



**2016  
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 | Washburn

**ADDITIONAL PARTNERS**

Eau Claire | St. Croix

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



Jill A. Chaffee

2016 was a year of expansion and a test of our flexibility.

At the end of 2015, we were serving 117 consumers, while at the end of calendar year 2016, we were serving 221 people. Our numbers increased by more than 100 consumers, and we continued to expand our services to various subgroups (youth, elderly, people with substance abuse needs, etc.).

Our training opportunities demonstrated our increased program understanding in 2016. I could feel, by our interactions, the growth that had occurred in the system. Our staff had resolved a great deal of the “start-up anxiety” and was taking concepts and services to the next level. They had internalized the concept of recovery and person-centered services. We focused on ways to better address the needs of people with substance abuse challenges. We implemented an objective, self-report, substance use tool for adults. This allowed our staff to better determine who needed further substance use assessment and services, while being person-centered and efficient with our valuable and limited resources.

Our consumer advocates became further engaged with the community and their respective systems on both an individual and group basis. The consumers want to participate in the process and continue to foster their own personal passion areas. One of our consumer advocates worked to establish a “Buddy Bench” for community youth. The “Buddy Bench” is a place where a youth can sit when they need a buddy and another youth is able to recognize their need, without verbal expression, and join them in sitting, conversation, or play. Another consumer advocate coordinated a discussion with a facility around trauma informed care. Yet another consumer advocate went out to the various law enforcement entities in the region to discuss crisis services. All of these actions and the response to those actions demonstrate the commitment, passion, and perseverance of the consumer advocates in our region. These additional tasks were completed while continuing to serve on the Core Services Coordinating Committee and/or the Comprehensive Community Services Coordinating Committee. I don’t foresee this group slowing down in 2017. They have a plan, and we continue to work in partnership toward the same end: to provide accessible, high quality mental health and substance abuse services.

Our counties experienced the natural shifts caused by moving to a consortium-based, recovery-oriented model throughout the system. Some shifts were expected while others have been an interesting surprise that brought us to thoughtful discussion about how to make the system better. 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 necessary among counties to improve access to services for our consumers.

Our providers have consistently risen to the occasion. The excitement of Medicaid-based, actual cost reimbursement does not come without an obligation to demonstrate costs. Although the rate setting, contracting, and credentialing processes can be challenging, our provider network has grown tremendously. We have providers that recognize the needs of our rural communities and are willing to take the extra steps to ensure that our consumers get the services they need. The patience and perseverance of this group must be commended.

We want our system to serve more people. We advocate for system change that will further enhance the consumer experience. We understand the importance of engaging consumers, providers, and state-level partners to promote change. Although we realize that perfection is not realistic, we must strive for it, for the sake of those we serve. We thank our consumers for their patience and ask our partners to join us in working toward a more efficient and effective system. We believe that the provision of recovery-oriented services will fight stigma, and our systems need to improve access to services for persons with mental illness and/or substance use issues.

We appreciate your collaborative work to achieve hope, recovery and community wellness. Thank you for accompanying us on this journey and helping us to manage our growing pains.

Sincerely,

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 2016

**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 eighteen 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 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 consumers into its initiatives in order to receive meaningful input into the design of 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 in Menomonie, Wisconsin. At that time 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) was 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. Core Mental Health and Substance Abuse Services were implemented within Buffalo, Chippewa, and Pepin counties. Comprehensive Community Services was implemented within Barron, Buffalo, Chippewa, Dunn, Pepin, Pierce, Polk, and Rusk counties.

**2016:** RWC will continue to expand services to consumers within our counties. We began to collect data that will support our outcomes, implemented a consumer satisfaction process, and made necessary adjustments to create a functional system. **NOTE: We continue to measure these objectives and will provide data within our 2017 performance report. 2015 (startup period) was not measured. 2016 data will establish our baseline.**

**2017:** Washburn County will begin the provision of CCS. Core Services (Buffalo, Chippewa, and Pepin) will need to demonstrate sustainability without grant funds. Quality assurance will become an area of focus for the CCS system. Advocacy will be a priority.

## 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

## GOAL 1

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

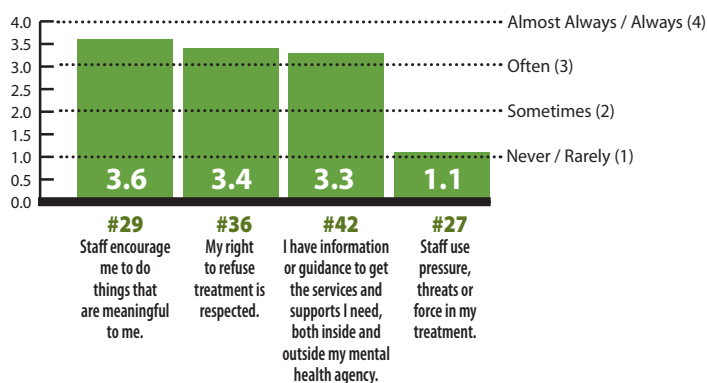
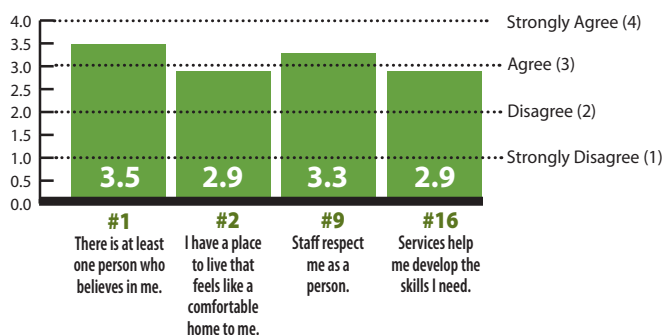
*NOTE: During 2015, we developed our three-year strategic plan and identified outcomes related to our quality improvement processes. During 2016, we began the data collection process to support the review of our objectives. With 2016 being our baseline data, we will begin data analysis and reporting in 2017.*

## GOAL 2

**Increase the opportunity for consumer choice that 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:

### RESULTS FOR 2016



**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:

### RESULTS FOR 2016

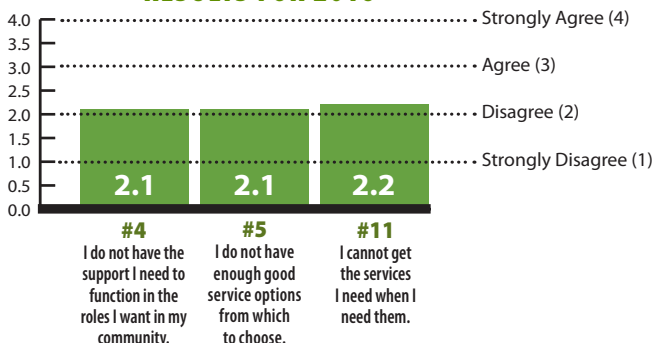


PHOTO BY RON KIESLER

## GOAL 3

**Sustain commitment of involved counties.**

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

**RESULTS** All continued to participate and Washburn will join in 2017.

## GOAL 4

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

### RESULTS

- The RWC received 2-year certifications for crisis and CSP. No citations for the programs.
- The RWC received a 1-year certification for CCS. No citations for the program.

## 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.

### RESULTS

- The Division of Care and Treatment Services is exploring a re-write of the psychosocial rehabilitation administrative code.
- The Lead Agency fiscal team proposed a spreadsheet methodology for the reconciliation process. It is being considered by our state-level partners.
- The Mental Health and Substance Abuse Operations Administrator participated in a state-level workgroup regarding CCS services. The workgroup included counties, Office of the Inspector General, Division of Care and Treatment Services, Division of Quality Assurance, and Division of Medicaid Services.
- The Mental Health and Substance Abuse Operations Administrator led a state-level county workgroup to address the crisis training needs across the state.
- The Mental Health and Substance Abuse Operations Administrator is a member of the Wisconsin County Human Services Association, Behavioral Health Policy Advisory Committee.

## 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.

- During 2016, we worked with state-level partners to better understand the needs of the system and determine potential advocacy.
- During 2017, the Leadership Committee will develop a comprehensive advocacy strategy to influence state-level partners, including legislators.



# Trinity Equestrian Center's (TEC) Overview

TEC, Eau Claire's faith-based, non-profit horse ranch, has been providing Equine Assisted Therapies and Youth Development Services to adults, families, and youth since 2002.

In 2015, we gladly joined the Provider Team of Comprehensive Community Services (CCS) for the Recovery & Wellness Consortium (RWC).

We consider it a tremendous honor to be part of an innovative and expansive effort that makes available nearly one hundred traditional and non-traditional services and supports to those who might otherwise not readily receive services.

This truly client-centered approach is brilliant.

Each Recovery Plan is authored by the individual consumer who will be living it! It is beyond sensible, empowering those struggling with mental health and/or substance use issues to directly impact their own future, respecting the dignity of their personal choices, and encouraging them to refine what works for them and what doesn't. What a concept!

## SERVICE SPOTLIGHT

### Toni Mattson

*Trinity Equestrian Center, Co-owner and Program Director*



### Therapeutic Riding (TR)

TR is mounted therapy that taps into the "physique" of the horse and is widely effective for those struggling with cognitive, physical, or mental health disorders. It is led by our Professional Association of Therapeutic Horsemanship (PATH) Certified Instructor.

The mechanics behind the treatment has to do with neurology, bio-physics, and how the brain is constantly communicating with the body. The brain is always assessing its surroundings, adjusting, and compensating. Sometimes through injury, illness, or traumatic events; our assessment and compensation pathways are impaired or changed, creating behavioral issues, addictive tendencies, and a myriad of challenges.

Many ask, "Why ride a horse?" A horse's unique walking gait most closely resembles the human walk. When a person with impairments or disorders rides a horse; the movement, motion, and rhythm of the horse's walk is the therapy and the body and mind begins to respond. This therapy helps the brain "jump the track" of old behaviors and beliefs and creates new, healthier pathways. Riders develop a sense of empowerment and self-confidence, and a renewed sense of hope as their abilities progress! Riding promotes the motivation to set and achieve goals; it promotes increased patience and control over emotions, an enhanced self-image along with the resultant increase in self-confidence, and an improved ability to concentrate and focus. Finally, riders gain an invaluable sense of normalcy. Their view of themselves changes, and that's life changing.

Since we've begun working with CCS, TEC has served three TR consumers under the Service Array category of Individual Skills Development and Enhancement.

### Equine Assisted Psychotherapy (EAP)

is an unmounted therapy that taps into the "psyche" of the horse. It is an experiential/action-based therapy that is very effective in helping those struggling with mental health, substance use issues, Posttraumatic Stress Disorder (PTSD) and more. Many of these issues are rooted in past traumas and simply cannot be verbalized or explained with words.

EAP allows for an in-the-moment, client-led focus. Sessions are specifically tailored for each rider and one or more of our horses by our Treatment Team, which is composed of a Wisconsin Licensed Mental Health Professional and a Certified Equine Specialist. Each session is designed according to the consumer's needs and their customized Recovery Plan goals. The consumer is given initiatives and partnered with one or more horses to accomplish these initiatives. An initiative may be as simple as having the horse walk over a pole or as challenging as having it follow the consumer through an obstacle course.

While humans can speak, explain, and rationalize; horses live in an entirely non-verbal and action-based world. This characteristic, which is so valuable, helps produce the positive outcomes in record time. It's why we chose horses as our therapy partners. Observing consumers as they work through their initiatives and asking open-ended questions such as, "Do you think the horse understood what you were doing," or "What can you tell me about what just happened," guides them towards their goals while allowing them to learn the concept through their own words and strategies.

Since we've begun working with CCS, we have served 11 EAP consumers under the Service Array categories of Wellness Management and Recovery and Individual Skills Development.

### Youth Mentoring

Trinity's "Power of Example" Mentoring Program is recognized as our region's premiere Youth Development program. This relationship-based program gives children through young adults the support of a positive, consistent, friendly, and in many cases, life-changing mentoring experience. College and graduate students majoring in social work, teaching, psychology,

and law enforcement comprise our mentor staff.

At the core of everything we do in our mentoring program is the development of social skills, emotional awareness, health boundaries, coping skills, and strong/healthy relationships. This program also helps to improve self-confidence, self-image, self-esteem, the invaluable sense of belonging, personal worth, being cared for, and being invested in. It focuses on the development of compassion, empathy, respect, patience, and much, much more. Our mentors tailor each consumer encounter to the goals and interventions detailed in the consumer's Recovery Plan; the focus of interactions is to meet the consumer's needs.

Since we've begun with CCS, we have served 12 mentoring consumers under the Service Array category of Individual Skills Development.

**Skills Development Workshops** offer a creative approach to youth skills development by providing a positive environment for fun, learning, practice, and play!

Our focus over the years has been to provide services that meet the needs of both workers and consumers, and to match therapeutic challenges with innovative and client-focused programs. Learning about the unmet needs that still exist for kiddos with emotional, mental, behavioral, and/or substance abuse needs led to the creation of Trinity's Discovery, Adventure, and Action Skills Development Workshops.

The focus of these workshops is to help young consumers to better understand themselves and the world they live in. It is to help them discover and develop new ways to interact with peers, family, school, and community while enhancing friendship, communication, and feeling-identification skills. These workshops promote making positive choices and help to develop numerous life skills (patience, creative solutions, emotional regulation, etc.) all while exploring new likes, abilities, and healthy habits that will last a lifetime. ■

## Anu Family Services (ANU)

The mission of Anu Family Services (ANU) is to create and sustain permanent connections. Anu, a non-profit organization with offices in Hudson, Eau Claire, Madison, and St. Paul, Minnesota, began as a treatment foster care agency but has expanded into additional programming. One of the primary beliefs of the organization is that healing and thriving do not occur in isolation but require the support of loving and stable families. This belief, in turn, has led to several innovations: Parent Coaching, Intensive Permanence Services, Intensive Trauma Services, and Fast Track to a Family. Parent Coaching and Intensive Trauma Services are part of the Recovery & Wellness Consortium (RWC) Comprehensive Community Services (CCS) network, under the service arrays of Individual Skill Development and Enhancement, and Individual and/or Family Psychoeducation.

Anu's Parent Coaching Program focuses on strengthening and repairing the relationship that has the most influence on the child's future well-being and success – the one between parent and child. Parent Coaches help parents understand why and how to attune to their child. They educate

parents about child development and guide them in gaining compassion and understanding for the reasons behind pain-based behaviors. This in-home, individualized education empowers parents by providing practical parenting tools while giving them permission and encouraging them to parent in a loving way, a way that draws their child in (rather than succumbing to societal pressure to use 'tough love' at the risk of pushing their child away). This loving approach to parenting has shown to be tremendously successful. Anu's Parent Coaching Program has collected data from 161 participants, and the results are astounding. A phenomenal 100 percent of the children's behaviors, relationships, attributes (e.g., loving, generous, curious) improved over the course of the Parent Coaching service, and parents feel more competent in their role as parents. Before Parent Coaching, 27 percent of parents felt confident in their ability to manage their child's behavior; afterward, 75 percent feel confident. Before Parent Coaching, 36 percent of parents felt that they had the skills needed to be an effective parent; afterward, 87 percent feel they have the skills they need.

### ANU FAMILY SERVICES STORIES



**Shari Larson**

#### CCS Family and Parent Coaching

When I started working with these one set of parents, their 15-year-old daughter was defiant, acted out with physical aggression, didn't follow house rules, and used alcohol and other substances. Her parents were unsure about how to handle her and were wondering if she needed to be out of the home. The mother had serious physical health concerns as well as anxiety and depression. Both parents attended the Parent Coaching sessions. We focused on identifying their daughter's strengths, how we could build on those strengths, and how to interpret what her behavior was trying to communicate to them. Once both parents understood that their daughter was acting out of extreme fear, they were able to let go of blaming her and engaged with her more positively. We talked about ways to build their relationship with their daughter and how they were going to keep her safe. They began noticing and validating her strengths and assuring her they would keep her safe by calmly communicating with her, helping her feel safe, and letting go of past mistakes. It did not take long to see positive behavior changes once both of the parents assured their daughter of their love and commitment to keeping her safe. After several months of working with Parent Coaching, in addition to other CCS supports, they are all communicating; Dad moved back in with the family and daughter is focused on keeping her grades up, looking forward to graduation, and even considering post-secondary education. The family is laughing and enjoying each other. They still face obstacles; however, they have reconnected, they care about each other, and are able to problem solve together. They are stronger individuals who positively support each other! ■



**Javin Hintz, MSW, APSW, LGSW**

#### Works with ITS Consumer Through RWC

When I first began working with David (real name withheld for confidentiality), he was a very guarded young man. He had experienced significant amounts of loss throughout his life and during the time of our work together as well. When I first asked him about his goals, he rattled off a goal of working on his anger as though it was a goal that was an integral part of his very existence, a goal that he has heard over and over again. With a supportive team and continued work, he is now hearing healing messages about his many strengths and successes, and about his value and worth as a person rather than messages about how he needs to work on his anger. He has realized that his anger is an expression of his pain and is doing an amazing job at increasing his emotional vocabulary and identifying feelings, and at being willing to communicate his needs to others. David's entire team has noticed a significant increase in his ability to identify and articulate his emotions and needs. He still has his "tough guy" persona, especially when he is unsure of what he is feeling or what to do. David knows he has a journey ahead and a lot of work to do, but now he has a team of individuals supporting him and seeing him for the amazing, creative, extremely talented, caring, and compassionate person he is. With this support, David is beginning to see himself in a similar light as he continues his journey of healing.

2016 was a year of learning for both providers and county partners working with CCS. We feel fortunate to have established a mutually beneficial partnership with the RWC leaders during this process. ■





## Mandi - Greater Level of Acceptance

Hello, I am Mandi. I'm 34 years old and have a greater level of acceptance about who I am thanks to the help I received through Comprehensive Community Services (CCS). My story certainly didn't start this way, but I have found myself and my voice through my journey.

My engagement with services began at an early age. I was nine years old. My family struggled with a marital separation, and then we became a blended family with more children. Because this was difficult for me, I became isolated. I spent time in foster care and left home at the age of 17.

During my early adulthood, I engaged in intensive services through the Community Support Program. I couldn't take care of myself at that time. I was taking a large amount of medications and gained a significant amount of weight. I have and continue to be challenged by chronic pain, which was complicated by my weight gain. I have migraine headaches and significant neck and back issues. I have a history of trauma and abuse. For this reason, I was a very "compliant" person. I believe my compliance led to taking medications even though I felt worse when doing so. This impacted my development and emotional regulation. I couldn't control anything.

At the age of 30, I participated in a structured Bible school and learned to live differently. This was useful because I needed the structure. Following the Bible school, I came home, went to college again and then returned to a Christian camp in the summer. My progress diminished when the structured religion began to dictate my relationships in unhealthy ways. I moved on from the church as I couldn't handle the pressure that resulted from that kind of control. When this happened, I once again lost much of my support system and felt isolated. After attempting suicide, I engaged in services,

this time via CCS. My initial therapist said, "No God and no politics," so I decided to work with another therapist who was open to my spirituality.

Since engaging with services differently, I have lost over 130 pounds. I have found my voice, and I use it. I continue to have setbacks with my chronic neck and back pain; however, I had a surgery that has helped. My anxiety sometimes triggers a migraine. I know that I'm sensitive to medications, so I am much more thoughtful about what I need and what works for me. I know now that being a Christian means I'm loved unconditionally, and I'm whole. I'm not broken. I focus on forgiveness versus sacrifice. I use more natural supplements and engage in Pulse Electro Magnetic Force Field Therapy (PMF) to relieve some symptoms of depression, anxiety, and pain. I have an associate's degree as an administrative professional, a technical diploma as an office support specialist, and a biblical certificate. I qualified for nationals in a competitive state process using my knowledge of integrated and database software. I am certified to complete closed captioning videos.

CCS was different for me because:

- I learned to be thoughtful about my medications, to do my research, and to be comfortable saying "no" to medications.
- The services were of my choosing. Treatment is different for everybody.
- There was no pressure to do things a certain way.
- I'm more assertive now and self-aware. I have to take care of myself.

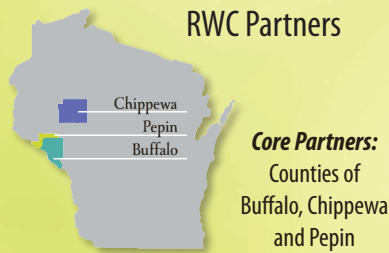
I am so proud of my progress within my recovery. Thank you to my providers for your support on my journey!

## Mandi's Ideas About Her Success:

- **Healing involves the whole body. It is spiritual, physical, and mental. We are made of all three and they work together.**
- **Eat healthy, and get out and move. I eat organic, to a point. I know it is more expensive.**
- **Peer support has been the biggest part of my recovery. My support person isn't an authority figure. He listens but shares when needed. He understands what it is like having no money and making difficult financial choices.**
- **Tobias Elliot, my one-year-old cat, has been very supportive. He helps with loneliness and is always there for me. He knows when I am in distress. He is a comfort for me.**
- **I work to do anything I can in the community.**



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



### 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.

## RWC Core Services 2016 Project Update

The RWC Regionalization Project, initially a three-year pilot project, has been 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.

- **Emergency Mental Health Services (Crisis) Update – RWC:** RWC modified the provision of crisis services in Buffalo and Pepin counties. County-based staff began providing mobile services within both counties, due to inability to recruit mobile workers within these rural areas.
- **Coordinated Services Teams (CST) Update:** The CST Coordinator continued to educate community-based agencies and their representatives on the CST process.
- **Comprehensive Community Services (CCS) Update:** Counties expanded their services across the lifespan of our consumers. This created some workload challenges for the system.
- **Community Support Program (CSP) Update:** The CSP utilized the Recovery Orientated System Indicator (ROSI) for consumer satisfaction. We received more survey responses with the new format than with the formats used previously.

The challenge for 2016 was serving all the people in need. Some Consortium counties struggle to have the staff resources to serve all of the people requesting services. Although we would like to have an easy solution to this issue, there are no easy answers. Counties are evaluating their role and determining what services are best provided via subcontract. Because counties better recognize the paperwork requirements for CCS, they have needed to analyze their priorities and to focus on service facilitation and planning.

Technology is ever-changing. Our system is no exception. We are challenged by an electronic health record system that was developed for a medical model while county-based services provide a more comprehensive community-based model with intense reporting requirements to the state. Our staff have needed to be very patient as we learn better ways to function within the electronic records world.

Our billing of Medicaid is complicated. Throughout 2016, we worked to find a consistent billing process that would create a more efficient flow of funds. The creation of our process chart affirmed its complexity, submitting a claim involves a 27-step process.

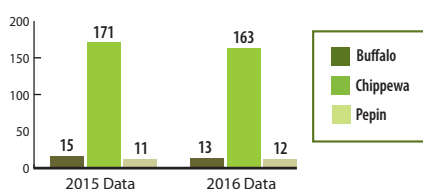
With our challenges, some might question the net worth of our services. However, our consumers have demonstrated, through their progress, how important it is to provide person-centered, recovery-focused care. ■

### Emergency Mental Health Services (crisis)

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

### Crisis Program Information

#### EMERGENCY DETENTIONS



### People Served by County

12-31-15 to 12-31-16	Buffalo County	Chippewa County	Pepin County
Total Callers	77	1073	90
Stabilization Calls	0	17	2
Callers 18 Years and Older	51 (minus duplicates)	611 (minus duplicates)	34 (minus duplicates)
Callers 17 Years and Younger	13 (minus duplicates)	182 (minus duplicates)	19 (minus duplicates)
Age Unknown	2	43	1
Duplicate Callers	35 (total contacts) 14 (total callers)	484 (total contacts) 185 (total callers)	49 (total contacts) 14 (total callers)

Crisis Services continues to demonstrate its value within our system. Prior to its implementation, more consumers were emergency detained. We know the system requires investment from our partners in law enforcement and private-sector hospitals, and we continue to appreciate their engagement in the crisis process. It means that only the civil rights of those people who absolutely need to be detained will be restricted. We are working to engage consumers in recovery services following Crisis Services. We want consumers to engage in the recovery process.

### Community Support Program (CSP)

CSP provides intensive community-based 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 intensive, accessible, community-based mental health treatment, and psycho-social rehabilitative services. CSP is designed to “wrap” services around the individual. It individualizes treatment and is flexible in order to adapt to the consumer’s needs in the recovery process.

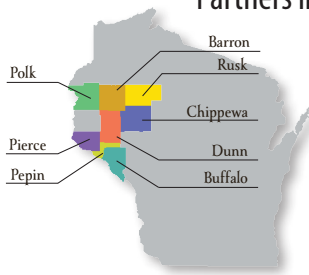
### CSP Demographics in 2016

Chippewa County served 36 consumers in CSP. Nine people participated in supported employment (an evidence-based practice that works to help consumers find and sustain employment) with our subcontractor, Chippewa River Industries. Our consumers have embraced this service.



# Comprehensive Community Services (CCS)

## Partners in CCS



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

## Services within CCS include:

- 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 Psycho-Education
- Wellness Management and Recovery/Recovery Support Services
- Psychotherapy
- Substance Abuse Treatment
- Non-Traditional or Other Approved Services

## 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.

**NOTE:** Each consumer is clinically reviewed to determine the "best fit" for services, utilizing eligibility criteria for each program.

## Comprehensive Community Services (CCS)

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 consumer-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 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. Medicaid reimburses CCS at actual cost, with the federal government contributing 60 percent and the state government 40 percent.

## Enrolled in CCS (12-31-15 to 12-31-16)

DMSAS Region (DOA-Certified Programs)	Number Served End of 2015	Number Served End of 2016
WRRWC Certification Date (04-01-15)	117	221
Barron	18	35
Buffalo	2	9
Chippewa	37	76
Dunn	17	36
Pepin	5	12
Pierce	20	24
Polk	14	20
Rusk	4	9
Washburn*	0	0

\*Washburn County will start services in 2017.

## CCS CONSUMER IMPACT STATEMENT

**I want to introduce myself. I'm Daniel. I'm 27 years old.** I am a passionate and outgoing musician. I love rock, blues, and jazz; but consider myself to be a blues/jazz musician. I am a self-directed, dependable, and invested individual. I am a homosexual who has learned about myself through relationships with my family and my significant other Indigo. I am a person who needs to be connected to the outdoors and have learned to be more "present" through my recovery process. I love my dog Ozzy. She brings me joy. I am so pleased to be a part of the Comprehensive Community Services (CCS) program and to be writing about where I am today. Life has not been "easy" for me. A few years ago, I would not have guessed that I would be where I am today. I have had many challenges but over the past year, I have learned new ways to face these challenges and to be part of recovery in my community.

I entered into the world early; I was three months premature, which resulted in my lifelong visual impairment and lung problems. My visual impairment makes driving at night impossible and limits my abilities in other ways. My family has been and continues to support me in so many ways. As a child, they helped me to manage my visual disability. As an adult, they welcomed me back home when I was struggling. As a person, they accepted my homosexuality.

2011 – 2016 was a very dark time in my life. Over those six years, I attempted suicide multiple times. Although I successfully obtained my Bachelor's Degree from McNally Smith College of Music, my life was a struggle. I had panic attacks and cried for no reason at all on a daily basis. I was self-medicating with alcohol and marijuana. I didn't realize that I had mental health issues until 2011, when a friend pointed it out to me. I carry several different diagnoses: bipolar, borderline personality disorder, and anxiety.

In 2013, I came home to my family and started engaging in my recovery. I have good friends who were my fellow band members. They were consistently supportive, as was my family. My mother helped me to see that I was drinking daily. This, along with my first hospital visit, helped me to "wake up." When I wanted to jump off a bridge, a friend of mine from the band stopped me. He was persistent and "tackled me." In the Twin Cities, I went to outpatient therapy and experienced inpatient hospitalizations following suicide attempts.

Over the past year, CCS has allowed me to engage in services that support my recovery. I have participated actively in the recovery process through relationships with my friends, family, and significant other. I love that Indigo, my significant other, can join me in the recovery process. Without this program, I was dwelling on the past. My anxiety made it difficult for me to feel "centered." Yoga and meditation have helped me to center, and being centered is how I perceive the world. I'm very connected to and grounded with the earth. This is my spirituality. I'm connected to nature. I also respond well to calm sounds. When I feel anxiety and tension in my chest, it is hard for me to breathe, and I need to become more centered. My dog Ozzy provides me with unconditional support and the connection I need.

Today, I'm looking forward to obtaining a Master's Degree in counseling. I want to give to others and support my recovery in the process. I am moving into my own apartment and looking forward to my life. ■



*Daniel (left) holding Ozzy.*

### Daniel's Suggestions to Others

**Find a furry friend. Pet therapy is good. You have to be responsible for your pet. Your pet is in tune with you. Ozzy is part of my family.**

- **Find something you enjoy and do it. Don't let anything stop you.**
- **Get plenty of vitamin D. Sunlight is important.**

**I am so grateful for CCS and the flexible approach to my recovery. I appreciate the support of Ozzy, Indigo, my family, and CCS staff. My life is so different today than it was five years ago.**



## WELCOME WASHBURN COUNTY CCS 2016

### **Jim LeDuc** *Director*

Much like the rest of Western Wisconsin, Washburn County has seen an explosive rise in the need for mental health and substance abuse services in recent years, and we anticipate the trend to continue. In studying our need to enhance and expand our services, it was determined that the goals of Washburn County Health & Human Services would be to serve our current population with an enhanced array of services and a recovery-focused model, but also to establish a sustainable program and infrastructure for the years to come. Comprehensive Community Services (CCS) looked to fit the bill and the Western Region Recovery & Wellness Consortium (RWC) model for CCS really resonated with Washburn County's redesign goals. As we delved deeper into the structure, philosophy, and leadership of the Consortium, we were overwhelmingly impressed and knew we wanted in. In 2016, we applied and were accepted into the Consortium for CCS. Through the hard work of Jill and her team, we received approval and certification from the State of Wisconsin on 1/1/2017. With an all new staff, building, and attitude; Washburn County Health & Human Services is ready to enhance and expand mental health and substance abuse services to our residents in 2017. Thank you RWC! ■

### **Amber Ebert** *Mental Health & AODA Coordinator*

Washburn County was accepted into the Recovery & Wellness Consortium in 2016 and became Comprehensive Community Service (CCS) certified in January 2017. As of May 2017, we are serving 14 CCS consumers, and we expect to double that number by the end of June. Many of our consumers are residents who may not have been served if not for CCS. I am extremely proud of the Washburn County staff. They have invested countless hours in training and their enthusiasm for all that CCS has to offer is contagious. We couldn't have done it without Jill, Denise, and support staff from the lead agency; their leadership, knowledge and technical assistance is the number one reason we are serving consumers as soon as we are.

We are really excited that the CCS provider network gives us the ability to expand our staff and caseload, as well as the services we are able to offer in order to serve more consumers. CCS program development has been like no other because no other program is as flexible, consumer-focused, and all-encompassing as CCS. We also see an unlimited potential to expand programming to populations not commonly thought of as Human Services consumers. For example, our Criminal Justice Coordinator is serving a CCS consumer, and we have plans to incorporate our Meth Diversion Program and Department of Corrections consumers by the end of the year. ■

### **Marie Schrankel** *Service Facilitator*

The Comprehensive Community Services Program (CCS) has provided the opportunity for a more collaborative approach between consumers and their providers. The structure and platform of the CCS program promotes bringing all parties to the table to serve the client. I have found that consumers have appreciated the person-centered approach and ability to utilize services that may not have been accessible in the past. In addition, it is critical that the freedom of choice of services is available to the consumer. Becoming a part of the RWC has allowed us to expand choices for our consumers. Considering that many Washburn County residents are lacking in transportation resources, it is extremely helpful that services can come to them in their home and community. CCS truly promotes empowerment for consumers with mental health and substance abuse issues in our area. As a service facilitator, I look forward to the opportunity the CCS program will afford us, in that we are able to widen the scope of our clientele and the services we are able to provide. ■

## CCS Managers



**Ann Hay**  
Barron County



**Carri Renchin**  
Buffalo County



**Tim Easker**  
Chippewa County



**Jocelyn Lingel-Kufner**  
Dunn County



**Ron Kiesler**  
Pierce County



**Lisa Lavasseur**  
Polk County



**Chris Soltis**  
Rusk County



**Amber Ebert**  
Washburn County



**CCS Management Team**



“Collaboration is vital to sustain what we call profound or really deep change; because without it, organizations are just overwhelmed by the forces of the status quo.

**Peter M. Senge**

*Lecturer and*

*Founding chair of the Society for Organizational Learning*

SCAN FOR MORE  
INFORMATION



## Comprehensive Community Services (CCS) Counties

### **BARRON COUNTY**

Department of Health & Human Services

*Director: Stacey Frolik*

335 E Monroe Avenue, #338

Barron, Wisconsin 54812

Phone: 715-537-5691

E-mail: [stacey.frolik@co.barron.wi.us](mailto:stacey.frolik@co.barron.wi.us)

Branch Office

### **BUFFALO COUNTY\***

Department of Health & Human Services

*Director: Dave Rynders*

407 South Second Street

P.O. Box 517

Alma, Wisconsin 54610

Phone: 608-685-6304

E-mail: [dave.rynders@co.buffalo.wi.us](mailto:dave.rynders@co.buffalo.wi.us)

Branch Office

### **CHIPPewa COUNTY\***

Department of Human Services

*Director: Larry Winter*

711 N. Bridge Street

Chippewa Falls, Wisconsin 54729

Phone: 715-726-7808

E-mail: [lwinter@co.chippewa.wi.us](mailto:lwinter@co.chippewa.wi.us)

Main Office

### **DUNN COUNTY**

Department of Human Services

*Director: Kris Korpela*

808 Main Street

P.O. Box 470

Menomonie, Wisconsin 54751

Phone: 715-232-1116

E-mail: [kkorpela@co.dunn.wi.us](mailto:kkorpela@co.dunn.wi.us)

Branch Office

### **PEPIN COUNTY\***

Department of Health & Human Services

*Director: Paula Winter*

740 7th Avenue W.

Durand, Wisconsin 54736

Phone: 715-672-8941 Ext. 158

E-mail: [pwinter@co.pepin.wi.us](mailto:pwinter@co.pepin.wi.us)

Branch Office

### **PIERCE COUNTY**

Department of Health Services

*Director: Ron Schmidt*

412 W. Kinne Street

Ellsworth, Wisconsin 54011

Phone: 715-273-6777

E-mail: [ronald.schmidt@co.pierce.wi.us](mailto:ronald.schmidt@co.pierce.wi.us)

Branch Office

### **POLK COUNTY**

Community Services Division

*Director: Gretchen Sampson*

100 Polk County Plaza, Suite #50

Balsam Lake, Wisconsin 54810

Phone: 715-485-8400

E-mail: [gretchens@co.polk.wi.us](mailto:gretchens@co.polk.wi.us)

Branch Office

### **RUSK COUNTY**

Department of Health & Human Services

*Director: Jeremy Jacobs*

311 E. Miner Avenue

Ladysmith, Wisconsin 54848

Phone: 715-532-2299

E-mail: [jjacobs@ruskcountywi.us](mailto:jjacobs@ruskcountywi.us)

Branch Office

### **WASHBURN COUNTY**

Department of Health & Human Services

*Director: Jim LeDuc*

10 4th Avenue

Shell Lake, WI 54871

Phone: 715-468-4747

E-mail: [jleduc@co.washburn.wi.us](mailto:jleduc@co.washburn.wi.us)

Branch Office

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