the next report (January 2019).

Data Tables

This report provides listings of services delivered to consumers across the state as reported by counties and regions through PPS. Summary tables of services provided to consumers include:

- Table 1: Count and per capita number of consumers receiving mental health services in each county/region and statewide across Wisconsin during CY 2014 and CY 2015 (along with the population and percent living in poverty in each county or region);
- Table 2: Count and per capita number of consumers receiving substance abuse services in each county/region and statewide across Wisconsin during CY 2014 and CY 2015 (along with the population and percent living in poverty in each county/region);

- Table 3: Count of consumers who received mental health services by service type, in each county/region and statewide across Wisconsin, during CY 2014;
- Table 4: Count of consumers who received mental health services by service type, in each county/region and statewide across Wisconsin, during CY 2015;
- Table 5: Count of consumers who received substance abuse services by service type, in each county/region and statewide across Wisconsin, during CY 2014; and
- Table 6: Count of consumers who received substance abuse services by service type, in each county/region and statewide across Wisconsin, during CY 2015.

Data Notes and Limitations

Important notes and limitations about the data included in this report:

- This report includes data on both mental health and substance abuse services. Many people with mental health needs have co-occurring substance abuse needs and many agencies now have joint units of staff to address these needs. Therefore, substance abuse services for persons having substance use needs alone or co-occurring needs are also included in this report.
- Counts of persons receiving services during CY 2014 or CY 2015 are those data received as of October 2016. The counts are provided to give the reader a general idea of the service volume in counties. Counts and per capita rates of persons served may vary across counties and years based on community needs, available funds, and completeness of data submissions.
- Service type categories in Tables 3-6 are summary level categories. Services included in a service type category are detailed in Appendices II (mental health) and III (substance abuse).
- PPS permits both direct manual data entry and batch data file transmissions into the database. Some county reporting agencies experience data processing staff turnover, migration to new client information systems, or challenges to allocating resources for data entry and collection. These factors sometimes affect the completeness of the data contained in this report.
- Consumers are counted only once (unduplicated) within a service category or grouping regardless of how many times they received that service. However, an individual consumer may be counted in more than one service category or grouping. For example, if a consumer received both medication management services and individual counseling services, he/she would be counted once for each type of these services received.

Appendices

The following appendices are included at the end of this report:

- Appendix I indicates which of the various integrated home and community mental health and substance abuse programs—Community Support Programs (CSP), crisis intervention, Comprehensive Community Services (CCS), Community Recovery Services (CRS), and Coordinated Services Teams (CST)—were available in each county or region as of the conclusion of 2015.
- Appendix II lists mental health services and SPC codes that are included in each service type category in Tables 3 and 4.

- Appendix III lists substance abuse services and SPC codes that are included in each service type category in Tables 5 and 6.
- Appendix IV provides definitions for each of the mental health and substance abuse services organized by SPC code.
- Appendix V provides an overview of the major accomplishments and milestones in implementing regional core benefit services pilots as of December 2015.

Comments

DHS encourages suggestions to make this report more useful. Questions, comments, or suggestions about this report may be directed to:

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This report is available online at: <https://www.dhs.wisconsin.gov/dcts/reports-studies.htm>.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES



Table 1: Count and Per Capita Mental Health (MH) Consumers Served, by County/Region and Statewide, CY 2014 and CY 2015

(1) Reporting Unit Name	(2) Total Population (2014)	(3) Percent in Poverty (2014)	(4) Count of MH Consumers Served (2014)	(5) Per Capita MH Consumers Served (2014)	(6) Count of MH Consumers Served (2015)	(7) Per Capita MH Consumers Served (2015)
Adams	20,194	17.8%	525	26.00	611	30.26
Ashland	16,076	14.9%	126	7.84	167	10.39
Barron	45,503	13.7%	724	15.91	704	15.47
Bayfield	14,964	13.6%	90	6.01	94	6.28
Brown	256,588	12.0%	3,849	15.00	4,109	16.01
Buffalo	13,205	10.5%	34	2.57	64	4.85
Burnett	15,320	16.5%	211	13.77	223	14.56
Calumet	49,504	5.9%	552	11.15	497	10.04
Chippewa	63,408	10.7%	599	9.45	730	11.51
Clark	34,393	16.0%	651	18.93	800	23.26
Columbia	56,571	8.8%	726	12.83	712	12.59
Crawford	16,386	14.7%	440	26.85	380	23.19
Dane	516,929	13.4%	3,358	6.50	2,918	5.64
Dodge	88,570	9.9%	1,042	11.76	1,101	12.43
Door	27,713	11.0%	290	10.46	245	8.84
Douglas	43,733	13.9%	193	4.41	164	3.75
Dunn	44,300	13.9%	417	9.41	384	8.67
Eau Claire*	101,677	14.4%	624	6.14	444	4.37
Florence	4,461	12.8%	48	10.76	63	14.12
Fond du Lac	102,010	9.9%	2,470	24.21	2,510	24.61
Forest/Oneida/Vilas	66,021	13.7%	1,348	20.42	1,281	19.40
Grant/Iowa	75,615	12.1%	1,093	14.45	1,194	15.79
Green	37,073	8.7%	349	9.41	306	8.25
Green Lake	18,836	11.3%	525	27.87	498	26.44
Iron	5,917	15.6%	193	32.62	196	33.12
Jackson	20,631	14.0%	129	6.25	180	8.72
Jefferson	84,372	10.6%	1,195	14.16	1,293	15.32
Juneau	26,313	13.1%	552	20.98	587	22.31
Kenosha	168,215	15.4%	1,040	6.18	1,495	8.89
Kewaunee	20,412	8.9%	291	14.26	311	15.24
La Crosse	117,852	12.6%	1,384	11.74	1,469	12.46
Lafayette	16,826	11.7%	323	19.20	370	21.99
Langlade/Lincoln/Marathon	183,140	10.5%	3,497	19.09	3,641	19.88
Manitowoc	80,161	10.8%	498	6.21	482	6.01
Marquette	41,226	13.4%	1,026	24.89	1,034	25.08
Marquette	15,006	13.0%	482	32.12	458	30.52
Menominee	4,532	29.1%	165	36.41	131	28.91
Milwaukee	957,913	22.0%	3,586	3.74	4,952	4.80
Monroe	45,356	14.4%	575	12.68	633	13.96
Oconto	37,498	10.5%	652	17.39	614	16.37
Outagamie	181,979	10.0%	2,317	12.73	2,022	11.11
Ozaukee	87,566	5.0%	894	10.21	949	10.84

Table 1: Count and Per Capita Mental Health (MH) Consumers Served, by County/Region and Statewide, CY 2014 and CY 2015, Cont'd

(1) Reporting Unit Name	(2) Total Population (2014)	(3) Percent in Poverty (2014)	(4) Count of MH Consumers Served (2014)	(5) Per Capita MH Consumers Served (2014)	(6) Count of MH Consumers Served (2015)	(7) Per Capita MH Consumers Served (2015)
Pepin	7,353	12.1%	24	3.26	65	8.84
Pierce	40,920	10.8%	425	10.39	486	11.88
Polk	43,475	11.2%	662	15.23	689	15.85
Portage	70,500	15.4%	794	11.26	596	8.45
Price	13,679	13.0%	150	10.97	164	11.99
Racine	194,986	13.1%	2,310	11.85	2,570	13.18
Richland*	17,677	13.5%	534	30.21	244	13.80
Rock	161,267	14.9%	1,583	9.82	1,491	9.25
Rusk	14,355	16.9%	176	12.26	214	14.91
Sauk	63,360	11.9%	1,322	20.86	1,217	19.21
Sawyer	16,435	17.0%	122	7.42	81	4.93
Shawano	41,552	11.2%	996	23.97	1,043	25.10
Sheboygan	115,262	9.1%	812	7.04	921	7.99
St. Croix	86,900	4.9%	1,074	12.36	1,131	13.01
Taylor	20,561	11.7%	159	7.73	168	8.17
Trempealeau	29,515	12.2%	113	3.83	99	3.35
Vernon	30,360	18.0%	215	7.08	206	6.79
Walworth	103,499	13.7%	282	2.72	364	3.52
Washburn	15,678	13.4%	102	6.51	97	6.19
Washington	133,301	5.9%	3,024	22.69	2,305	17.29
Waukesha	395,335	5.8%	1,380	3.49	1,325	3.35
Waupaca	52,088	10.4%	766	14.71	656	12.59
Waushara	24,173	13.9%	642	26.56	614	25.40
Winnebago	169,639	12.1%	3,894	22.95	3,894	22.95
Wood	73,597	11.3%	1,433	19.47	1,321	17.95
TOTAL WISCONSIN	5,759,432	13.2%	60,252	10.46	60,845	10.56

(1) Reporting Unit Name: County or Region (group of counties).

(2) Population (2014): U.S. Census Bureau, Population Division Release Date: March 2016 (Via: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>).

(3) Percent in Poverty (2014): Percent of county population from US Census - Small Area Income and Poverty Estimates (SAIPE). (SAIPE Interactive Data Tool: <http://www.census.gov/did/www/saipe/data>).

(4) Count of MH Consumers Served (2014): Number of consumers who received mental health services during 2014.

(5) Per Capita MH Consumers Served (2014) = ([4] Count of MH Consumers Served [2014] / [2] Population [2014]) * 1,000.

(6) Count of MH Consumers Served (2015): Number of consumers who received mental health services during 2015.

(*) Counties with 200 or more consumers in 2014 and a 25% or greater decrease in per capita consumers served from 2014 to 2015 were contacted to ascertain perceived reasons for the decrease. Reasons provided by the counties for the numbers reported included: a decline in the need or requests for publicly supported services; delays in submitting services data while implementing new local data systems; data staff turnover; and inaccurate data entry across years resulting in inaccurate representation of clients served.

Table 2: Count and Per Capita Substance Abuse (SA) Consumers Served, by County/Region and Statewide, CY 2014 and CY 2015



(1) Reporting Unit Name	(2) Total Population (2014)	(3) Percent in Poverty (2014)	(4) Count of SA Consumers Served (2014)	(5) Per Capita SA Consumers Served (2014)	(6) Count of SA Consumers Served (2015)	(7) Per Capita SA Consumers Served (2015)
Adams	20,194	17.8%	140	6.93	160	7.92
Ashland	16,076	14.9%	93	5.79	62	3.86
Barron	45,503	13.7%	186	4.09	181	3.98
Bayfield	14,964	13.6%	77	5.15	54	3.61
Brown	256,588	12.0%	1,607	6.26	1,589	6.19
Buffalo	13,205	10.5%	11	0.83	5	0.38
Burnett	15,320	16.5%	41	2.68	25	1.63
Calumet	49,504	5.9%	224	4.52	170	3.43
Chippewa	63,408	10.7%	50	0.79	56	0.88
Clark	34,393	16.0%	204	5.93	194	5.64
Columbia*	56,571	8.8%	440	7.78	180	3.18
Crawford	16,386	14.7%	114	6.96	92	5.61
Dane	516,929	13.4%	3,434	6.64	3,151	6.10
Dodge	88,570	9.9%	509	5.75	597	6.74
Door	27,713	11.0%	154	5.56	132	4.76
Douglas	43,733	13.9%	192	4.39	156	3.57
Dunn	44,300	13.9%	179	4.04	164	3.70
Eau Claire*	101,677	14.4%	275	2.70	162	1.59
Florence	4,461	12.8%	19	4.26	17	3.81
Fond du Lac	102,010	9.9%	1,202	11.78	1,250	12.25
Forest/Oneida/Vilas	66,021	13.7%	865	13.10	822	12.45
Grant/Iowa	75,615	12.1%	557	7.37	529	7.00
Green	37,073	8.7%	292	7.88	263	7.09
Green Lake	18,836	11.3%	137	7.27	117	6.21
Iron	5,917	15.6%	51	8.62	54	9.13
Jackson	20,631	14.0%	120	5.82	135	6.54
Jefferson	84,372	10.6%	727	8.62	738	8.75
Juneau	26,313	13.1%	223	8.47	240	9.12
Kenosha	168,215	15.4%	820	4.87	813	4.83
Kewaunee	20,412	8.9%	141	6.91	133	6.52
La Crosse*	117,852	12.6%	844	7.16	631	5.35
Lafayette	16,826	11.7%	150	8.91	149	8.86
Langlade/Lincoln/Marathon	183,140	10.5%	1,807	9.87	1,853	10.12
Manitowoc	80,161	10.8%	350	4.37	385	4.80
Marinette	41,226	13.4%	441	10.70	422	10.24
Marquette	15,006	13.0%	169	11.26	188	12.53
Menominee	4,532	29.1%	146	32.22	137	30.23
Milwaukee	957,913	22.0%	5,889	6.15	4,720	4.92
Monroe	45,356	14.4%	472	10.41	442	9.75
Oconto	37,498	10.5%	219	5.84	226	6.03
Outagamie	181,979	10.0%	370	2.03	342	1.88
Ozaukee	87,566	5.0%	432	4.93	434	4.96

Table 2: Count and Per Capita Substance Abuse (SA) Consumers Served, by County/Region and Statewide, CY 2014 and CY 2015, Cont'd

(1) Reporting Unit Name	(2) Total Population (2014)	(3) Percent in Poverty (2014)	(4) Count of SA Consumers Served (2014)	(5) Per Capita SA Consumers Served (2014)	(6) Count of SA Consumers Served (2015)	(7) Per Capita SA Consumers Served (2015)
Pepin	7,353	12.1%	5	0.68	0	0.00
Pierce	40,920	10.8%	242	5.91	272	6.65
Polk	43,475	11.2%	458	10.53	428	9.84
Portage	70,500	15.4%	630	8.94	565	8.01
Price	13,679	13.0%	73	5.34	67	4.90
Racine	194,986	13.1%	1259	6.46	1382	7.09
Richland	17,677	13.5%	184	10.41	144	8.15
Rock	161,267	14.9%	1396	8.66	1211	7.51
Rusk	14,355	16.9%	121	8.43	84	5.85
Sauk	63,360	11.9%	184	2.90	165	2.60
Sawyer	16,435	17.0%	244	14.85	247	15.03
Shawano	41,552	11.2%	423	10.18	462	11.12
Sheboygan	115,262	9.1%	178	1.54	167	1.45
St. Croix	86,900	4.9%	514	5.91	491	5.65
Taylor	20,561	11.7%	131	6.37	148	7.20
Trempealeau	29,515	12.2%	163	5.52	151	5.12
Vernon	30,360	18.0%	66	2.17	36	1.19
Walworth	103,499	13.7%	650	6.28	680	6.57
Washburn	15,678	13.4%	31	1.98	27	1.72
Washington	133,301	5.9%	869	6.52	695	5.21
Waukesha	395,335	5.8%	917	2.32	733	1.85
Waupaca	52,088	10.4%	245	4.70	260	4.99
Waushara	24,173	13.9%	264	10.92	314	12.99
Winnebago	169,639	12.1%	1612	9.50	1491	8.79
Wood	73,597	11.3%	750	10.19	610	8.29
TOTAL WISCONSIN	5,759,432	13.2%	35,702	6.20	32,754	5.69

(1) Reporting Unit Name: County or Region (group of counties).

(2) Population (2014): U.S. Census Bureau, Population Division Release Date: March 2016 (Via: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>).

(3) Percent in Poverty (2014): Percent of county population from US Census - Small Area Income and Poverty Estimates (SAIPE). (SAIPE Interactive Data Tool: <http://www.census.gov/did/www/saipe/data>).

(4) Count of SA Consumers Served (2014): Number of consumers who received mental health services during 2014.

(5) Per Capita SA Consumers Served (2014) = ([4] Count of SA Consumers Served [2014] / [2] Population [2014]) * 1,000.

(6) Count of SA Consumers Served (2015): Number of consumers who received mental health services during 2015.

(7) Per Capita SA Consumers Served (2015) = ([6] Count of SA Consumers Served [2015] / [2] Population [2014]) * 1,000.

(*) Counties with 200 or more consumers in 2014 and a 25% or greater decrease in per capita consumers served from 2014 to 2015 were contacted to ascertain perceived reasons for the decrease. Reasons provided by the counties for the numbers reported included: a decline in the need or requests for publicly supported services; delays in submitting services data while implementing new local data systems; and inaccurate data entry across years resulting in inaccurate representation of clients served.

Table 3: Count of Mental Health Consumers Served, by Service Type, by County/Region and Statewide, CY 2014

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Coordinated Services Teams (CST)	Crisis Intervention / Emergency Outpatient	Emergency Detention (ED)	Inpatient Services	Residential Services	Partial Day Services	Court Services	Medication Management	Intake Assessment	Case Management	Outpatient Services	Supportive Services	Other Services
Statewide	4740	2263	293	1068	22921	4068	2798	1979	323	1129	14173	4928	10796	24947	1859	111
Adams	106	29	0	4	58	12	0	0	0	0	247	39	1	359	0	0
Ashland	47	0	0	16	49	15	16	42	0	0	24	30	11	14	8	8
Barron	59	0	0	14	585	10	29	58	0	53	71	62	76	36	35	4
Bayfield	38	0	0	0	0	8	17	8	0	1	8	29	58	7	9	0
Brown	28	50	0	0	3005	251	265	266	0	82	445	0	383	164	74	2
Buffalo	0	0	0	2	0	7	6	2	0	0	1	0	24	7	4	0
Burnett	23	0	0	0	164	0	1	2	0	0	8	0	27	15	0	0
Calumet	36	45	0	0	0	0	42	3	0	123	231	0	371	396	21	2
Chippewa	34	0	4	45	568	31	9	17	0	0	0	0	21	0	0	0
Clark	33	0	0	35	116	1	29	1	0	0	285	147	6	282	0	0
Columbia	68	36	0	13	558	64	17	5	0	0	30	28	89	73	1	1
Crawford	17	0	0	1	117	0	8	9	0	11	256	124	43	167	12	11
Dane	524	0	145	0	1135	0	125	119	164	283	0	10	2147	856	219	0
Dodge	65	50	0	8	183	87	26	40	0	0	496	230	554	311	16	0
Door	52	0	0	16	0	0	0	0	0	0	193	0	209	52	0	0
Douglas	0	0	0	0	51	0	4	12	0	0	0	85	68	2	6	0
Dunn	35	0	0	8	4	8	11	15	0	0	0	5	68	347	0	0
Eau Claire	1	0	0	118	0	4	15	52	0	0	236	0	381	11	66	8
Florence	0	0	0	1	3	7	0	1	0	0	19	0	1	35	0	0
Fond du Lac	146	29	0	38	330	267	140	36	32	3	1179	0	46	1359	51	23
Forest/Oneida/Vilas	40	37	7	2	733	231	37	38	0	0	495	0	323	284	13	0
Grant/Iowa	42	0	0	31	102	62	1	24	5	0	1	0	38	961	3	4
Green	68	34	0	9	3	9	0	0	0	0	197	0	0	181	0	0
Green Lake	13	12	0	5	279	4	11	1	0	0	211	22	23	188	0	0
Iron	29	0	0	5	0	3	2	0	0	0	3	0	146	143	0	0
Jackson	0	0	0	0	118	4	4	5	1	2	6	0	5	7	1	0
Jefferson	164	85	7	35	573	115	0	66	0	0	572	2	358	459	12	0
Juneau	73	9	5	13	206	35	3	1	0	0	226	0	80	252	0	0
Kenosha	163	88	0	99	445	0	8	42	0	0	1	27	84	371	52	0
Kewaunee	19	27	0	20	91	0	12	2	6	7	125	42	139	99	10	1
La Crosse	132	239	17	1	921	141	7	11	0	0	189	0	0	215	0	0
Lafayette	42	0	0	0	99	6	8	1	0	0	176	0	0	158	0	0
Lang/Linc/Marathon	94	474	8	9	547	290	518	66	1	1	1549	1679	30	1371	1	0
Manitowoc	53	30	0	0	0	0	142	53	0	0	22	0	0	368	0	0
Marinette	64	76	0	39	0	37	0	0	0	0	399	0	35	725	0	0
Marquette	18	1	0	25	156	0	17	2	1	6	3	0	52	347	12	4
Menominee	2	0	0	0	61	13	13	3	0	0	33	57	36	41	3	0
Milwaukee	563	0	0	0	1169	1146	0	5	32	0	12	0	90	842	1	0
Monroe	27	0	0	0	332	43	5	19	0	1	179	60	122	116	395	0
Oconto	0	0	0	15	335	0	17	0	0	0	235	0	10	252	0	0
Outagamie	117	138	0	0	991	0	178	148	0	0	1009	0	173	1306	190	0
Ozaukee	44	0	0	35	513	0	0	0	0	0	433	0	53	262	0	0
Pepin	3	0	0	3	0	6	2	4	0	0	3	0	13	8	0	0
Pierce	18	0	0	2	169	13	5	17	0	0	178	1	37	169	0	0
Polk	26	0	0	0	154	15	19	27	0	7	360	232	83	295	8	1
Portage	0	54	14	36	106	25	36	13	0	19	460	0	262	194	9	0
Price	39	0	0	9	91	18	14	6	0	0	2	2	77	4	10	0
Racine	122	0	0	8	1517	70	55	39	0	0	690	0	839	1036	1	0
Richland	0	69	7	4	194	0	19	0	0	1	195	196	1	199	0	0
Rock	262	14	0	52	1040	312	187	0	0	0	360	262	76	521	0	0
Rusk	2	0	0	0	63	1	0	4	0	0	3	89	154	15	4	0
Sauk	166	91	0	33	477	16	120	20	1	0	527	2	18	709	3	0
Sawyer	57	0	0	12	1	4	3	1	0	0	42	0	8	19	0	0
Shawano	37	8	0	18	544	105	0	0	0	3	0	0	49	576	10	0
Sheboygan	73	101	8	36	6	0	57	161	12	0	58	6	547	490	191	26
St. Croix	83	0	0	16	0	6	33	20	0	3	613	0	69	566	8	3
Taylor	0	0	0	0	22	16	10	12	0	0	88	22	89	75	6	0
Trempealeau	56	0	0	14	0	3	16	8	0	0	26	9	2	24	2	0
Vernon	63	0	0	18	34	0	16	28	4	34	0	0	3	80	24	0
Walworth	16	2	0	0	41	26	0	4	0	7	72	0	0	158	1	0
Washburn	19	0	0	24	0	1	4	5	1	2	16	0	50	49	1	0
Washington	88	74	16	14	1460	0	253	109	57	168	95	2	41	1822	88	4
Waukesha	182	115	29	16	34	0	69	73	6	309	16	384	267	704	86	3
Waupaca	36	0	0	53	365	96	21	57	0	3	339	7	153	224	141	1
Waushara	44	34	0	15	131	8	1	10	0	0	219	1	10	389	11	2
Winnebago	100	117	0	0	1857	75	83	177	0	0	3	575	1565	2395	0	0
Wood	169	95	26	23	15	341	32	9	0	0	3	460	2	785	40	3

Table 4: Count of Mental Health Consumers Served, by Service Type, by County/Region and Statewide, CY 2015

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Coordinated Services Teams (CST)	Crisis Intervention / Emergency Outpatient	Emergency Detention (ED)	Inpatient Services	Residential Services	Partial Day Services	Court Services	Medication Management	Intake Assessment	Case Management	Outpatient Services	Supportive Services	Other Services
Statewide	6357	3566	304	1359	25354	4001	2424	1684	297	875	14069	5386	12588	23088	1729	104
Adams	299	53	0	8	167	13	0	0	0	0	290	246	2	321	0	0
Ashland	42	68	0	12	7	7	52	33	0	0	13	54	8	5	31	6
Barron	56	23	0	12	598	6	30	56	1	57	7	63	66	11	31	4
Bayfield	34	33	3	24	3	2	8	6	0	0	4	7	35	6	1	0
Brown	26	73	0	21	3181	252	353	80	0	60	594	15	399	280	81	0
Buffalo	0	2	1	5	57	2	7	2	0	0	1	0	3	1	2	0
Burnett	27	0	0	3	180	0	3	2	0	0	1	0	36	1	0	0
Calumet	32	41	0	15	0	0	27	5	0	93	201	0	331	353	24	2
Chippewa	38	42	4	13	691	11	16	27	0	0	0	0	3	3	1	3
Clark	30	11	0	33	240	0	29	0	0	1	351	248	11	300	0	0
Columbia	70	59	1	18	588	74	86	26	0	0	8	24	105	21	2	0
Crawford	13	0	0	8	104	1	8	8	0	22	194	90	54	156	4	3
Dane	517	0	137	0	1072	0	110	101	154	36	0	11	1851	724	197	0
Dodge	58	43	0	28	272	0	10	0	0	0	532	246	828	449	28	0
Door	42	9	0	21	0	3	0	0	0	0	168	0	97	27	0	0
Douglas	0	0	0	8	55	0	2	4	0	0	0	8	69	3	28	0
Dunn	36	14	0	9	5	2	18	17	0	0	0	17	70	310	0	0
Eau Claire	2	1	0	122	1	1	15	38	8	0	121	0	344	68	66	17
Florence	0	0	0	2	5	1	0	0	0	0	20	0	2	53	1	1
Fond du Lac	29	28	0	27	305	284	100	36	28	2	1390	0	155	1589	66	18
Forest/Oneida/Vilas	40	64	14	16	648	209	28	46	0	0	477	154	287	218	18	1
Grant/Iowa	40	0	0	25	358	71	2	9	5	0	0	0	41	957	2	4
Green	71	45	0	17	0	30	3	0	0	0	122	1	0	140	0	0
Green Lake	11	21	0	14	224	15	6	5	0	0	181	62	69	202	0	0
Iron	20	1	0	14	2	2	3	1	0	0	1	0	125	153	0	0
Jackson	0	0	0	0	177	2	3	12	1	0	3	1	3	4	3	0
Jefferson	154	111	7	41	701	110	2	74	0	0	551	0	487	467	5	0
Juneau	75	35	7	10	256	40	2	1	0	0	230	0	70	211	0	0
Kenosha	173	242	0	208	1091	0	7	127	0	0	1	158	172	32	51	0
Kewaunee	17	45	0	20	123	0	7	0	7	9	124	33	132	92	13	0
La Crosse	135	334	29	25	971	116	10	16	0	0	202	0	124	186	1	1
Lafayette	36	10	0	5	110	9	10	1	0	0	187	4	5	213	2	0
Lang/Linc/Marathon	53	571	3	42	1125	381	394	0	3	0	1666	1808	16	1347	0	0
Manitowoc	46	32	0	7	0	1	121	53	0	0	27	12	1	360	0	0
Marinette	75	76	0	47	0	29	10	0	0	0	325	0	34	734	0	0
Marquette	11	0	0	18	157	0	27	4	0	1	0	0	39	334	11	1
Menominee	1	0	0	4	51	15	9	0	0	0	29	37	24	40	1	0
Milwaukee	2268	171	14	0	1262	812	0	15	23	0	1	0	1341	219	2	0
Monroe	0	0	0	7	424	186	9	12	0	7	143	87	104	97	496	0
Oconto	0	0	0	11	329	29	19	2	0	0	204	0	3	247	0	0
Outagamie	108	188	0	0	835	0	115	127	0	1	822	0	151	1109	116	0
Ozaukee	45	15	0	31	611	0	0	0	0	0	460	0	52	277	0	0
Pepin	1	6	1	7	45	0	1	5	1	1	1	0	16	6	0	0
Pierce	21	25	0	4	230	17	2	14	0	0	192	0	24	158	1	0
Polk	27	14	0	0	134	11	18	31	0	4	387	328	77	313	7	2
Portage	0	60	11	37	64	13	13	2	0	0	374	0	238	139	1	0
Price	42	0	0	11	101	16	10	8	0	3	2	1	73	9	12	1
Racine	118	60	0	10	1716	130	19	35	0	0	790	0	1093	1103	1	0
Richland	0	5	8	6	70	0	0	0	0	0	0	92	0	156	0	0
Rock	249	59	0	43	985	305	142	0	0	0	480	231	93	490	0	0
Rusk	3	4	0	0	102	0	1	5	0	0	2	111	185	8	2	0
Sauk	151	116	0	19	460	98	70	19	1	0	439	9	20	600	3	0
Sawyer	56	0	0	10	2	13	17	12	0	0	1	15	7	1	0	0
Shawano	50	44	0	30	577	143	0	1	0	4	0	0	55	596	7	3
Sheboygan	42	125	7	25	234	0	80	126	10	0	32	10	570	478	172	24
St. Croix	74	0	0	18	142	1	32	17	0	2	560	1	56	560	5	4
Taylor	1	6	0	0	18	6	15	15	0	0	114	45	90	66	7	1
Trempealeau	52	0	0	18	0	0	6	12	0	0	3	8	19	7	2	0
Vernon	66	24	0	20	22	2	4	18	1	28	1	0	26	65	23	0
Walworth	51	6	0	8	59	60	0	10	0	65	67	0	12	141	0	1
Washburn	19	0	0	30	0	1	5	9	4	1	31	0	50	34	0	0
Washington	63	84	14	18	1016	0	217	81	46	101	91	0	37	1337	52	0
Waukesha	182	132	24	7	52	0	60	82	4	360	12	276	264	572	80	3
Waupaca	38	0	0	61	308	76	12	47	0	9	16	22	242	334	21	3
Waushara	42	40	0	11	135	4	0	7	0	8	202	0	11	342	13	1
Winnebago	123	160	0	0	1824	91	32	175	0	0	0	584	1567	2365	0	0
Wood	156	135	19	15	72	298	7	7	0	0	621	267	14	888	36	0

Table 5: Count of Substance Abuse Consumers Served, by Service Type, by County/Region and Statewide, CY 2014

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Crisis Intervention / Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medication Treatment	Supportive Services	Other Services
Statewide	13	38	5	363	4243	86	1769	562	12	17262	9797	13979	524	1301	198
Adams	8	0	0	0	6	1	0	0	0	61	0	91	0	0	0
Ashland	0	0	0	0	3	13	2	0	0	72	0	39	1	2	0
Barron	0	0	0	2	9	0	28	0	0	121	19	154	0	11	0
Bayfield	0	0	5	0	4	0	17	0	0	48	18	26	3	4	0
Brown	0	13	0	1	0	0	9	0	0	1369	42	228	2	13	0
Buffalo	0	0	0	0	5	1	6	0	0	1	8	2	0	0	0
Burnett	0	0	0	0	3	0	0	0	0	0	20	19	0	0	0
Calumet	0	0	0	0	9	3	14	0	12	161	72	42	0	5	0
Chippewa	0	0	0	0	3	0	15	0	0	0	0	40	0	0	0
Clark	1	0	0	0	3	0	3	0	0	130	0	150	0	0	0
Columbia	0	2	0	33	27	1	1	0	0	345	5	103	13	0	0
Crawford	0	0	0	0	0	0	11	0	0	62	0	62	0	0	0
Dane	0	0	0	0	1245	0	178	148	0	626	1506	1262	0	20	0
Dodge	0	0	0	19	29	0	5	0	0	347	132	201	17	1	0
Door	0	0	0	0	0	0	0	0	0	55	3	106	22	0	0
Douglas	0	0	0	0	107	1	3	0	0	84	13	34	16	3	0
Dunn	0	0	0	0	9	0	61	19	0	26	0	105	0	7	0
Eau Claire	0	0	0	0	50	8	19	0	0	1	79	124	0	47	0
Florence	0	0	0	0	0	0	2	0	0	10	0	13	0	0	0
Fond du Lac	0	0	0	91	130	0	23	0	0	497	0	775	0	0	0
Forest/Oneida/Vilas	0	2	0	0	66	14	177	0	0	353	87	465	0	21	0
Grant/Iowa	0	0	0	0	11	0	2	0	0	313	0	323	0	0	0
Green	0	0	0	0	22	0	0	0	0	201	1	156	11	0	0
Green Lake	0	1	0	5	0	0	0	0	0	24	0	115	1	1	0
Iron	0	0	0	0	0	0	1	0	0	31	0	35	0	0	0
Jackson	0	0	0	1	1	0	4	0	0	1	107	18	0	0	0
Jefferson	0	0	0	0	59	0	17	0	0	550	281	292	149	0	0
Juneau	0	0	0	0	10	0	4	0	0	190	1	126	2	0	0
Kenosha	0	1	0	0	172	0	6	0	0	604	7	111	0	4	0
Kewaunee	0	0	0	1	0	0	0	0	0	111	116	69	0	0	0
La Crosse	0	0	0	0	17	0	27	7	0	654	57	186	0	10	0
Lafayette	2	0	0	0	3	1	3	0	0	115	0	86	1	0	0
Lanc/Linc/Marathon	0	14	0	1	61	0	0	10	0	1397	0	919	0	0	0
Manitowoc	0	0	0	0	11	0	45	0	0	293	0	14	0	0	0
Marinette	0	0	0	0	0	0	0	0	0	233	3	302	2	0	0
Marquette	0	0	0	34	2	0	0	0	0	112	0	91	0	2	0
Menominee	0	0	0	12	0	1	0	0	0	118	0	89	0	3	0
Milwaukee	0	0	0	0	1633	0	459	246	0	0	3726	2111	230	649	0
Monroe	0	0	0	0	2	15	17	0	0	282	260	105	16	339	0
Oconto	0	0	0	0	0	0	1	0	0	158	0	97	14	0	0
Outagamie	0	0	0	0	0	0	160	10	0	11	325	136	0	19	0
Ozaukee	0	0	0	0	0	0	0	0	0	389	29	103	0	1	0
Pepin	2	0	0	0	0	0	1	1	0	0	1	3	0	1	0
Pierce	0	0	0	0	1	0	11	0	0	170	0	93	0	0	0
Polk	0	0	0	0	2	0	9	0	0	350	0	313	0	16	0
Portage	0	0	0	0	7	0	33	0	0	345	175	161	0	2	0
Price	0	0	0	2	5	0	6	0	0	51	26	20	0	2	0
Racine	0	0	0	0	44	0	0	0	0	222	1167	317	0	0	198
Richland	0	0	0	4	0	0	0	0	0	128	0	127	1	0	0
Rock	0	0	0	0	244	0	30	0	0	1065	0	430	19	53	0
Rusk	0	0	0	23	0	0	1	0	0	88	66	15	0	0	0
Sauk	0	4	0	41	45	0	36	1	0	3	0	132	0	0	0
Sawyer	0	0	0	0	2	0	0	0	0	152	0	135	0	0	0
Shawano	0	0	0	43	1	0	0	0	0	256	0	178	0	0	0
Sheboygan	0	0	0	0	2	0	53	0	0	1	0	140	0	0	0
St. Croix	0	0	0	0	10	0	20	0	0	268	0	324	0	0	0
Taylor	0	0	0	1	1	0	2	0	0	104	13	74	0	0	0
Trempealeau	0	0	0	0	3	0	11	0	0	141	0	36	0	0	0
Vernon	0	0	0	0	0	0	3	0	0	0	1	63	0	1	0
Walworth	0	0	0	46	69	0	0	0	0	438	0	212	0	0	0
Washburn	0	0	0	0	0	0	2	0	0	1	8	21	0	0	0
Washington	0	0	0	0	66	0	39	65	0	563	75	255	0	0	0
Waukesha	0	0	0	0	16	0	27	0	0	571	30	648	0	17	0
Waupaca	0	0	0	0	2	0	0	0	0	240	0	21	0	0	0
Waushara	0	1	0	0	1	0	5	0	0	133	0	179	2	0	0
Winnebago	0	0	0	3	0	26	124	0	0	1206	1318	202	2	0	0
Wood	0	0	0	0	10	1	36	55	0	610	0	355	0	47	0

Table 6: Count of Substance Abuse Consumers Served, by Service Type, by County/Region and Statewide, CY 2015

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Crisis Intervention / Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medication Treatment	Supportive Services	Other Services
Statewide	34	161	22	417	4144	72	1883	327	6	16269	9103	11322	266	1498	213
Adams	32	0	0	0	8	2	0	0	0	125	0	73	0	0	0
Ashland	0	4	0	0	4	19	12	0	0	24	0	17	0	14	0
Barron	0	1	0	0	5	0	25	0	0	123	17	153	0	2	1
Bayfield	0	0	12	0	2	0	13	0	0	16	20	14	2	4	0
Brown	0	12	0	2	0	0	7	0	0	1356	58	218	3	39	0
Buffalo	0	1	0	0	0	0	4	0	0	0	0	1	0	0	0
Burnett	0	0	0	0	0	0	5	0	0	0	21	1	0	0	0
Calumet	0	0	0	0	5	0	13	0	6	136	33	19	0	4	0
Chippewa	0	4	0	0	1	0	26	0	0	0	0	38	0	0	0
Clark	1	0	0	0	1	0	4	0	0	139	0	134	0	0	0
Columbia	0	5	0	32	24	1	2	0	0	99	5	65	3	5	0
Crawford	0	0	0	0	0	0	8	0	0	55	0	41	0	0	0
Dane	0	0	0	0	1244	0	176	73	0	648	1179	1107	0	31	0
Dodge	0	0	0	0	54	0	4	0	0	403	320	269	10	33	0
Door	0	0	0	0	0	0	0	0	0	85	2	49	4	0	0
Douglas	0	0	0	0	70	0	4	0	0	71	12	39	23	8	0
Dunn	0	6	0	0	1	0	64	15	0	26	1	79	0	19	0
Eau Claire	0	0	0	0	16	7	18	0	0	2	84	28	0	60	0
Florence	0	0	0	0	0	0	0	0	0	1	0	17	0	0	0
Fond du Lac	0	0	0	69	108	0	19	0	0	475	0	834	0	0	0
Forest/Oneida/Vilas	0	3	0	0	63	7	161	0	0	376	180	343	0	46	0
Grant/Iowa	0	0	0	0	18	2	6	0	0	305	0	315	0	0	0
Green	0	0	0	0	1	0	0	0	0	191	0	150	4	0	0
Green Lake	0	1	0	1	0	0	0	0	0	37	26	100	9	0	0
Iron	0	0	0	0	0	0	2	0	0	25	0	38	0	0	0
Jackson	0	0	0	1	0	0	9	0	0	1	121	7	1	0	1
Jefferson	0	0	0	0	68	0	17	0	0	575	352	269	140	0	0
Juneau	0	0	0	0	19	0	8	0	0	198	1	152	5	0	0
Kenosha	0	1	0	23	146	0	34	0	0	597	2	57	0	54	0
Kewaunee	0	0	0	1	0	0	0	0	0	100	115	53	0	5	0
La Crosse	0	25	0	0	1	0	14	0	0	553	45	25	0	0	0
Lafayette	0	41	0	102	154	4	0	56	0	1337	0	880	0	0	0
Lang/Linc/Marathon	1	0	0	1	5	0	1	1	0	119	0	70	0	0	0
Manitowoc	0	0	0	1	31	1	49	0	0	310	0	6	0	0	0
Marinette	0	0	0	0	0	0	0	0	0	204	2	294	0	0	0
Marquette	0	0	0	14	8	0	0	0	0	123	0	118	0	5	0
Menominee	0	0	0	3	0	0	1	0	0	109	0	87	0	0	0
Milwaukee	0	28	10	0	1689	0	577	49	0	0	3224	900	12	689	0
Monroe	0	0	0	0	0	11	8	0	0	262	253	67	14	332	0
Oconto	0	0	0	0	0	0	0	0	0	157	0	112	14	0	0
Outagamie	0	0	0	0	0	0	165	7	0	22	329	80	0	2	0
Ozaukee	0	0	0	0	0	0	0	0	0	385	12	143	0	41	4
Pepin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	0	4	0	0	2	0	11	0	0	172	0	119	0	0	0
Polk	0	1	0	0	1	0	3	0	0	343	0	290	0	18	0
Portage	0	0	0	0	0	0	30	0	0	353	184	39	0	1	0
Price	0	0	0	2	0	0	5	0	0	49	27	16	0	9	0
Racine	0	0	0	0	0	0	0	0	0	237	1284	362	0	0	207
Richland	0	1	0	15	0	0	0	0	0	68	0	102	0	0	0
Rock	0	0	0	6	207	0	27	0	0	922	0	314	19	28	0
Rusk	0	1	0	8	0	0	2	0	0	74	41	3	0	0	0
Sauk	0	13	0	49	51	0	20	1	0	1	3	98	0	0	0
Sawyer	0	0	0	1	2	0	9	0	0	146	0	141	2	0	0
Shawano	0	0	0	57	0	0	0	0	0	280	0	207	0	0	0
Sheboygan	0	1	0	0	0	0	59	0	0	0	1	126	0	0	0
St. Croix	0	0	0	0	3	0	26	0	0	260	0	273	0	0	0
Taylor	0	0	0	1	1	0	3	0	0	107	12	76	0	0	0
Trempealeau	0	0	0	0	1	0	13	0	0	136	0	23	1	0	0
Vernon	0	8	0	0	0	0	3	0	0	0	9	24	0	0	0
Walworth	0	0	0	16	78	0	0	0	0	500	0	183	0	0	0
Washburn	0	0	0	0	1	0	1	0	0	0	4	23	0	0	0
Washington	0	0	0	0	36	0	32	67	0	472	54	195	0	0	0
Waukesha	0	0	0	0	6	0	17	0	0	447	14	543	0	4	0
Waupaca	0	0	0	5	2	0	0	0	0	241	40	9	0	0	0
Waushara	0	0	0	0	0	0	9	0	0	130	0	247	0	0	0
Winnebago	0	0	0	7	2	17	120	0	0	1118	1016	112	0	0	0
Wood	0	0	0	0	5	1	37	58	0	443	0	335	0	45	0

SERVICES AND PROGRAMS PROVIDED BY REGIONS

Regional Mental Health/Substance Abuse Pilots

Two pilot projects in the western part of the state were awarded grant funds from 2013-2016 to regionalize their mental health and substance abuse service delivery system across county boundaries. The Western Region Integrated Care Consortium (WRIC) consists of La Crosse, Jackson, and Monroe counties. The Western Region Recovery and Wellness Consortium (WRRWC) consists of Chippewa, Buffalo, and Pepin counties. Both of these pilots are implementing a core array of over 20 behavioral health services in their respective regions and can serve as models for any future regional mental health and substance abuse delivery systems in Wisconsin. WRRWC's Comprehensive Community Services Program includes Barron, Dunn, Pierce, Polk, and Rusk counties. Appendix V provides an overview of the major accomplishments and milestones in implementing the regional core benefit services as of December 2015.

The regional mental health and substance abuse pilot projects were still developing during the period for this report. As of 2014-15, they did not yet report data to DHS on a regional basis. Regional data for the pilot projects will be available in the 2016-17 report, which will be published in January 2019.

Regional Comprehensive Community Services (CCS)

The CCS Program operated by county and tribal agencies was established in 2004 and expanded in the 2013-2015 Biennial Budget using Medicaid funds. Funding for this expansion was granted for reimbursement of program services, under the requirement that counties or tribes operate the program under population-based (large individual county), shared services, 51.42, or multi-county regional models with the intention to increase access to CCS services and create efficiencies in local administration of the program. At the conclusion of 2015, there were 22 certified CCS regions. These programs covered 62 of Wisconsin's counties and one tribal nation.

The purpose of CCS is to help these consumers achieve their highest possible level of independent functioning, stability, and independence as well as to facilitate recovery. CCS consumers are those with needs for services that are ongoing, comprehensive, and either high-intensity or low-intensity. To do this, CCS provides an array of community-based psychosocial rehabilitation services for these consumers. Specific services offered through CCS include diagnostic evaluations and assessments, recovery planning, service facilitation, communication and interpersonal skills training, community living skills development and enhancement, employment skills training, medication management, physical health monitoring, consumer and family psychoeducation, psychotherapy, substance use treatment, and other approved services described in the consumer's care plan.

APPENDIX I: Integrated Home and Community Mental Health and Substance Abuse Programs, by County/Region (as of 2015)

Reporting Unit Name	Community Support Programs (CSP)	Crisis Intervention Programs	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Coordinated Services Teams (CST)
Adams		Certified	Certified		X
Ashland	Certified	Certified	Certified		X
Barron	Certified	Certified	Certified	Certified	X
Bayfield	Certified		Certified		
Brown	Certified	Certified	Certified		X
Buffalo	Certified	Certified	Certified	Certified	X
Burnett	Certified	Certified			
Calumet	Certified	Certified	Certified		X
Chippewa	Certified	Certified	Certified	Certified	X
Clark	Certified	Certified	Certified		X
Columbia	Certified	Certified	Certified		X
Crawford	Certified	Certified	Certified		X
Dane	Certified	Certified	Certified	Certified	
Dodge	Certified	Certified	Certified	Certified	X
Door	Certified	Certified	Certified		X
Douglas	Certified				X
Dunn	Certified	Certified	Certified		X
Eau Claire	Certified	Certified		Certified	X
Florence					X
Fond du Lac		Certified	Certified		X
Forest/Oneida/Vilas	Certified	Certified	Certified	Certified	X
Grant/Iowa	Certified	Certified			X
Green	Certified	Certified	Certified		X
Green Lake	Certified	Certified	Certified		X
Iron	Certified		Certified		X
Jackson	Certified	Certified	Certified	Certified	X
Jefferson	Certified	Certified	Certified	Certified	X
Juneau	Certified	Certified	Certified	Certified	X
Kenosha	Certified	Certified	Certified		X
Kewaunee	Certified	Certified	Certified		X
La Crosse	Certified	Certified	Certified	Certified	X
Lafayette	Certified	Certified	Certified		X
Langlade/Lincoln/Marathon	Certified	Certified	Certified	Certified	X
Manitowoc	Certified	Certified	Certified		X
Marinette	Certified	Certified	Certified		X
Marquette	Certified	Certified			X
Menominee	Certified	Certified			X
Milwaukee	Certified	Certified	Certified	Certified	
Monroe	Certified	Certified	Certified	Certified	X
Oconto		Certified			X
Outagamie	Certified	Certified	Certified		
Ozaukee	Certified	Certified	Certified	Certified	X

Integrated Home and Community Mental Health and Substance Abuse Programs, by County/Region (as of 2015), continued

Reporting Unit Name	Community Support Program (CSP)	Crisis Intervention Programs	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Coordinated Service Teams (CST)
Pepin	Certified	Certified	Certified	Certified	X
Pierce	Certified	Certified	Certified	Certified	X
Polk	Certified	Certified	Certified		X
Portage		Certified	Certified	Certified	X
Price	Certified	Certified			X
Racine	Certified	Certified	Certified		X
Richland		Certified	Certified	Certified	X
Rock	Certified	Certified	Certified		X
Rusk	Certified	Certified	Certified		
Sauk	Certified	Certified	Certified		X
Sawyer	Certified	Certified			X
Shawano	Certified	Certified	Certified		X
Sheboygan	Certified	Certified	Certified	Certified	X
St. Croix	Certified	Certified			X
Taylor		Certif. Pending	Certified		
Trempealeau	Certified	Certif. Pending	Certified		X
Vernon	Certified	Certified	Certified		X
Walworth	Certified	Certified	Certified		X
Washburn	Certified				X
Washington	Certified	Certified	Certified	Certified	X
Waukesha	Certified	Certified	Certified	Certified	X
Waupaca	Certified	Certified			X
Waushara	Certified	Certified	Certified		X
Winnebago	Certified	Certified	Certified		
Wood		Certified	Certified	Certified	X

APPENDIX II: Mental Health Service Types, by SPC Code

Mental Health Service Types	SPC Code(s)	Service(s)
Community Support Programs (CSP)	509	
Comprehensive Community Services (CCS)	510.10	
Community Recovery Services (CRS)	511, 511.10	
Coordinated Services Teams (CST)	NA	
Crisis Intervention or Emergency Outpatient	501, 501.10 503.20 205 501.20	Crisis Intervention Emergency Room—hospital setting Shelter Care Crisis Follow-up Contact
Emergency Detention	503.1	
Inpatient Services	503 703, 705 925	Inpatient Detoxification (hospital, social setting) Institution for Mental Disease
Residential Services	202, 204 203 504, 506 505	Adult Family Home, Group Home Foster Home Residential Care Center, County-Based Residential Facility (CBRF) Developmental Disability Center/Nursing Home
Partial Day Services	704, 706	Day Treatment (medical, non-medical)
Court Services	301 303	Court Intake and Studies Juvenile Probation and Supervision
Medication Management	507.10	
Intake Assessment	603	
Case Management	604	
Outpatient Services	507 507.20 507.30 507.40 507.50	Counseling/Therapeutic Resources Individual Counseling Group Counseling Family or Couple Counseling Intensive In-Home
Supportive Services	104, 104.10 106 107 108 110 601, 602 605 606 615	Supportive Home Care Housing/Energy Assistance Specialized Transportation and Escort Work Related Services Daily Living Skills Training Outreach, Information/Referral Advocacy and Defense Resources Health Screening and Accessibility Supported Employment
Other Services	102 103, 103.10 112 403 406 408	Adult Day Care Respite Care Interpreter Services/Adaptive Equipment Recreation/Alternative Activities Protective Payment/Guardianship Community Prevention/Organization/Awareness

APPENDIX III: Substance Abuse Service Types, by SPC Code

Substance Abuse Service Types	SPC Code(s)	Service(s)
Community Support Programs (CSP)	509	
Comprehensive Community Services (CCS)	510.10	
Community Recovery Services (CRS)	511	
Crisis Intervention/Emergency Outpatient	501, 501.10 507.50	Crisis Intervention Emergency Outpatient
Detoxification Services	703.10 703.20 703.50 705, 705.10	Medically Managed Inpatient Detoxification Medically Monitored Residential Detoxification Ambulatory Detoxification Detox (Social Setting, Residential Intoxication Monitoring)
Inpatient Services	503.50 503.60 925	Medically Managed Inpatient Medically Monitored Hospital Treatment Institution for Mental Disease
Residential Services	503.70 504 506.10, 506.20 202, 204 205	Medically Monitored Community Based Residential Facility (CBRF) Treatment Residential Care Center (children) Transitional Residential Adult Family Home, Group Home Shelter Care
Partial Day Services	704.10, 706	Day Treatment (medical, non-medical)
Court Services	301	Court Intake and Studies
Intake Assessment	603	
Case Management	604	
Outpatient Services	507, 507.10, 507.20, 507.30 507.05, 507.15, 507.35 507.40, 507.45	Outpatient, Regular (general, indiv, family, group) Outpatient, Intensive (general, indiv, group) Outpatient, In-home (regular, intensive)
Medication Treatment	507.65 507.70 507.75 507.80	Medication Management Methadone or Narcotic Detoxification Methadone Maintenance/Narcotic Treatment Suboxone Management
Supportive Services	101 104, 104.10, 106 107 108 110 507.64 601 602, 602.10 606 615	Child Care Home Supports Specialized Transportation and Escort Work Related Services Daily Living Skills Training Drug Testing Outreach Information and Referral Health Screening and Accessibility Supported Employment
Other Services	112 112.55 403 406 408 507.62	Interpreter Services/Adaptive Equipment Specialized Medical Supplies Recreation/Alternative Activities Protective Payment/Guardianship Community Prevention/Organization/Awareness Other medical services

APPENDIX IV: Mental Health and Substance Abuse Service Definitions

Definition of Service Program Category (SPC), by SPC Code

- 101 **CHILD DAY CARE – CRISIS/RESPIRE**
The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family, or preserve the family unit. Services strive to facilitate the child’s social, physical, cognitive, and emotional growth. Includes resource recruitment and development and regulation/certification activities.
- 102 **ADULT DAY CARE**
The provision of services to adults in a certified natural or supportive service (day center) setting for the purpose of providing an enriched social experience, protection, and supervision during part of the day to enhance or maintain the integrity of families under stress, prevent abuse and neglect, and/or prevent their placement into alternate living arrangements. Typical services may include, but are not limited to, personal care and supervision. Benefits include the provision of food. Management functions that may be performed include, but are not limited to, resource recruitment and development, and regulation/certification. Includes transportation specifically for access to this program. Includes certified adult care when provided in a senior center. Senior center activities not provided as part of a certified adult day care program should be classified under Recreation/Alternative Activities. Excludes day center services for adults with developmental disabilities, which are classified within the Day Center Services/Treatment Program. Excludes in-home services provided primarily for the purpose of improving the daily living skills of developmentally disabled adults, which are classified within the Daily Living Skills Training Program.
- 103 **RESPIRE CARE**
The provision of services to consumers who are either caregivers or their dependents for the purposes of providing the primary caregiver temporary relief, relieving the primary caregiver of the stress of giving continuous support, providing the dependent consumer adequate care and supervision in a home-like environment (unlicensed), and reducing the need for placement of the dependent person outside of the home. Services to the primary caregiver may include case planning, monitoring, and review. Services for the dependent person may include personal care and supervision. The Respite Care Program includes only care that is delivered in the home of the primary caregiver, dependent person, friend or relative, the home of the respite care provider, or in those freestanding facilities that primarily serve as respite care centers. Excludes certified child care for the purpose of respite, which should be classified as Child Day Care. Excludes monitoring of care except in those instances when this is done by a consumer’s case manager as an integral part of the Case Management/Service Coordination Program. Excludes all types of in-home care or training that is not directly related to relief for the primary caregiver.
- 104 **SUPPORTIVE HOME CARE**
The provision of services to maintain consumers in independent or supervised living in their home or the home of their friends or relatives who help them meet their daily living needs, address their needs for social contact, ensure their well-being, and/or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to, household care, personal care, and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, and friendly visiting. Includes payments to maintain an individual in the independent living arrangement. Counseling/psychotherapy in a person’s own home is part of the Counseling/Therapeutic Resources Program. Excludes nonemergency 24-hour care in an adult’s or child’s own home for the purpose of respite, which should be classified as Respite Care. Excludes home and financial management training activities, which should be classified as Daily Living Skills Training.
- 106 **HOUSING/ENERGY ASSISTANCE**
The provision of services to consumers in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving (as well as payment of moving expenses). Includes repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities. Placement of persons into independent living from alternate living settings is classified under programs for those settings. Unskilled routine home maintenance tasks are part of the Supportive Home Care Program.

107 SPECIALIZED TRANSPORTATION AND ESCORT

The provision of transportation and transportation-related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation that is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit, which should be classified under the program or programs to which the transportation provides access.

108 WORK-RELATED SERVICES

The provision of services in integrated community work settings, specialized facilities (e.g., sheltered workshops), or other settings for purposes of enabling consumers to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment. Services may include, but are not limited to: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring, and review when done by work-related service providers; and supervision. Management functions that may be performed include, but are not limited to, resource recruitment, development, and contracting. Includes wages paid for work performed, training stipends, incentives for employer to provide on-the-job supervision, or items needed for employment. Includes sheltered employment, work activities, supervision of work in community settings, Job Training Partnership Act (JTPA), and displaced homemaker's services. Excludes Supported Employment as defined in SPC of that name.

110 DAILY LIVING SKILLS TRAINING

The provision of services to consumers whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a consumer's or caretaker's ability to perform routine daily living tasks and utilize community resources. Services that are educationally focused and are not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring, and review. Management functions include, but are not limited to, resource recruitment and development. Includes intensive in-home services that teach parenting skills to parents of children with special parenting needs. Includes the teaching of childrearing skills, training on the preparation and management of a household budget, maintenance and care of the home, and preparation of food. Includes services provided primarily in a natural setting such as those performed by a home trainer for children age 0-2, and skill training for consumers of all ages living in natural settings. Includes daily living skills training for parents and other family members, foster parents, adult family home members, and persons involved in apartment living programs. Excludes intensive home and community treatment services. Excludes recreational activities. Also excludes household care and personal care, which should be classified under the Supportive Home Care Program.

112 INTERPRETER SERVICES AND ADAPTIVE EQUIPMENT

The provision of services and material benefits to consumers whose ability to access, participate and function in their community or homes is limited by physical, sensory, or speech impairments, or lack of ability to effectively communicate in English in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members. Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others. Material benefits include cash for the purchase or provision of these services or items such as medically related equipment, adaptive aids, or communication devices. Management functions include resource recruitment and development associated with locating qualified interpreters. Includes interpreter services directly associated with familiarizing immigrants with Western culture in general and the lifestyles of their particular resettlement communities. Includes reader services for persons who are blind or visually impaired and other forms of communication assistance for persons with brain injuries or speech impairments. Includes cash payments to consumers or vendors for purchase of equipment, agency purchase of equipment, or those costs associated with the maintenance of these items. Types of items include adaptive household modifications such as ramps, vehicle modifications, prosthetic or orthotic devices, communication devices, signaling devices, aids and telecommunication devices for the deaf, aids and appliances for blind or visually impaired persons, special safety equipment, special clothing, etc. Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services. Excludes the activities of staff that possess bilingual or signing skills functioning in other programs.

- 202 **ADULT FAMILY HOME**
 The provision of a structured residential living arrangement for the purpose of providing care and support to adult consumers whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home may include, but are not limited to: supervision, dietary, personal care, and education/training. Material benefits include food and housing. Includes homes serving three or four residents that are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Wis. Admin. Code ch. DHS 81. Includes recruiting and certifying of adult family homes as well as locating, arranging for, and monitoring an adult family home placement when not an integral but subordinate part of case management.
- 203 **FOSTER HOME**
 The provision of a loving, caring, and supportive substitute family to children for a short-term period (or long-term in approved situations). Services to consumers provided by foster parents may include, but are not limited to: supervision, dietary, personal care, and transportation. Material benefits include: food, housing, household and personal care items, and clothing. Includes recruiting and licensing of foster homes. Includes locating, arranging for, and monitoring a foster home placement. Also includes activities involving foster homes in which there is a pending adoption.
- 204 **GROUP HOME**
 The provision of services in a community-based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Services to consumers may include, but are not limited to: supervision, dietary, personal care, and transportation. Benefits include: food, housing, household and personal care items, and clothing. Includes recruiting and licensing of group home placements by persons other than the group home provider. Excludes adult group homes licensed as CBRFs, which are classified as part of the Community-Based Care/Treatment Facility Program.
- 205 **SHELTER CARE**
 The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings that serve as shelters (e.g., for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under Wis. Admin. Code ch. DHS-59 (formerly PW-CY-45). Includes 24-hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (e.g., hospitalization of a parent).
- 301 **COURT INTAKE AND STUDIES**
 The provision of services essential to the provision of reports and recommendations to the court. Services may include, but are not limited to: assessment/diagnosis and case planning, monitoring, and review. Includes custody studies, mediation, and monitoring pursuant to divorce actions. Includes Chapter 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Wis. Stat. chs. 48, 51, 55.) Excludes studies and recommendations pertaining to proposed adoptions, which should be classified under the Adoptions Program. Also excludes child abuse and neglect investigations, which should be classified under Intake Assessment.
- 303 **JUVENILE PROBATION AND SUPERVISION**
 The provision of services to probationers and juveniles under either county department of social or human services or court formal or informal "supervision," for the purpose of monitoring behavior and preventing continued criminal or delinquent activities or other unacceptable behavior brought to the attention of the juvenile justice system. Includes home supervision of delinquents, status offenders, and CHIPS. Services may include, but are not limited to: case planning, monitoring, and review and referral. Includes payment of rent in a court-ordered supervised independent living arrangement. Excludes restitution by persons other than those responsible for supervision (e.g., restitution project staff), which should be classified as Restitution. Excludes supervision of children receiving aftercare following release from a correctional institution, which should be classified as Juvenile Reintegration and Aftercare Services. Excludes the provision of an appropriate alternative living standard program.
- 403 **RECREATION AND ALTERNATIVE ACTIVITIES**
 The provision of services in a natural or supportive setting to persons who are socially or physically inactive, or whose activities are socially inappropriate, for the purpose of increasing their participation in constructive leisure time activities that enhance their dignity, support their independence, and/or encourage their

involvement in and with the community. Services may include, but are not limited to: supervision, education/training, and transportation. Management functions that may be performed include, but are not limited to: resource recruitment and development related to recreational opportunities. Includes physical education or exercises for senior citizens (as well as senior center activities), Big Brothers, camping experiences, YMCA, YWCA, 4-H, mentoring activities for children receiving mental health services, and other group activities. Excludes recreational services provided as an integral part of a day services center/treatment program.

406 PROTECTIVE PAYMENT/GUARDIANSHIP

The provision of services to persons who have an agency as a guardian and/or who have demonstrated a lack of ability to use their funds properly by a person or authorized agency responsible for managing the consumer's money or supervising the consumer's use of funds. Services to ensure that the intended benefits of a money grant are used in the best interests of the beneficiary may include, but are not limited to: case planning, monitoring, and review and supervision. Includes recruitment and development of protective payees as an agency resource. Includes reimbursement to individuals and authorized agencies for related services and administrative expenses. Includes the services of an individual or corporate conservator, temporary guardian, guardian of the person, and/or guardian of the estate. Includes the services of a representative payee in SSI/Social Security Administration cases in which representative payees are required. Corporate guardianship services under this program include recruitment and development of families and interested citizens who may serve as guardians for mentally incompetent individuals. Includes travel and other expenses incurred by conservators, representative payees, and guardians. Excludes services designed primarily to teach money management skills, which should be classified under Daily Living Skills Training. Excludes guardianship services for purposes of adoption, which are part of the Adoptions Program.

408 COMMUNITY PREVENTION, ORGANIZATION, AND AWARENESS

The provision of services to the general public or targeted segments of the public for the primary purpose of preventing disabilities or social and community problems and promoting mental or physical health and improved social and community functioning. Services typically provided to groups at risk or the community at-large include, but are not limited to: public information and education/training. Includes a wide variety of activities designed to make constructive changes in community conditions to help prevent disabilities or social or community problems as well as the development of positive youth programs and/or self-help groups. Includes the providing of factual information on disabilities and their prevention, on family and social problems, and on good health and living practices. Includes the development and use of school and other curricula and printed and audiovisual educational and training materials that focus on the prevention of disorders and the coordination of all aspects of programming with other community agencies and groups. Includes presenting of factual information for the purpose of enhancing the competence of communities to accommodate or support elderly and disabled persons or other persons such as non-English speaking who otherwise would have difficulty accessing their community (e.g., influencing local transport system or street departments to better accommodate wheelchairs). Includes presentations and information directed at increasing public awareness of changes needed in the community to address the needs of children, elderly and the disabled. Excludes any services delivered to an agency consumer that may be part of the consumer's service or treatment plan. Excludes public information and other services when the main purpose is administrative, such as obtaining public input into agency plans, reports to governing boards, and funding sources, which should be classified as Agency/System Management. Excludes public information intended to recruit agency resources such as foster homes, which should be classified under the appropriate program (e.g., Foster Home). Excludes services provided when the primary intent is socialization (e.g., senior centers and companions, day care, congregated meals) or family planning, even if risk reduction is achieved for some individuals.

501 CRISIS INTERVENTION, Wis. Admin. Code ch. DHS 34

The provision of services to individuals in the general public who are experiencing emergencies that require an immediate response by the human service system (including those activities necessary to prepare for responding to conditions that are an immediate threat to a person's life or well-being) for the purpose of removing or ameliorating these conditions and linking the individual with appropriate human services. Services to individuals and for the community at large include but are not limited to: counseling/psychotherapy, supervision, general physical health, transportation, and referral. Includes 24-hour hot lines, crisis response teams, and extra hour staffing for handling emergencies only when the program provider is specially organized for this purpose and is designed to serve the general public rather than specific consumer groups. Excludes services delivered under emergency conditions that are an integral, but subordinate, part of other standard programs (e.g., emergency inpatient care is to be classified as part of the inpatient program).

- 503 **INPATIENT**
 The provision of 24-hour emergency room and/or inpatient mental health or substance use treatment services in a general, psychiatric, or specialty hospital for the purpose of stabilizing and/or ameliorating mental illness (short-term or long-term), alcohol or other drug abuse, or other problems requiring medical care or hospitalization, enabling persons to eventually function effectively in a less restrictive alternate or a natural living setting. Services may include but are not limited to: emergency medical care; assessment/diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision; and therapy. Food and housing are required benefits and medications are also commonly provided. Includes stays under emergency detention and commitment provisions. Includes evaluations that require an inpatient admission. Includes planning for, arranging for, and monitoring of inpatient facility placements. Includes § DHS 75.10 medically managed inpatient substance use treatment. Includes Medically Monitored Residential Treatment under § DHS 75.11, which is short-term (<30 days), 24-hour care in a non-hospital residential setting providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient. Excludes inpatient care for the primary purpose of detoxification and IMD nursing home services. Excludes licensed IMD nursing home services meeting the definition of SPC Institution for Mental Disease.
- 504 **RESIDENTIAL CARE CENTER**
 The provision of services to children in licensed residential care centers to stabilize and/or ameliorate behavioral, mental health, alcohol and other drug abuse, and other disorders for the purpose of improving their functioning and enabling them to return to their own communities in the shortest possible time. Services to consumers may include, but are not limited to, supervision, education/training, and counseling/psychotherapy. Benefits include food, housing, and items such as school supplies and books. Includes planning for, arranging for, and monitoring of residential care center placements.
- 505 **DD CENTER/NURSING HOME**
 The provision of services to consumers in licensed nursing homes, including Wisconsin's three centers for the developmentally disabled (DD) for the purposes of evaluation, respite, or care designed to reduce the severity of behavioral, alcohol or other drug, or medical problems, which attend and complicate severe developmental disabilities or alcohol and other drug abuse. Services may include, but are not limited to, assessment/diagnosis, physical health services, therapy and laboratory services, personal care, and supervision. Benefits include food, household and personal care items, housing, and drugs. Includes planning for, arranging for, and monitoring of placements by DD center or nursing home staff. Excludes licensed IMD nursing home services meeting the definition of SPC 925 Institution for Mental Disease.
- 506 **COMMUNITY-BASED CARE/TREATMENT FACILITY**
 The provision of services to consumers in a community-based residential facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug abuse disorders. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs. Includes nonmedical AODA extended care in CBRFs. Includes transitional residential treatment under § DHS 75.14, which is long-term (>30days), 24-hour care in a residential setting that is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling for three to 11 hours per resident weekly, immediate access to peer support through the environment, and intensive case management that may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning. Excludes residential care for the primary purpose of detoxification, which should be classified under that standard program category. Excludes unlicensed living arrangements (even if supervision is provided or live-in staff are present), which should be classified as part of Supportive Home Care Program or the Shelter Care Program. Excludes AODA residential care in nursing homes which should be classified under the DD Center/Nursing Home Program. Excludes AODA residential inpatient programs in CBRFs, which should be classified under the Inpatient Program. Excludes homes serving three or four residents, which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under ch. DHS 82.
- 507 **COUNSELING AND THERAPEUTIC RESOURCES**
 The provision of treatment-oriented services to consumers needing treatment for a personal, social, behavioral, mental, or alcohol and drug abuse disorder to maintain and improve effective functioning. Services typically provided in a service office or a natural setting, may include, but are not limited to: assessment/diagnosis; case (treatment) planning, monitoring, and review; counseling/psychotherapy; therapy services; physical health services; and medical support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school. Includes intensive home and community treatment services when

provided by persons other than those responsible for probation, juvenile supervision or aftercare supervision. Includes methadone maintenance activities. Includes intensive outpatient treatment for substance use conditions under § DHS 75.13, which is a medically monitored treatment modality that provides a combination of individual, group and family therapy. Intensive outpatient programs provide nine or more hours of treatment and structured programming per week for individuals who are able to function in the community with this level of care. Includes regular outpatient mental health or substance use counseling or psychotherapy under ch. DHS 35 or § DHS 75.13, provides office-based intake; strength-based assessment; evaluation; diagnosis; psychological testing; intervention; treatment planning; individual, group, and family counseling or psychotherapy; and medication management typically for fewer than nine hours each week. Services are provided to ameliorate symptoms and assist the individual in their recovery. Excludes work-related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.

509 COMMUNITY SUPPORT PROGRAM (CSP), Wis. Admin. Code ch. DHS 63

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic consumers in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcoholism and assisting consumers to access and participate in the community. The service of case planning, monitoring, and review as well as the activities involved in case management/service coordination are a required part of this program for every consumer. Services that must be available although not necessarily provided to each consumer are: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral, and transportation. Includes identifying persons in need of services, assisting with and training consumers in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both CSP and other human service programs such as the Division of Vocational Rehabilitation, General Relief and Supplemental Security Income. Includes only activities delivered by designated CSP providers to persons with serious and persistent mental illness and chronic alcoholic persons and excludes these activities when delivered by other agency providers.

510 COMPREHENSIVE COMMUNITY SERVICES (CCS), DHS 36

CCSs are certified per the requirements of DHS 36 and provide a flexible array of individualized, community-based psychosocial rehabilitation services authorized by a licensed mental health professional under § DHS 36.15 and provided to consumers with mental health or substance use issues across the lifespan who qualify based on level of need through a completed MH/AODA Functional Screen. The intent of the services and supports is to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders and the restoration of a consumer to the highest possible level of functioning and to facilitate their recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFS § 440.130(d) in order for the services to be reimbursed by Medicaid. Services that must be available for consumers are: assessment, recovery/service planning, service facilitation, and individually authorized psychosocial rehabilitation services.

In order to qualify as psychosocial rehabilitation, a service must:

- Have been determined through the assessment process to be needed by an individual consumer.
- Involve direct service.
- Address the consumer's mental health and substance abuse disorders to maximize functioning and minimize symptoms.
- Be consistent with the individual consumer's diagnosis and symptoms.
- Safely and effectively match the individual's need for support and motivational level.
- Be provided in the least restrictive, most natural setting to be effective for the consumer.
- Not be solely for the convenience of the individual consumer, family or provider.
- Be of proven value and usefulness.
- Be the most economic option consistent with the consumer's needs.

CCS includes only activities delivered by providers who are part of the certified CCS program to persons with a diagnosis of a mental disorder or a substance use disorder as defined in § DHS 36.14 (2). Consumers enrolled in waiver programs are eligible for CCS. CCS recipients may not be enrolled in a Community Support Program (CSP). For CCS recipients, all of the following services must be recorded using the 510.10 SPC code: outpatient mental health (excluding pharmacologic management), mental health day treatment for adults, and

substance abuse treatment and service facilitation (case management). If an individual is in need of any of these services, they must be provided as part of CCS and thus recorded using the 510.10 SPC code as opposed to other existing service codes. Consumers may receive other services outside of their CCS plan, but these services should continue to be reported in PPS separate from CCS.

Recording CCS units of service

For services rendered July 1, 2014, or later, CCS can only be recorded in hourly units using the 510.10 SPC code. The old 510 SPC code for CCS per diem units is no longer available. This change mirrors Medicaid claim requirements. To convert 15-minute increments to hourly units, multiply the number of 15-minute increments by .25. For example, four 15-minute units will equal 1.00 PPS unit.

511 COMMUNITY RECOVERY SERVICES (CRS), Wis. Stat. § 49.45 (30g)

This is a non-waiver, state Medicaid plan amendment benefit provided by a CRS-certified county or tribe or vendor. Any mental health agency offering this service and submitting the SPC 511 code must be specifically certified to deliver the CRS service. The goal of CRS is to provide services that enable mental health consumers to live in the least restrictive community environment available. CRS provides three distinct services across the lifespan for consumers having a severe and persistent mental illness:

- Community Living Supportive Services (activities necessary to allow individuals to live with maximum independence in community integrated housing).
- Supported Employment (activities necessary to assist individuals to obtain and maintain competitive employment).
- Peer Supports (advocacy, information and support provided by certified peer specialists).

Relationship to Other Services

- Consumers receiving CRS services may simultaneously receive services through a CSP (SPC 509) or CCS (SPC 510). Thus, the SPC 511 may be open in PPS simultaneously with SPC 509 or 510.
- If Community Options Program (COP) funds are used to match CRS, please record the CRS service and associated COP costs in the HSRS Long Term Support Module in addition to recording CRS in the PPS MH Module. When COP funds are used, the participant MUST meet COP functional and financial eligibility and have received a COP assessment and plan prior to the service start.

Recording CRS units of service

PPS allows for CRS to be reported in hourly or per diem units. Use SPC code 511 to report hourly units and use SPC code 511.10 to report per diem units. To convert 15-minute increments to hourly units, multiply the number of 15-minute increments by .25. For example, four 15-minute units will equal 1.00 PPS unit.

601 OUTREACH

The provision of services designed to result in the locating of persons likely to have a problem that can potentially be alleviated by the delivery of human services. Services may include, but are not limited to, case finding and referral. Management functions include resource recruitment and development. Includes activities that better enable persons to locate human service resources that are appropriate to their needs such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services. Includes employee assistance and student assistance program development activities. Includes systematic attempts by county agencies to secure increased numbers of agency consumers from specific segments of the community or specifically defined groups (e.g., rural residents or minority groups). Excludes assessment/diagnosis associated with a formal application process; this is to be classified as Intake Assessment. Excludes assessments that are an integral but subordinate part of admission to another program. Excludes health screening activities that should be classified under the program of that name. Excludes services for agency consumers.

602 INFORMATION AND REFERRAL

The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources. Includes referral to legal resources. Includes maintaining and summarizing records of information and referral contacts. Includes providing information in response to requests, referrals, in-depth conversations that take place over time regarding an individual's concerns and challenges, help connecting persons with services or resources, applying for benefits, and follow-up. Excludes public information and referral when provided as a subordinate part of intake process or when part of other programs.

- 603 **INTAKE ASSESSMENT**
 The provision of services in a natural or supportive service setting to persons who are or may become consumers for purposes of determining the existence of, and the nature of, a specific problem or group of problems. Services may include, but are not limited to, assessment/diagnosis and referral. Consumer assessments include Community Options Program assessments, Intoxicated Driver Program assessments, and child abuse and neglect investigations. Includes activities associated with the AO167 process and screenings of prospective nursing home admissions per § DHS 132.51 (2)(d)(1). May also include the development of an initial case service or treatment plan if done as part of a general consumer intake process, intake activities that occur prior to the establishment of consumer status, and the activities of centralized intake units. Assessment/diagnosis that is an integral but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers, which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.
- 604 **CASE MANAGEMENT**
 The provision of services by providers whose responsibility it is to enable consumers and, when appropriate, consumers' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by consumers and their families. Services may include, but are not limited to, assessment; case planning, monitoring, and review; advocacy; and referral. If the case management activity is limited to managing service received in a single program, such case management is considered an integral but subordinate part of that program, rather than case management as defined here, which must relate to all services and supports the consumer receives.
- 605 **ADVOCACY AND DEFENSE RESOURCES**
 The provision of services by persons whose principal responsibility is to ensure rights to fair and just treatment. Services that may be provided by lay advocates as well as persons with legal training may include, but are not limited to, education/training and advocacy. Includes assistance in applying for needed services or benefits, assistance in the use of appropriate grievance procedures, provision of representation for consumers at hearings, the provision of legal advice, legal representation in court, legal research, education, and counseling regarding legal rights and responsibilities.
- 606 **HEALTH SCREENING AND ACCESSIBILITY**
 The provision of services in a natural or supportive service setting to persons at risk for health problems for the purpose of early identification of health care needs and improved accessibility to needed health care services. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring, and review; referral; and advocacy. Health screening provided as part of an overall consumer assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.
- 615 **SUPPORTED EMPLOYMENT**
 Supported employment is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. Includes transitional employment for persons with chronic mental illness. Excludes welfare and employment programs. Integrated work setting is defined as no more than eight people with a disability in one work area.
- 703 **DETOXIFICATION—HOSPITAL SETTING AND RECEIVING CENTER**
 Includes hospital-based detoxification programs including those certified under §§ DHS 75.06 through 75.08. A detoxification receiving center program provides services to consumers incapacitated by alcohol or drugs and in need of assessment, monitoring and stabilization. The consumer may be admitted until the incapacitation has abated or may be referred to an emergency medical facility. Includes medically managed hospital detoxification that is 24-hour medically necessary observation and monitoring of incapacitated patients' alcohol or substance withdrawal in a hospital setting, with round-the-clock nursing care, physician management, and availability of all other resources of the hospital. Patients have the opportunity to meet with a substance use counselor for continuing care planning and linkages. Includes medically monitored residential detoxification that is a 24-hour service in a non-hospital residential setting providing detoxification services for incapacitated persons. Care is provided by a multidisciplinary team of service personnel, including 24-hour nursing care under the supervision of a physician. Transportation, if needed, to an emergency room of a

general hospital for medical treatment is also provided. Includes ambulatory detoxification that is medically managed or monitored structured detoxification service on an outpatient basis, delivered by a physician or other service personnel acting under the supervision of a physician.

704 DAY TREATMENT—MEDICAL

A day treatment program (DTP) is a nonresidential program in a medically supervised setting that provides case management, counseling, medical care, and therapies on a routine basis for a scheduled portion of a 24-hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family, and group counseling but not aftercare services. Includes day treatment for substance use conditions under § DHS 75.12, which is a day treatment service that is a medically monitored, non-residential substance abuse treatment service consisting of regularly scheduled sessions of various modalities such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week.

705 DETOXIFICATION—SOCIAL SETTING

A social setting detoxification program provides treatment-oriented service that does not include direct medical services as defined under § DHS 75.09. This non-medically oriented program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care. Residential intoxication monitoring is 24-hour observation by staff to monitor the safe resolution of alcohol or sedative intoxication and to monitor for the development of alcohol withdrawal for intoxicated (not incapacitated) patients who are not in need of detoxification, emergency medical, or psychological care. The service is provided in a supportive setting that includes provision of nourishment and emotional support.

706 DAY CENTER SERVICES—NON-MEDICAL

A day treatment program (DTP) is a nonresidential program in a non-medically supervised setting that provides case management and counseling on a routine basis for a scheduled portion of a 24-hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family, and group counseling but not aftercare services.

925 INSTITUTION FOR MENTAL DISEASE (IMD)

Units of service under the IMD service cluster are defined as days of care provided in an IMD-licensed nursing home to persons meeting the mentally ill consumer characteristic criteria of receiving services in an IMD under a 90 percent Continuing Placement Slot Contract.

999 COORDINATED SERVICES TEAMS (CST), Wis. Stat. § 46.56

CST initiatives are evidence-based practice models of care for children and youth with mental illness and/or behavioral health issues. CST is a systems approach designed to assure children and their families have support and access to mental health and other services in their communities. CST is a recovery and resiliency-oriented, intensive case management, community-based rehabilitation and outreach service for children and their families. It is team-based and focused on the child and their family along with the various systems involved in the child's life. The supports and services include the mental health rehabilitation interventions and other supports necessary to assist the recipient in achieving and maintaining rehabilitative, resiliency, and recovery goals. CST is developed and designed to meet the mental health, co-occurring health, educational, vocational, residential, financial, social, and other treatment support needs of children and families. CST is a community-based approach to service delivery that is often used for children who would have otherwise been placed in a residential treatment environment at a much higher cost.

APPENDIX V: Overview of Major Accomplishments and Milestones in Implementing Regional Core Benefit Services as of December 2015

Western Region Integrated Care Consortium (WRIC) La Crosse, Jackson, and Monroe Counties (Region's 2014 combined population: 183,839 persons)	Western Region Recovery and Wellness Consortium (WRRWC) Chippewa, Buffalo, and Pepin Counties (Region's 2014 combined population: 83,996 persons)
<ul style="list-style-type: none"> • Developed and signed an overall shared regional governance agreement that established authority and roles for service and fiscal operation across counties, thereby achieving consistent services across the region supported by a single clinical and fiscal infrastructure. • Formed regional CCS Coordination Committee, Consortium Advisory Council, and county-specific councils and committees • Completed necessary coordination, state certification, and system and service enhancement activities to establish regional shared services and obtain state certification to offer regional prevention, early intervention, CCS, CSP, supported employment, peer supports, criminal/juvenile Justice alternatives, CST, CRS, and protective placement services across the three counties; additional services are being planned. • Achieved increased collaboration and participation among stakeholders (consumers, families, community members, county, and state partners) for enhanced system design, service delivery, and program evaluation. Approximately 50 consumers/family members have been (or still are) actively involved. • Implemented the evidence-based integrated dual diagnosis treatment, individual placement and support, motivational interviewing, and trauma-informed care models across all counties. • Provided Netsmart's Avatar care record system region-wide for documenting each core benefit service. Implementation will occur as entities approve and implement the system. • Provided an Internet-based virtual private network for shared calendars and storage folders for confidential information. 	<ul style="list-style-type: none"> • Developed governance for the consortium and formed the Leadership, Core Services and Comprehensive Community Services Coordinating committees • Completed necessary coordination, state certification, and system and service enhancement activities to establish regional shared services and obtain state certification to offer regional CCS, crisis intervention, CSP, CST, targeted case management (TCM), supported employment, peer supports, in-home services for children and families, medication management, outpatient substance abuse treatment, residential substance abuse treatment, detox, emergency detention review, mental health inpatient, and transportation services across the three counties; additional services are being planned • Established a regionalized contracting, rate setting, and fiscal management process for counties and providers for the various regional services offered. • Implemented three technology solutions to meet regional needs including Netsmart's Avatar electronic care record system; Skype and Microsoft Lync for video conferencing, clinical supervision, and telehealth services; and Internet-based virtual private network (VPN) for uniform documentation, billing, and secure file sharing across the region. • Increased consumer involvement in service development to 12 consumers. • Implemented the evidence-based multisystemic therapy program for children and families designed to keep children in their homes. • Adopted a <i>one person, one care plan</i> process across all services.