

# Western Region Recovery and Wellness Consortium

{ WRRWC }



## CORE PARTNERS

Buffalo | Chippewa | Pepin

## Comprehensive Community Services (CCS) Partners

Barron | Buffalo | Chippewa | Dunn | Pierce | Pepin | Polk | Rusk

Additional Partners: Eau Claire and St. Croix

# Message from the WRRWC Operations Manager



Jill A. Chaffee

This past year has been filled with opportunities and accomplishments for the Western Region Recovery and Wellness Consortium (WRRWC). With our past projects (Aurora – crisis stabilization home, UW-Stout – Individualized Placement and Support – supported employment, and Northwest Connections – crisis services for children network) having achieved stability, we began our most collaborative project to date: the regionalization of core mental health and substance abuse services. Buffalo, Chippewa, and Pepin Counties have come together to share and regionalize core mental health and substance abuse services. Service provision will be at the local level with billing, supervision, and certification provided by the lead county agency of Chippewa. To complete this important task, we received a three-year grant from the State of Wisconsin, Department of Health Services, Division of Mental Health and Substance Abuse Services. Our first priority was to increase customer engagement in our processes. Our customers have helped the WRRWC to see services through their eyes so as to better design services that meet their needs. We have developed and signed a governance document to guide our counties, an important step in the development of lasting trust. This collaborative project is demonstrative of our mission “to provide accessible, high quality mental health and substance abuse services.” Buffalo, Chippewa, and Pepin Counties will be planning and implementing core services over the next two years and we can’t wait to see the outcomes.

Another opportunity came in the form of a program called Comprehensive Community Services (CCS), which engenders greater opportunities for choice and engagement for customers across the lifespan. We believe it will allow us to serve people with the right service at the right time. Within the state budget, the Governor provided for the state to fund the 40 percent match for CCS, which allowed eight counties to team up and provide CCS. Without this economic support, the counties of Barron, Buffalo, Chippewa, Dunn, Pepin, Pierce, Polk, and Rusk would not have been able to provide CCS. The state budget match was a big surprise for all of us, and we plan to begin CCS on February 1, 2015.

We have been energized by this collaborative process. We continue to strive to look at services through the eyes of our customers while consistently considering ways to be more efficient and effective. We thank our customers for their input, our partners for their perseverance, and our communities for their support. We will continue to work with you to achieve hope, recovery, and community wellness.

Sincerely,

Jill A. Chaffee

*Mental Health & Substance Abuse Operations Administrator  
Western Region Recovery and Wellness Consortium (WRRWC)*

*jchaffee@co.chippewa.wi.us | (715) 738-2585*

# Western Region Recovery and Wellness Consortium (WRRWC) History

- **2005:** A group of four western region counties began designing a multi-county mental health and substance abuse collaborative approach. Crisis services was the focus. Over time that initiative grew to a public/private partnership between 18 Wisconsin counties and Northwest Connections (Frederic, Wisconsin) providing telephone and/or mobile emergency mental health services. They received grant funds from the Department of Health Services to develop crisis programming.
  - **2009:** A group of seven Western Region counties continued the process of identifying regional service gaps and began working on a plan to address crisis services across the lifespan. The Western Region Recovery and Wellness Consortium (WRRWC) was formed consisting of Barron, Buffalo, Chippewa, Dunn, Eau Claire, Pepin, and Pierce Counties. Out of the children and youth crisis service workgroup, another public/private partnership was developed that resulted in the Children Services Crisis Network (CSCN), which matches placement resources (foster care, group care, and Residential Care Centers) with children and youth in need of crisis services to avoid hospitalization or to decrease the length of hospitalization.
  - **2010:** The State of Wisconsin, Division of Mental & Substance Abuse Services (DMHSAS), contacted the WRRWC as to our interest in funding to develop Individualized Placement and Support – Supported Employment and peer specialist services. Barron, Chippewa, Dunn, and Eau Claire Counties stepped forward to plan implementation of these services. University of Wisconsin - Stout was selected as the Fidelity Assurance Specialist, which worked with providers to implement the supported employment model as designed.
  - **2010:** The WRRWC responded to a mental health and substance abuse request for information by the DMHSAS. The counties included were Barron, Buffalo, Chippewa, Dunn, Eau Claire, Pepin, and Pierce.
  - **2011:** In December the DMHSAS reported that the WRRWC had the most solid proposal in the system innovation and core benefits area.
- From the beginning, WRRWC incorporated customers into its initiatives in order to receive meaningful input into the design of services. Additionally, customers became champions for promoting the concept of recovery and the new services developed by counties.
- **2012:** In April the WRRWC opened a four-bed adult crisis stabilization home in collaboration with Aurora Community Services, Menomonie, Wisconsin. Currently Barron, Buffalo, Chippewa, Eau Claire, Pepin, Pierce, Polk, Rusk, and St. Croix Counties entered into separate contracts with Aurora for crisis stabilization services. A Memorandum of Understanding (MOU) has been established by the counties outlining the operation and funding responsibilities for each county.
  - **2013:** WRRWC began the Core Mental and Substance Abuse Services Regionalization Project.

## Mission, Vision, and Values

The mission, vision, and values of the Western Region Recovery and Wellness Consortium (WRRWC) Regionalization Pilot Program serve as the basis for the strategic plan and guide all Consortium activities.

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### Mission

To provide accessible, high quality mental health and substance abuse services

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### Vision

The achievement of hope, recovery, and community wellness

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### Values

#### COLLABORATION

Highly diversified teams work together to improve services while creating more effective interactions inside and outside of the partner counties.

#### RESULTS-DRIVEN

Services are provided to achieve both self-directed and system outcomes for individuals and families.

#### PERSON / FAMILY-CENTERED

A collaborative process is directed by the family or person to achieve recovery.

#### RECOVERY ORIENTATION

People are helped to follow their own path toward better physical, mental, and spiritual health.

#### EFFECTIVE LEADERSHIP

Setting and achieving challenging goals, committing to decisive action, acting with integrity, taking calculated risks, persevering in the face of failure, and making sound decisions inspires others to perform well.

# WRRWC Projects and Descriptions

WRRWC Projects	Provider	Counties Included
Crisis Stabilization Home	Aurora Community Services	Barron, Buffalo, Chippewa, Dunn, Eau Claire, Pepin, Pierce, Polk, St. Croix
Crisis Services for Children Network (CSCN)	Northwest Connections	Adams, Barron, Chippewa, Jefferson, Pierce, Polk, Sauk, St. Croix
Individualized Placement & Support – Supported Employment (IPS-SE)	UW-Stout – Trainer, Aurora Community Services, Chippewa River Industries, and Barron County Department of Human Services	Barron, Chippewa, Dunn. Washburn and Pierce are both in the start-up phase.
Peer Specialist Training*	Chippewa River Industries Counties	Chippewa County organized
Core Services	Counties – Chippewa County Lead Agency	Chippewa, Pepin, Buffalo
Comprehensive Community Services (CCS) Multi-County Program	Counties – Chippewa County Lead Agency	Barron, Buffalo, Chippewa, Dunn, Pepin, Pierce, Polk, Rusk

\*Peer Specialist Training was completed.

## Crisis Services for Children Network

The Crisis Services for Children Network (CSCN) acts as a clearinghouse for high-quality crisis services available to counties in the state of Wisconsin that are seeking services for children and adolescents experiencing crisis. Until its creation, there was no central hotline for counties to call to access available crisis stabilization services in their region and throughout the state. CSCN fills that gap and provides a great resource for counties. The network has been in operation since February 2011 under the direction of Northwest Connections out of Frederic, Wisconsin.

## Individualized Placement & Support – Supported Employment

Individual Placement and Support - Supported Employment (IPS - SE) is an evidence-based practice of supported employment for individuals with mental illness. It is based on eight principles including zero exclusion, rapid job search, and time-unlimited follow along support.

The WRRWC began providing IPS services November 2011 with four counties in the initial roll-out; three of these counties continue to provide IPS services, participate in the statewide

learning collaborative, and work with state-level partners to conduct a fidelity review at least once a year. Fidelity is determined by adherence to 25 items within three categories: staffing, organization, and services.

## WRRWC Crisis Stabilization Project



### PROGRAM UPDATE:

## Aurora Crisis Home



The Regional Crisis Stabilization Program opened April 2012 and is the result of a collaborative effort between Aurora Residential Alternatives, Inc. (ARA) and the Western Region Recovery and Wellness Consortium (WRRWC).

The program is operated in a state licensed, four-bed Adult Family Home located in rural Chippewa County. Services provided meet the requirements established under DHS 34 for Optional Crisis Stabilization Services. The home is staffed by two individuals, 24 hours per day, with additional support and service provided by a Certified Peer Support Specialist. The home's program statement allows for services that are both diversionary and transitional.

The primary goal of the Regional Crisis Stabilization program is to assist individuals who are experiencing a mental health crisis by providing services in a community-based setting, thereby decreasing the need for more restrictive inpatient care.

An integral component of the services provided through crisis stabilization is the use of Peer Support. The primary role of the Peer Specialist at the Crisis Stabilization program has been the development of an individualized

Wellness Recovery Action Plan (WRAP). The Peer Specialist meets with individuals to finish the WRAP development after discharge into the community. The Peer Specialist then makes follow-up phone calls about one to two weeks after discharge to follow up on the customer's progress and linkage.

A portion of a grant received by the WRRWC was earmarked to assist transportation-related issues. Initially the grant funds were used to purchase gas cards that were provided to the Crisis Stabilization Program and to Northwest Connections mobile crisis workers. While the ability to provide a gas card proved to be a valuable resource, transportation to the crisis program continued to be a challenge. The WRRWC decided to enter into an agreement with Tender Care Transport to offer another transportation resource. That agreement went into effect November 2012.

The goal of the Regional Crisis Stabilization Program is to provide linkage to both community-based services and natural supports. This linkage process is person-centered and individualized. It is a joint effort by the staff at the Crisis House, county personnel, and the individual.

Individuals can begin the process of getting connected to services in their home county while they are at the crisis stabilization program by researching resources, scheduling appointments, etc. Some individuals utilizing the crisis house already have established services. Customers who have established services receive assistance in making follow-up appointments and re-establishing a connection with service providers.

During the 2013 year, the crisis stabilization home facilitated 119 admissions.

The Regional Crisis Stabilization Program has proven to be a valuable resource to individuals who have experienced a mental health or emotional crises.

For more information about the crisis home or other services offered by Aurora, link to their website at [www.AuroraServices.com](http://www.AuroraServices.com)



# Western Region Recovery and Wellness Consortium (WRRWC)

## Core Services Project Summary\*

The Western Region Recovery and Wellness Consortium (WRRWC) Regionalization Project, a three-year pilot project, represents a joint effort between Buffalo, Chippewa, and Pepin Counties. This consortium ensures the availability of core mental health and substance abuse services across the three-county region.

The reasons for this collaboration are multi-faceted in nature but key considerations include:

- administrative efficiency,
- facilitation of program certification and the resulting ability to generate additional Medicaid revenue<sup>1</sup>,
- consistent and specialized clinical supervision to guide more effective decision-making,
- provision of more individualized, recovery-oriented services that in turn prevent the need for more restrictive and costly services.

The intent of the regional pilot program is reflected in the mission, vision, and values of the consortium counties. This is done by providing accessible and high quality mental health and substance abuse services across the region; the counties expect “to achieve hope, recovery, and community wellness.”

The pilot counties will draw upon their individual strengths to leverage this grant-supported opportunity to build a regional service infrastructure while working to address weaknesses. The counties’

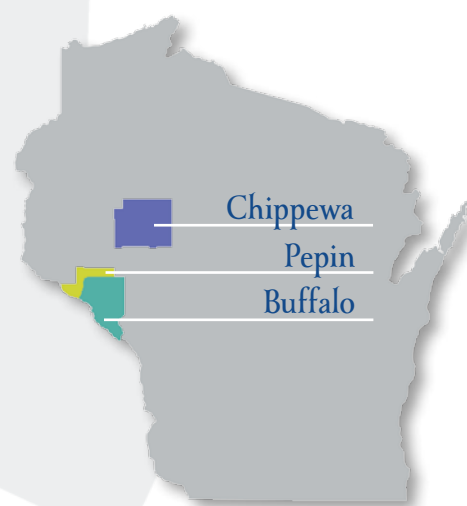
numerous strengths include diversity of expertise, similar customer-centered philosophies and commitment to the same cause, respectfulness, forward-thinking leaders, quality staff, and a sufficient volume of customers (on a regional basis).

Weaknesses that must be addressed and threats that must be monitored and mitigated include the ground-breaking nature of the initiative, lack of expertise in certain areas (e.g., electronic health records, new software), lack of sufficient providers of evidence-based services, disparate county personnel policies and service funding structures, geographical dispersion, and the voluntary nature of this initiative.

In support of the consortium’s mission, the pilot counties also expect to sustain this effort by taking advantage of additional funding opportunities, including full funding through the State for Comprehensive Community Services (CCS) and new sources of third-party revenue as more residents access Medicaid or private insurance under the Affordable Care Act.

The priority of the service implementation is based upon key factors identified by consortium members, including correlation to other key services, the ability to generate revenue, level of need, existing infrastructure, and the ability to mitigate crises and reduce the need for higher-end services.

### Partners in the Western Region Recovery & Wellness Consortium (WRRWC)



**Core Partners:**  
Counties of Buffalo, Chippewa, and Pepin

\*The duration of the three-year pilot project (ending December 31, 2015).

<sup>1</sup>The lack of certified programming in Buffalo and Pepin counties has precluded reimbursement from Medicaid and other third-party payers in the past.

# Core Services – Goals

1. Improve overall quality of care by using evidence-based and best practice models.
2. Within available funding structures, maximize access to a core benefit set of services regardless of geographical location within the consortium counties.
3. By pursuing regionalization, increase efficient use of mental health and substance abuse resources.
4. Increase meaningful participation of people with mental health and substance abuse challenges in the planning and implementation of an effective community-based and recovery-oriented service model.

## 2013 YEAR ONE GOALS

- Assess current services within each county.
- Develop customer relationships and customer engagement in the process.
- Examine information technology opportunities in order to improve communication among the counties and in turn, improve services to customers.
- Develop governance for the consortium.
- Research evidence-based and best practices.
- Provide training opportunities around evidence-based and best practices.

## 2014 YEAR TWO GOALS

- Work with the State of Wisconsin, Department of Health Services, to create program efficiencies through regulations.
- Develop baseline outcomes.
- Develop quality assurance processes.
- Implement program services that were identified in year one.
- Develop overall action plan to complete goals as stated.

## 2015 YEAR THREE GOALS

- Implement the action plan.
- Continue development of the quality improvement processes.
- Adjust initial plan as needed.

## Why collaboration on this project?

- To identify effective and efficient regionalization opportunities within the consortium.
- To allow counties to take on leadership for anticipated changes.
- To capitalize on the various strengths of each county while improving services.
- To expand on the current shared service projects within the counties.
- To identify and increase public-private organizational partnerships.



**Larry Winter**, Chippewa County, Core Partner

Chippewa County Department of Human Services is excited and humbled to be chosen as the lead county for the Western Region Recovery & Wellness Consortium. We view each participating county and provider as our customer and partner. We want to know the culture of each county and provider, we want to know what each county and provider needs to achieve results, we want each county and provider to be able to increase access to customers with mental health and substance use issues. We want to assist each county and provider in any way we can.

As the lead county, our main responsibilities include employing the Operations Administrator, billing Medicaid for services rendered in each county, contracting with providers for services, continuous quality improvement, and ensuring the requirements and fidelity of the services will be attained.

The mission for our consortium is to provide accessible, high quality mental health and substance abuse services to customers that want help. This will provide customers the opportunity, to achieve hope, recovery, and community wellness regardless of geographical location.

We appreciate the opportunity the State of Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services is giving us. We view the relationship with our state partner as collaborative. This means planning and implementing a collective set of services with the sole purpose of increasing access to evidence-based mental health and substance abuse services throughout the upper western region of Wisconsin.



**Paula Ashbeck**, Pepin County, Core Partner

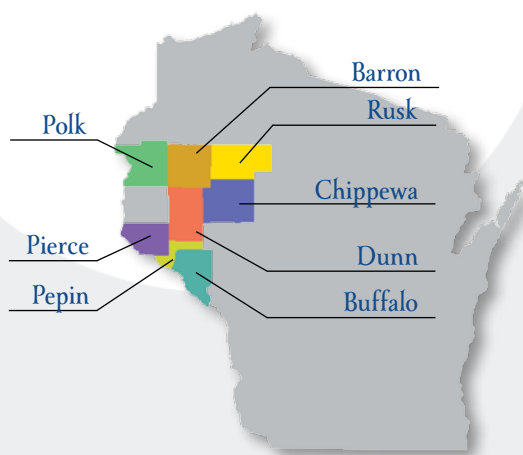
Imagine a day when we focus on the wellness of our customers instead of reacting to crisis. In order to address the crisis issues and move toward wellness, we need to have programs and services available that provide hope to our customers. It is hope that opens the mind and body to participate in services. It is problematic when we spend more money on hospitalizations and placements than on providing services that prevent the crisis. Unfortunately, this is how small counties have operated because of the small volume and the cost of certified programs.

The focus of the regionalization project is to provide the right service at the right time. As Buffalo, Chippewa, and Pepin Counties have worked together to develop the core service array for mental health and substance abuse, we have created a model that will meet the customers needs prior to a crisis. In addition, if a crisis does occur, services are available to help reduce the level of crisis, risk, and length of crisis.

No two people look exactly alike, nor are their illnesses identical. This means that recovery requires a variety of services. It is exciting to have access to services that inspire hope for rural customers. I am so blessed and grateful to be part of a county that embraces wellness and demonstrates this by engaging in regional services through the commitment to WRRWC (Western Region Recovery and Wellness Consortium).

# Comprehensive Community Services (CCS)

## Comprehensive Community Service (CCS) Partners in the WRRWC



**CCS Partners:**  
Counties of Barron, Buffalo, Chippewa, Dunn, Pierce, Pepin, Polk, Rusk

## What is CCS?

Comprehensive Community Services (CCS) is a recovery focused, integrated behavioral health program for people with mental illness and/or substance use disorders, or children challenged by emotional needs. CCS provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that assist individuals to utilize professional, community, and natural supports to address their needs. The program is person and/or family-centered and uses a customer-directed approach to recovery services. While CCS services are person and family-centered, services are provided by a team of professionals, peer specialists, and supports; all coordinated by a CCS Service Facilitator.

## CCS Programs

CCS programs are designed to be community-based. They are designed to enhance recovery and build continually on quality improvement.

Each CCS program is led by a CCS Coordinating Committee. The Coordinating Committee is equally comprised of customers and their family members, county personnel, and advocates/providers. CCS is built upon choice; it is important that customers and their family members are engaged in program development and quality improvement processes.

CCS services are eligible for Medicaid reimbursement for those individuals who qualify for Medicaid. However, only counties and tribes are allowed to become state-certified to provide CCS.

## State Budget Benefits CCS

The Wisconsin 2013-15 biennial budget (Act 20) authorized the Department of Health Services (DHS) to increase funding for Comprehensive Community Services (CCS) programs. As a result, effective on and after July 1, 2014, ForwardHealth will provide both the federal and non-federal share of Medicaid and BadgerCare Plus program costs to counties and tribes that operate regional CCS programs. Counties and tribes may continue to operate CCS programs on a non-regional basis and will continue to be eligible only for the federal share of Medicaid and BadgerCare Plus program costs.

## For More Information

To find out more information on CCS please visit [www.co.chippewa.wi.us/government/human-services](http://www.co.chippewa.wi.us/government/human-services). Click on the Western Region Recovery and Wellness Consortium tab on the left side.



# CCS Partner Statements

**Gene Phillips**, *Director*

Polk County Department of Human Services

One of the strengths of the Human Services system in Wisconsin is its reliance upon county-based services. This local presence allows for adjustments better able to meet the different needs in each part of the state, so that each county can better respond to the people of its area rather than being restricted to using a single generic approach in every part of the state. One problem that arises from this local presence, especially in rural counties, is a difficulty in meeting all the staffing requirements and program regulations in every county.

By sharing services, counties can enhance and expand existing services yet still maintain their local presence. With WRRWC, Chippewa County took the lead, establishing the infrastructure to develop and maintain local services among all the participating counties, with each county retaining its ability to enter or not enter into specific shared services.

**Kris Korpela**, *Director*

Dunn County Department of Human Services

I am proud to be a partner of the WRRWC. From our early and successful experiments with multi-county work in developing crisis programming to the current state of shared development of Comprehensive Community Services (CCS), we have continually strengthened and refined our working relationships. In doing so, we have

**Ron Kiesler**, *Community Behavioral Health Manager*

Pierce County Department of Human Services

The WRRWC is an invaluable resource to a small rural county like Pierce. Independently, small rural counties do not have an adequate number of clients to justify developing complex resources. Consortiums like the WRRWC allow small rural counties to collaborate in the

The Comprehensive Community Services (CCS) is a case in point. Chippewa is the lead county agency through WRRWC agreements and partner counties choose to function as CCS providers. On their own, counties lacked the resources to develop the programming and complete the billing, but we all win by sharing resources. Services can be expanded in areas that need more attention because of an influx of funding and the coordination of services within this geographic area.

CCS should serve as the model for the future of WRRWC. Each county can retain its unique identity, which includes different program needs. But when feasible, counties can (through WRRWC) enter into agreements that are mutually beneficial to the citizens of all the counties.

accomplished some impressive things. The partners at the table are a diverse group committed to system improvement. Yet they work together in a way that maintains the uniqueness of each organization while, with the strength of their numbers, has made steady progress toward system change.

development of important resources for their clients that they would not otherwise be able to offer. In addition, the WRRWC has been flexible in allowing counties to choose when to collaborate, based on the county's clinical needs and the available financial resources.

# SERVICES

## WITHIN CCS

- Screening and Assessment
- Service Planning
- Service Facilitation
- Diagnostic Evaluations
- Medication Management
- Physical Health Management
- Peer Support
- Individual Skill Development and Enhancement
- Employment-Related Skill Training
- Individual and/or Family Psychoeducation
- Wellness Management and Recovery / Recovery Support Services
- Psychotherapy
- Substance Abuse Treatment
- Non-Traditional or Other Approved Services

## Who is Eligible for CCS?

A person with a diagnosis of a mental or substance use disorder.

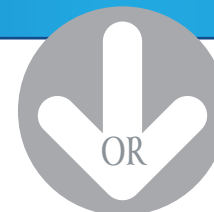


A person who has a functional impairment that interferes with or limits one or more major life activities and results in needs for services that are described as ongoing, comprehensive, and either high-intensity or low-intensity.



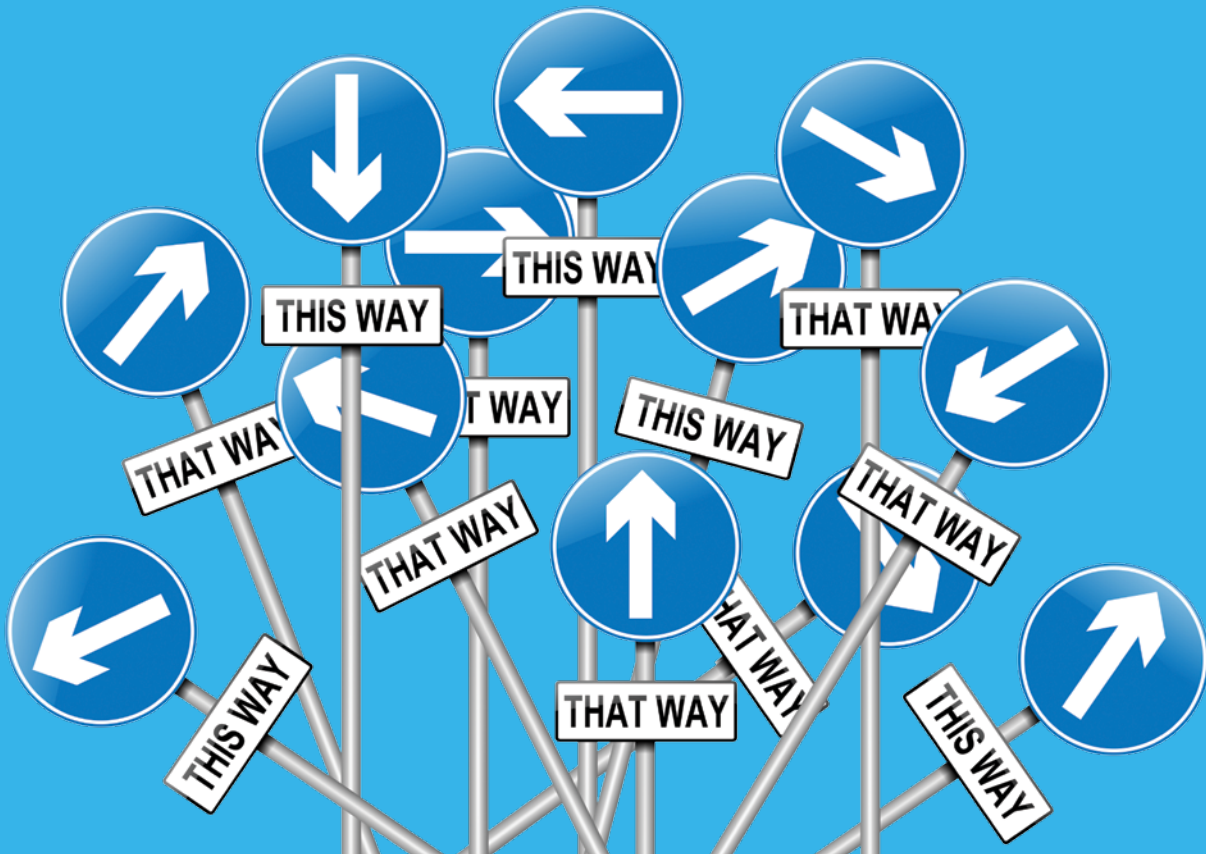
### GROUP 1 CRITERIA:

Persons in this group include children and adults in need of ongoing, high-intensity, comprehensive services who have a diagnosed major mental disorder or substance-use disorder, and substantial needs for psychiatric, substance abuse, or addiction treatment.



### GROUP 2 CRITERIA:

Persons in this group include children and adults in need of ongoing, low-intensity comprehensive services who have a diagnosed mental or substance-use disorder. These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crisis.



## CUSTOMER ENGAGEMENT

*by Dorothy*

The Western Region Recovery and Wellness Consortium (WRRWC) Comprehensive Community Services (CCS) Coordinating Committee engages customers in the mental health/substance abuse process from the very beginning. The Committee has given customers the opportunity to be part of the planning and development of programs, with representatives from most counties. It has been an exciting collaborative process, as a customer from a small county, to realize the full spectrum of services that will be available to people in our communities. The training provided to providers and customers was exceptional and will be of value going forward. My hope for the future is to receive timely service with full participation from customers in their recovery and wellness.



Coming together is a beginning,  
staying together is progress,  
and working together is success.

*Henry Ford*



WESTERN REGION  
**Recovery and Wellness**  
CONSORTIUM



SCAN FOR MORE  
INFORMATION ON THE WRRWC

## Comprehensive Community Services (CCS) Counties

### **BARRON COUNTY**

#### **Department of Health & Human Services**

335 E Monroe Avenue, #338  
Barron, Wisconsin 54812  
Branch Office

### **CHIPPewa COUNTY\***

#### **Department of Health & Human Services**

711 N. Bridge Street  
Chippewa Falls, Wisconsin 54729  
Main Office

### **PEPIN COUNTY\***

#### **Department of Health & Human Services**

740 7th Avenue W.  
Durand, Wisconsin 54736  
Branch Office

### **POLK COUNTY**

#### **Department of Health & Human Services**

100 Polk County Plaza, Suite #50  
Balsam Lake, Wisconsin 54810  
Branch Office

### **BUFFALO COUNTY\***

#### **Department of Health & Human Services**

407 South Second Street  
P.O. Box 517  
Alma, Wisconsin 54610  
Branch Office

### **DUNN COUNTY**

#### **Department of Health & Human Services**

808 Main Street  
P.O. Box 470  
Menomonie, Wisconsin 54751  
Branch Office

### **PIERCE COUNTY**

#### **Department of Health & Human Services**

412 W. Kinne Street  
Ellsworth, Wisconsin 54011  
Branch Office

### **RUSK COUNTY**

#### **Department of Health & Human Services**

311 E. Miner Avenue  
Ladysmith, Wisconsin 54848  
Branch Office

\*The three Core Partners of Western Region Recovery and Wellness Consortium (WRRWC)