

**Western Region Integrated Care  
Comprehensive Community Services Program  
DHS 36 Updated Plan (4/2022)**

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**INTRODUCTION:**

Through collaboration between La Crosse, Jackson and Monroe counties and recommendations from DCTS, the Western Region Integrated Care Consortium (WRIC) provides a comprehensive array of clinical services. These clinical services are provided by county employees and rich network of contracted providers to consumers in our three county consortium. La Crosse County certified in 2005 to provide Comprehensive Community Services (CCS) & is the lead county in a three partner consortium that regionalized in 2014. The CCS program continues to strive towards providing an extensive service array to assist consumers in their ongoing progress towards recovery. These supports assist in the reduction of their mental health and substance use disorder symptoms that are impacting their ability to function independently in the least restrictive setting possible. A three county regionalization program offering CCS services is more effective than three counties standing alone to provide CCS services.

**CCS PLAN -DHS 36.07**

**Organizational Plan - DHS 36.07 (1)**

The WRIC CCS program has been incorporated within the behavioral health/integrated supports sections of La Crosse, Jackson, and Monroe County Human Services Departments. (*See organizational charts - Appendix I*).

La Crosse County is the lead agency in the regional WRIC model. There is a single Administrator and Service Director for the region led by two La Crosse County employees. Consistent policy and clinical documents have been implemented and are currently utilized between all three counties, honoring that each county has slightly different system needs. The administrator and lead service director spend two days each month at Monroe or Jackson counties. Single county team meetings are held twice a month with the administrator and director present. Retreats are held annually for all WRIC staff. Moreover, the majority of fiscal, billing, expense, tracking, contracting, & QA are centralized and performed by La Crosse county staff, with the exception of a couple Monroe County staff assisting with some fiscal/billing pieces directly related to Monroe County.

The WRIC CCS program recognizes collaboration as a key for successful program implementation. Coordinated Services Teams (CST)/wraparound approach is used as a philosophy among the WRIC CCS program. Wraparound values include 1) strength based; 2) unconditional care; 3) collaboration; 4) outcome based; 5) natural supports; 6) consumer voice; 7) cultural responsiveness; 8) community based; 9) team based, and 10) individualized and developmentally infomed. Some examples of collaborative partners includes include school, hospitals, Family Care entities, community agencies, and other county sections. Additionally, WRIC CCS works with Crisis and Outpatient Clinic programs as needed to provide the CCS service to consumers of all ages and needs.

**Staff Functions - DHS 36.07 (1) (a)**

**Administrator Function:** The CCS Administrator role is provided by a staff from the WRIC lead county. The duties of this position include the overall responsibility for the regional CCS program,

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including compliance with DHS36 and other applicable state and federal regulations; and developing and implementing policies and procedures.

**Service Director Function:** The lead Service Director(s) is provided by administrative staff from within the WRIC lead county. Two additional back-up Service Directors are available regionally if needed. Each administrator from partner counties have been designated as a back-up Service Director. Consistent communication will occur between regional partner teams to ensure that program values are maintained. The lead Service Director(s) will meet monthly with the regional Mental Health Professionals in order to empower them to assist in the day-to-day consultation of CCS service facilitation staff.

**Mental Health Professional Function:** Regional Mental Health Professionals will participate in the assessment process, service planning and discharge planning. This position will be responsible for the authorization of services. Mental Health Professionals will meet regularly with the WRIC CCS Service Director and Administrator in order to become empowered to provide assistance with day-to-day consultation to participants, service facilitators, and other team members. Mental Health Professionals are stationed in all counties within the consortium. Supervision for all Mental Health Professionals will be provided by designated on-site Service Directors.

**Substance Abuse Professional:** When co-occurring substance use needs exist, a therapist/AODA counselor, or qualified designee, will be consulted and/or participate in the assessment process, recovery team, service planning, and discharge planning. This individual will work with both youth and adults. A therapist/AODA counselor, or qualified designee, will be stationed and/or made available in all counties within the consortium. The therapist/AODA counselors that are a part of the WRIC consortium will meet regularly as a team to ensure consistent delivery of service across the WRIC counties.

**Service Facilitation Function:** Service facilitation will be available locally within each partner county. The Service Facilitator role includes completing the assessment process, plan development, and service delivery for each consumer. Service facilitation is designed to support the consumer in a manner that is clinically appropriate and empowers the consumers to achieve the highest possible level of independent functioning. The WRIC CCS program will develop service facilitators with specific areas of expertise to provide appropriate case management based on consumer stage of life and mental health/AODA needs. Please refer to the staff listing forms in *Appendix II*. Additional CCS staff may be added to fulfill the growing mental health and AODA needs.

### **Quality Improvement - DHS 36.07 (1) (b)**

The WRIC CCS program continues to work with consumers to explore how to improve our clinical services. WRIC CCS program uses the following Quality Improvement plan to monitor how effectively the service provision is meeting consumers' clinical needs and to direct how changes may be implemented when consumers' clinical needs are not being met.

The CCS program will follow its policy and procedures in regards to quality assurance and improvement. Refer to *Appendix III & Appendix XXI*

### **Coordination Committee - DHS 36.07 (1) (c)**

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Currently the CCS program works in tandem with a coordination committee in accordance with the requirements of DHS 36.09. The composition of this committee will strive to meet the specified ratio of no more than 1/3 county staff and at least 1/3 consumer consumership, as well as have representation of a variety of other groups. WRIC CCS Coordination Committee has vendor and consumer representation from all WRIC partner counties. This committee strives to meet the above listed criteria and is continually recruiting consumer representation.

The committee meets at least quarterly or more often as desired by group consumers. Written minutes of the meetings and a consumership list will be maintained at the lead WRIC County. The WRIC CCS Coordination Committee consumers receive education related to the role of the committee, understanding mental health and substance use issues, and learning the benefits of psychosocial rehabilitation. Other educational opportunities will be provided as deemed necessary by the committee.

The WRIC CCS Coordination Committee shall do all of the following:

- Serve in an advisory role to WRIC CCS Program.
- Review and make recommendations regarding the initial and any revised CCS plan required under s. DHS 36.07, the CCS quality improvement plan, personnel policies, and other policies, practices, or information that the committee deems relevant to determining the quality of the CCS program and protection of consumer rights.
- Provide feedback, direction, challenges, etc. in response to topics presented.
- Act/vote on any official business needed by CCS.
- Maintain written minutes of meeting and a consumership list.
- Meet virtually and/or rotate meeting locations among La Crosse, Monroe, and Jackson counties.

Refer to Appendix *IV*

### **Recruiting and Contracting With Providers - DHS 36.07 (1) (d)**

The WRIC CCS Program has a network of options to meet the clinical needs of CCS consumers. This network will include both supports and services that are available via the CCS benefit as well as community and informal supports. CCS consumers will be provided information on vendors based on the identified service array to meet their clinical need. We continue to add to our vendor service array based on the clinical needs of the consumers. In addition, ongoing meetings occur between WRIC CCS administration and vendors to ensure services are aligned with the CCS vision of independence, community integration, and movement toward informal supports while striving to utilize evidence base practice.

Within the WRIC CCS program, La Crosse County maintains the role of purchasing and contracting with providers. La Crosse County Human Services has a well-developed policy and procedure on contracting with providers. This policy/procedure system provides for a systematic approach for the purchase and contracting of services. Refer to Appendix *XXVII*

**Updating and Revising the CCS Plan - DHS 36.07 (1) (e)**

Amendments or revisions to the WRIC CCS plan will be made when there are substantive changes to WRIC CCS which may include changes to the policies and procedures that guide implementation of the WRIC CCS program. The CCS Coordination Committee will review all amendments and revisions of the WRIC CCS Plan. The feedback of the Coordination Committee will be documented and maintained with the updated plan.

**Recommendations of Coordinating Committee (and response) - DHS 36.07 (2)**

**WRIC CCS Coordination Committee  
Recommendations for the WRIC CCS Plan**

The WRIC CCS Coordination Committee had the opportunity to review WRIC CCS Plan. Recommendations are as following:

1. Grammatical changes
2. Appendix I – Org Charts
3. Appendix II – Staff Listing (county)
4. Appendix III – Updated QA Policy
5. Appendix VII – Program Assessment Policy
6. Appendix IV – Updated Coordination Committee member listing
7. Appendix XII – Updated Admission Criteria & Determination of Program Need Policy to include updated telehealth consent
8. Appendix XXII – Vendor Listing
9. Appendix XXVIII – Updated Coordination Committee member listing

\*The WRIC CCS Program Plan was provided to all committee members prior to the anticipated committee meeting in May in an attempt to have ample time to read through the document and formulate questions, recommendations, and feedback. Please note the full plan is accessible on the WRIC lead county’s website and can be emailed/mailed out to any individual when asked.

**CCS Administrative Response to Recommendations: all recommendations have been reviewed, considered, and will be brought to the next meeting in May 2022 (DHS 36.07 (2))**

The WRIC CCS program continues to value the input of the WRIC CCS Coordination Committee. Consumers are encouraged to view the full plan on the website and bring any topics of concern or interest back for discussion.

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### **Services System Description - DHS 36.07 (3)**

#### **County System:**

There are a variety of community services available to La Crosse, Jackson and Monroe County residents for their mental health/AODA service needs. Listed below is an ever growing list of services available. The WRIC CCS Program will continue to educate staff surrounding the amount of community services available to consumers in our three county consortium as consumer needs demand.

- Two major medical centers, both of which provide inpatient and outpatient care.
- Krohn Clinic
- Ho-Chunk Nation Services (medical, behavioral health, AODA, youth)
- 211
- Black River Falls Memorial Hospital
- VA
- Lunda Center
- Family Care entities
- Housing and homeless service agencies (ex. Coulee Cap; The Salvation Army; Catholic Charities)
- Regional Day treatment programs.
- Inpatient detoxification services.
- CBRF and AFH's specializing in mental health care and substance use disorder residential treatment stabilization
- Coulee Region RSVP
- Cia Siab, Inc
- DVR.
- CARE Center.
- Regional corporate and private guardianship agencies.
- Regional representative payees
- Regionally public and privately owned Certified Mental Health Clinics & Addictions Treatment providers.
- RAVE drop in center.
- NAMI
- Independent Living Resources-information/referrals.
- Together for Jackson County Kids-MH/AODA Coalition
- Regional Boys and Girls Club, Boy Scouts/Girl Scouts.
- UW Extension- 4H.
- UWL Disability Mentoring Program and Special Populations Programs.
- Children's Miracle Network.
- Regional local park and recreation departments
- YMCA/ YWCA.
- See service array Appendix XXII for full listing of contracted agencies

**Outreach DHS 36.07(3) (a) -** Processes necessary to include the CCS in planning to support consumers who

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are discharged from a non-CCS program or facilities that include inpatient psychiatric or substance-use treatment, a nursing home, residential care center, day treatment provider, jail or prison.

The WRIC CCS Program administration and staff will conduct a variety of outreach activities in order to educate other service systems, programs, and facilities about the CCS program and how to make referrals. This will entail trainings, vendor conferences, phone and/or email correspondence, and collaborative meetings. These will be offered on an as needed basis.

The CCS Administrator, Service Director, and various CCS staff will provide presentations to groups, community partners, and consumers as needed/requested. Specific referral sources will include but not be limited to; families, relatives, friends, faith community, clinical settings, advocacy groups, therapists, psychiatrists, placement facilities, schools, CESA IV, vocational rehabilitation specialists, Economic Support, area vocational programs, other service providers, community groups, internal Human services units or sections, and ADRC at La Crosse, Jackson and Monroe County Human Services.

### **Coordination of Services with Court and Intervention DHS 36.07(3) (b)**

The WRIC CCS program along with partner counties and Adult Protective Services (APS) staff will work in collaboration whenever a CCS consumer is the subject of emergency protective placement, commitment, detention, protective services or abuse investigation. APS and CCS staff will work together when this service is needed. The consumer's protective service needs, any court requirements, and legal mandates will be incorporated into the CCS assessment. The CCS will support the consumer in order to address barriers, goals, strengths, and needs related to its Chapter 55.

### **Coordination of Services with other Care Coordination Services DHS 36.07(3) (c)**

Care coordination is essential to the effectiveness of CCS and other intergrated services delivered by the county. When CCS services are provided in conjunction with other care coordination services, WRIC CCS program implements wraparound philosophy to work collaboratively with those service systems and ensure there is not a duplication of services.

Coordination will occur with both internal and external systems and providers as is clinically appropriate and allowable based on current authorizations to disclose and receive information. CCS staff will partner with the consumers to obtain the required authorizations to ensure communication and collaboration. This process will maximize services through the identification of well-defined roles and responsibilities for everyone on the service team. Service facilitators will also assist and encourage CCS consumers to develop positive working relationships with community providers and partners in an attempt to broaden their resources beyond the county systems.

When CCS consumers are also involved in the regions Family Care programs, service facilitators will coordinate with the Family Care/IRIS case managers to ensure there is no duplication of services. Additionally, the Family Care team will participate on the CCS service planning teams to increase effective collaboration and assess needs. See *Appendix V* for further clarification.

### **Coordination of Services while under a Civil Commitment DHS 36.07(3) (d)**

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When a WRIC CCS consumer is also under a civil commitment, treatment requirements of that commitment will be reviewed as they relate to the CCS service plan. CCS will be responsible, in collaboration with other WRIC county staff, for providing appropriate treatment services to the consumer so that he/she can live in the least restrictive setting possible. CCS staff will also strive to continue to remain person-centered and strength-based while assisting the individual with the requirements of the civil commitment plan and process.

### **Contracting DHS 36.07(3) (e) (f)**

WRIC CCS establishes contracts with vendors based on the definitions in the service array. WRIC CCS contracting is completed by the lead county. Contracts will include the provider's agreement to implement the CCS service plan objectives and interventions, participate on teams, protect participant rights, participate with all county and CCS mandates, be engaged in quality assurance practices, and monitor and report on identified outcomes. The WRIC CCS engages in gap identification and recruitment of clinically sound programming to add to the WRIC service array.

La Crosse County contracting department facilitates the contracting process and work with CCS administrator to renew them each year as clinically appropriate. Ongoing monitoring of program effectiveness and compliance with the contracting and program requirements will be a joint process with the CCS administrator and the contracting unit. All vendors are subject to the requirements of the signed contract. WRIC CCS administration and staff recruit potential vendors based on program and client needs. WRIC CCS administration establish relationships with community agencies and determine if contracting with CCS is appropriate. Additionally, WRIC CCS outreaches to agencies outside of the consortium to help meet the needs of individuals living in other counties.

The WRIC CCS Service Array has a variety of vendors available to provide services for adults and children. The intent is to have a consistent pool of vendors available to serve across the region. Psychosocial rehabilitative services are available to all consumers and follow the definitions of services listed on the current service array. *See Appendix XXVII*

### **Crisis Intervention Services DHS 36.07 (3) (g)**

La Crosse, Jackson and Monroe County Human Services are DHS 34 Emergency Mental Health certified. WRIC CCS consumers utilize their crisis services provided within their county of residence. These services include 24 hour telephone counseling, intervention and referral; mobile crisis intervention services; walk-in services providing face-to-face support; linkage and coordination services; stabilization services, CARE center placement for adults, RAC placements for youth, and hospitalization. Each consumer's assessment and plan will include the development of a consumer driven comprehensive crisis plan when indicated, which will identify strengths and needs related to potential crisis situations. When local CCS service facilitators are unavailable, the CCS team and/or mobile crisis responders will be contacted and will have access to the consumer's crisis plan in order to resolve the crisis. As a part of the crisis programs response to a crisis situation, the consumer's service facilitator is informed of all crisis contacts, so linkage and follow-up can occur. Consumer crisis plans are available to staff in each partner county in electronic and/or paper form.

## **Psychosocial Rehabilitation Array of Services Description - DHS 36.07 (4)**

The current array of psychosocial rehabilitation services is described below and listed in *Appendix XXII – WRIC CCS Service Array*. WRIC CCS will offer additional services to its service array based on ongoing assessment of clinical needs. Our services continue to evolve based on current research and best practice implementation. WRIC CCS makes available the CCS Service Array to all WRIC CCS consumers who struggle with mental health and/or AODA needs and in need of psychosocial rehabilitative services.

Moreover, families and their children who are enrolled in the WRIC CCS Program are offered a continuum of clinical supports and services that will empower the consumer to gain the skills needed to independently remain in the home or community. WRIC CCS establishes MOUs with community partners to effectively provide seamless services. Some includes school districts, tribes, and community vendors. The CST/wraparound approach has been implemented for youth & adults in all three counties.

WRIC CCS administration recruit vendors based on program/client needs. As the lead county, La Crosse completes all the contracting for CCS services. WRIC CCS administration and MHPs provide both administrative and clinical support and education to contracted vendors. CCS personnel and clinical requirements are outlined to potential vendors during the contracting process. The WRIC CCS consortium implements regular vendor/community partner meetings to ensure consistent clinical implementation of CCS services and philosophy. The goal of the meetings are to strengthen and enhance the clinical focus of the CCS program while allowing for opportunities to address needs and strengths.

Refer to *Appendix XXII for full list of service providers*

### **Screening & Assessment:**

A functional screen will be completed initially and annually to determine functional eligibility for CCS. Additionally, a comprehensive assessment is completed at minimum during admission & annually. The assessment must cover all the domains, including substance abuse. The assessment addresses the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the consumer. Assessment for minor also addresses the minor's and the family's strengths, needs, preferences, values, and relationships between the minor and family.

A recovery team that includes the consumer, identified community/informal supports, and other service providers as appropriate may be involved in the assessment process. The comprehensive strengths/needs assessment is completed with the recovery team participation, a review of past medical records if available, and any other source as identified by the consumer. (*See Appendix VII Program Assessment Policy*)

### **Service Planning**

The assigned service facilitator and designated mental health professional (both roles/responsibilities

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may be carried out by one individual) will facilitate the assessment and service planning process. The substance abuse professional involvement will occur when applicable. The service plan is based on the assessed clinical needs of the consumer. All services are authorized by a mental health professional and substance abuse professional if substance abuse services are provided. Service planning is facilitated by the service facilitator in collaboration with the consumer and the recovery team. (*See Appendix VIII Program Service Planning Policy.*)

### **Service Facilitation**

WRIC county staff will provide service facilitation within all three counties to ensure the consumer is linked with appropriate services based on clinical need. A wraparound approach is utilized to deliver the clinically appropriate interventions. During the service planning process, the consumer may choose to have a family consumer or other natural support to join their CCS recovery team and assist in identifying needs and goals. Moreover, they may assist in helping the consumer accessing necessary medical, social, rehabilitation, vocational, education and other services. Services facilitation includes responsibility for locating; managing, coordinating, monitoring, and ensuring the effectiveness of all implemented CCS services

### **Individual Skill Development and Enhancement**

Contracted vendors within the WRIC CCS program's service array will provide by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.

Services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified in the consumer's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services) and other specific daily living needs identified in the consumer's services plan. Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.

### **Diagnostic Evaluations and Specialized Assessments**

Contracted vendors within the WRIC CCS program's service array will provide psychiatric evaluations and specialized assessments including, but not limited to neuropsychological, geropsychiatric, behavioral, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.

The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities. If a child is dually enrolled in CCS and CLTSW, the specific evaluations stated above may

be a covered option.

### **Employment Related Skill Training**

Contracted vendors within the WRIC CCS program's service array will provide services that address the consumer's illness or symptom-related problems in order to finding, securing, and keeping a job. Services to assist in gaining and utilizing skills necessary to undertake employment may include: employment and education assessments; assistance in accessing or participating in educational and employment related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support.

The CCS program does not cover time spent by the consumer working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, for the consumer if those services are identified in the consumer's service plan.

### **Physical Health and Monitoring**

Vendors within the WRIC CCS program focus on how the consumer's mental health and/or substance abuse concerns impact his or her ability to monitor and manage physical health needs.

Physical health monitoring services include activities related to the monitoring and management of a consumer's physical health. Services may include assisting and training the consumer and the consumer's family to: identify symptoms of physical health conditions, monitor physical health medications and treatments, and develop health monitoring and management skills.

### **Medication Management for Prescribers and Non-Prescribers**

Medication management services for **prescribers** include: diagnosing and specifying target symptoms; prescribing medication to alleviate the identified symptoms; monitoring changes in the consumer's symptoms and tolerability of side effects; and reviewing data, including other medications, used to make medication decisions.

Prescribers may also provide all services the non-prescribers can provide as noted below.

Medication management services for **non-prescribers** include: supporting the consumer in taking his or her medications; increasing the consumer's understanding of the benefits of medication and the symptoms it is treating; and monitoring changes in the consumer's symptoms and tolerability of side effects.

### **Individual and/or Family Psycho education**

Contracted vendors within the WRIC CCS program's service array may provide the following:

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education and information resources about the consumer's mental health and/or substance abuse issues; skills training; problem solving; ongoing guidance about managing and coping with mental health and/or substance abuse issues, and social and emotional support for dealing with mental health and/or substance abuse issues. Psycho education may be provided individually or in group setting to the consumer of the consumer's family and natural supports (ie: anyone the consumer identifies as being supportive in his or her recovery and/or resilience process). Psycho education is not psychotherapy.

Family psycho education must be provided for the direct benefit of the consumer. Consultation to family members for treatment of their issues not related to the consumer is not included as part of family psycho education. Family psycho education may include anticipatory guidance when the consumer is a minor.

If psycho education is provided without the other components of the wellness management and recovery service array category (#11) it should be billed under this service array.

### **Psychotherapy**

Both county & contracted vendors within the WRIC CCS program's service array may provide the following: diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principals for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.

Psychotherapy may be provided in an individual or group setting as determined to meet the individual's need. The location of psychotherapy provided may vary as determined by individual's need, (ex in the home, community, school, or office.)

### **Peer Support**

Peer support services include a wide range of supports to assist the consumer and the consumer's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of consumers to meet their chosen goals. The services also help consumers navigate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, and boundary setting, Certified Peer Specialists and consumers work as equals toward living in recovery.

### **Substance Abuse Treatment**

Substance abuse treatment services include day treatment (WI Administrative Code DHS 75.12) and outpatient substance abuse counseling (DHS 75.13). Substance abuse treatment services can be in an individual or group setting.

The other categories in the service array also include psychosocial rehabilitation substance abuse services that support consumers in their recovery.

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The CCS program does not cover the cost for Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid outside of the CCS program. When needed, CCS staff collaborate with substance abuse treatment courts and services within all three partner counties.

### **Wellness Management and Recovery Services**

Contracted vendors within the WRIC CCS program's service array may provide wellness management and recovery services, which are generally provided as mental health services, include empowering consumers to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psycho education; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.

If psycho education is provided without the other components of wellness management and recovery it should be billed under the individual and/or family psycho education service array category (#10).

Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the consumer in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the consumer progresses in recovery.

### **CCS PROGRAM POLICIES AND PROCEDURES - DHS 36.07(5)**

**Consumer Records DHS 36.07 (5) (a)** *See Appenix XIX*

**Confidentiality DHS 36.07 (5) (b)** *See Appendix XXIII*

**Timely Exchange of Information DHS 36.07 (5) (c)** Timely exchange of information between the CCS and contracted agencies is necessary for service coordination. It is the responsibility of the service facilitator/mental health professional to communicate and document on a regular basis the services that a consumer is receiving. Communication shall occur among all team members regarding needs, barriers, strengths, objectives, and interventions. The frequency will be determined by clinical need. Services will be authorized on the service plan by the mental health professional and assessed as needed during team meetings.

**Consumer Rights DHS 36.07 (5) (d)** *Consumer Rights that meet the requirements of s. DHS 36.19*  
*See Appendix XI, Appendix XXV, Appendix XXVIII*

**Compliance Monitoring DHS 36.07 (5) (e)** *See Appendix III (CCS QA Policy)*

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**Referrals DHS 36.07 (5) (f)** La Crosse County utilizes a central intake line for all service referral requests. Partner WRIC counties will continue to utilize their individual county intake/referral systems. Any referrals to other services will be the primary function of the service facilitator in accordance with their role as the service facilitator. See Appendix XI

**Communication about Policies DHS 36.07 (5) (g)** Consumers are informed of any costs, rights and responsibilities, grievance procedure, and informed consent for medication and treatment is reviewed at admission and annually. Documentation of this process is recorded in the medical record. See Appendix XII

**Cultural Competence DHS 36.07(5) (h)** All staff as well as contracted vendors in the WRIC CCS program and service array shall be culturally competent by exhibiting a set of behaviors, attitudes, practices and policies that are used every day to work respectfully, effectively and responsibly in culturally diverse situations. The agency offers a variety of in-services each year spotlighting different culturally responsive practices.

**Language:** There is access to interpreters as needed. WRIC partners have access to AT&T Language lines that give immediate access to phone interpreters in virtually any language. All staff are been trained on how to access this service. The agency also maintains a list of interpreters available in the community that can be used for Spanish, Hmong & Laotian, German, and Hearing Impaired. If there is a specific need, research would be completed to see if one of the two universities would have anyone on staff to assist.

**Materials:** Some agency materials are available in Hmong and Spanish.

**Training and Orientation DHS 36.07 (5) (i)** See *Appendix IX*

**Outreach DHS 36.07 (5) (j)** The WRIC CCS Program will conduct outreach activities in order to educate potential CCS consumers and community partners. CCS will receive referrals from community agencies, La Crosse, Jackson, and Monroe County Health and Human Services sections with the Departments, and community members. La Crosse, Jackson, and Monroe counties each have centralized intake lines within their Health and Human Services Department for incoming referrals.

The CCS Administrator and/or Service Director or their designee will provide specific consultation as needed to community agencies and service providers. WRIC will use the lead county's CCS Outreach Policy included with this application. (*Appendix X*)

**Application and Screening Process - DHS 36.07 (5) (k)**

Currently we have an updated WRIC CCS brochure describing regional CCS services for both adults and children, including a subset description for providing CST practice model for children involved in multiple systems of care and at risk for out of home placement. This brochure is made available across the WRIC consortium.

Consumers will be able to access the WRIC CCS Program through the centralized intake lines at each WRIC county. Consumers are screened locally and offered services based on eligibility and assessed

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needs. Once a consumer is screened as functionally eligible and assessed by a CCS Mental Health Professional as needing CCS services, the Service Facilitator meets with eligible consumer (and family or guardian if applicable) to start the enrollment process.

The WRIC CCS Program Application for Services and Screening Policy (*Appendix XI*) and Admission Criteria and Determination of Need Policy (*Appendix XII/Appendix XII*) outline how referrals to CCS will be screened and how eligibility will be determined.

**Recovery Team Development - DHS 36.07(5)(l)** See *Appendix XIII*

**Assessment Process - DHS 36.07 (5) (m)** See *Appendix VII*

**Service Planning Process - DHS 36.07 (5) (n)** See *Appendix VIII*

**Service Coordination, Referrals, and Collaboration - DHS 36.07 (5) (o)** (service coordination, referrals and collaboration included) The Service Delivery policy and Service Coordination policy is included in *Appendix XV-XVI*.

**Advocacy - DHS 36.07 (5) (p)** See *Appendix XIV*

Advocacy is recognized as an important empowering step in the recovery process. If a participant wishes to be referred for formal advocacy, the service facilitator can refer them to other community advocacy resources or empower the consumer to utilize informal supports.

**Support and Mentoring for the Participant - DHS 36.07 (5) (q)** Support and mentoring for the participant may be provided by consumer's CCS recovery team.

The WRIC CCS Program will provide support and mentoring for participants. Based upon participant clinical need, the service facilitator and the recovery team will support participants by providing education and training. Self advocacy skills may include: civil/participant rights and skills needed to exercise power, control and responsibility over their lives, their recovery, and the services they receive. Education and training are not limited to what is listed above. In addition, the WRIC CCS Program will acknowledge and use peer support services as well as drop-in centers within the area for support and mentoring. Lastly, WRIC CCS Program will assure that participants and legal guardians receive necessary information and assistance in advocating for their rights and clinical needs. Necessary information regarding participant and legal guardian rights will be given at the initial stage of service and as needed or by request. (*See Appendix XIII & XIV*)

**Discharge Planning DHS 36.07 (5) (r)** See *Appendix XVII*

**Monitoring and Documentation DHS 36.07(5) (s)**

The service plan will outline the interventions provided, The service facilitator will document clinical progress to the service plan. All clinical documents are currently held for each consumer in an electronic health record. *Appendix XVIII*