January 2, 2019

Jeff Renk
Senate Chief Clerk
Room B20 Southeast, State Capitol
Madison WI 53702

Patrick E. Fuller
Assembly Chief Clerk
17 West Main Street, Room 401
Madison WI 53703

Dear Mr. Renk and Mr. Fuller:

To monitor the core set of mental health services, 2013 Wisconsin Act 251 created Wis. Stat. § 51.42(7)(d) directing the Department of Health Services (DHS) to prepare a report that describes mental health services and programs provided by counties and multi-county regions. The attached report covers services for calendar years 2016 and 2017. Subsequent reports are submitted every January 1 of odd-numbered years, covering services for the prior two years.

Sincerely,

Linda Seemeyer
Secretary

1 West Wilson Street • Post Office Box 7850 • Madison, WI 53707-7850 • Telephone 608-266-9622 •
www.dhs.wisconsin.gov
Protecting and promoting the health and safety of the people of Wisconsin

Report to the Legislature
January 2019

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MENTAL HEALTH AND SUBSTANCE USE
SERVICES AND PROGRAMS
PROVIDED BY
WISCONSIN COUNTIES AND REGIONS
CY 2016 and CY 2017

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SUMMARY REPORT

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Pursuant to Wis. Stat. § 51.42 (7)(d)

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WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Division of Care and Treatment Services
P-00997 (01/2019)

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INTRODUCTION

Mandate
Wisconsin Stat. § 51.42(7)(d) requires the Department of Health Services (DHS) to prepare a report describing mental health services and programs provided by counties and multi-county regions across Wisconsin. DHS submits this report in fulfillment of this requirement. This report also includes data on substance use services.

Scope of Report
Under Wis. Stat. § 51.42, counties are directed to provide or contract for public information, prevention, assessment, inpatient, residential, partial hospitalization, outpatient, emergency, and supportive transitional services within the limits of available federal, state, and county funds. Services are to be provided for people having mental health, substance use, and developmental disability needs.

Counties are required to report to DHS the mental health and substance use services they deliver to participants for whom they are responsible to provide care, regardless of payment source. County agencies may provide services in their own facilities and clinics or they may contract with private agencies to provide services. Participants included in this report may also receive additional services from private providers who work independently from counties, but such services are not reported by counties and thus are not included in this report.

This report has been completed using data available to DHS, including data reported by counties through the Program Participation System (PPS). PPS is a statewide consumer information system that contains data on mental health and substance use services authorized by county departments of community programs and human services. Counties report the services provided to participants in PPS by standard program category (SPC). PPS data are also used to meet federal reporting requirements associated with the community mental health and substance use prevention and treatment block grants received by DHS.

The time period for the participant data in this report is calendar years (CY) 2016 and 2017. CY 2018 data will not be available until mid-2019. It will be included in the next report (January 2021).

Data Tables
This report provides listings of services delivered to participants across the state as reported by counties and regions through PPS.
- Table 1: Count and per capita number of participants receiving mental health services in each county or region and statewide across Wisconsin during CY 2016 and CY 2017 (along with the population and percent living in poverty in each county or region)
- Table 2: Count and per capita number of participants receiving substance use services in each county or region and statewide across Wisconsin during CY 2016 and CY 2017 (along with the population and percent living in poverty in each county or region)
- Table 3: Count of participants who received mental health services by service type, in each county or region and statewide across Wisconsin, during CY 2016
- Table 4: Count of participants who received mental health services by service type, in each county or region and statewide across Wisconsin, during CY 2017
- Table 5: Count of participants who received substance use services by service type, in each county or region and statewide across Wisconsin, during CY 2016

- Table 6: Count of participants who received substance use services by service type, in each county or region and statewide across Wisconsin, during CY 2017

Data Notes and Limitations
- This report includes data on both mental health and substance use services. Many people with mental health needs have co-occurring substance use needs and many agencies now have joint units of staff to address these needs. Therefore, substance use services for people having substance use needs alone or co-occurring needs are also included in this report.
- Counts of people receiving services during CY 2016 or CY 2017 are those data received as of October 2018. The counts are provided to give the reader a general idea of the service volume in counties. Counts and per capita rates of persons served may vary across counties and years based upon community needs, available funds, and completeness of data submissions.
- Service type categories in Tables 3-6 are summary level categories. Services included in a service type category are detailed in Appendix II (mental health) and Appendix III (substance use).
- PPS permits both direct manual data entry and batch data file transmissions into the database. Some county reporting agencies experience data processing staff turnover, migration to new information systems, or challenges allocating resources for data entry and collection. These factors sometimes affect the completeness of the data contained in this report.
- Participants are counted only once (unduplicated) within a service category or grouping regardless of how many times they received that service. However, an individual participant may be counted in more than one service category or grouping. For example, if a participant received both medication management services and individual counseling services, they would be counted once for each type of these services received.

Appendices
- Appendix I indicates which of the various integrated home and community mental health and substance use programs (Community Support Programs, crisis intervention programs, Comprehensive Community Services, Community Recovery Services, and Coordinated Services Teams Initiatives) were available in each county or region at the end of 2017.
- Appendix II lists mental health services and SPCs that are included in each service type category in Tables 3 and 4.
- Appendix III lists substance use services and SPCs that are included in each service type category in Tables 5 and 6.
- Appendix IV provides definitions for each of the mental health and substance use services, organized by SPC.

Comments
Questions or comments about this report may be directed to the DHS Division of Care and Treatment Services. Call 608-266-2717 or email dhswebmaildcts@dhs.wisconsin.gov.

This report is available online at: https://www.dhs.wisconsin.gov/dcts/reports-studies.htm.

MENTAL HEALTH AND SUBSTANCE USE SERVICES

Table 1: Count and Per Capita Mental Health (MH) Participants Served, by County or Region and Statewide, CY 2016 and CY 2017

(1) Reporting Unit Name	(2) Total Population (2016)	(3) Percent in Poverty (2016)	(4) Count of MH Participants Served (2016)	(5) Per Capita MH Participants Served (2016)	(6) Count of MH Participants Served (2017)	(7) Per Capita MH Participants Served (2017)
Adams	19,997	13.9%	703	35.16	699	34.96
Ashland	15,634	14.5%	214	13.69	206	13.18
Barron	45,267	11.3%	706	15.60	739	16.33
Bayfield	14,940	12.4%	120	8.03	125	8.37
Brown	259,586	9.8%	3,924	15.12	4,043	15.57
Buffalo	13,160	10.5%	72	5.47	63	4.79
Burnett	15,229	13.8%	246	16.15	371	24.36
Calumet	49,648	5.0%	528	10.63	505	10.17
Chippewa	63,567	11.5%	662	10.41	762	11.99
Clark	34,558	13.8%	843	24.39	911	26.36
Columbia	56,893	8.2%	846	14.87	943	16.57
Crawford	16,280	14.2%	369	22.67	396	24.32
Dane	530,257	10.9%	3,118	5.88	3,249	6.13
Dodge	87,428	9.8%	1,278	14.62	1,857	21.24
Door	27,348	8.3%	296	10.82	274	10.02
Douglas	43,392	13.6%	134	3.09	171	3.94
Dunn	44,327	12.5%	672	15.16	771	17.39
Eau Claire	102,885	13.1%	388	3.77	811	7.88
Florence	4,334	12.3%	72	16.61	80	18.46
Fond du Lac	102,210	7.7%	2,527	24.72	2,822	27.61
Forest/Oneida/Vilas	65,858	11.4%	1,192	18.10	1,057	16.05
Grant/Iowa	75,463	8.4%	1,262	16.72	1,056	13.99
Green	36,812	8.2%	333	9.05	371	10.08
Green Lake	18,623	11.6%	529	28.41	616	33.08
Iron	5,665	14.4%	185	32.66	187	33.01
Jackson	20,472	11.1%	210	10.26	266	12.99
Jefferson	84,545	9.3%	1,325	15.67	1,465	17.33
Juneau	26,359	14.4%	636	24.13	628	23.82
Kenosha	167,869	13.0%	2,686	16.00	2,755	16.41
Kewaunee	20,384	7.6%	284	13.93	271	13.29
La Crosse	117,723	13.3%	1,203	10.22	1,913	16.25
Lafayette	16,776	11.7%	340	20.27	323	19.25
Langlade/Lincoln/Marathon	182,135	10.7%	3,897	21.40	3,757	20.63
Manitowoc	79,331	9.2%	514	6.48	524	6.61
Marinette	40,289	12.4%	960	23.83	1,078	26.76
Marquette	15,137	12.0%	322	21.27	360	23.78
Menominee	4,537	27.2%	125	27.55	159	35.05
Milwaukee	955,369	19.8%	5,532	5.79	7,874	8.24
Monroe	45,356	12.0%	591	13.03	528	11.64
Oconto	37,471	9.1%	577	15.40	577	15.40
Outagamie	184,654	8.0%	2,126	11.51	2,461	13.33
Ozaukee	88,177	5.4%	931	10.56	1,035	11.74

Table 1, continued: Count and Per Capita Mental Health (MH) Participants Served, by County or Region and Statewide, CY 2016 and CY 2017

(1) Reporting Unit Name	(2) Total Population (2016)	(3) Percent in Poverty (2016)	(4) Count of MH Participants Served (2016)	(5) Per Capita MH Participants Served (2016)	(6) Count of MH Participants Served (2017)	(7) Per Capita MH Participants Served (2017)
Pepin	7,266	11.5%	40	5.51	58	7.98
Pierce	41,428	8.1%	466	11.25	487	11.76
Polk	43,297	9.9%	709	16.38	940	21.71
Portage	70,188	11.5%	614	8.75	631	8.99
Price	13,424	11.1%	165	12.29	130	9.68
Racine	195,010	13.6%	2,625	13.46	2,296	11.77
Richland*	17,520	13.4%	450	25.68	335	19.12
Rock	161,421	12.9%	1,923	11.91	1,846	11.44
Rusk	14,092	13.8%	271	19.23	233	16.53
Sauk	63,604	10.1%	1,389	21.84	1,347	21.18
Sawyer	16,348	15.2%	196	11.99	216	13.21
Shawano	40,941	11.9%	1,065	26.01	1,135	27.72
Sheboygan	115,127	7.1%	1,167	10.14	1,161	10.08
St. Croix	87,645	5.6%	1,248	14.24	1,210	13.81
Taylor	20,275	11.8%	241	11.89	300	14.80
Trempealeau	29,624	8.2%	91	3.07	85	2.87
Vernon	30,543	16.5%	185	6.06	188	6.16
Walworth	102,775	11.2%	752	7.32	816	7.94
Washburn	15,610	12.7%	99	6.34	96	6.15
Washington	134,372	5.6%	2,180	16.22	1,936	14.41
Waukesha	398,225	5.2%	1,643	4.13	2,728	6.85
Waupaca	51,354	10.7%	736	14.33	803	15.64
Waushara	24,132	14.3%	629	26.06	626	25.94
Winnebago	169,555	11.7%	3,963	23.37	4,073	24.02
Wood	73,196	9.8%	1,379	18.84	1,504	20.55
TOTAL WISCONSIN	5,772,917	11.8%	65,495	11.35	71,165	12.33

(1) Reporting Unit Name: County or region (group of counties).
(2) Population (2016): Annual estimates of the resident population: April 1, 2010, to July 1, 2017; Source: U.S. Census Bureau, Population Division; Release Dates: For the state, December 2017. For counties, March 2018. (Via: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2017_PEPANNRES&src=pt).
(3) Percent in Poverty (2016): Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE). (SAIPE Interactive Data Tool: https://www.census.gov/data-tools/demo/saipe/saipe.html).
(4) Count of MH Participants Served (2016): Number of participants who received mental health services during 2016.
(5) Per Capita MH Participants Served (2016) = [((4) Count of MH Participants Served (2016) / (2) Population (2016)) * 1,000].
(6) Count of MH Participants Served (2017): Number of participants who received mental health services during 2017.
(7) Per Capita MH Participants Served (2017) = [((6) Count of MH Participants Served (2017) / (2) Population (2016)) * 1,000].

(*) Counties with 200 or more consumers in 2016 and a 25% or greater decrease in per capita participants served from 2016 to 2017 were contacted to ascertain perceived reasons for the decrease. Explanations provided by the counties for the numbers reported included a decrease in available service providers.

Table 2: Count and Per Capita Substance Use (SU) Participants Served, by County or Region and Statewide, CY 2016 and CY 2017

(1) Reporting Unit Name	(2) Total Population (2016)	(3) Percent in Poverty (2016)	(4) Count of SU Participants Served (2016)	(5) Per Capita SU Participants Served (2016)	(6) Count of SU Participants Served (2017)	(7) Per Capita SU Participants Served (2017)
Adams	19,997	13.9%	167	8.35	159	7.95
Ashland	15,634	14.5%	34	2.17	66	4.22
Barron	45,267	11.3%	207	4.57	238	5.26
Bayfield	14,940	12.4%	37	2.48	38	2.54
Brown	259,586	9.8%	1,411	5.44	1,294	4.98
Buffalo	13,160	10.5%	5	0.38	5	0.38
Burnett	15,229	13.8%	25	1.64	156	10.24
Calumet	49,648	5.0%	194	3.91	185	3.73
Chippewa	63,567	11.5%	65	1.02	59	0.93
Clark	34,558	13.8%	182	5.27	194	5.61
Columbia	56,893	8.2%	152	2.67	237	4.17
Crawford	16,280	14.2%	58	3.56	86	5.28
Dane	530,257	10.9%	3,056	5.76	2,843	5.36
Dodge*	87,428	9.8%	812	9.29	466	5.33
Door	27,348	8.3%	116	4.24	178	6.51
Douglas	43,392	13.6%	135	3.11	85	1.96
Dunn	44,327	12.5%	163	3.68	179	4.04
Eau Claire	102,885	13.1%	156	1.52	141	1.37
Florence	4,334	12.3%	23	5.31	24	5.54
Fond du Lac	102,210	7.7%	1,107	10.83	1,147	11.22
Forest/Oneida/Vilas	65,858	11.4%	719	10.92	679	10.31
Grant/Iowa	75,463	8.4%	533	7.06	585	7.75
Green	36,812	8.2%	295	8.01	280	7.61
Green Lake	18,623	11.6%	165	8.86	173	9.29
Iron	5,665	14.4%	56	9.89	54	9.53
Jackson	20,472	11.1%	120	5.86	122	5.96
Jefferson	84,545	9.3%	840	9.94	802	9.49
Juneau	26,359	14.4%	252	9.56	239	9.07
Kenosha	167,869	13.0%	1,076	6.41	1,031	6.14
Kewaunee	20,384	7.6%	125	6.13	128	6.28
La Crosse	117,723	13.3%	513	4.36	517	4.39
Lafayette	16,776	11.7%	114	6.80	112	6.68
Langlade/Lincoln/Marathon	182,135	10.7%	1,836	10.08	1,707	9.37
Manitowoc	79,331	9.2%	404	5.09	423	5.33
Marinette	40,289	12.4%	387	9.61	342	8.49
Marquette	15,137	12.0%	185	12.22	194	12.82
Menominee	4,537	27.2%	122	26.89	129	28.43
Milwaukee	955,369	19.8%	3,579	3.75	3,972	4.16
Monroe*	45,356	12.0%	420	9.26	272	6.00
Oconto	37,471	9.1%	268	7.15	252	6.73
Outagamie	184,654	8.0%	316	1.71	362	1.96
Ozaukee	88,177	5.4%	453	5.14	385	4.37

Table 2, continued: Count and Per Capita Substance Use (SU) Participants Served, by County or Region and Statewide, CY 2016 and CY 2017

(1) Reporting Unit Name	(2) Total Population (2016)	(3) Percent in Poverty (2016)	(4) Count of SU Participants Served (2016)	(5) Per Capita SU Participants Served (2016)	(6) Count of SU Participants Served (2017)	(7) Per Capita SU Participants Served (2017)
Pepin	7,266	11.5%	4	0.55	5	0.69
Pierce	41,428	8.1%	275	6.64	258	6.23
Polk	43,297	9.9%	491	11.34	488	11.27
Portage	70,188	11.5%	661	9.42	650	9.26
Price	13,424	11.1%	68	5.07	78	5.81
Racine	195,010	13.6%	1,596	8.18	1,850	9.49
Richland	17,520	13.4%	119	6.79	95	5.42
Rock	161,421	12.9%	1,081	6.70	1,070	6.63
Rusk	14,092	13.8%	166	11.78	127	9.01
Sauk*	63,604	10.1%	324	5.09	178	2.80
Sawyer	16,348	15.2%	197	12.05	139	8.50
Shawano	40,941	11.9%	449	10.97	423	10.33
Sheboygan	115,127	7.1%	198	1.72	188	1.63
St. Croix	87,645	5.6%	474	5.41	478	5.45
Taylor	20,275	11.8%	144	7.10	148	7.30
Trempealeau	29,624	8.2%	106	3.58	119	4.02
Vernon	30,543	16.5%	30	0.98	17	0.56
Walworth	102,775	11.2%	573	5.58	682	6.64
Washburn	15,610	12.7%	21	1.35	10	0.64
Washington	134,372	5.6%	610	4.54	645	4.80
Waukesha	398,225	5.2%	805	2.02	937	2.35
Waupaca*	51,354	10.7%	278	5.41	202	3.93
Waushara	24,132	14.3%	320	13.26	298	12.35
Winnebago	169,555	11.7%	1,507	8.89	1,535	9.05
Wood	73,196	9.8%	666	9.10	645	8.81
TOTAL WISCONSIN	5,772,917	11.8%	31,762	5.50	31,488	5.45

(1) Reporting Unit Name: County or region (group of counties).

(2) Population (2016): Annual estimates of the resident population: April 1, 2010, to July 1, 2017. Source: U.S. Census Bureau, Population Division, Release Dates: For the state, December 2017. For counties, March 2018. (Via: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2017_PEPANNRES&src=pt).

(3) Percent in Poverty (2016): Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE). (SAIPE Interactive Data Tool: https://www.census.gov/data-tools/demo/saipe/saipe.html).

(4) Count of SU Participants Served (2016): Number of participants who received substance use services during 2016.

(5) Per Capita SU Participants Served (2016) = [((4) Count of SU Participants Served (2016) / (2) Population (2016)) * 1,000].

(6) Count of SU Participants Served (2017): Number of participants who received substance use services during 2017.

(7) Per Capita SU Participants Served (2017) = [((6) Count of SU Participants Served (2017) / (2) Population (2016)) * 1,000].

(*) Counties with 200 or more participants in 2016 and a 25% or greater decrease in per capita participants served from 2016 to 2017 were contacted to ascertain perceived reasons for the decrease. Explanations provided by the counties for the numbers reported included more co-occurring clients reported under primary mental health module; loss of funding; issue with data entry of nonbillable services; decrease in available service providers; and establishment of a drug court referring clients to noncounty providers.

Table 3: Count of Mental Health Participants Served, by Service Type, by County or Region and Statewide, CY 2016

County/Region	Community Support Programs	Comprehensive Community Services	Community Recovery Services	Coordinated Services Teams Initiatives	Crisis Intervention / Emergency / Outpatient	Emergency Detention	Inpatient Services	Residential Services	Partial Day Services	Court Services	Medication Management	Intake Assessment	Case Management	Outpatient Services	Supportive Services	Other Services
Statewide	**5012**	**5317**	**213**	**1423**	**29505**	**3558**	**2423**	**1725**	**266**	**846**	**16108**	**6290**	**13378**	**21399**	**1876**	**98**
Adams	0	57	0	9	251	12	20	0	0	0	350	236	0	282	1	1
Ashland	36	110	0	13	10	7	74	26	0	0	8	78	9	4	28	6
Barron	57	40	0	32	605	2	34	58	0	53	0	77	40	7	16	5
Bayfield	19	57	3	0	0	5	31	9	0	0	8	30	30	1	8	1
Brown	30	51	0	33	3199	191	328	22	0	92	436	72	430	207	43	1
Buffalo	0	13	1	2	56	2	8	5	0	0	2	0	4	3	3	1
Burnett	23	0	0	5	215	1	2	4	0	0	0	0	27	6	2	1
Calumet	34	37	0	27	0	0	34	10	0	119	215	1	386	381	15	2
Chippewa	35	72	2	18	600	17	11	34	0	0	0	1	6	0	0	0
Clark	26	28	0	9	235	1	21	0	0	0	391	241	8	332	2	0
Columbia	69	100	1	13	671	77	99	32	2	0	5	44	194	19	6	0
Crawford	14	1	0	10	115	0	4	10	1	12	168	107	179	211	3	2
Dane	513	350	89	0	1145	0	108	87	122	1	0	5	1681	693	163	0
Dodge	55	101	0	24	369	0	14	0	0	0	563	237	794	428	9	0
Door	47	28	0	20	0	1	1	0	0	0	179	0	200	51	0	0
Douglas	1	0	0	10	42	0	2	12	2	0	0	13	28	4	35	0
Dunn	29	40	0	9	377	0	17	21	0	0	0	28	47	292	0	0
Eau Claire	134	36	0	118	8	0	18	57	5	0	48	6	218	46	28	0
Florence	0	0	0	3	7	8	8	0	0	0	20	3	9	57	6	3
Fond du Lac	0	35	0	33	584	174	104	57	30	5	1236	1	221	1522	93	26
Forest/Oneida/Vilas	32	69	12	30	679	197	22	44	0	0	411	80	135	137	28	2
Grant/Iowa	45	0	0	25	413	63	11	9	8	0	0	0	29	988	5	6
Green	71	51	0	17	2	27	0	0	0	1	128	0	0	154	0	0
Green Lake	12	42	0	17	235	25	9	3	0	0	252	260	180	202	0	0
Iron	17	1	0	18	0	4	5	10	0	0	1	3	106	148	1	0
Jackson	3	7	0	3	199	3	2	10	0	0	4	1	5	0	2	2
Jefferson	162	153	11	40	626	119	106	71	0	0	569	1	531	531	4	0
Juneau	77	58	8	17	302	33	3	1	0	0	233	0	67	202	0	0
Kenosha	170	396	0	210	2196	0	7	327	0	0	1	225	78	30	69	1
Kewaunee	15	45	0	17	120	0	2	0	4	0	59	26	131	78	6	0
La Crosse	122	268	1	52	855	0	12	5	0	0	85	3	147	82	1	0
Lafayette	31	16	0	1	96	8	1	0	0	0	164	2	0	186	0	0
Langlade/Lincoln/Marathon	37	659	0	45	1497	428	449	0	0	0	1624	1707	6	1271	0	0
Manitowoc	45	32	0	17	0	0	134	53	0	0	298	12	143	312	7	0
Marinette	78	53	0	28	4	39	6	0	0	0	305	50	24	620	0	0
Marquette	17	13	0	25	196	0	24	2	0	0	1	0	21	137	0	1
Menominee	0	0	0	2	60	29	2	0	0	0	14	51	21	27	1	0
Milwaukee	1241	495	17	0	2183	853	0	5	25	0	0	0	1592	4	0	0
Monroe	9	17	2	18	384	141	9	13	0	0	160	88	174	103	423	0
Oconto	0	2	0	10	322	21	9	0	0	0	183	0	20	233	0	0
Outagamie	121	220	0	0	1094	0	76	99	0	1	809	0	145	1045	105	0
Ozaukee	43	22	0	32	541	0	0	0	0	0	446	21	63	268	0	0
Pepin	0	14	0	4	29	0	1	3	0	0	2	0	0	1	0	0
Pierce	22	36	0	2	239	9	14	9	1	0	158	0	18	121	1	0
Polk	30	28	0	0	208	10	35	27	0	0	431	251	79	187	19	1
Portage	0	74	0	50	91	17	30	0	0	2	341	0	247	149	1	0
Price	39	0	0	11	81	17	6	10	0	19	1	11	106	10	11	4
Racine	103	109	0	13	1507	38	1	46	0	0	781	0	1141	1163	1	0
Richland	0	54	4	5	145	0	0	6	1	0	140	124	0	199	3	1
Rock	238	101	0	33	1192	241	28	0	0	0	521	374	76	675	1	0
Rusk	16	20	0	3	97	2	1	5	0	0	2	156	233	3	4	1
Sauk	150	167	0	30	532	133	52	26	0	0	513	106	75	391	298	0
Sawyer	55	0	0	13	121	8	17	14	0	0	3	20	13	16	1	2
Shawano	53	57	0	39	549	107	0	2	0	17	0	0	58	630	8	2
Sheboygan	9	150	7	39	533	0	43	133	11	0	36	7	663	488	166	5
St. Croix	60	41	0	18	661	1	8	9	0	0	378	0	56	367	4	4
Taylor	2	28	0	0	98	8	24	16	0	0	125	101	87	73	44	0
Trempealeau	45	20	0	12	0	0	12	10	0	0	1	6	6	2	3	0
Vernon	65	39	0	16	34	3	7	21	2	16	3	0	19	32	20	1
Walworth	53	33	0	12	1	74	0	28	0	18	477	0	25	153	3	3
Washburn	18	0	0	19	0	0	5	9	7	0	31	0	61	31	3	2
Washington	59	132	6	12	1131	0	215	89	39	73	298	0	11	1137	22	0
Waukesha	186	125	18	2	349	0	101	75	5	406	145	363	254	533	87	3
Waupaca	39	3	0	51	374	52	13	51	1	11	20	3	339	362	15	6
Waushara	35	45	0	12	117	26	2	2	0	0	183	0	18	392	10	2
Winnebago	126	158	0	0	1873	124	11	32	0	0	1540	719	1702	2289	10	0
Wood	154	156	31	15	221	255	0	9	0	0	671	360	16	821	30	0

Table 4: Count of Mental Health Participants Served, by Service Type, by County of Region and Statewide, CY 2017

County/Region	Community Support Programs	Comprehensive Community Services	Community Recovery Services	Coordinated Services Teams Initiatives	Crisis Intervention / Emergency Outpatient	Emergency Detention	Inpatient Services	Residential Services	Partial Day Services	Court Services	Medication Management	Intake Assessment	Case Management	Outpatient Services	Supportive Services	Other Services
Statewide	**5205**	**6902**	**228**	**1604**	**35397**	**3844**	**2689**	**1675**	**256**	**765**	**16230**	**6039**	**13807**	**20982**	**1083**	**138**
Adams	1	57	1	15	321	2	21	0	0	0	310	174	7	281	2	0
Ashland	27	107	0	12	87	2	10	12	0	0	6	5	10	2	16	5
Barron	52	43	0	27	647	4	37	39	0	43	0	78	30	0	10	6
Bayfield	16	65	4	0	38	2	5	5	0	0	5	0	28	0	1	1
Brown	25	43	0	39	3213	373	345	0	0	80	537	77	469	289	30	0
Buffalo	0	11	0	5	47	1	11	5	0	0	1	0	0	1	1	0
Burnett	23	0	0	8	139	0	1	1	0	0	0	0	141	4	137	70
Calumet	33	38	0	25	1	0	29	2	1	127	199	2	361	335	11	3
Chippewa	42	90	1	14	673	25	26	37	0	0	0	1	2	0	0	0
Clark	26	38	0	12	210	0	30	20	0	0	434	292	5	344	13	0
Columbia	68	105	0	13	757	63	70	7	2	0	4	75	163	13	5	2
Crawford	14	14	0	13	146	0	2	9	1	16	137	94	215	192	6	0
Dane	521	637	93	0	1035	0	95	91	81	218	0	8	1526	575	147	0
Dodge	43	156	0	7	788	0	1	0	0	0	679	487	850	639	0	0
Door	49	50	0	25	0	0	0	0	0	0	172	0	165	49	0	0
Douglas	139	0	0	15	0	3	2	28	1	0	0	1	26	4	5	0
Dunn	31	62	0	12	472	3	27	13	0	0	0	31	64	289	0	0
Eau Claire	118	100	0	43	535	0	16	51	0	0	41	2	101	28	36	0
Florence	0	0	0	4	13	4	2	0	0	0	16	0	19	61	2	1
Fond du Lac	0	42	0	26	960	75	587	50	33	1	1554	0	190	959	96	19
Forest/Oneida/Vilas	33	75	15	42	697	173	46	35	0	0	266	74	56	103	17	0
Grant/Iowa	41	0	0	27	371	56	8	5	4	0	0	0	27	789	5	3
Green	68	65	0	11	3	35	5	0	0	0	138	0	3	176	5	0
Green Lake	11	47	0	19	269	38	11	5	0	0	276	217	281	223	0	0
Iron	16	1	0	17	0	5	6	13	0	0	0	0	94	153	1	0
Jackson	12	24	0	6	230	0	7	9	0	5	0	5	7	3	0	0
Jefferson	168	160	10	43	732	141	96	82	0	0	583	0	578	589	0	0
Juneau	77	72	7	20	287	31	4	0	0	0	238	10	85	165	0	0
Kenosha	148	515	0	243	2228	0	8	302	0	0	1	209	91	27	90	2
Kewaunee	15	55	0	18	128	0	0	0	4	0	20	34	113	84	10	0
La Crosse	105	380	0	71	1550	9	0	1	0	0	197	0	216	179	0	0
Lafayette	23	22	0	6	103	1	0	0	0	0	150	20	0	157	0	0
Langlade/Lincoln/Marathon	21	695	0	191	1508	320	449	0	1	1	1495	1743	2	1304	2	1
Manitowoc	45	36	0	16	0	0	155	61	0	0	262	0	333	175	8	0
Marinette	74	57	0	35	276	1	2	0	0	0	292	26	21	619	0	0
Marquette	15	31	0	27	193	11	4	2	0	0	62	0	24	145	0	0
Menominee	1	0	0	0	80	40	1	1	0	0	53	35	16	30	1	0
Milwaukee	1479	884	28	0	4160	988	0	177	42	0	0	0	1984	130	11	0
Monroe	18	63	0	23	335	85	0	5	0	0	149	0	170	59	1	0
Oconto	0	3	0	10	320	19	21	0	0	0	174	0	21	198	0	0
Outagamie	103	220	0	0	1371	0	51	76	0	2	850	1	168	1204	70	0
Ozaukee	35	25	0	35	621	0	0	0	0	0	450	0	131	260	0	0
Pepin	0	16	0	6	43	0	0	3	0	0	0	0	1	3	1	0
Pierce	32	45	1	4	248	27	13	13	0	0	161	0	18	140	1	0
Polk	29	39	0	6	558	4	25	31	0	1	393	219	76	136	22	1
Portage	5	91	4	61	92	19	33	0	0	0	325	1	239	156	15	0
Price	32	0	1	11	47	27	5	13	2	3	0	4	102	7	11	3
Racine	90	136	0	19	1242	41	1	32	0	0	721	0	1106	1171	0	0
Richland	0	55	2	6	125	0	20	0	1	0	86	67	0	109	0	0
Rock	235	135	0	27	1090	239	53	1	0	0	497	259	55	535	0	0
Rusk	18	24	0	7	104	0	0	3	0	0	1	144	204	2	1	1
Sauk	143	194	0	18	613	74	31	39	0	0	401	11	12	288	0	0
Sawyer	60	0	0	13	122	10	8	14	0	0	1	5	16	28	13	3
Shawano	51	63	0	46	558	100	2	2	0	15	0	0	63	687	5	0
Sheboygan	1	158	12	52	546	0	27	122	11	0	41	11	601	477	145	4
St. Croix	51	76	0	11	673	0	23	1	0	1	345	0	45	339	4	3
Taylor	0	35	0	6	149	6	18	12	0	0	128	83	78	66	27	0
Trempealeau	34	23	0	9	0	1	12	11	0	0	5	7	2	5	5	0
Vernon	66	36	0	19	2	55	1	18	1	17	1	0	38	22	21	1
Walworth	51	56	0	6	0	116	0	27	0	71	433	0	21	276	9	0
Washburn	14	41	0	12	0	0	5	4	0	0	29	0	34	23	1	2
Washington	48	167	3	6	1171	0	131	86	64	40	226	0	15	758	3	0
Waukesha	181	137	18	6	1275	301	256	0	0	114	200	501	67	1341	1	0
Waupaca	37	23	0	46	373	40	9	57	3	10	11	0	445	319	9	3
Waushara	36	44	0	15	124	23	0	3	0	0	194	0	28	385	16	4
Winnebago	149	153	0	0	1981	81	10	31	0	0	1726	711	1779	2147	9	0
Wood	134	148	28	17	477	230	0	9	4	0	635	333	16	848	25	0

Table 5: Count of Substance Use Participants Served, by Service Type, by County or Region and Statewide, CY 2016

County/Region	Community Support Programs	Comprehensive Community Services	Community Recovery Services	Crisis Intervention / Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medication Treatment	Supportive Services	Other Services
Statewide	**36**	**296**	**92**	**528**	**3970**	**64**	**2013**	**224**	**15**	**16814**	**7136**	**10589**	**309**	**2099**	**115**
Adams	0	1	0	4	9	0	3	0	0	129	0	76	0	1	0
Ashland	0	3	0	1	0	9	18	0	0	1	0	5	1	21	1
Barron	0	3	0	0	1	0	35	0	1	143	11	176	0	1	0
Bayfield	0	0	10	0	0	0	18	0	0	0	31	4	0	1	0
Brown	0	12	0	26	2	0	2	0	0	1231	35	111	0	25	0
Buffalo	0	1	0	0	0	0	5	0	0	0	1	1	0	0	0
Burnett	0	0	0	0	0	0	5	0	0	0	19	6	0	0	0
Calumet	0	0	0	0	4	0	12	0	7	170	27	6	0	0	0
Chippewa	0	20	1	4	0	0	13	0	0	0	0	39	0	0	0
Clark	0	3	0	0	1	1	6	0	0	138	0	127	0	0	0
Columbia	0	8	0	10	30	1	3	0	0	84	39	56	3	11	0
Crawford	0	0	0	0	0	0	6	0	0	33	0	22	0	0	0
Dane	0	0	0	0	1185	0	173	46	0	573	1110	1090	0	29	0
Dodge	0	0	0	0	41	0	8	0	0	473	351	253	29	232	0
Door	0	0	0	0	0	0	0	0	0	24	15	90	15	0	0
Douglas	0	0	0	0	61	0	3	0	0	59	5	37	0	8	0
Dunn	0	15	0	0	2	1	67	8	0	41	0	82	0	3	0
Eau Claire	33	6	0	0	2	2	19	0	0	15	116	55	3	0	0
Florence	0	0	0	0	0	0	0	0	0	1	0	23	0	0	0
Fond du Lac	0	0	0	76	103	0	20	0	0	427	0	728	0	0	0
Forest/Oneida/Vilas	0	2	0	0	53	10	129	0	0	372	205	293	0	16	0
Grant/Iowa	0	0	0	0	38	1	16	0	0	265	0	346	0	0	0
Green	0	0	0	0	0	0	0	0	0	218	0	160	4	0	0
Green Lake	0	2	0	0	1	0	1	0	0	133	69	80	4	0	0
Iron	0	0	0	1	0	0	3	0	0	19	0	40	0	0	0
Jackson	0	0	0	0	4	2	5	0	0	0	112	1	0	1	0
Jefferson	0	0	0	0	85	0	0	0	0	615	354	271	135	0	0
Juneau	0	0	0	0	11	1	11	0	0	210	0	138	4	0	0
Kenosha	0	4	17	12	113	0	71	0	0	400	3	80	0	582	0
Kewaunee	0	0	0	0	0	0	0	0	0	89	115	47	0	29	0
La Crosse	0	36	0	0	0	0	14	1	0	448	34	2	0	0	0
Lafayette	2	0	0	0	3	0	1	0	0	86	0	53	0	0	0
Langlade/Lincoln/Marathon	0	44	0	69	164	0	0	55	0	1371	0	891	0	0	0
Manitowoc	0	0	0	1	32	0	54	0	0	316	36	12	0	0	0
Marinette	0	0	0	0	0	0	1	0	0	198	2	265	0	0	0
Marquette	0	0	0	4	7	0	0	0	0	117	0	125	0	5	0
Menominee	0	0	0	4	0	0	0	0	0	99	0	82	0	0	0
Milwaukee	0	81	64	0	1809	0	633	18	4	0	1028	546	14	527	0
Monroe	0	0	0	0	0	0	16	0	0	266	238	52	8	311	0
Oconto	0	0	0	0	0	0	0	0	0	200	0	128	15	0	0
Outagamie	0	0	0	0	0	0	97	4	0	15	296	31	0	1	0
Ozaukee	0	0	0	0	0	0	0	0	0	385	0	159	0	82	0
Pepin	0	4	0	0	0	0	2	0	0	0	0	0	0	0	0
Pierce	0	7	0	0	0	0	4	1	0	176	0	118	0	0	0
Polk	0	2	0	0	1	1	4	0	0	379	0	321	0	15	0
Portage	0	0	0	0	7	0	51	0	0	389	240	26	0	2	0
Price	0	0	0	0	2	0	3	0	0	50	24	12	0	4	0
Racine	0	4	0	1	0	0	0	0	0	971	1359	497	3	0	114
Richland	0	0	0	6	0	0	0	0	0	51	0	85	0	0	0
Rock	0	0	0	31	30	11	103	0	0	861	0	312	8	28	0
Rusk	0	9	0	12	0	0	2	0	0	147	65	3	0	2	0
Sauk	0	19	0	57	60	0	8	0	0	167	103	96	63	105	0
Sawyer	0	0	0	11	0	1	3	0	0	110	1	97	0	0	0
Shawano	0	0	0	68	0	0	0	0	3	268	0	187	0	0	0
Sheboygan	0	3	0	0	1	0	59	0	0	0	18	165	0	1	0
St. Croix	0	0	0	103	2	0	10	0	0	241	0	283	0	0	0
Taylor	0	0	0	0	3	0	4	0	0	104	8	62	0	3	0
Trempealeau	1	0	0	0	0	0	13	0	0	91	0	12	0	1	0
Vernon	0	9	0	0	0	0	3	0	0	0	3	18	0	0	0
Walworth	0	0	0	4	89	0	0	0	0	377	0	191	0	0	0
Washburn	0	0	0	0	0	0	2	0	0	0	6	15	0	0	0
Washington	0	0	0	10	19	0	31	37	0	484	0	95	0	0	0
Waukesha	0	0	0	0	29	0	74	0	0	531	5	558	0	16	0
Waupaca	0	0	0	0	1	0	1	0	0	237	91	15	0	4	0
Waushara	0	0	0	0	0	0	5	0	0	121	0	253	0	0	0
Winnebago	0	0	0	12	0	23	138	0	0	1187	978	93	0	0	0
Wood	0	0	0	0	10	1	36	55	0	610	0	355	0	47	0

Table 6: Count of Substance Use Participants Served, by Service Type, by County or Region and Statewide, CY 2017

County/Region	Community Support Programs	Comprehensive Community Services	Community Recovery Services	Crisis Intervention / Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medication Treatment	Supportive Services	Other Services
Statewide	**37**	**340**	**106**	**632**	**4059**	**84**	**1920**	**304**	**33**	**16238**	**7959**	**10030**	**421**	**1941**	**194**
Adams	0	0	0	0	16	0	1	0	0	129	0	70	0	0	0
Ashland	0	3	0	0	0	9	7	0	0	49	0	5	0	8	0
Barron	0	2	0	0	0	0	16	0	3	170	1	220	0	0	0
Bayfield	0	1	16	0	0	0	11	0	0	0	29	0	0	2	0
Brown	0	5	0	103	0	0	0	0	0	1043	71	123	0	5	0
Buffalo	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0
Burnett	0	0	0	76	0	0	4	0	0	0	66	10	0	68	0
Calumet	0	0	0	0	2	0	8	0	1	176	19	7	0	1	0
Chippewa	0	36	0	0	3	0	14	0	0	0	0	19	0	0	0
Clark	0	0	0	0	0	0	3	0	0	134	0	144	0	1	0
Columbia	1	14	0	4	51	0	6	1	0	164	103	41	26	19	0
Crawford	0	1	0	0	0	1	3	0	0	73	1	16	0	2	0
Dane	0	0	0	0	1222	0	184	48	0	557	1005	868	0	24	0
Dodge	0	0	0	12	30	0	12	0	0	249	264	249	21	59	0
Door	0	0	0	0	0	0	0	0	0	89	6	102	16	24	0
Douglas	0	0	0	0	58	0	30	0	0	2	3	0	0	0	0
Dunn	0	17	0	13	0	0	75	8	0	34	0	79	0	0	0
Eau Claire	33	22	0	4	0	0	14	0	0	13	79	39	1	8	0
Florence	0	0	0	0	0	0	0	0	0	0	0	24	0	0	0
Fond du Lac	0	0	0	71	240	0	17	0	0	427	0	610	0	0	0
Forest/Oneida/Vilas	0	3	0	0	53	12	105	0	0	377	238	217	0	22	0
Grant/Iowa	0	0	0	1	34	0	9	0	0	265	0	382	0	0	0
Green	0	0	0	0	0	1	0	0	0	211	2	144	17	0	0
Green Lake	0	4	0	0	0	0	0	0	0	133	90	82	1	0	0
Iron	0	0	0	0	0	0	2	0	0	25	0	38	0	0	0
Jackson	0	3	0	0	1	0	8	0	0	0	113	0	1	0	0
Jefferson	0	0	0	0	100	0	24	0	0	543	367	337	218	0	0
Juneau	0	0	0	0	15	0	10	0	0	190	0	120	2	0	0
Kenosha	0	5	0	6	188	0	1	0	0	162	4	24	0	761	0
Kewaunee	0	0	0	0	0	0	0	0	0	104	113	41	0	31	0
La Crosse	0	22	0	0	0	0	2	0	0	450	69	1	0	36	0
Lafayette	2	1	0	0	0	0	0	0	0	98	0	60	2	0	0
Langlade/Lincoln/Marathon	0	33	0	56	53	0	0	72	0	1360	0	882	0	0	0
Manitowoc	0	0	0	0	24	0	46	0	0	352	58	44	1	0	0
Marinette	0	0	0	0	0	0	1	0	0	144	0	287	0	0	0
Marquette	0	0	0	3	8	1	0	0	0	124	0	130	0	0	0
Menominee	0	0	0	1	0	0	0	0	0	109	0	85	0	0	0
Milwaukee	0	87	89	0	1856	0	836	48	29	0	1451	693	26	710	0
Monroe	0	1	0	0	0	0	2	0	0	141	192	14	0	8	0
Oconto	0	0	0	0	0	0	0	0	0	207	0	107	8	0	0
Outagamie	0	0	0	0	0	0	43	1	0	9	352	11	0	0	0
Ozaukee	0	0	0	0	0	0	0	0	0	313	0	125	0	80	0
Pepin	0	4	0	0	0	1	2	0	0	0	0	0	0	0	0
Pierce	0	2	0	0	0	0	4	0	0	170	0	106	0	0	0
Polk	0	2	1	0	0	1	11	0	0	372	0	359	0	22	0
Portage	0	0	0	0	3	0	42	0	0	417	225	16	0	0	0
Price	0	0	0	1	0	0	8	0	0	57	24	12	0	4	0
Racine	0	17	0	13	0	0	0	0	0	1064	1648	574	1	0	194
Richland	0	0	0	1	0	0	0	0	0	88	0	23	0	1	0
Rock	0	0	0	2	6	43	41	0	0	860	157	128	79	28	0
Rusk	1	19	0	10	2	0	1	0	0	109	42	1	0	1	0
Sauk	0	25	0	59	51	0	14	1	0	0	1	89	0	0	0
Sawyer	0	0	0	4	0	0	1	0	0	96	23	39	0	1	0
Shawano	0	0	0	72	0	0	0	0	0	228	4	186	0	0	0
Sheboygan	0	2	0	0	0	0	36	0	0	0	50	161	0	0	0
St. Croix	0	0	0	54	0	0	6	0	0	259	0	278	0	0	0
Taylor	0	0	0	1	1	1	4	0	0	114	7	77	0	0	0
Trempealeau	0	0	0	0	0	1	14	0	0	104	0	16	0	0	0
Vernon	0	6	0	0	0	0	4	0	0	0	8	6	0	0	0
Walworth	0	0	0	0	99	0	0	0	0	506	0	171	0	0	0
Washburn	0	6	0	0	0	0	1	0	0	0	1	5	0	0	0
Washington	0	0	0	55	12	0	39	72	0	499	0	88	0	0	0
Waukesha	0	0	0	1	1	0	78	0	0	750	0	651	0	0	0
Waupaca	0	0	0	0	1	2	0	0	0	152	135	16	0	2	0
Waushara	0	0	0	0	0	0	7	0	0	111	1	238	0	0	0
Winnebago	0	0	0	9	3	11	112	0	0	1144	956	59	1	0	0
Wood	0	0	0	0	5	1	37	58	0	443	0	335	0	45	0

APPENDIX I: Integrated Home and Community Mental Health and Substance Use Programs, by County/Region (as of 2017)

Reporting Unit Name	Community Support Programs	Crisis Intervention Programs	Comprehensive Community Services	Community Recovery Services	Coordinated Services Teams Initiatives
Adams		Certified	Certified		X
Ashland	Certified	Certified	Certified		X
Barron	Certified	Certified	Certified	Certified	X
Bayfield	Certified		Certified		
Brown	Certified	Certified	Certified		X
Buffalo	Certified	Certified	Certified	Certified	X
Burnett	Certified	Certified			X
Calumet	Certified	Certified	Certified		X
Chippewa	Certified	Certified	Certified	Certified	X
Clark	Certified	Certified	Certified		X
Columbia	Certified	Certified	Certified		X
Crawford	Certified	Certified	Certified		X
Dane	Certified	Certified	Certified	Certified	
Dodge	Certified	Certified	Certified	Certified	X
Door	Certified	Certified	Certified		X
Douglas	Certified				X
Dunn	Certified	Certified	Certified		X
Eau Claire	Certified	Certified	Certified	Certified	X
Florence					X
Fond du Lac		Certified	Certified		X
Forest/Oneida/Vilas	Certified	Certified	Certified	Certified	X
Grant/Iowa	Certified	Certified			X
Green	Certified	Certified	Certified		X
Green Lake	Certified	Certified	Certified		X
Iron	Certified		Certified		X
Jackson	Certified	Certified	Certified	Certified	X
Jefferson	Certified	Certified	Certified	Certified	X
Juneau	Certified	Certified	Certified	Certified	X
Kenosha	Certified	Certified	Certified		X
Kewaunee	Certified	Certified	Certified		X
La Crosse	Certified	Certified	Certified	Certified	X
Lafayette	Certified	Certified	Certified		X
Langlade/Lincoln/Marathon	Certified	Certified	Certified	Certified	X
Manitowoc	Certified	Certified	Certified		X
Marinette	Certified	Certified	Certified		X
Marquette	Certified	Certified	Certified		X
Menominee	Certified	Certified			X
Milwaukee	Certified	Certified	Certified	Certified	
Monroe	Certified	Certified	Certified	Certified	X
Oconto		Certified	Certified		X
Outagamie	Certified	Certified	Certified		

Integrated Home and Community Mental Health and Substance Use Programs, by County/Region (as of 2017), continued

Reporting Unit Name	Community Support Program	Crisis Intervention Programs	Comprehensive Community Services	Community Recovery Services	Coordinated Service Teams Initiatives
Ozaukee	Certified	Certified	Certified	Certified	X
Pepin	Certified	Certified	Certified	Certified	X
Pierce	Certified	Certified	Certified	Certified	X
Polk	Certified	Certified	Certified		X
Portage		Certified	Certified	Certified	X
Price	Certified	Certified	Certified		X
Racine	Certified	Certified	Certified		X
Richland		Certified	Certified	Certified	X
Rock	Certified	Certified	Certified		X
Rusk	Certified	Certified	Certified		X
Sauk	Certified	Certified	Certified		X
Sawyer	Certified	Certified	Certified		X
Shawano	Certified	Certified	Certified		X
Sheboygan		Certified	Certified	Certified	X
St. Croix	Certified	Certified	Certified		X
Taylor		Certification Pending*	Certified		X
Trempealeau	Certified		Certified		X
Vernon	Certified	Certification Lapsed**	Certified		X
Walworth	Certified	Certified	Certified	Certified	X
Washburn	Certified		Certified		X
Washington	Certified	Certified	Certified	Certified	X
Waukesha	Certified	Certified	Certified	Certified	X
Waupaca	Certified	Certified	Certified		X
Waushara	Certified	Certified	Certified		X
Winnebago	Certified	Certified	Certified	Certified	
Wood		Certified	Certified	Certified	X

*Taylor County's crisis program is certified as of July 1, 2018, after the time period of this report.
**The certification for Vernon County's crisis program lapsed in 2017.

APPENDIX II: Mental Health Service Types, by SPC

Mental Health Service Types	SPC(s)	Service(s)
Community Support Programs (CSP)	509	
Comprehensive Community Services (CCS)	510, 510.10	
Community Recovery Services (CRS)	511, 511.10	
Coordinated Services Teams (CST)	N/A	
Crisis Intervention or Emergency Outpatient	501, 501.10	Crisis Intervention
	501.20	Crisis Follow-up Contact
	503.20	Emergency Room – Hospital Setting
	205	Shelter Care
Emergency Detention	503.10	
Inpatient Services	503	Inpatient
	925	Institution for Mental Disease
Residential Services	202, 204	Adult Family Home, Group Home
	203	Foster Home
	504, 506	Residential Care Center, Coommunity-Based Residential Facility (CBRF)
	505	Developmental Disability Center/Nursing Home
Partial Day Services	704, 706	Day Treatment (medical, non-medical)
Court Services	301	Court Intake and Studies
	303	Juvenile Probation and Supervision
Medication Management	507.10	
Intake Assessment	603	
Case Management	604	
Outpatient Services	507	Counseling/Therapeutic Resources
	507.20	Individual Counseling
	507.30	Group Counseling
	507.40	Family or Couple Counseling
	507.50	Intensive In-Home
Supportive Services	104, 104.10	Supportive Home Care
	106	Housing/Energy Assistance
	107	Specialized Transportation and Escort
	108	Work Related Services
	110	Daily Living Skills Training
	601, 602	Outreach, Information/Referral
	606	Health Screening and Accessibility
	615	Supported Employment
Other Services	103, 103.10	Respite Care
	403	Recreation/Alternative Activities
	406	Protective Payment/Guardianship

APPENDIX III: Substance Use Service Types, by SPC

Substance Use Service Types	SPC(s)	Service(s)
Community Support Programs (CSP)	509	
Comprehensive Community Services (CCS)	510, 510.10	
Community Recovery Services (CRS)	511, 511.10	
Crisis Intervention/Emergency Outpatient	501, 501.10	Crisis Intervention
	507.50	Emergency Outpatient
Detoxification Services	507.70	Methadone or Narcotic Detoxification
	703.10	Medically Managed Inpatient Detoxification
	703.20	Medically Monitored Residential Detoxification
	703.50	Ambulatory Detoxification
	705.10	Detox (Social Setting, Residential Intoxication Monitoring)
Inpatient Services	503.50	Medically Managed Inpatient
	503.60	Medically Monitored Hospital Treatment
Residential Services	503.70	Medically Monitored Community-Based Residential Facility (CBRF) Treatment
	504	Residential Care Center (children)
	506.10, 506.20	Transitional Residential
	202, 204	Adult Family Home, Group Home
	205	Shelter Care
Partial Day Services	704.10	Day Treatment (medical, nonmedical)
Court Services	301	Court Intake and Studies
Intake Assessment	603	
Case Management	604	
Outpatient Services	507, 507.10, 507.20, 507.30	Outpatient, Regular (general, individual, family, group)
	507.05, 507.15, 507.35	Outpatient, Intensive (general, individual, group)
	507.40, 507.45	Outpatient, In-home (regular, intensive)
Medication Treatment	507.65	Medication Management
	507.75	Methadone Maintenance/Narcotic Treatment
	507.80	Buprenorphine
Supportive Services	101	Child Care
	104, 104.10, 106	Home Supports
	107	Specialized Transportation and Escort
	108	Work Related Services
	110	Daily Living Skills Training
	507.64	Drug Testing
	507.90	Peer Support/Recovery Coach
	601	Outreach
	602	Information and Referral
	606	Health Screening and Accessibility
	615	Supported Employment
Other Services	112	Interpreter Services/Adaptive Equipment
	112.55	Specialized Medical Supplies
	507.62	Other medical services

APPENDIX IV: Mental Health and Substance Use Service Definitions, by SPC

101 CHILD DAY CARE – CRISIS/RESPITE
The provision of services to children that includes care in settings such as a day care center, the home of another, or in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family, or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive, and emotional growth. Includes resource recruitment, development, and regulation/certification activities.

103 RESPITE CARE
The provision of services to participants who are either caregivers or their dependents for the purposes of providing the primary caregiver temporary relief, relieving the primary caregiver of the stress of giving continuous support, providing the dependent participant adequate care and supervision in an unlicensed home-like environment, and reducing the need for placement of the dependent person outside of the home. Services to the primary caregiver may include case planning, monitoring, and review. Services for the dependent person may include personal care and supervision. The respite care program includes only care that is delivered in the home of the primary caregiver, dependent person, friend, or relative; the home of the respite care provider; or in those freestanding facilities that primarily serve as respite care centers. Excludes certified child care for the purpose of respite, which should be classified as child day care. Excludes monitoring of care except in those instances when this is done by a participant's case manager as an integral part of the Case Management/Service Coordination program. Excludes all types of in-home care or training that is not directly related to relief for the primary caregiver.

104 SUPPORTIVE HOME CARE
The provision of services to maintain participants in independent or supervised living in their home, or the home of their friends or relatives, which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and/or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to: household care, personal care, and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, and friendly visiting. Includes payments to maintain an individual in the independent living arrangement. Excludes counseling/ psychotherapy in a person's own home as part of the Counseling/Therapeutic Resources Program. This excludes nonemergency 24-hour care in an adult's or child's own home for the purpose of respite, which should be classified as Respite Care. Excludes home and financial management training activities, which should be classified as Daily Living Skills Training.

106 HOUSING/ENERGY ASSISTANCE
The provision of services to participants in a natural or supportive service setting for the purpose of enabling people to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/ reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving as well as payment of moving expenses. Includes repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities. Placement of people into independent living from alternate living

settings is classified under programs for those settings. Unskilled routine home maintenance tasks are part of the Supportive Home Care Program.

107   SPECIALIZED TRANSPORTATION AND ESCORT
The provision of transportation and transportation-related supervision to the elderly, handicapped, or other people with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to transportation that assists in improving a person's general mobility and ability to perform daily tasks, such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation that is provided principally to access services purchased or provided by a county social or human services department, 51.42 Board, or county aging unit, which should be classified under the program or programs to which the transportation provides access.

108   WORK-RELATED SERVICES
The provision of services in integrated community work settings, specialized facilities such as sheltered workshops, or other settings for purposes of enabling people to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment. Services may include, but are not limited to: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring, and review when done by work-related service providers; and supervision. Management functions that may be performed include, but are not limited to, resource recruitment, development, and contracting. Includes wages paid for work performed, training stipends, incentives for employer to provide on-the-job supervision, or items needed for employment. Includes sheltered employment, work activities, supervision of work in community settings, Job Training Partnership Act, and displaced homemaker's services. Excludes Supported Employment as defined in SPC 615.

110   DAILY LIVING SKILLS TRAINING
The provision of services to participants whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a participant's or caretaker's ability to perform routine daily living tasks and utilize community resources. Services that are educationally focused and not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring, and review. Management functions include, but are not limited to, resource recruitment and development. Includes intensive in-home services that teach parenting skills to parents of children with special parenting needs. Includes the teaching of child-rearing skills, training on the preparation and management of a household budget, maintenance and care of the home, and preparation of food. Includes services provided primarily in a natural setting, such as those performed by a home trainer for children ages 0-2, and skill training for participants of all ages living in natural settings. Includes daily living skill training for parents and other family members, foster parents, adult family home members, and people involved in apartment living programs. Excludes intensive home and community treatment services. Excludes recreational activities. Also excludes household care and personal care, which should be classified under the Supportive Home Care Program.

112 INTERPRETER SERVICES AND ADAPTIVE EQUIPMENT
The provision of services and material benefits to participants whose ability to access, participate, and function in their community or homes is limited by physical, sensory, or speech impairments, or lack of ability to effectively communicate in English, in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members. Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others. Material benefits include cash for the purchase or provision of these services or items such as medically related equipment, adaptive aids, or communication devices. Management functions include resource recruitment and development associated with locating qualified interpreters. Includes interpreter services directly associated with familiarizing immigrants with Western culture in general and the lifestyles of their particular resettlement communities. Includes reader services for persons who are blind or visually impaired and other forms of communication assistance for persons with brain injuries or speech impairments. Includes cash payments to participants or vendors for purchase of equipment, agency purchase of equipment, or those costs associated with the maintenance of these items. Types of items include adaptive household modifications, such as ramps; vehicle modifications; prosthetic or orthotic devices; communication devices; signaling devices, aids, and telecommunication devices for the deaf; signaling devices, aids, and appliances for blind or visually impaired persons; special safety equipment; special clothing; etc. Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services. Excludes the activities of staff who possess bilingual or signing skills functioning in other programs.

112.55 Specialized Medical Care Supplies
Specialized medical supplies, specified in the plan of care, that are necessary to ensure the health of the individual or enable the individual to function with greater independence, as well as manage medical needs or treatments. The service also includes items necessary for life support, ancillary supplies, and equipment necessary for the proper functioning of such items. May include Ensure, other dietary supplements, diapers, over-the-counter drugs, etc.

202 ADULT FAMILY HOME
The provision of a structured residential living arrangement for the purpose of providing care and support to adult participants whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home may include, but are not limited to, supervision, dietary, personal care, and education/training. Material benefits include food and housing. Includes homes serving three or four residents that are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Wis. Admin. Code ch. DHS 88. Includes recruiting and certifying of adult family homes as well as locating, arranging for, and monitoring an adult family home placement when not an integral but subordinate part of case management.

203 FOSTER HOME
The provision of a loving, caring, and supportive substitute family to children for a short-term period (or long-term in approved situations). Services to participants provided by foster parents may include, but are not limited to, supervision, dietary, personal care, and transportation. Materials benefits include food, housing, and clothing. Includes recruiting and licensing of foster

homes. Includes locating, arranging for, and monitoring a foster home placement. Also includes activities involving foster homes in which there is a pending adoption.

204   GROUP HOME
The provision of services in a community-based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Services to participants may include, but are not limited to supervision, dietary, personal care, and transportation. Benefits include: food, housing, and clothing. Includes recruiting and licensing of group home placements by people other than the group home provider. Excludes adult group homes licensed as CBRFs, which are classified as part of the Community-Based Care/Treatment Facility Program.

205   SHELTER CARE
The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to, supervision, dietary, and counseling/ psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings that serve as shelters (for example, for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under Wis. Admin. Code ch. DCF 59. Includes 24-hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (for example, hospitalization of a parent).

301   COURT INTAKE AND STUDIES
The provision of services essential to the provision of reports and recommendations to the court. Services may include, but are not limited to: assessment/diagnosis and case planning, monitoring, and review. Includes custody studies, mediation, and monitoring pursuant to divorce actions. Includes Wis. Stat. ch. 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Wis. Stat. chs. 48, 51, and 55.) Excludes studies and recommendations pertaining to proposed adoptions, which should be classified under the adoptions program. Also excludes child abuse and neglect investigations, which should be classified under Intake Assessment.

303   JUVENILE REINTEGRATION AND SUPERVISION SERVICES
The provision of services to probationers and juveniles under either county department of social or human services or court formal or informal supervision for the purpose of monitoring behavior and preventing continued criminal or delinquent activities or other unacceptable behavior brought to the attention of the juvenile justice system. Includes home supervision of delinquents, status offenders, and CHIPS. Services may include, but are not limited to, case planning, monitoring, and review and referral. This includes payment of rent in a court-ordered supervised independent living arrangement. Excludes restitution by people other than those responsible for supervision (for example, restitution project staff), which should be classified as restitution. Excludes supervision of children receiving aftercare following release from a correctional institution, which should be classified as juvenile reintegration and aftercare services. Excludes the provision of an appropriate alternative living standard program.

403   RECREATION/ALTERNATIVE ACTIVITIES
The provision of services in a natural or supportive setting to people who are socially or physically inactive or whose activities are socially inappropriate for the purpose of increasing their participation in constructive leisure time activities that enhance their dignity, support their independence, and/or encourage their involvement in and with the community. Services may include, but are not limited to, supervision, education/training, and transportation. Management functions that may be performed include, but are not limited to, resource recruitment and development related to development of recreational opportunities. This includes physical education or exercises for senior citizens as well as senior center activities, Big Brothers, camping experiences, the YWCA, 4-H Club, mentoring activities for children receiving mental health services, and other group activities. Excludes recreational services provided as an integral part of a day services center/treatment program.

406   PROTECTIVE PAYMENT/GUARDIANSHIP
The provision of services to people who have an agency as a guardian and/or who have demonstrated a lack of ability to use their funds properly by a person or authorized agency responsible for managing the participant's money or supervising the participant's use of funds. Services that are to ensure the intended benefits of a money grant are used in the best interests of the beneficiary may include, but are not limited to, case planning, monitoring, and review and supervision. Includes recruitment and development of protective payees as an agency resource. Includes reimbursement to individuals and authorized agencies for related services and administrative expenses. Includes the services of an individual or corporate conservator, temporary guardian, guardian of the person, and/or guardian of the estate. Includes the services of a representative payee in Supplemental Security Income/Social Security Administration cases in which representative payees are required. Corporate guardianship services under this program include recruitment and development of families and interested citizens who may serve as guardians for mentally incompetent individuals. Includes travel and other expenses incurred by conservators, representative payees, and guardians. Excludes services designed primarily to teach money management skills, which should be classified under daily living skills training. This excludes guardianship services for purposes of adoption, which are part of the adoption program.

501   INITIAL CRISIS INTERVENTION
The initial provision of services to individuals who are experiencing emergencies that require an immediate response by the human services system to remove or ameliorate the emergency conditions. Services include only the initial crisis services provided to stabilize the immediate crisis at hand, such as a response to an immediate threat to a person's life or well-being. Services to individuals include, but are not limited to, counseling/psychotherapy, supervision, general physical health services, transportation, and referral. Services could be provided by 24-hour hotlines, crisis response teams, or after-hours staffing for handling emergencies and are designed to serve everyone rather than specific target groups. Crisis intervention services provided on an hourly basis should be recorded using the 501.00 SPC code. When an individual is placed in a crisis residence/stabilization center, the service should be recorded using the 501.10 SPC code in per diem units. Do not record crisis services delivered under emergency conditions that are an integral, but subordinate, part of other standard services recorded in PPS. For example, emergency inpatient care is to be classified as an inpatient or emergency detention service. Follow-up crisis contacts described in a response plan or crisis plan would also be excluded and would be reported using the 501.20 SPC for Crisis Follow-Up instead.

501.20 Crisis Follow-Up

The provision of services implied by, prescribed by, or following an initial crisis contact that are follow-up responses described on a response plan or crisis plan. These can include linkage and coordination or follow-up services provided in-person, in a mobile contact, or over the telephone. These include contact with the individual, their supports, collaterals, or with professional providers. Contacts can also involve coordinating referrals and exchanging information with other behavioral health service providers such as inpatient hospitals and outpatient clinics. Crisis follow-up contacts can only be recorded in hours. Outside of the context of an existing or crisis intervention plan, all activities designed to stabilize the initial crisis situation should be recorded in PPS data with the SPC code 501.00 or 501.10 for initial crisis intervention.

503   INPATIENT

The provision of treatment services in 24-hour units of an inpatient facility or substance use residential inpatient program in a CBRF to participants for the purpose of stabilizing and/or ameliorating mental illness (short-term or long-term), alcohol or other drug abuse, or other problems requiring hospitalization, enabling people to function effectively in a less restrictive alternate or natural living setting. Services may include, but are not limited to, assessment/ diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision; and therapy. Food and housing are required benefits and drugs are also commonly provided. Includes stays under emergency detention and commitment provisions. Includes evaluations that require an inpatient admission. Includes planning for, arranging for, and monitoring of inpatient facility placements. Excludes inpatient care for the primary purpose of detoxification, which should be classified under the program of that name. Excludes licensed institution for mental disease nursing home services meeting the definition of SPC 925 institution for mental disease.

503.50 Medically Managed Inpatient
        (Wis. Admin. Code § DHS 75.10)
        A medically managed inpatient treatment service is operated by a general or specialty hospital and includes 24-hour nursing care, physician management, and the availability of all other resources of the hospital.

503.60 Medically Monitored Hospital Treatment
        (Wis. Admin. Code ch. DHS 124; Wis. Admin. Code § DHS 75.11)
        A medically monitored treatment service operates as a 24-hour, hospital-based service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient.

503.70 Medically Monitored CBRF Treatment
        (Wis. Admin. Code ch. DHS 83; Wis. Admin. Code § DHS 75.11)
        A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient.

504   RESIDENTIAL CARE CENTER
The provision of services to children in licensed residential care centers to stabilize and/or ameliorate behavioral, mental health, alcohol and other drug abuse, and other disorders for the purpose of improving their functioning and enabling them to return to their own communities in the shortest possible time. Services to participants may include, but are not limited to, supervision, education/training, and counseling/psychotherapy. Benefits include food, housing, and items such as school supplies and books. Includes planning for, arranging for, and monitoring of residential care center placements.

505   DD CENTER/NURSING HOME
The provision of services to participants in licensed nursing homes, including Wisconsin's three centers for the developmentally disabled for the purposes of evaluation, respite, or care designed to reduce the severity of behavioral, alcohol or other drug, or medical problems that attend and complicate severe developmental disabilities or alcohol and other drug abuse. Services may include, but are not limited to, assessment/diagnosis, physical health services, therapy and laboratory services, personal care, and supervision. Benefits include food, housing, and drugs. Includes planning for, arranging for, and monitoring of placements by developmentally disabled center or nursing home staff. Excludes licensed IMD nursing home services meeting the definition of SPC 925 Institution for Mental Disease.

506   COMMUNITY-BASED CARE/TREATMENT FACILITY
The provision of services to participants in a CBRF for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug use disorders. Services may include, but are not limited to, supervision, dietary, counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs. Includes nonmedical substance use extended care in CBRFs. Excludes residential care for the primary purpose of detoxification, which should be classified under SPC 703.20 or 705.10. Excludes unlicensed living arrangements even if supervision is provided or live-in staff are present, which should be classified as part of Supportive Home Care Program or the Shelter Care Program. Excludes substance use residential care in nursing homes, which should be classified under the Developmentally Disabled Center/Nursing Home Program. Excludes substance use residential inpatient programs in CBRFs, which should be classified under the inpatient program. Excludes homes serving three or four residents licensed as CBRFs when the home is also the residence of the sponsor, and homes certified under Wis. Admin. Code ch. DHS 88.

506.10 Transitional Residential - Hospital Setting
(Wis. Admin. Code ch. DHS 124; Wis. Admin. Code § DHS 75.14)
A transitional residential treatment service is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance use treatment in the form of counseling for three to 11 hours per patient weekly, immediate access to peer support through the environment, and intensive case management, which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning. This transitional residential treatment service is delivered in a general or specialty hospital approved under Wis. Admin. Code ch. DHS 124.

506.20 Transitional Residential
(Wis. Admin. Code ch. DHS 83; Wis. Admin. Code § DHS 75.14)
A transitional residential treatment service is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance use treatment in the form of counseling for three to 11 hours per patient weekly, immediate access to peer support through the environment, and intensive case management, which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning.

507   COUNSELING/THERAPEUTIC RESOURCES
The provision of treatment-oriented services to participants needing treatment for a personal, social, behavioral, mental, or alcohol and drug use disorder to maintain and improve effective functioning. Services typically provided in a service office or a natural setting may include, but are not limited to, assessment/diagnosis; case or treatment planning, monitoring, and review; counseling/psychotherapy; therapy services; physical health services; and medical support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school. Includes intensive home and community treatment services when provided by people other than those responsible for probation, juvenile supervision, or aftercare supervision. Includes medication-assisted treatment services. Excludes work-related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.

507.00 Outpatient (SU description)
(Wis. Admin. Code § DHS 75.13)
An outpatient treatment service is a nonresidential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis, and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to nonsubstance use services that may occur over an extended period. Regular and intensive are types of outpatient services and do not always reflect the amount of face-to-face/billable service delivered to a specific participant. A participant can be in an intensive outpatient service even though they do not complete the required units of service.

507.10 Outpatient–medication management (MH description)
Includes the prescription, directions on the use of, and review of medication, with not more than minimal psychotherapy. It is considered a hospital service when provided to hospital inpatients and should not be a separately identified professional service.

507.20 Outpatient–individual (MH description)
This includes goal-directed, face-to-face therapeutic intervention, including insight-oriented, behavior modifying, or supportive psychotherapy, with the eligible participant that focuses on the mental health needs of the participant.

507.30 Outpatient–group (MH description)
Goal-directed, face-to-face therapeutic intervention with the eligible participant and one or more participants who are treated at the same time which focuses on the mental health needs of the participants in the group. Group shall not exceed 10 participants and two therapists.

507.40 Outpatient–family or couple (MH description)
This includes goal-directed, face-to-face therapeutic intervention with a minimum of two family members including the participant. Services may be in a clinic, home, community, or educational setting.

507.50 Outpatient–intensive in-home (MH description)
Flexible, time-limited intensive services provided in the home. In-home services are geared toward families at risk of having a child removed from home. Services are focused on the family as a unit and include: specialized parent skills training, behavior management, family therapy, 24-hour accessibility by the family as needed, and intensive supervision by staff.

507.60 Outpatient–family support (MH description)
This includes flexible, time-limited therapy that relieves and supports the primary caregiver or supports that caregiver in the role. Examples include, but not limited to, teaching parenting skills in the home, assisting with behavioral management techniques, taking care of an identified participant while the caregiver is preparing meals, or coming to the home to be sure that a child is up and ready to go to school.

507.61 Antabuse
The administration of the medication disulfiram as a treatment adjunct to help patients overcome drinking problems.

507.64 Urinalysis Tests
In-house or laboratory urine testing and analysis performed for screening and monitoring in order to detect the presence or ingestion of alcohol or mood-altering substances.

507.65 Medication Management
Includes prescription, directions on use, and review of medication in an outpatient setting. For specific types of medication management, please select the appropriate codes.

507.70 Methadone or Narcotic Detox
Services provided to ensure the safe withdrawal of methadone from the body's tissues.

507.75 Methadone Maintenance/Narcotic Treatment
(Wis. Admin. Code § DHS 75.15)
Clinic-based treatment involves methadone, an opioid agonist that does not block other narcotics while preventing withdrawal while taking it. This medication is only dispensed in specialty regulated clinics.

507.80   Buprenorphine Treatment
Office-based treatment involves buprenorphine, an opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk. This may be a daily dissolving tablet, cheek film, or six-month implant under the skin.

507.85   Naltrexone Treatment
Office-based treatment involves naltrexone, a nonaddictive opioid antagonist that blocks the effects of other narcotics. This may be a daily pill or monthly injection.

507.90 Peer Support/Recovery Coach
Includes services provided by certified peer specialists, peer recovery coaches, and similar positions that not only have lived the experience of mental illness and/or substance use disorder, but also have had peer support services training and supervision. Peer support specialists actively incorporate peer support into their work with participants and are supervised and participate as a member of the agency's recovery team. Peer support services include activities such as establishing a supportive relationship for recovery; outreach to peers; providing information about recovery and community resources; communication with providers and community resources; connecting people with services or resources; crisis support; facilitating wellness recovery and action plans; facilitating self-directed recovery; active listening and providing peer support; assistance in finding housing; accessing health care services and other community services; assisting people in feeling connected to a community of recovery through social, recreational and cultural activities; facilitating recovery support groups; and peer support record-keeping.

509   COMMUNITY SUPPORT PROGRAMS (PSYCHOSOCIAL REHABILITATION SERVICES)
The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and severe alcohol or other drug use participants in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcohol or other drug use and assisting participants to access and participate in the community. The service of case planning, monitoring, and review, as well as the activities involved in case management/service coordination, are a required part of this program for every participant. Services that must be available, although not necessarily provided, to each participant are assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral, and transportation. Includes identifying people in need of services, assisting with and training participants in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both Community Support Programs and other human service programs such as the Department of Workforce Development's Division of Vocational Rehabilitation, general relief, and Supplemental Security Income. Includes only activities delivered by designated Community Support Program providers to people with serious and persistent mental illness and people with severe alcohol or other drug use and excludes these activities when delivered by other agency providers.

510.10 COMPREHENSIVE COMMUNITY SERVICES (PSYCHOSOCIAL REHABILITATION SERVICES)
Comprehensive Community Services (CCS) is certified per the requirements of Wis. Admin. Code ch. DHS 36 and provides a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under Wis. Admin. Code § DHS 36.15 and provided to participants with mental health or substance use issues across the lifespan who qualify based on level of need through a completed functional screen. The intent of the services and supports is to provide for a maximum reduction of the effects of the individual's mental and substance use disorders, the restoration of a participant to the highest possible level of functioning, and to facilitate their recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 C.F.R. § 440.130(d) (2013) in order for the services to be reimbursed by Medicaid. Services that must be available for participants are assessment, recovery/service planning, service facilitation, and individually authorized psychosocial rehabilitation services.

In order to qualify as psychosocial rehabilitation, a service must:
- Have been determined through the assessment process to be needed by an individual participant.
- Involve direct service.
- Address the participant's mental health and substance use disorders to maximize functioning and minimize symptoms.
- Be consistent with the individual participant's diagnosis and symptoms.
- Safely and effectively match the individual's need for support and motivational level.
- Be provided in the least restrictive, most natural setting to be effective for the participant.
- Not be solely for the convenience of the individual participant, family, or provider.
- Be of proven value and usefulness.
- Be the most economic options consistent with the participant's needs.

CCS includes only activities delivered by providers who are part of the certified CCS program to people with a diagnosis of a mental disorder or a substance use disorder as defined in Wis. Admin. Code § DHS 36.14. Participants enrolled in waiver programs are eligible for CCS. CCS recipients may not be enrolled in a CSP. For CCS recipients, all of the following services must be recorded using the 510.10 SPC code: outpatient mental health (excluding pharmacologic management), mental health day treatment for adults, substance use treatment, and service facilitation (case management). If an individual is in need of any of these services, they must be provided as part of CCS and thus recorded using the 510.10 SPC code as opposed to other existing service codes. Participants may receive other services outside of their CCS plan, but these services should continue to be reported in PPS separate from CCS.

Recording CCS units of service
For services rendered July 1, 2014, or later, CCS can only be recorded in hourly units using the 510.10 SPC code. The previous 510 SPC code for CCS per diem units is no longer valid. This change mirrors Medicaid claim requirements. To convert 15-minute increments to hourly units, multiply the number of 15-minute increments by 0.25. For example, four 15-minute units will equal 1.00 PPS unit.

511   COMMUNITY RECOVERY SERVICES (PSYCHOSOCIAL REHABILITATION SERVICES)
This is a community-based psychosocial rehabilitation services Medicaid state plan amendment benefit provided by a CRS-certified county, tribe, or vendor. Any mental health agency offering this service and submitting the SPC 511 code must be specifically certified to deliver CRS. The goal of CRS is to provide services that enable mental health participants to live in the least restrictive community environment available. CRS provides three distinct services across the lifespan for participants having a severe and persistent mental illness:

- Community Living Supportive Services: Activities necessary to allow individuals to live with maximum independence in community integrated housing.
- Supported Employment: This service covers activities to assist individuals in addressing or managing the symptoms and behaviors associated with severe and persistent mental illness that may be barriers to obtaining and maintaining competitive employment.
- Peer Supports: Advocacy, information, and support provided by certified peer specialists.

Relationship to Other Services
Participants receiving Community Recovery Services may simultaneously receive services through a Community Support Program (SPC 509) or CCS program (SPC 510). Thus, the SPC 511 may be open in PPS simultaneously with SPC 509 or 510.

Recording CRS units of service
For services rendered July 1, 2018, or later, CRS can only be recorded in hourly units using the 511 SPC code. The 511.10 SPC code for CRS per diem units is no longer valid. This change mirrors Medicaid claim requirements. To convert 15-minute increments to hourly units, multiply the number of 15-minute increments by 0.25. For example, four 15-minute units will equal 1.00 PPS unit.

601   OUTREACH
The provision of services designed to result in the locating of people likely to have a problem that can potentially be alleviated by the delivery of human services. Services may include, but are not limited to case finding and referral. Management functions include resource recruitment and development. Includes activities that better enable people to locate human service resources that are appropriate to their needs, such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating people to obtain needed services. Includes employee assistance and student assistance program development activities. Includes systematic attempts by county agencies to secure increased numbers of agency participants from specific segments of the community or specifically defined groups (for example, rural residents or minority groups). Excludes assessment/diagnosis associated with a formal application process, which should be classified as Intake Assessment. Excludes assessments that are an integral but subordinate part of admission to another program. Excludes health screening activities, which should be classified under the program of that name. Excludes services for agency participants.

602   INFORMATION AND REFERRAL
The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources. Includes referral to legal resources. Includes maintaining and summarizing records of information and referral contacts. Excludes public

information and referral when provided as a subordinate part of intake process or when part of other programs.

603   INTAKE ASSESSMENT
The provision of services in a natural or supportive service setting to people who are or may become participants for purposes of determining the existence of, and the nature of, a specific problem or group of problems. Services may include, but are not limited to, assessment/ diagnosis and referral. Participants' assessments include Intoxicated Driver Program assessments and child abuse and neglect investigations. Includes activities associated with the Preadmission Screening and Resident Review process per Wis. Admin. Code § DHS 132.51 (2)(d)1. May also include the development of an initial case service or treatment plan if done as part of a general participant intake process. Also includes intake activities that occur prior to the establishment of participant status. Includes the activities of centralized intake units. Assessment/diagnosis that is an integral, but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers, which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.

604   CASE MANAGEMENT/SERVICE COORDINATION
The provision of services by providers who are responsible to enable participants and, when appropriate, participants' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by participants and their families. Services may include, but are not limited to: assessment; case planning, monitoring, and review; advocacy; and referral. If the case management activity is limited to managing services received in a single program, such case management is considered an integral but subordinate part of that program rather than case management as defined here, which must relate to all services and supports the participant receives.

606   HEALTH SCREENING AND ACCESSIBILITY
The provision of services in a natural or supportive service setting to people at risk for health problems for the purpose of early identification of health care needs and improved accessibility to needed health care services. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring, and review; referral; and advocacy. Health screening provided as part of an overall participant assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.

615   SUPPORTED EMPLOYMENT
Supported employment is competitive work in an integrated work setting for individuals who, because of their disabilities, need ongoing and/or intensive support services to find and perform this work. Supported employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for people with severe

and persistent mental illness. Excludes welfare and employment programs. Integrated work setting is defined as no more than eight people with a disability in one work area.

703   DETOXIFICATION – HOSPITAL SETTING AND RECEIVING CENTER
Includes hospital-based detoxification programs including those certified as Wis. Admin. Code ch. DHS 75 emergency care inpatient programs and detoxification-receiving center programs. A detoxification-receiving center program provides services to participants incapacitated by alcohol or drugs and in need of assessment, monitoring, and stabilization. The participant may be admitted until the incapacitation has abated or may be referred to an emergency medical facility.

703.10 Medically Managed Inpatient Detoxification
(Wis. Admin. Code § DHS 75.06)
A medically managed inpatient detoxification service provides 24-hour observation and monitoring of patients in a hospital setting, with round-the-clock nursing care, physician management, and availability of all other resources of the hospital.

703.20 Medically Monitored Residential Detoxification
(Wis. Admin. Code § DHS 75.07)
A medically monitored residential detoxification service is a 24-hour service in a residential setting providing detoxification service and monitoring. Care is provided by a multidisciplinary team of service personnel, including 24-hour nursing care under the supervision of a physician. Included is the provision of an examination in accordance with Wis. Stat. § 51.45(11)(c) and transportation, if needed, to an emergency room of a general hospital for medical treatment.

703.50 Ambulatory Detoxification
(Wis. Admin. Code § DHS 75.08)
An ambulatory detoxification service is a medically managed or monitored structured detoxification service on an outpatient basis, delivered by a physician or other service personnel acting under the supervision of a physician.

704   DAY TREATMENT – MEDICAL
A day treatment program is a nonresidential program in a medically supervised setting that provides case management, counseling, medical care, and therapies on a routine basis for a scheduled portion of a 24-hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family, and group counseling but not aftercare services.

704.10 Day Treatment
(Wis. Admin. Code § DHS 75.12)
A day treatment service is a medically monitored and nonresidential substance use treatment service that consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week.

705   DETOXIFICATION – SOCIAL SETTING
        A social setting detoxification program provides treatment-oriented services that do not include
        direct medical services as defined under Wis. Admin. Code ch. DHS 75. This non-medically
        oriented program observes and monitors intoxicated individuals who are ambulatory and not in
        need of major emergency medical or psychological care.

        705.10 Residential Intoxication Monitoring
                (Wis. Admin. Code § DHS 75.09)
                A residential intoxication monitoring service provides 24-hour observation by staff to
                monitor the safe resolution of alcohol or sedative intoxication and to monitor for the
                development of alcohol withdrawal for intoxicated patients who are not in need of
                emergency medical or psychological care. The service is provided in a supportive setting
                that includes provision of nourishment and emotional support.

706   DAY CENTER SERVICES – NON-MEDICAL
        A day treatment program is a nonresidential program in a non-medically supervised setting that
        provides case management and counseling on a routine basis for a scheduled portion of a 24-
        hour day and a scheduled number of days per week to alleviate those problems. Services
        include individual, family, and group counseling but not aftercare services.

925   INSTITUTION FOR MENTAL DISEASE
        Units of service under the IMD service cluster are defined as days of care provided in an IMD
        licensed nursing home to people meeting the mentally ill participant characteristic criteria of
        receiving services in an IMD under a 90% continuing placement slot Contract.

999   COORDINATED SERVICES TEAMS (CST)
        (Wis. Stat. § 46.56)
        Coordinated Services Teams (CST) Initiatives are evidence-based practice models of care for
        children and youth with mental illness and/or behavioral health issues. CST is a systems
        approach designed to assure children and their families have support and access to mental
        health and other services in their communities. CST is a recovery and resiliency-oriented,
        intensive case management, community-based rehabilitation and outreach service for children
        and their families. It is team-based and focused on the child and their family along with the
        various systems involved in the child's life. The supports and services include mental health
        rehabilitation interventions and other supports necessary to assist the recipient in achieving and
        maintaining rehabilitative, resiliency, and recovery goals. CST is developed and designed to meet
        the mental health, co-occurring health, educational, vocational, residential, financial, social, and
        other treatment support needs of children and families. CST is a community-based approach to
        service delivery that is often used for children who would have otherwise been placed in a
        residential treatment environment at a much higher cost.