



2014 PERFORMANCE REPORT

Western Region Recovery and Wellness Consortium

{ WRRWC }

CORE PARTNERS

Buffalo • Chippewa • Pepin

COMPREHENSIVE COMMUNITY SERVICES (CCS) PARTNERS

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

ADDITIONAL PARTNERS

Burnett • Eau Claire • St. Croix

Message from the WRRWC Operations Manager



Jill A. Chaffee

The 2014 year was all about engagement and planning. The Western Region Recovery and Wellness Consortium (WRRWC) developed committees to address the governance and procedures, technology, program design and services, and fiscal processes. Whenever possible, committees included representation from counties and consumers. We understand that the success of our services is based on the critical buy-in of all parties. The program design and service group had extensive interest, while there were challenges to engagement with fiscal process and technology. It was clear that our human service minds are tested by the more analytical processes. 😊

Keeping our goals in mind, WRRWC created a structure of feedback and engagement with consumers that has been both rewarding and impactful. Our consumer advocate group has grown to approximately 12 people. This group is dedicated and goes above and beyond the call of duty. The group made a proposal to receive grant funds to have conversations with the legal system about the impact of their interactions with individuals and families in crisis. They received the funds and have since been out speaking to law enforcement and Criminal Justice Collaborating Councils (CJCC) throughout the region. I am so grateful to be grounded in service by this wonderful group of people.

Our counties have been challenged by this new way of delivering services, but the challenge has been met with openness to focusing on service. I am consistently impressed by the depth to which people care about people, their work, and making the system better. By taking a step back and thinking about our purpose we have been excited to discover ways that make access to services easier. This upcoming year will challenge the WRRWC with service implementation, but the counties are ready.

We continue to be energized by the collaboration between providers, consumers, counties, and the community. We strive to look at services through the eyes of our consumers while working to reduce and simplify our paperwork in order to spend more time on direct services. We thank our consumers for their input, our partners for their perseverance, and our communities for their support. We appreciate your collaboration in the work of achieving hope, recovery, and community wellness.

Sincerely,

Jill A. Chaffee

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

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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 to service provision. Crisis services were the focus. Over time, that initiative grew into a public/private partnership between 18 Wisconsin counties and Northwest Connections provides telephone and 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. 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, resulting in the Children Services Crisis Network (CSCN). This CSCN matches placement resources (foster and 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 Health & Substance Abuse Services (DMHSAS) contacted WRRWC as to our interest in receiving 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. UW-Stout was selected as the Fidelity Assurance Specialist and 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 in the response 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 its beginning, WRRWC incorporated consumers into its initiatives in order to design the services. Additionally, consumers 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 of 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) outlining the operation and funding responsibilities for each county has been established by the counties.

2013: WRRWC began the Core Mental and Substance Abuse Services Regionalization Project.

2014: WRRWC planned for the implementation of Core Mental Health and Substance Abuse Services (Buffalo, Chippewa, and Pepin), while simultaneously creating an eight-county region for Comprehensive Community Services in Barron, Buffalo, Chippewa, Dunn, Pepin, Pierce, Polk, and Rusk counties. Applications were submitted on October 1, 2014. When certified, the WRRWC Comprehensive Community Services (CCS) program will be the largest CCS region in the State of Wisconsin.

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.

Mission

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

Vision

The achievement of hope, recovery, and community wellness

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, Providers and Counties

Project	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	Barron, Buffalo, Chippewa, Clark, Jefferson, Pepin, Pierce, Polk, Sauk, St. Croix
Individualized Placement & Support – Supported Employment (IPS-SE)	UW-Stout – Trainer, Aurora Community Services, Chippewa River Industries (CRI) – Provider	Barron, Chippewa, Dunn, Pierce
Core Services	Counties with Chippewa County as the Lead Agency	Chippewa, Pepin, Buffalo
Comprehensive Community Services (CCS) Multi-County Program	Counties with Chippewa County as the Lead Agency	Barron, Buffalo, Chippewa, Dunn, Pepin, Pierce, Polk, Rusk
Transportation	Center for Independent Living – New Freedom Transportation	Barron, Buffalo, Burnett, Chippewa, Dunn, Eau Claire, Pepin, Pierce, Polk, St. Croix
Mobile Crisis Teams	Core Counties – Certified Emergency Mental Health Services	Buffalo and Pepin
Multi-systemic Therapy (MST)	Counties with Chippewa County as the Lead Agency	Barron, Buffalo, Chippewa, Dunn, Pepin, Pierce, Polk

1

SERVICE SPOTLIGHT

Multisystemic Therapy (MST) Program



Ann Larsen
LSS Performance
Program Manager

As part of our continuing effort to bring evidence-based practices to our area, the Western Region Recovery and Wellness Consortium (WRRWC) applied for a Juvenile Justice Improvement Grant to launch a

Multisystemic Therapy (MST) program across the WRRWC region. MST is an intensive family and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders – their homes and families, schools and teachers, neighborhoods and friends. MST recognizes that each system

plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality works with the toughest offenders (ages 12 through 17) who have a history of arrests.

With the support of Barron, Dunn, Pierce, Polk, Buffalo, and Pepin Counties, Chippewa County completed and submitted the grant application in April of 2014. During the summer of 2014, the WRRWC was officially awarded the grant, totaling more than \$172,000 to cover the costs of launching the MST program. Following the award, the WRRWC released a Request for Proposal (RFP) to recruit potential providers from community organizations. The RFP process resulted in a contract being

developed with Lutheran Social Services (LSS) to establish an MST program for the WRRWC counties in 2015.

With great excitement, LSS began preparing for implementation. The development of an evidence-based practice such as MST requires planning at a number of levels. For years LSS had been providing services to many individual counties within the Consortium. LSS formed an internal program launch team, that included all collaborative partners and tapping into various staff expertise. LSS researched and collaborated with MST to develop a comprehensive implementation plan, and we are so fortunate that the program will be implemented in early to mid-2015. ■

2

SERVICE SPOTLIGHT

Center for Independent Living - New Freedom Transportation



The Center for Independent Living for Western Wisconsin (CILWW) and the Western Region Recovery and Wellness Consortium (WRRWC) have a long standing collaborative relationship. Chris Richardson, Resource Counselor for CILWW, has provided feedback and input to WRRWC processes since its inception in 2005. CILWW hosted the kickoff of the three-county regionalization project in March of 2013.

WRRWC was looking for an affordable, flexible transportation option for consumers needing rides to the Aurora Stabilization Home in Chippewa County. It came to CILWW to learn about its New Freedom Transportation Program in late 2013. The New Freedom Transportation Program has been operating since 2008

and has volunteer drivers available 24/7 in 18 counties of Northwest Wisconsin. After WRRWC determined that the volunteer driver program would be a great, affordable transportation option, WRRWC and CILWW discussed and agreed upon all of the necessary details to begin transportation services in May of 2014.

CILWW has drivers in each of the WRRWC member counties and works with Aurora Crisis Stabilization Home staff to provide these drivers additional sensitivity training for the transportation services to Aurora Stabilization Home. Since the service began, 21 volunteer drivers have had additional training and are on call 24/7 ready to provide transportation as needed. Drivers have reported that the consumers are very grateful for help in getting to a safe place.

New Freedom Transportation also helps consumers by giving them rides from the stabilization home to their jobs so they can maintain their employment, or rides to medical appointments. The consumers experiencing transportation barriers know that they will be able to

receive all the services they need through this vital transportation option. Since this collaboration began, over 77 rides have been given to 51 consumers to the stabilization home, employment, and other necessary appointments. All parties, the consumers, CILWW's Transportation Specialists, and Aurora Stabilization Home staff, have responded positively to this collaboration.

CILWW plans to expand its agreement with WRRWC to provide Peer Support services, which include a wide range of supports to assist individuals and their families resolve mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and ability of people to meet their chosen goals. Both parties are pleased that peer support services in the region will be expanded and be more accessible for people who choose to use them.

The collaboration between our agencies has been positive and we are excited to grow and learn together as we develop new services. ■

3

SERVICE SPOTLIGHT

Grant: Mobile Crisis Teams Serving Rural Areas

As Buffalo and Pepin counties began to conceptualize the provision of crisis services, a state-level grant opportunity arose. The grant would assist with funding to develop certified mobile crisis teams in rural areas. Because Buffalo and Pepin were not certified to provide crisis services and are rural counties, our three-county region applied to receive funding to support the development of mobile teams as well as support for the certification process. As a result, WRRWC was awarded \$141,693 to implement mobile crisis services within a certified program, in Buffalo and Pepin counties.

Timeline of Crisis Services Development:

SEPTEMBER 15, 2014

WRRWC notified of the grant award.

OCTOBER 1, 2014

WRRWC submitted an application to the Division of Quality Assurance to become multi-county certified for crisis services.

DECEMBER 2014

County and Northwest staff were trained in the provision of crisis services per Department of Health Services (DHS) Administrative Code 34 expectations.

JANUARY 1, 2015

Northwest Connections began providing telephone and mobile services for Buffalo and Pepin counties.

JANUARY 1, 2015

Chippewa County began providing clinical supervision for crisis services staff within Buffalo and Pepin counties.

JANUARY 1, 2015

Buffalo and Pepin counties began providing walk-in crisis services. ■

Western Region Recovery and Wellness Consortium

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. We moved into our second year of the core services regionalization grant with planning for implementation as our first priority.

The reasons for this collaboration are multifaceted in nature, but key considerations include:

- Administrative efficiency.
- Facilitation of program certification and the resulting ability to generate additional Medicaid revenue¹.
- 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.

A critical part of the process has been to assure that the fiscal and program processes work together in an efficient way. We spent a good part of this year developing both program and fiscal procedures. In many systems, program and fiscal staff have worked somewhat independently communicating at the point when the program is developed. WRRWC took a much more integrated approach to service system development. We developed a compliance plan that will serve as a tool to guide the fiscal process. The use of a compliance plan allows WRRWC to minimize

risk while providing important training and compliance information to subcontracted providers and county staff. The use of a compliance plan represents our understanding of the needs of a growing system across a large geographic area.

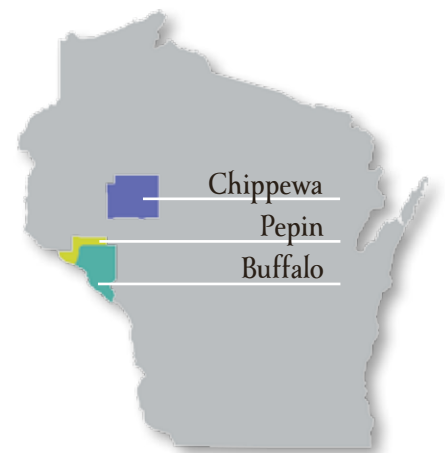
As always, our goal is to maximize the use of technology to create effective systems. Three key technology tools will be used:

- **Electronic Health Record (EHR)** for confidential, HIPAA compliant, service record keeping.
- **Skype for Business** for conducting telehealth services and video supervision.
- **Lead County Agency Virtual Private Network (VPN)** for HIPAA compliant file sharing with counties and providers.

The utilization of newly developed technology tools required some modifications to county systems as well as the teaching of staff. Although change is sometimes difficult, we have already realized some of the benefits of using these tools. They have allowed us to reduce the use of paper and non-essential travel, while continuing to foster strong communication. Seeing positive results has energized the staff to embrace the use of this new technology.

We moved one step closer to the provision of additional services and acquisition of more revenue. In early October we submitted applications to provide the following certified services: Comprehensive Community Services (CCS), Community Support Program (CSP), Emergency Mental Health Services (Crisis), and Outpatient Mental Health Services. The

WRRWC Partners



Core Partners:
Counties of Buffalo, Chippewa, and Pepin

applications were submitted under the Western Region Recovery and Wellness Consortium (WRRWC), thus moving our project toward core regionalized services within Buffalo, Chippewa, and Pepin Counties.

Because of the progress made by WRRWC's Core Services, the grant project was extended for one year by the State of Wisconsin, Division of Mental Health and Substance Abuse Services.

After planning, planning, and more planning, we are ready for the implementation.

**The duration of the three-year pilot project was scheduled to end on December 31, 2015. Because of the success of the WRRWC Core Services Project, the grant was extended for one year by the State of Wisconsin Division of Mental Health Services.*

¹The lack of certified programming in Buffalo and Pepin Counties has precluded reimbursement from Medicaid and other third-party payers in the past.

Sandie Merry WRRWC Consumer Advocate Barron County

I have enjoyed being a part of the WRRWC group and knowing that my opinion is valued. It has opened my eyes to many of the concerns that consumers face on a day-to-day basis. It makes me feel good to know that others in higher positions want to make things better for the consumers they serve. Being in the WRRWC Consumer Advocate

Group helps me to understand that the number of mental health impacts a rising number and people become more open to discuss needs and issues rather than pretending a problem doesn't exist.

My hope is that we, as a group, can conquer some of the major issues in order to help younger people rise above the stigma of mental health so they can know the value of their lives.

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 consumer relationships and consumer engagement in the process.
- Examine information technology opportunities in order to improve communication among the counties, and in turn, improve services to consumers.
- 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.
- Plan for Prevention and Early Intervention service implementation.

Why collaborate 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.

CCS Partner Statement

Dave Rynders

Buffalo County, Core Partner



Buffalo County's participation in WRRWC has dramatically expanded mental health and substance abuse service availability for its citizens.

Historically, Buffalo County has long been limited in behavioral health service provision and funding resources. Buffalo County's rural setting, comparatively small population centers, and tax base have presented challenges to developing an array of locally available behavioral health services that meet the varying needs of its people. It has been especially difficult to make available certified programs that can receive third-party reimbursement.

Since joining this regional Consortium, certified programs including crisis services, comprehensive community services and community support program services have become available. Soon, psychiatric services will also become available in Buffalo County through telehealth technology.

It is exciting to see trends in service expansion and increased provider choices rise up to meet the longstanding unmet need in Buffalo County. Equally exciting is witnessing this enhancement under the guidance of a partnership of leaders comprised of consumers, public servants, service providers and community members. Services are consumer-centered; they are designed to encourage consumer choice in how they will be served and by whom.

We are just beginning. The current trajectory of our system development points to a hopeful future, with fewer crises and fuller lives for all who face the challenges of mental health conditions and substance abuse. I am looking forward to being a part of it. ■



PROVIDER STATEMENT

Grassroots Empowerment Project and WRRWC

As a statewide nonprofit organization engaged in peer run recovery and wellness initiatives, Grassroots Empowerment Project (GEP) depends on local and regional partners to carry out its mission. The partnership between Grassroots Empowerment Project and Western Region Recovery and Wellness Consortium (WRRWC) began in the fall of 2013 when the Consortium's Comprehensive Community Services (CCS) Coordinating Committee became the first group to agree to participate in GEP's Participatory Decision-Making Project, a program funded through the Substance Abuse and Mental Health Service Administration (SAMSHA). The goals of the project matched an important goal of the committee, which is to facilitate the development of a shared vision between stakeholders in mental health and substance abuse services through a process that strives for full participation, mutual understanding, inclusive solutions, and shared responsibility.

In fact, GEP sought the partnership of WRRWC because of the Consortium's visible commitment to bringing these values into their regional initiatives and programs. It is clear in meetings of the WRRWC that consumers are valued and supported as partners. It was on the strength of this commitment to partnership and empowerment that GEP asked WRRWC to support us in seeking a Department of Human Services (DHS) grant to develop and run a peer run respite program in the region comprising the Consortium. The support of the WRRWC as a whole, along with the support of individual member organizations and

groups, was a determining factor in deciding to locate in western Wisconsin.

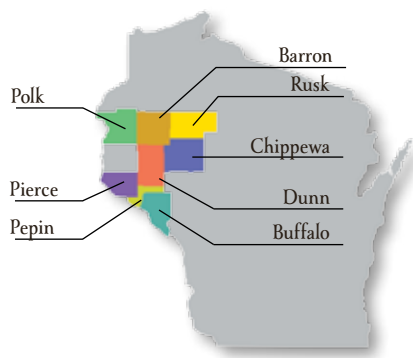
The value of our partnership with WRRWC, which has been proven time and again since it started, continues to develop and grow. Members of WRRWC sit on our Peer Run Respite Advisory Council and have provided guidance, information and support. The Grassroots Wellness Peer Run Respite Program takes part in monthly meetings, and coordinates and collaborates with the Consortium as a whole as well as with the CCS Committee and the consumer advocate's group. WRRWC helps and promotes our work, especially our regional outreach efforts. They are also partnering with us so that consumers in the region will have opportunities for training that will increase peer support in the region.

Perhaps the best test of partnership is when things don't work as planned, as was the case when our peer run respite location fell through in March of this year, delaying our opening and forcing us to search for a new location. The disappointment and hardship of this situation was undeniable, but so was the support and encouragement we received from our WRRWC partners. The Consortium is now collaborating and coordinating with GEP to implement an interim project that provides peer support in counties throughout the WRRWC region. GEP as a whole, and Grassroots Wellness Peer Run Respite Program in particular, has greatly benefited from our partnership with WRRWC and we, on behalf of our organization and the people we serve, extend a big THANK YOU! ■

Comprehensive Community Services (CCS)

What is CCS?

Comprehensive Community Services 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 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 consumer-directed approach to recovery services. Services are provided by a team of professionals, peer specialists, and supports; all coordinated by a CCS Service Facilitator.



CCS Partners:

Counties of Barron, Buffalo, Chippewa, Dunn, Pierce, Pepin, Polk, Rusk

CCS Programs

- CCS programs are designed to be community-based. They are intended 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 consumers and their family members, county personnel, and advocates/providers. CCS is built upon choice; it is important that consumers 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.

CCS Coordinating Committee



PHOTO BY RON KIESLER

CCS Partner Statements

Jeremy Jacobs

Manager, Rusk County

In 2014, Rusk County Department of Health and Human Services continued to embark on the program inspired by a belief that consumer-choice for Alcohol and Other Drug Abuse (AODA) and mental health recovery services can be a reality. As part of Western Regional Recovery and Wellness Consortium (WRRWC), this concept is becoming a reality. As a resident of rural county, many challenges face consumers as they navigate the systems, not only to meet their daily needs, but also to simultaneously address long term life goals. Rusk County's efforts implement Comprehensive Community Service (CCS) is a slow process, as a bigger picture is at stake. Innovation of this magnitude requires a shift in thought processes, from case managers to providers. Taking into account all aspects of the consumer's needs, not just how they need to fit into the services that we have, makes for a more effective treatment, and is conducive to an ability for service to better target needs.

Rusk County looks forward to identifying consumers that desire to participate in the recovery process and seek independence through their efforts. We look forward to gaining new providers backed by the strength of an eight-county Consortium. This mindset will continue to support a process that fosters recovery at an individual and system level. ■



Michelle Larson and Donovan Schumacher



State of Wisconsin Area Administration

Area Administration staff for the Department of Health Services (DHS)

in the Western Regional Office have been very excited to be a part of this important and exciting initiative. Working with Western Region Recovery and Wellness Consortium (WRRWC) on this project has given us the opportunity to partner with a group which is passionate about and dedicated to helping people with mental illness and/or substance use disorders improve their quality of life by improving access to quality services. WRRWC has overcome some challenges, which are natural to any system change, with a willingness to problem solve and develop creative solutions. Local Area Administration staff have worked with WRRWC in addressing some of those challenges and serving as a liaison to DHS. We look forward to continuing this collaborative relationship as WRRWC moves forward with the final implementation of a regional service model. ■

CCS Partner Statements

Tim Easker *Manager*
Chippewa County



As a manager for the lead county of Chippewa, I attend meetings at all three levels (leadership, management, and WRRWC's CCS Coordinating Committee).

This allows for a unique perspective at the inner workings and thought processes of consumers, providers and administrators. While this revealed many points of view, it was also interesting to note how the overall goals of each group had similar traits. The common theme was how to achieve better outcomes for consumers. Certain points of the planning process seemed excruciatingly tedious. However, in retrospect, I can see how absolutely necessary it was to achieve buy-in by all participants, as we all came into the process differently. It was also humbling, not only due to its complexity, but because it challenged me to take a look at things which I may have previously viewed as "absolute truths." Chippewa County staff and I are excited (and a little nervous) as we get ready to implement CCS, which has the potential to have a generational impact on our community. It is truly exciting to be a part of it. ■

Stacey Frolik *Director*
Barron County



As a member county of WRRWC, Barron County Department of Health and Human Services, has been able to plan for and implement CCS programming for the citizens of our county. It is unlikely

that such an endeavor could otherwise have been accomplished in a small rural county such as ours. The combined support of counties within WRRWC and the lead county, Chippewa County, has enabled the creation of a strong infrastructure and large array of service options.

The power of collaboration that exists in WRRWC has contributed to successful outcomes for counties and consumers alike. The continuum of person-centered, community-based services for citizens with mental health and/or AODA needs has expanded through the establishment of WRRWC, and more specifically, for Barron County, the ability to provide CCS services.

The desire of most counties to maintain an identity of their own has been preserved through the model created by WRRWC. The multi-county work that is happening will hopefully set the stage for continually refining inter-county working relationships that benefit all stakeholders involved. ■

CCS Services

- 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



**Management
and Clinical
Team Members**

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.

Program Design and Service Array Subcommittee

The program design and service subcommittee was faced with a great deal of responsibility and rose to the occasion. The group met all of their goals:

- The committee created an evidence-based practice and outcome guide to serve as a service implementation tool for providers and counties.
- The committee agreed to the use of the NIATx model of quality improvement. Counties and consumers learned about the NIATx process.
- The committee recommended that all items in the CCS service array be available for consumers.
- The committee agreed to an open contracting process. Providers will need to complete a rate setting and contracting process, but we would issue RFI (Request For Information) and RFP (Request for Proposal) only when service needs are not met.
- The committee developed a training plan that addressed the necessary training requirements of CCS while honoring the needs of our community.

Government and Policy Subcommittee

- Approved Governance
- Approved Fiscal Procedures
- Approved Program Procedures

Fiscal Subcommittee

- Approved Rate-setting Process
- Approved Fiscal Procedures
- Approved Reporting Process

For More Information

For more information, please visit www.co.chippewa.wi.us/government/human-services. Click on the Western Region Recovery and Wellness Consortium tab.

WRRWC Consumer Advocate Group Statement

Being heard and respected, as consumer participants, in the decision-making process has created a positive collaborative relationship. Initial feelings of 'us' versus 'them' have evolved into a team effort. As consumers, we have developed awareness on a broader level of the needs related to services for mental health and addiction.

We felt that our participation has helped to reduce stigma by allowing our voices to be heard and by feeling safe to tell our individual stories. The continual increase of consumer advocate number allows for a stronger voice and more avenues for success and recovery for all consumers.

Progress has been made to improve an effective system by building relationships with local and regional law enforcement entities. Through interactive discussions we are helping others to understand the perspective of consumers and their families.

As consumer committee members, we feel that providers have a greater understanding of the need for diverse service options to achieve. It is healing to know that there are providers that care enough to improve services for people with mental health and substance disorder disabilities. We have been empowered by the person-centered approach to recovery and recognition that people can recover with both formal and informal supports.

Finally, as a group, we have developed a supportive relationship with each other that has enabled us each to grow and maintain our own road of recovery.

WRRWC Consumer Advocates



PHOTO BY RON KIESLER

CCS Partner Statements

Tom LaMartina *WRRWC Clinical Coordinator
Buffalo, Chippewa and Pepin Counties*



2014 was the year for developing an increased sense of collaboration with people outside of Chippewa County. This occurred as a result of training with staff from local counties, and state personnel, for the purpose of preparing for the implementation of Comprehensive Community Services (CCS). This professional expansion, which involved developing the Western Region Recovery and Wellness Consortium (WRRWC), enabled a more natural utilization of the strengths and resources of people outside our county. These efforts allowed me to become familiar with good resources for different types of situations. Furthermore, having met and interacted with these people from collaborative counties, it's easier to phone or email them when I have a question. Conversely, my own professional development has been enhanced as a result of those times when I was in a position to be a resource to people in other counties. A great deal of knowledge and experience in Western Wisconsin has been bridged as a result of interactions which arose through our preparation for CCS and functioning within a consortium model. ■

Vicki Radmann, LPC, NCC
*Behavioral Health Services Manager
Dunn County*



The Western Region Recovery and Wellness Consortium (WRRWC) has helped make new initiatives become reality for our region. We all know that working with consumers as a team enhances their ability to reach their recovery goals. Taking this philosophy one step further just makes sense; working as a regional team we have been able to reach our goals of serving more consumers in an integrated, consumer centered way. Learning from each other and being able to put all our ideas on the table have made all the counties involved in WRRWC grow and become a strong team. The Comprehensive Community Services (CCS) is on its way to becoming a valued service in our community. Our county has grown in understanding and implementation of the CCS program through the hard teamwork of membership in the WRRWC. ■

“I have always believed in the power of collaboration.

Early on in my professional career,
I realized that you can't develop all the competencies
you need fast enough on your own.

Furthermore, if you don't collaborate,
your ideas will be limited to your own abilities.

As a result, you will not be able to serve your clientele
and thus can't achieve the anticipated impact.

Vishwas Chavan

VISHWASUTRAS: UNIVERSAL PRINCIPLES FOR LIVING Inspired by real-life experiences



WESTERN REGION
Recovery and Wellness
CONSORTIUM

SCAN FOR MORE
INFORMATION ON
THE WRRWC



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Branch Office

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