

A background image featuring several pink flowers with yellow centers, likely plumerias, resting on dark, smooth, rounded black stones. The scene is set against a dark, reflective surface, creating a serene and natural aesthetic. The text is overlaid on this image.

## 2015 PERFORMANCE REPORT

Western Region Recovery & Wellness Consortium

# Doing Business as Recovery & Wellness Consortium (RWC)

### CORE PARTNERS

Buffalo | Chippewa | Pepin

### COMPREHENSIVE COMMUNITY SERVICES (CCS) PARTNERS

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

### ADDITIONAL PARTNERS

Eau Claire | St. Croix

## Message from the Recovery & Wellness Consortium (RWC) Operations Manager



Jill A. Chaffee

It was finally here; implementation was our top priority in 2015. We had planned and planned; and now we needed to see if what we thought would work, would actually work.

January was a month filled with training opportunities. As we later learned, it was a bit of a false start, as our certification was delayed at the state level. We needed to work through some fiscal process details with Medicaid in order to move forward. In April, we received the approval and all systems were a go over the next months.

Our consumers continued to be active participants in our system development. They were engaged with our Core Services Coordinating Committee and Comprehensive Community Services Coordinating Committee. Their input has been essential to the implementation of the recovery model. The Consumer Advocates met with participants in various county-based Criminal Justice Collaborating Councils. At times, we are seeing and experiencing how the recovery model intersects with and is challenged by the legal system. As is their style and approach, this consumer group took the conversation directly to the source, the legal system. They plan to expand their conversations in 2016. This group is energized by the changes we are making and wants to spread the word to other providers in the region. I am proud of the authentic partnership that has developed with our consumer group, counties and providers. We know that we are working toward the same goals.

Our counties are experiencing the natural shifts caused by moving to a consortium-based, recovery-oriented model throughout their systems. Some shifts were expected while others were an interesting surprise that led to thoughtful discussions about how to make things work. The concept of team is changing from county-based to consortium-based. Discussions seem to challenge us in ways that enhance consumer care. Because of the rural nature of our region, we understand the interdependence that we need to foster in order to improve access to services for our shared consumers.

We continue to believe that we have the capacity to serve more consumers through a collaborative model. We strive to implement systems that meet requirements, while advocating to assure that it is the consumer rather than the system that is served. We thank our consumers for their patience. System change takes time and we know that our systems have not been and will not be perfect. We thank our partners for their patience, and our communities for their resilience. We believe that the provision of recovery-oriented services will fight stigma, but it will take time.

We appreciate your collaborative work to achieve hope, recovery and community wellness.

Our system is operational!!

Sincerely,

A handwritten signature in black ink that reads "Jill A. Chaffee". The signature is fluid and cursive.

Jill A. Chaffee

*Mental Health & Substance Abuse Operations Administrator  
Recovery & Wellness Consortium (RWC)*

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

# Western Region Recovery & Wellness Consortium (WRRWC) History

## Doing business as the Recovery & Wellness Consortium (RWC) beginning in 2015

**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 to a public/private partnership between 18 Wisconsin counties and Northwest Connections in Frederic, Wisconsin, which provides 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 & 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 Crisis Services for Children Network (CSCN). CSCN 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 Health and 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, working 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 responding 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 in 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 Health 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 for the necessary certifications on October 1, 2014. This is the largest Comprehensive Community Services (CCS) region in the State of Wisconsin.

**2015:** WRRWC will be referred to as the Recovery & Wellness Consortium (RWC), by request of our partners. Implemented Core Mental Health and Substance Abuse services within Buffalo, Chippewa and Pepin Counties. Implemented Comprehensive Community Services within Barron, Buffalo, Chippewa, Dunn, Pepin, Pierce, Polk and Rusk counties.

**2016:** Continue to expand our services to consumers within our counties. Continue to implement core regionalized services.

**2017:** Washburn County will join the RWC for CCS.

## Mission, Vision and Values

The mission, vision and values of the Recovery & Wellness Consortium (RWC) Regionalization Pilot Program serve as the basis for the implementation of the strategic plan and guide for 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.



# RWC Strategic Planning and Outcome Identification

During 2015, we developed our three-year strategic plan and identified outcomes related to our quality improvement processes.

## GOAL 1:

### Improve access to high quality evidence-based and early engagement services.

**Objective 1a:** By improving access to high quality services over the three-year period (2016 – 2018), the RWC will reduce repeat (greater than two contacts over a three-month period) crisis contacts (mobile services) by 25 percent.

**Objective 1b:** By improving access to high quality services over the three-year period (2016 – 2018), 90 percent of repeat mobile services contacts will have an active crisis prevention plan in place.

**Objective 1c:** By improving access to high quality services over the three-year period (2016 – 2018), the RWC will increase consumer employment by 25 percent for persons receiving services.

**Objective 1d:** By improving access to high quality services over the three-year period (2016 – 2018), the RWC will increase voluntary engagement in services by 25 percent in response to emergency services contacts. The county will track the offering of services to consumers as well as which consumers choose to engage in ongoing services.

**Objective 1e:** By improving access to high quality services over the three-year period (2016 – 2018), the RWC will reduce the number of suspensions and expulsions from school by 10 percent.

**Objective 1f:** By improving access to high quality services over the three-year period (2016 – 2018), the RWC will increase the use of peer support services.

2016 – 10 percent of consumers will use peer support

2017 – 12 percent of consumers will use peer support

2018 – 15 percent of consumers will use peer support

## GOAL 2:

### Increase the opportunity for consumer choice which leads to independence.

**Objective 2a:** Over the three-year period (2016 – 2018), the RWC will have an average score of 3.5 (on the Likert scale of 1-4) on the following measures:

- #1 There is at least one person who believes in me.
- #2 I have a place to live that feels like a comfortable home to me.
- #9 Staff respect me as a person.
- #16 Services help me develop the skills I need.
- #29 Staff encourage me to do things that are meaningful to me.
- #36 My right to refuse treatment is respected.
- #42 I have information or guidance to get the services and supports I need, both inside and outside my mental health agency.

**Objective 2b:** Over the three-year period (2016 – 2018), the RWC will have an average score of 1.0 (on the Likert scale of 1-4) on the following measures:

- #4 I do not have the support I need to function in the roles I want in my community.
- #5 I do not have enough good service options from which to choose.
- #11 I cannot get the services I need when I need them.
- #25 Staff use pressure, threats or force in my treatment.

## GOAL 3:

### Sustain commitment of involved counties.

**Objective 3a:** All counties will continue to participate in the RWC governance.

## GOAL 4:

### Adherence to process. Improve efficiency. Minimize errors.

**Objective 4a:** Over the three-year period, the result of each certification and billing audit result will demonstrate an 80 percent compliance rate per the written audit process and per procedure. *Note: The compliance rate of 80 percent will encompass minor detail issues as well as overall issues pertaining to administrative code and billing.*

**Objective 4b:** Division of Quality Assurance will provide a two-year CCS certification prior to 2017.

## GOAL 5:

### Increase our impact on state-level policy.

**Objective 5a:** Over the calendar years of 2016 – 2018, state-level partners will take actions that reflect 50 percent of the RWC provided suggestions regarding policy change. *Note: This will be tracked informally by the RWC Operations Administrator.*

## GOAL 6:

### Favorably impact state-level legislation specific to our region.

**Objective 6a:** Over the years of 2016 – 2018, legislation will propose at least one bill that is favorable for our region.



Celebrating Implementation and moving toward outcomes!

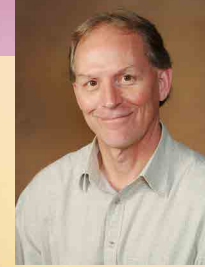
## RWC Projects, Providers and Partner Counties

Project	Provider	County Partner
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 – Provider, Chippewa River Industries (CRI) – Provider, Barron County Department of Human Services	Barron County Department of Human Services, Buffalo County Department of Health and Human Services, Chippewa County Department of Human Services, Dunn County Department of Human Services, Pepin County Department of Human Services, Pierce County Department of Human Services, Polk County Department of Human Services, Washburn County Department of Human Services
Core Services	Chippewa County – Lead Agency	Buffalo, Chippewa, Pepin
Comprehensive Community Services (CCS) Multi-County Program	Chippewa County – Lead Agency	Barron, Buffalo, Chippewa, Dunn, Pepin, Pierce, Polk, Rusk Washburn County will join in 2017

## Aurora Residential Alternatives, Inc.



**Terri Bollinger**  
Vocational Services



**Andy Wolf**  
Community Services



**Deena Black**  
Residential Services

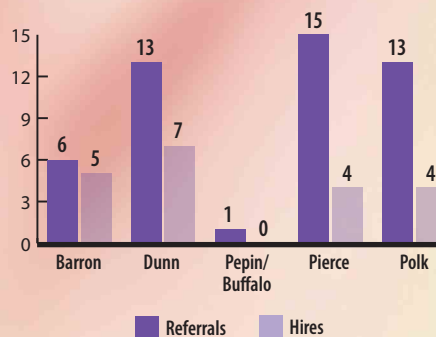
Aurora Residential Alternatives (ARA) has provided residential support services to two individuals who are participants in the RWC CCS program. The individuals served were in need of temporary increased support in the areas of Individual Skill Development and Enhancement, Wellness Management, and Recovery and Medication Management. Services were provided in a 24-hour supervised Community Based Residential Facility (CBRF) setting. One of the challenges encountered in supporting individuals working toward recovery in the licensed CBRF setting is the additional paperwork that is required by the provider. This is due in large part to the specific service array categories that might be included in the person's plan to meet their need and the specific, separate documentation requirements that go along with that. That said, it is the flexibility of the CCS program that is beneficial in supporting a member, so being able to access 24-hour residential support services when it is necessary is valuable to achieving the person's outcomes.

Just recently, ARA has also started providing Individual Skill Development and Enhancement Services to CCS members within the community and residing in the Pierce County area. Providing services in this setting versus a 24-hour setting reduces the documentation challenges. Currently ARA is supporting three people through these services.

Aurora Community Counseling (ACC) has been providing outpatient Mental Health and/or AODA services to RWC consumers in Rusk and Dunn counties since December of 2015 and currently providing services to five individuals. In both Rusk and Dunn counties, services are provided in our State Certified Clinics and all treatment plans, goals, and services are consumer driven to assist consumers in meeting the outcomes of their own identified goals. Counseling services and supports assist consumers in a variety of ways such as obtaining a better understanding of mental health concerns, learning additional coping skills, and important, receiving support,

which in turn, provides the tools consumers can use to progress in other goals within their service plan (Individuals Skill Development and Enhancement, Employment - Related Skill Building, Wellness Management and Recovery goals, and others). We all look forward to continuing to work with all ACC consumers.

Aurora Vocational Services (AVS) began providing employment related services for CCS participants in May 2015. The following graph below illustrates referrals and hires from the beginning of the program.



Many positive outcomes and lessons have been learned by many participants in the program.

The philosophy of Individualized Placement and Support (IPS) and CCS bringing the entire participants team together for joint meetings to include employment and DVR services has allowed for improved outcomes.

The practice of zero exclusion in IPS has given many participants the opportunity to continue in the employment program, where traditional employment services would have ended. IPS allows for continued services when participants have missed several scheduled meetings, experienced little job success, and are actively engaged in drug or excessive alcohol use. IPS services will look at lessons learned and continue to assist participants to reach goals.

The employment program, in partnership with other services has encouraged so many to push forward, despite fears. One individual wanted to work but needed to make some

changes to help with self confidence. We worked with them to make those changes. This person is now working very happily with success and previously had not worked since 2009. This success is amazing to see.

Another participant in the program had not held a job for more than two months; with the support of IPS employment related services, this individual maintained a job for six months.

The peer specialist program has provided participants with a new employment opportunity. Three participants in the IPS employment program have completed Peer Specialist training and two of them obtained employment as Peer Specialists.

Transportation to employment is an obstacle for many in rural areas, particularly when one does not have a driver's license. One participant seeking employment had a limited geographic area in which to seek employment, as taxi costs outweighed earned income. Together, Aurora IPS services assisted this participant to obtain a short-term goal of employment to earn money and confidence. This individual has since obtained a driver's license, another step toward greater independence and more employment options.

Some of the challenges with the CCS program include the loss of Medicaid (MA) with earnings and transportation. Transportation is a challenge for any program when walking or biking is the only option, as both limit job opportunities. More significantly, the loss of CCS and MA as a result of earnings has resulted in a bigger challenge to continue services. When participants are involved with Department of Vocational Rehabilitation (DVR), employment services can continue on a more limited basis. ■





## Grassroots Wellness Peer Run Respite

Grassroots Wellness Peer Run Respite, located in Menomonie, is one of three respites funded by the State of Wisconsin. Peer run respites are an alternative to emergency room visits or hospital stays for individuals who are experiencing mental health or substance use challenges, and who want and need peer support to navigate or avoid a crisis.

Respites offer short-term stays of up to one week in a safe, supportive, home-like environment. Respite guests have access to a private, locking bedroom, and common areas of the home. Guests are expected to prepare their own meals with access to a fully furnished kitchen and basic food items. They can expect 24/7 awake staff who are able to provide peer support. Guests may come and go as they please, making it possible for them to continue to attend to work, school, childcare or other responsibilities. Guests may have visitors, as long as it is not disruptive to other guests. Respite services are free for adult residents anywhere in Wisconsin.

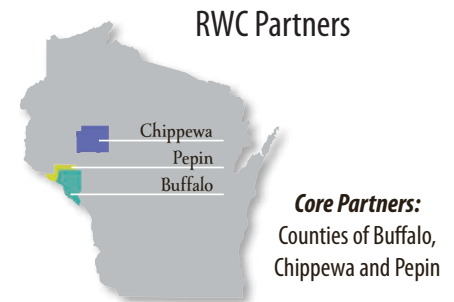


Grassroots Wellness is managed and staffed by trained peers who have themselves recovered from their own mental health and substance use challenges and can provide support from a perspective of mutual understanding. In addition to being trained in providing peer support, team members also have extensive training in non-traditional, non-clinical healing modalities. Some of these approaches include Tai Chi, yoga, creative expression, spiritual practices, intentional nutrition, Emotional CPR, and Alternatives to Suicide and Hearing Voices Network Support groups, among others. Respite guests also find some of the most powerful peer support from other guests who are staying at the respite. Medical services such as medication management and therapy are not offered. Respite staff provide links to community resources for these services when requested.

Peer run respite services are designed to aid in the guest's recovery, and to avert crisis and avoid hospitalization, making treatment in the community possible for those individuals who participate in respite services.

Grassroots Wellness Peer Run Respite is a program of Grassroots Empowerment Project, Inc., a statewide consumer-run, non-profit organization whose mission is to create opportunities for people seeking mental health, recovery and wellness to exercise power over their lives. ■

## Partners in the Recover & Wellness Consortium (RWC)



### 2015 Goals

- Implement services.
- Continue development of the quality improvement processes.
- Plan for prevention and early intervention service implementation.

### Core Services – Overall 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 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.

### 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.

# Recovery & Wellness Consortium (RWC) Core Services Project Update

The Recovery & Wellness Consortium (RWC) Regionalization Project, which was initially a three-year pilot project, was expanded to receive four years of grant funding. It 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 third year of the grant, by implementing certified services.

- **01/01/15** Emergency Mental Health Services (Crisis) – RWC (three-county region) began providing crisis services as a region, with Northwest Connections as our subcontractor for both telephone and mobile services.
- **01/01/15** Coordinated Services Teams (CST), Target Case Management (TCM) – RWC began providing services as a three-county region.
- **04/01/15** Comprehensive Community Services (CCS) – RWC became certified and began providing services across our eight-county region.
- **05/01/15** Emergency Mental Health Services (Crisis) and Community Support Program (CSP) – RWC became certified and began providing crisis and CSP across our three-county region.

The challenge for 2015 was assuring that all systems (county, state and federal) were in alignment regarding the core services regionalization project. Within governmental program and fiscal structures, there are parameters set at each level. During the first part of the year, we spent time meeting with our Medicaid partners regarding the expectations at each system level. In the end, all parties were quite comfortable with the systems in place to address programmatic and fiscal issues, which resulted in our certification and Medicaid billing approval.

Technology implementation has been and continues to be a challenge for our direct service staff. While electronic health

records are an absolute necessity for sharing information within a regional model, they are challenging to implement. Structures have been created to address a number of regional needs, while learning some of the limitations of using a medical model EHR tool to address community-based mental health and substance abuse service delivery within the public sector. While hurdles remain, we are moving forward. Three main technology tools have been fully implemented:

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

The VPN has been and continues to be one of our most useful technology tools. With a large geographic area to cover and the collaboration needed between the subcontractors and counties, this tool is imperative. We utilize it for the sharing of HIPAA sensitive information as well as our contracting and invoicing processes. Our partners have indicated that, while setting up the process takes a bit of time and technology savvy, once set up, it is quite “user friendly.”

Our billing of Medicaid began in October 2015. We were able to bill back to our certification date. During 2015, counties worked on enrolling consumers in the CCS program. It was a somewhat slow start as the electronic health record was new, the paperwork process was new, and our overall partnership at this level of service was new. By early 2016, counties were receiving some of the revenue that they had earned.

After planning, planning, and more planning, we were operational and being reimbursed for services. ■

## PARTNER STATEMENT

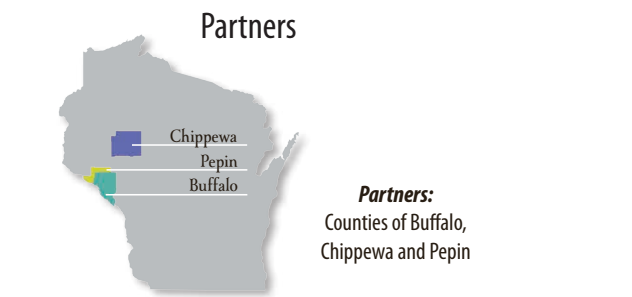


**Tim Easker**

*Chippewa County, RWC Core Partner, Manager*

The change to a three-county consortium has definitely had its challenges. However, in retrospect, the positives have far outweighed the negatives. For one, it has made us take a look at how the program is running as a whole. The changes that subsequently occurred have resulted in a leaner, more efficient operation. In my managerial role, it has forced me to think more about how decisions can impact a multi-county system. Additionally, the enhanced communication and sharing of ideas has resulted in improved outcomes for consumers seeking services. ■

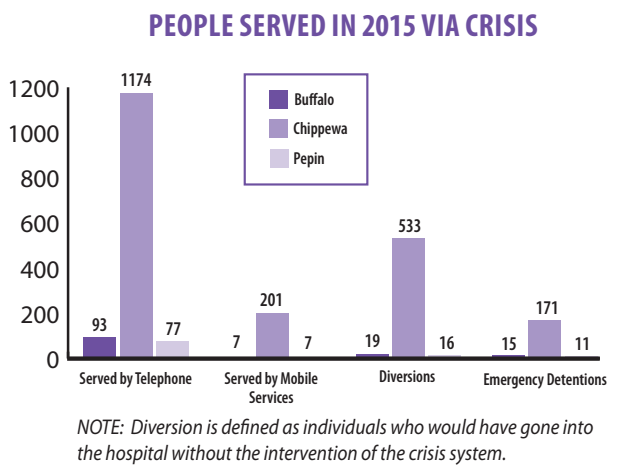
# Emergency Mental Health Services (crisis)



## What is Emergency Mental Health Services (Crisis)?

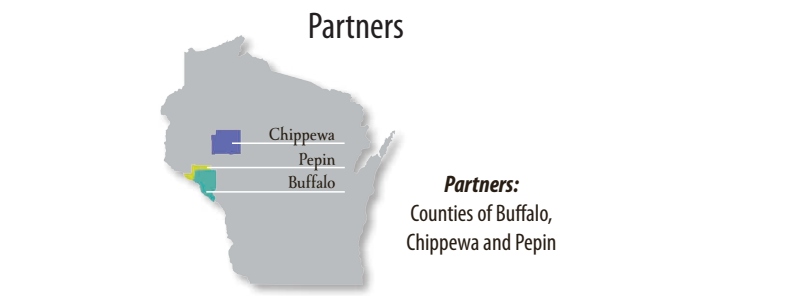
Emergency mental health services are available twenty-four hours a day, seven days a week. These sources may be provided to a person in a mental health crisis, or in a situation which is likely to develop into a crisis if supports are not provided. A “crisis” is defined as a situation or acute episode caused by an individual’s apparent mental or substance use disorder that results in a high level of stress, anxiety or physical distress (for the individual, persons providing care for the individual, or the public) that cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual. Services include: telephone services, mobile services, follow-up and linkage services, as well as optional stabilization.

## Crisis Program Information



As anticipated, the two counties that implemented an increased level of crisis services (telephone and mobile services) were able to decrease emergency detention numbers from 2013 to 2015. In 2013, Buffalo County had 24 Emergency Detentions (ED) and Pepin County had 22. As you can see in the above graph during 2015, Buffalo had 15 EDs and Pepin 11.

# Community Support Program (CSP)



## What is the Community Support Program (CSP)?

The Community Support Program (CSP) provides a community-based intensive support services for individuals who have a severe and persistent mental illness and are living in the community. The CSP team provides coordinated care and treatment services that are intensive, accessible, community-based mental health treatment and psycho-social rehabilitative services. This is designed to be a program that “wraps” services around the individual and individualizes treatment and is flexible to adapt to the consumer’s needs in the recovery process.

## CSP Eligibility Criteria

The applicant has a specific diagnosis of chronic mental illness (schizophrenia, bipolar, major depression, etc.).

**AND**

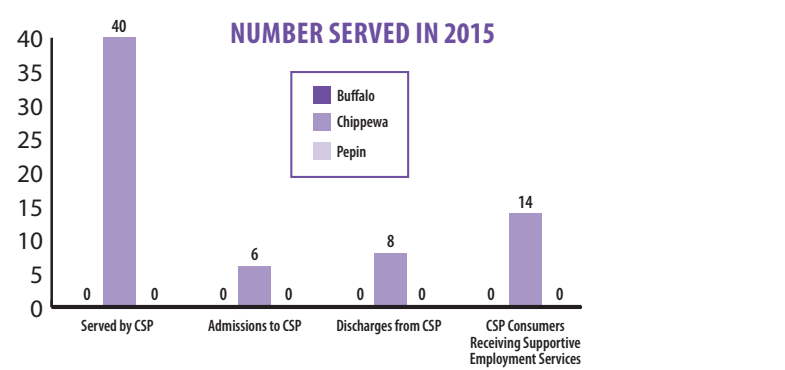
The applicant has a significant risk of either continuing in a pattern of institutionalization or living in a severely dysfunctional way if CSP services are not provided.

**AND**

The applicant has a functional impairment in one or more of the following areas: vocational, educational, homemaker functioning, social, interpersonal, community functioning, self-care or independent living.

Each consumer is clinically reviewed to determine the “best fit” for services, utilizing the eligibility criteria for each program.

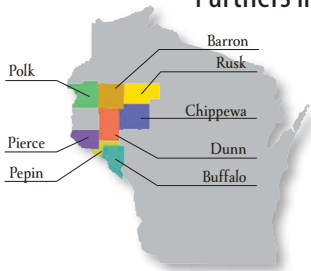
## CSP Demographics in 2015





# Comprehensive Community Services (CCS)

## Partners in CCS



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

## What is Comprehensive Community Services (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 support, all coordinated by a CCS Service Facilitator.

CCS is designed to be community-based. The services 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. Medicaid reimburses CCS at actual cost, with the federal government contributing 60 percent and the state government 40 percent.

## People Served by County

DMSAS Region	Number Served End of Q3-2015	Number Admitted During of Q4-2015	Number Discharged During of Q4-2015	Number Served End of Q4-2015
RWC Certification (04-01-15)	60	67	10	117
Barron	12	6	0	18
Buffalo	1	1	0	2
Chippewa	14	28	5	37
Dunn	8	9	0	17
Pepin	5	0	0	5
Pierce	14	11	5	20
Polk	6	8	0	14
Rusk	0	4	0	4

*NOTE: Our implementation of services plan is by population type. All counties except Barron began their implementation with adults. Barron started their implementation with children. We plan to continue our implementation process in 2016.*

## CCS Eligibility Criteria

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

**AND**

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.

**AND**

### GROUP 1 CRITERIA:

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.

**OR**

### GROUP 2 CRITERIA:

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.

## For More Information on CCS

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.

# Comprehensive Community Services (CCS) Coordinating Committee



PHOTO BY RON KIESLER

## CCS CONSUMER IMPACT STATEMENT

### Chippewa County

*Suzanne, age 51*

I've been part of CCS for almost a year. Some of the services I receive through CCS include Equine Assisted Psychotherapy and Therapeutic Riding at Trinity Equestrian Center. I've always been a country girl and I have a passion for nature and animals. The CCS program has allowed me to receive services in an environment that I can feel comfortable and safe in. Given my past abuse and trauma, connecting with an animal can be easier than connecting with a person, especially on the farm (versus in a traditional office setting, which can be intimidating). Being able to connect with the horses has given me the skills I've needed to help manage symptoms of Post Traumatic Stress Disorder (PTSD) and anxiety. Because of this, I have increased my confidence and been able to engage in

my community more often. Other support I receive from CCS is from the Center for Independent Living. A worker comes into my home on a weekly basis and helps me learn skills to manage my budget and stay organized. Becoming overwhelmed can easily trigger symptoms of my bipolar disorder. My service facilitator helps me to keep my schedule manageable and helps

me get connected with other resources. I see my psychiatrist through CCS as well. During times when I have been more symptomatic, my service facilitator has been able to work with my psychiatrist to get me in before my next scheduled appointment. This rapid response has prevented me from being hospitalized. CCS offers services that meet my needs as an individual rather than having a "one size fits all" approach. I'm happy with CCS; without it, I'd be lost. ■





## CCS IMPACT STATEMENTS

### **Ted East**

*Rusk County,  
Department of Health and Human  
Services, Executive Director;  
Administrative Coordinator*

Rusk County is a small rural county with 915 square miles and a population of 15,347. One of our greatest challenges has been to provide a robust behavioral health program in our community.

As a member of the RWC, Rusk County Department of Health and Human Services has been able to implement CCS programming for the citizens of Rusk County. Prior to joining the RWC we had looked at CCS implementation but were thwarted by the many challenges associated with the program including but not limited to: program infrastructure, limitation of vendors, and the significant service array that needed to be in place.

The collaboration that exists between the counties in the RWC has made it possible for the citizens of Rusk County to have access to services that were only dreamed about three years ago.

It is exciting to be part of a consortium that promotes person-centered, community-based services for citizens with mental health and/or AODA needs.

Clearly, the time has come to explore options beyond the boundaries of our own counties and seek collaborative arrangements that enhance services to the individuals we serve. ■

### **Kelly Kivel**

*Pierce County,  
Clinical Coordinator*

CCS and its focus on comprehensive care, as well as its philosophy of recovery, has shifted my conceptualization from just seeing the consumer needs to attempting to understand the consumer's worldview. In addition, CCS philosophy envisions understanding consumers as the driving force in their own care, and constantly focuses on tapping into their strengths, past successes, life satisfaction, and most importantly, their definition of desired change and recovery. ■

### **Ron Kiesler**

*Pierce County,  
Department of Human Services,  
Community Behavioral Health Manager*

2015 was an exciting year, as we moved from planning into implementation of the CCS. Pierce County hired 2.6 FTE to staff the CCS, and they experienced a steep learning curve. By the end of the year, the new CCS staff felt more comfortable with the CCS process and the electronic health record. Pierce County CCS had a couple of successful discharges in 2015. We look forward to serving children and adolescents in the CCS and continuing to expand the vendor services network in Pierce County in 2016. ■

### **Carol Nedland**

*Buffalo County,  
Department of Health and Human  
Services, Social Worker*

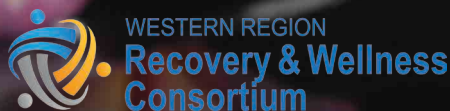
We hear about the positive impact of CCS on consumers, but CCS also has a positive impact on case managers. Part of CCS is the Recovery Team component. This component builds a network around the consumer, offering them a safety net of knowledgeable and informed people to whom they can reach out in crisis and gain different perspectives on issues. The case manager organizes the Recovery Team. Once organized, the Team can begin active work with the consumer. Team members communicate with each other for the benefit of the consumer.

When I had my first Recovery Team meeting with a new consumer, our goal was to review the Core Assessment and build an Individual Service Plan. When discussing the Individual Service Plan, I found that I did little in the way of creating goals except to reword the goals that the various team members and consumer offered. The work I did during the meeting was minimal compared to the old system of operation. I facilitated the Team and kept people on task, but the work was done by the Team. The Team became invested in the work that they had done together. I suspect that the future impact of that experience is that the Team and consumer will remain invested and have a higher probability of positive outcomes. Work is always easiest when people work as a team and do not feel alone. Why would mental health be any different? ■



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

Henry Ford  
American Industrialist



SCAN FOR MORE  
INFORMATION  
ON THE RWC



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\*The three Core Partners of the Recovery & Wellness Consortium (RWC)