



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

January 4, 2023

Michael J. Queensland
Senate Chief Clerk
P.O. Box 7882
Madison, WI 53707-7882

Edward A. Blazel
Assembly Chief Clerk
17 West Main Street, Room 401
Madison, Wisconsin 53703

Dear Mr. Queensland and Mr. Blazel,

To monitor the core set of mental health services, 2013 Wisconsin Act 251 created Wis. Stat. §51.27(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 2020 and 2021. Subsequent reports are submitted every January 1 of odd-numbered years, covering services for the prior two years.

Sincerely,

A handwritten signature in black ink, reading "Debra K. Standridge".

Debra K. Standridge
Deputy Secretary

Enclosure

Report to the Legislature
January 2023

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MENTAL HEALTH AND SUBSTANCE USE
SERVICES AND PROGRAMS
PROVIDED BY
WISCONSIN COUNTIES AND REGIONS
CY 2020 and CY 2021

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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 (01/2023)

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INTRODUCTION

Wisconsin Act 251

2013 Wisconsin Act 251 created Wis. Stat. § 51.42 (7)(d) of the statutes directing 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 that 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 agencies. 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) 2020 and 2021.

Data tables

This report provides listings of services delivered to participants across the state as reported by counties and regions through PPS. Summary tables of services provided to participants include:

- Table 1: Count of participants and number of participants per 1000 persons in the population receiving mental health services in each county/region and statewide across Wisconsin during CY 2020 and CY 2021 (along with the population and percent living in poverty in each county or region).
- Table 2: Count of participants and number of participants per 1000 persons in the population receiving substance use services in each county/region and statewide across Wisconsin during CY 2020 and CY 2021 (along with the population and percent living in poverty in each county/region).

- Table 3: Count of participants who received mental health services by service type, in each county/region and statewide across Wisconsin, during CY 2020.
- Table 4: Count of participants who received mental health services by service type, in each county/region and statewide across Wisconsin, during CY 2021.
- Table 5: Count of participants who received substance use services by service type, in each county/region and statewide across Wisconsin, during CY 2020.
- Table 6: Count of participants who received substance use services by service type, in each county/region and statewide across Wisconsin, during CY 2021.

Data notes and limitations

Important notes and limitations about the data included in this report:

- 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 2020 or CY 2021 are those data received as of November 2022. The counts are provided to give the reader a general idea of the service volume in counties. Counts and per 1000 in the population rates of people 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 agencies experience data processing staff turnover, migration to new information systems, or challenges to 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

The following appendices are included at the end of this report:

- 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 2021.
 - 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.
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Email questions or comments about this report to the Division of Care and Treatment Services at: dhswebmaildcts@dhs.wisconsin.gov.

This report and previous editions of this report can be found online at:

- <https://www.dhs.wisconsin.gov/stats/aoda.htm>
- <https://www.dhs.wisconsin.gov/stats/mental-health.htm>

MENTAL HEALTH AND SUBSTANCE USE SERVICES

Table 1: Count and Per Capita Mental Health (MH) Participants Served, by County/Region and Statewide, CY 2020 and CY 2021



County/Region	Population	Percent in Poverty	MH Participant Count (2020)	MH Participant Count Per 1000 (2020)	MH Participant Count (2021)	MH Participant Count Per 1000 (2021)
Statewide	5,892,323	10.0%	68,996	11.7	69,635	11.8
Adams	20,673	12.3%	614	29.7	682	32.7
Ashland	15,977	12.5%	207	13.0	182	11.3
Barron	46,643	10.0%	674	14.5	726	15.5
Bayfield	16,229	11.0%	95	5.9	92	5.6
Brown	268,741	8.5%	2,842	10.6	3,065	11.4
Buffalo	13,320	8.0%	69	5.2	76	5.7
Burnett	16,588	10.7%	307	18.5	247	14.8
Calumet	52,476	4.5%	373	7.1	322	6.1
Chippewa	66,279	9.4%	660	10.0	555	8.3
Clark	34,628	13.1%	931	26.9	700	20.1
Columbia	58,510	6.9%	866	14.8	894	15.3
Crawford	16,086	13.3%	389	24.2	397	24.7
Dane	562,306	9.6%	2,984	5.3	3,091	5.5
Dodge	89,262	7.2%	2,275	25.5	2,605	29.2
Door	30,102	7.8%	478	15.9	535	17.6
Douglas	44,275	10.0%	131	3.0	126	2.9
Dunn	45,440	10.1%	473	10.4	471	10.3
Eau Claire	105,818	9.8%	1,727	16.3	1,606	15.1
Florence	4,556	10.6%	48	10.5	58	12.6
Fond du Lac	104,076	7.6%	2,500	24.0	2,730	26.2
Forest	9,160	12.0%	2	0.2	4	0.4
Forest/Oneida/Vilas	70,075	9.0%	871	12.4	927	13.0
Grant	51,934	12.0%	8	0.2	9	0.2
Grant/Iowa	75,610	10.4%	554	7.3	321	4.2
Green	36,992	7.4%	343	9.3	336	9.1
Green Lake	18,997	9.7%	697	36.7	777	40.4
Iowa	23,676	7.2%	5	0.2	2	0.1
Iron	6,128	11.2%	153	25.0	139	22.5
Jackson	21,102	12.7%	264	12.5	290	13.7
Jefferson	84,858	7.3%	1,554	18.3	1,638	19.3
Juneau	26,759	11.9%	699	26.1	702	26.2
Kenosha	169,073	11.0%	3,374	20.0	3,452	20.5
Kewaunee	20,539	6.7%	346	16.8	365	17.8
La Crosse	120,852	10.0%	1,316	10.9	1,618	13.4
Lafayette	16,605	8.8%	290	17.5	289	17.2
Langlade/Lincoln/Marathon	185,766	7.3%	4,023	21.7	3,039	16.4
Manitowoc	81,250	7.9%	1,236	15.2	1,393	17.1
Marinette	41,869	9.4%	1,266	30.2	1,242	29.7
Marquette	15,584	10.3%	292	18.7	345	21.8
Menominee	4,255	22.6%	129	30.3	134	31.2
Milwaukee	938,149	19.0%	8,575	9.1	8,910	9.6
Monroe	46,281	10.5%	465	10.0	487	10.5
Oconto	39,043	7.6%	504	12.9	569	14.5
Outagamie	190,832	6.6%	1,897	9.9	1,843	9.6
Ozaukee	91,569	4.3%	1,032	11.3	1,226	13.3

Table 1, continued: Count and Per Capita Mental Health (MH) Participants Served, by County/Region and Statewide, CY 2020 and CY 2021

County/Region	Population ¹	Percent in Poverty ²	MH Participant Count (2020) ³	MH Participant Count Per 1000 (2020) ⁴	MH Participant Count (2021) ⁵	MH Participant Count Per 1000 (2021) ⁶
Pepin	7,335	9.1%	62	8.5	48	6.5
Pierce	42,191	7.3%	402	9.5	424	10.0
Polk	45,006	8.9%	1,041	23.1	1,042	22.9
Portage	70,378	8.3%	675	9.6	699	9.9
Price	14,015	11.2%	124	8.8	146	10.4
Racine	197,440	9.4%	2,087	10.6	2,177	11.1
Richland	17,274	13.4%	235	13.6	151	8.8
Rock	163,643	9.3%	1,575	9.6	1,559	9.5
Rusk	14,168	11.7%	167	11.8	189	13.4
Sauk	65,718	8.1%	1,254	19.1	1,427	21.7
Sawyer	18,107	12.3%	170	9.4	164	9.0
Shawano	40,838	10.3%	1,210	29.6	1,208	29.6
Sheboygan	117,937	7.6%	1,250	10.6	1,212	10.3
St. Croix	93,797	4.9%	1,234	13.2	1,300	13.7
Taylor	19,897	9.6%	277	13.9	311	15.6
Trempealeau	30,776	7.3%	65	2.1	75	2.4
Vernon	30,693	11.9%	151	4.9	149	4.8
Walworth	106,499	8.3%	247	2.3	273	2.6
Washburn	16,597	10.4%	118	7.1	122	7.3
Washington	136,732	5.1%	1,709	12.5	1,406	10.2
Waukesha	407,148	4.2%	2,832	7.0	2,721	6.7
Waupaca	51,713	8.0%	775	15.0	894	17.3
Waushara	24,511	10.5%	678	27.7	701	28.2
Winnebago	171,646	8.7%	3,572	20.8	3,663	21.3
Wood	74,091	9.4%	1,484	20.0	1,532	20.7

¹ Population (2020): Annual estimates of the resident population: April 1, 2020 to July 1, 2021; Source: U.S. Census Bureau, Population Division. (via: <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>).

² Percent in Poverty (2020): Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE). (SAIPE Interactive Data Tool: <https://www.census.gov/data-tools/demo/saipe/#/>).

³ MH Participant Count (2020): Number of participants who received mental health services during 2020.

⁴ MH Participant Count Per 1000 in Population (2020) = [MH Participant Count (2020) * 1,000/ Population (2020)].

⁵ MH Participant Count (2021): Number of participants who received mental health services during 2021.

⁶ MH Participant Count Per 1000 in Population (2021) = [MH Participant Count (2021) * 1,000/ Population (2020)].

Table 2: Count and Per Capita Substance Use (SU) Participants Served, by County/Region and Statewide, CY 2020 and CY 2021



County/Region	Population	Percent in Poverty	SU Participant Count (2020)	SU Participant Count Per 1000 (2020)	SU Participant Count (2021)	SU Participant Count Per 1000 (2021)
Statewide	5,892,323	10.0%	23,015	3.9	21,837	3.7
Adams	20,673	12.3%	138	6.7	144	6.9
Ashland	15,977	12.5%	51	3.2	69	4.3
Barron	46,643	10.0%	263	5.6	287	6.1
Bayfield	16,229	11.0%	35	2.2	25	1.5
Brown	268,741	8.5%	313	1.2	883	3.3
Burnett	16,588	10.7%	142	8.6	77	4.6
Calumet	52,476	4.5%	150	2.9	198	3.8
Chippewa	66,279	9.4%	31	0.5	26	0.4
Clark	34,628	13.1%	117	3.4	116	3.3
Columbia	58,510	6.9%	206	3.5	218	3.7
Crawford	16,086	13.3%	133	8.3	133	8.3
Dane	562,306	9.6%	1,587	2.8	1,170	2.1
Dodge	89,262	7.2%	451	5.1	422	4.7
Door	30,102	7.8%	195	6.5	228	7.5
Douglas	44,275	10.0%	48	1.1	22	0.5
Dunn	45,440	10.1%	134	2.9	90	2.0
Eau Claire	105,818	9.8%	160	1.5	127	1.2
Florence	4,556	10.6%	18	4.0	19	4.1
Fond du Lac	104,076	7.6%	874	8.4	960	9.2
Forest/Oneida/Vilas	70,075	9.0%	596	8.5	530	7.5
Grant/Iowa	75,610	10.4%	413	5.5	138	1.8
Green	36,992	7.4%	126	3.4	177	4.8
Green Lake	18,997	9.7%	166	8.7	189	9.8
Iron	6,128	11.2%	47	7.7	41	6.6
Jackson	21,102	12.7%	109	5.2	46	2.2
Jefferson	84,858	7.3%	768	9.1	804	9.5
Juneau	26,759	11.9%	124	4.6	132	4.9
Kenosha	169,073	11.0%	662	3.9	800	4.7
Kewaunee	20,539	6.7%	111	5.4	104	5.1
La Crosse	120,852	10.0%	311	2.6	403	3.3
Lafayette	16,605	8.8%	123	7.4	131	7.8
Langlade/Lincoln/Marathon	185,766	7.3%	1,381	7.4	721	3.9
Manitowoc	81,250	7.9%	463	5.7	517	6.3
Marinette	41,869	9.4%	254	6.1	290	6.9
Marquette	15,584	10.3%	114	7.3	120	7.6
Menominee	4,255	22.6%	72	16.9	86	20.1
Milwaukee	938,149	19.0%	3,019	3.2	2,548	2.7
Monroe	46,281	10.5%	208	4.5	254	5.5
Oconto	39,043	7.6%	163	4.2	180	4.6
Outagamie	190,832	6.6%	205	1.1	204	1.1
Ozaukee	91,569	4.3%	149	1.6	299	3.2

Table 2, continued: Count and Per Capita Substance Use (SU) Participants Served, by County/Region and Statewide, CY 2020 and CY 2021

County/Region	Population ⁷	Percent in Poverty ⁸	SU Participant Count (2020) ⁹	SU Participant Count Per 1000 (2020) ¹⁰	SU Participant Count (2021) ¹¹	SU Participant Count Per 1000 (2021) ¹²
Pepin	7,335	9.1%	2	0.3	1	0.1
Pierce	42,191	7.3%	147	3.5	128	3.0
Polk	45,006	8.9%	252	5.6	98	2.2
Portage	70,378	8.3%	414	5.9	404	5.7
Price	14,015	11.2%	9	0.6	18	1.3
Racine	197,440	9.4%	708	3.6	655	3.3
Richland	17,274	13.4%	75	4.3	55	3.2
Rock	163,643	9.3%	862	5.3	918	5.6
Rusk	14,168	11.7%	85	6.0	95	6.7
Sauk	65,718	8.1%	229	3.5	196	3.0
Sawyer	18,107	12.3%	59	3.3	68	3.7
Shawano	40,838	10.3%	572	14.0	598	14.6
Sheboygan	117,937	7.6%	238	2.0	247	2.1
St. Croix	93,797	4.9%	447	4.8	478	5.0
Taylor	19,897	9.6%	120	6.0	82	4.1
Trempealeau	30,776	7.3%	92	3.0	101	3.3
Vernon	30,693	11.9%	5	0.2	6	0.2
Walworth	106,499	8.3%	490	4.6	493	4.6
Washburn	16,597	10.4%	17	1.0	6	0.4
Washington	136,732	5.1%	529	3.9	112	0.8
Waukesha	407,148	4.2%	792	1.9	702	1.7
Waupaca	51,713	8.0%	221	4.3	293	5.7
Waushara	24,511	10.5%	260	10.6	272	11.0
Winnebago	171,646	8.7%	1,455	8.5	1,579	9.2
Wood	74,091	9.4%	477	6.4	525	7.1

⁷ Population (2020): Annual estimates of the resident population: April 1, 2020 to July 1, 2021; Source: U.S. Census Bureau, Population Division. (Via: <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>).

⁸ Percent in Poverty (2020): Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE). (SAIPE Interactive Data Tool: <https://www.census.gov/data-tools/demo/saipe/#/>).

⁹ SU Participant Count (2020): Number of participants who received mental health services during 2020.

¹⁰ SU Participant Count Per 1000 in Population (2020) = [SU Participant Count (2020) * 1,000/Population (2020)].

¹¹ SU Participant Count (2021): Number of participants who received mental health services during 2021.

¹² SU Participant Count Per 1000 in Population (2021) = [SU Participant Count (2021) * 1,000/Population (2020)].

Table 3, continued: Count of Mental Health Participants Served, by Service Type, by County/Region and Statewide, CY 2020

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Coordinated Services Team Initiatives (CST)	Crisis Management/Emergency Outpatient	Emergency Detection	Inpatient Services	Residential Services	Partial Day Services	Court Services	Medical Management	Intake Assessment	Case Management	Outpatient Services	Support Services	Other Services
Pepin	0	30	0	7	36	0	0	0	0	0	0	6	0	0	0	0
Pierce	35	53	0	1	229	20	10	15	0	0	58	0	16	79	11	0
Polk	29	121	0	0	641	46	32	26	0	0	326	165	28	149	14	0
Portage	0	176	0	79	152	21	28	0	0	123	244	0	260	164	17	0
Price	23	1	0	0	96	8	5	2	0	1	0	0	35	3	4	0
Racine	81	355	0	99	1,240	91	11	49	0	0	539	39	63	638	2	0
Richland	0	64	0	22	143	5	22	2	0	0	68	8	0	34	1	0
Rock	210	311	0	14	904	208	52	29	0	0	323	131	65	297	0	0
Rusk	14	38	0	3	66	0	1	6	0	0	1	118	113	1	0	0
Sauk	126	338	0	13	497	52	17	24	0	0	330	10	9	225	0	0
Sawyer	59	9	0	2	74	14	7	14	0	1	0	9	2	29	5	6
Shawano	46	73	0	12	576	82	0	0	0	0	0	0	27	758	7	0
Sheboygan	9	203	0	32	761	0	22	56	6	0	43	28	681	447	95	6
St. Croix	40	192	0	141	685	1	0	4	0	0	294	0	74	292	1	11
Taylor	0	58	0	6	137	3	8	11	0	0	58	28	159	44	16	0
Trempealeau	19	41	0	2	1	4	1	0	0	0	0	0	0	0	0	0
Vernon	66	28	0	4	5	40	5	14	0	18	1	0	0	6	17	0
Vilas	0	0	0	3	0	0	0	0	0	0	0	0	0	5	0	0
Walworth	4	82	0	64	0	24	0	4	0	39	12	1	53	104	0	0
Washburn	5	78	0	6	0	0	1	3	0	0	14	0	25	8	1	1
Washington	42	208	0	4	801	0	206	41	121	32	116	0	72	721	3	0
Waukesha	150	0	0	20	936	311	90	0	0	0	309	339	82	1,910	1	0
Waupaca	31	49	1	6	375	30	37	28	0	4	0	0	424	378	0	0
Waushara	32	45	0	4	228	21	0	5	0	0	195	0	28	402	10	1
Winnebago	126	138	0	24	1,484	34	39	20	1	1	1,630	497	1,755	2,055	4	2
Wood	89	179	14	9	725	144	97	8	0	0	577	508	109	703	5	0

Table 4, continued: Count of Mental Health Participants Served, by Service Type, by County/Region and Statewide, CY 2021

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Coordinated Services Team Initiatives (CST)	Crisis Management/Emergency	Emergency Detection	Inpatient Services	Residential Services	Partial Day Services	Court Services	Medical Management	Intake Assessment	Case Management	Outpatient Services	Support Services	Other Services
Pepin	2	27	0	7	16	0	1	4	0	0	0	0	7	0	0	0
Pierce	31	70	0	1	247	18	10	13	0	0	52	0	8	73	14	0
Polk	41	120	0	0	820	43	40	27	0	1	197	31	49	22	10	0
Portage	0	204	0	88	158	25	23	0	0	120	258	0	258	126	4	0
Price	21	0	0	0	114	19	11	6	0	0	0	0	42	3	9	0
Racine	73	361	0	99	1,450	107	7	40	0	0	446	41	67	432	2	0
Richland	0	64	0	19	14	0	3	5	0	0	46	13	0	41	0	0
Rock	200	374	0	13	894	119	1	5	0	0	326	77	116	268	0	0
Rusk	15	60	0	2	62	0	0	7	0	0	1	123	108	1	0	1
Sauk	133	357	0	15	640	66	20	27	0	0	345	8	11	236	0	0
Sawyer	53	9	0	5	98	8	12	11	0	0	0	3	5	8	1	7
Shawano	40	68	0	10	664	77	0	0	0	0	0	0	16	631	10	0
Sheboygan	14	231	0	38	800	0	10	69	1	0	31	23	699	336	22	6
St. Croix	36	183	0	145	719	0	0	3	0	0	280	0	40	371	2	13
Taylor	0	55	0	4	175	1	11	11	0	0	77	27	158	54	7	0
Trempealeau	20	42	0	2	1	3	12	0	0	0	0	0	1	0	0	0
Vernon	65	29	0	2	2	33	6	18	0	25	0	0	0	8	14	0
Vilas	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Walworth	10	103	0	87	0	6	0	0	0	28	14	0	0	137	0	0
Washburn	4	70	0	9	3	0	1	3	0	0	22	0	33	11	1	1
Washington	35	207	0	1	561	1	168	10	110	2	195	0	78	560	2	0
Waukesha	145	0	0	22	957	308	80	1	0	8	297	319	77	1,809	0	0
Waupaca	28	54	0	19	409	47	39	25	0	0	0	0	513	392	0	0
Waushara	40	38	0	1	215	3	0	10	0	0	195	0	30	501	5	0
Winnebago	124	163	0	38	1,501	69	46	14	0	0	1,646	514	1,744	2,101	4	0
Wood	74	208	11	5	737	163	95	5	0	0	585	310	162	762	5	0

Table 5: Count of Substance Use Participants Served, by Service Type, by County/Region and Statewide, CY 2020

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Crisis Management/Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medical Management	Support Services	Other Services
Statewide	28	501	52	806	2,388	94	1,318	212	3	11,250	6,074	7,832	716	1,560	17
Adams	1	7	0	0	9	4	1	0	0	104	0	46	0	0	0
Ashland	0	0	0	0	0	10	0	0	0	43	0	0	0	2	0
Barron	0	0	0	1	0	0	19	0	0	223	1	253	0	2	0
Bayfield	0	0	10	0	0	0	9	0	0	8	9	0	0	6	0
Brown	0	0	0	0	0	0	0	0	0	223	25	80	0	0	0
Buffalo	0	2	0	0	0	0	0	0	0	7	0	0	0	0	0
Burnett	0	15	0	73	0	0	2	0	0	0	69	0	0	26	0
Calumet	0	0	0	0	0	0	2	0	2	141	18	8	0	0	0
Chippewa	0	28	0	3	0	0	0	0	0	0	0	0	0	0	0
Clark	0	0	0	0	0	0	0	0	0	97	0	80	1	0	0
Columbia	0	27	0	73	35	0	5	0	0	61	83	45	13	54	16
Crawford	0	1	0	0	0	0	1	0	0	83	52	80	0	0	1
Dane	0	0	0	0	704	0	49	19	0	339	460	352	2	6	0
Dodge	0	3	0	49	5	0	0	23	0	314	273	335	24	0	0
Door	0	0	0	0	0	0	0	0	0	126	29	106	27	73	0
Douglas	0	0	0	0	47	0	2	0	0	0	0	0	0	0	0
Dunn	0	12	0	2	0	0	70	1	0	30	39	53	19	67	0
Eau Claire	24	77	0	5	0	0	2	0	0	0	63	20	0	0	0
Florence	0	0	0	0	0	0	1	0	0	0	0	17	0	0	0
Fond du Lac	0	1	0	59	94	0	17	0	0	380	0	467	0	0	0
Forest/Oneida/Vilas	0	1	0	0	18	6	70	0	0	426	78	215	0	33	0
Grant/Iowa	0	0	0	71	0	0	0	0	0	201	0	227	17	5	0
Green	0	1	0	1	1	0	0	0	0	79	0	52	25	0	0
Green Lake	0	0	0	0	0	0	1	0	0	121	83	95	1	0	0
Iron	0	0	0	0	0	0	0	0	0	17	31	24	0	0	0
Jackson	0	0	0	0	0	0	0	0	0	1	99	16	0	0	0
Jefferson	0	0	0	0	54	0	2	0	0	441	383	300	213	0	0
Juneau	0	0	0	0	8	0	2	0	0	95	0	77	0	0	0
Kenosha	0	0	0	0	83	0	6	0	0	52	75	0	0	487	0
Kewaunee	0	0	0	0	0	0	0	0	0	87	110	34	0	2	0
La Crosse	0	27	0	0	0	0	0	0	0	244	60	1	0	0	0
Lafayette	0	0	0	0	0	0	0	0	0	47	0	88	0	0	0
Langlade/Lincoln/Marathon	0	74	0	0	35	0	0	13	0	1,034	0	632	0	0	0
Manitowoc	0	32	0	1	14	0	56	2	0	333	270	83	20	7	0
Marinette	0	0	0	0	0	0	0	0	0	117	0	194	0	0	0
Marquette	1	2	0	7	0	3	0	0	0	70	0	87	15	0	0
Menominee	0	0	0	1	1	0	5	0	0	49	0	41	0	0	0
Milwaukee	0	84	42	61	1,164	0	682	10	0	0	1,363	416	148	509	0
Monroe	0	1	0	0	0	0	0	0	0	116	148	5	0	2	0
Oconto	0	0	0	0	0	0	0	0	0	137	0	57	0	0	0
Outagamie	0	0	0	0	0	0	52	0	0	1	200	21	0	1	0
Ozaukee	0	0	0	0	0	0	0	0	0	124	18	16	14	1	0

Table 5, continued: Count of Substance Use Participants Served, by Service Type, by County/Region and Statewide, CY 2020

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Crisis Management/Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medical Management	Support Services	Other Services
Pepin	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	0	0	0	0	0	0	2	0	0	92	0	67	0	0	0
Polk	0	2	0	2	0	0	5	0	0	181	0	131	0	4	0
Portage	0	0	0	0	0	0	38	0	0	293	109	0	0	1	0
Price	0	0	0	6	0	0	2	0	0	1	6	2	0	2	0
Racine	0	30	0	3	0	0	0	0	0	436	144	487	64	262	0
Richland	0	0	0	0	6	0	0	0	0	17	0	53	0	0	0
Rock	0	0	0	0	53	0	18	0	0	668	125	164	92	6	0
Rusk	0	4	0	9	0	0	2	0	0	76	26	1	0	1	0
Sauk	0	34	0	139	49	0	8	0	0	0	0	74	0	0	0
Sawyer	0	0	0	4	0	0	2	0	0	47	0	9	0	0	0
Shawano	0	0	0	119	0	0	2	0	0	291	70	253	0	0	0
Sheboygan	0	2	0	2	2	0	26	0	0	0	17	233	0	0	0
St. Croix	0	3	0	31	0	0	10	0	0	246	0	249	0	0	0
Taylor	0	0	0	0	0	0	0	0	0	70	25	71	0	0	0
Trempealeau	0	0	0	0	0	0	8	0	1	84	0	2	0	0	0
Vernon	0	0	0	0	1	0	2	0	0	0	0	3	0	0	0
Walworth	0	0	0	0	23	0	0	0	0	400	10	116	0	0	0
Washburn	0	16	0	0	0	0	2	0	0	0	0	0	0	0	0
Washington	0	12	0	66	1	0	21	109	0	356	3	90	0	0	0
Waukesha	0	0	0	0	0	0	0	0	0	366	0	694	0	0	0
Waupaca	0	0	0	3	0	0	0	0	0	136	162	0	0	0	0
Waushara	0	0	0	0	0	0	0	0	0	111	0	177	0	0	0
Winnebago	2	1	0	7	3	71	112	0	0	1,054	1,356	102	14	0	0
Wood	0	0	0	10	0	0	4	35	0	377	0	253	7	1	0

Table 6: Count of Substance Use Participants Served, by Service Type, by County/Region and Statewide, CY 2021

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Crisis Management/Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medical Management	Support Services	Other Services
Statewide	8	369	25	700	2,136	128	1,012	91	2	11,668	6,014	6,739	561	1,608	11
Adams	1	7	0	1	7	1	4	0	0	114	1	67	0	0	0
Ashland	0	0	0	0	0	8	2	0	0	61	0	1	0	2	0
Barron	0	0	0	0	0	0	18	0	0	248	1	277	0	0	0
Bayfield	0	0	2	0	0	0	7	0	0	4	5	0	0	12	0
Brown	0	0	0	0	0	0	0	0	0	820	11	75	0	0	0
Burnett	0	10	0	53	0	0	1	0	0	0	24	0	0	5	0
Calumet	0	0	0	0	1	0	0	0	0	196	4	5	0	0	0
Chippewa	0	23	0	3	0	0	1	0	0	0	0	0	0	0	0
Clark	0	0	0	2	0	0	1	0	0	98	0	68	2	0	0
Columbia	0	17	0	63	23	0	2	0	1	101	72	28	6	32	9
Crawford	0	1	0	0	0	0	1	0	0	108	48	75	0	0	0
Dane	0	0	0	0	544	0	66	4	0	215	319	228	1	0	0
Dodge	0	0	0	0	13	0	1	21	0	257	217	340	18	0	0
Door	0	0	0	0	0	0	0	0	0	138	24	113	24	88	0
Douglas	0	0	0	0	22	0	0	0	0	0	0	0	0	0	0
Dunn	0	12	0	0	0	0	52	0	0	12	12	17	3	33	0
Eau Claire	5	50	0	17	0	2	2	0	0	0	74	36	0	0	0
Florence	0	0	0	0	0	0	0	0	0	0	0	19	0	0	0
Fond du Lac	0	1	0	82	169	0	15	0	0	407	0	468	0	0	0
Forest/Oneida/Vilas	0	5	0	0	17	0	26	0	0	422	20	194	0	22	0
Grant/Iowa	0	3	0	18	0	0	0	0	1	63	0	68	4	6	2
Green	0	1	0	8	7	0	2	0	0	125	1	112	18	0	0
Green Lake	0	0	0	0	0	0	0	0	0	139	62	102	0	0	0
Iron	0	0	0	0	0	0	0	0	0	22	0	26	0	0	0
Jackson	0	1	0	0	0	0	1	0	0	1	33	11	0	0	0
Jefferson	0	0	0	0	37	0	3	0	0	533	346	304	224	0	0
Juneau	0	0	0	7	1	0	0	0	0	106	0	66	0	0	0
Kenosha	0	0	0	4	120	0	0	0	0	50	109	1	0	581	0
Kewaunee	0	0	0	0	0	0	0	0	0	82	102	29	0	0	0
La Crosse	0	24	0	0	0	0	0	0	0	309	95	0	0	0	0
Lafayette	0	0	0	0	0	0	0	0	0	54	0	90	1	0	0
Langlade/Lincoln/Marathon	0	38	0	0	20	0	0	0	0	495	0	308	0	0	0
Manitowoc	0	38	0	0	34	0	87	3	0	344	331	96	10	16	0
Marinette	0	0	0	0	0	0	0	0	0	145	0	208	0	0	0
Marquette	1	3	0	4	1	0	0	0	0	87	1	75	10	0	0
Menominee	1	0	0	0	12	1	0	0	0	82	1	31	0	0	0
Milwaukee	0	40	21	55	1,090	0	512	13	0	0	1,456	165	84	426	0
Monroe	0	4	0	0	0	0	0	0	0	156	163	8	0	0	0
Oconto	0	0	0	0	0	0	0	0	0	134	0	79	0	0	0
Outagamie	0	0	0	0	0	0	52	0	0	40	188	20	0	0	0
Ozaukee	0	0	0	0	0	0	0	0	0	274	28	20	10	7	0

Table 6 continued: Count of Substance Use Participants Served, by Service Type, by County/Region and Statewide, CY 2021

County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Crisis Management/Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medical Management	Support Services	Other Services
Pepin	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	0	2	0	0	1	0	2	0	0	74	0	56	0	0	0
Polk	0	0	0	2	0	0	8	0	0	87	0	34	0	0	0
Portage	0	0	0	0	2	0	4	0	0	334	73	0	0	0	0
Price	0	0	0	1	0	0	3	0	0	11	13	12	0	1	0
Racine	0	23	0	4	0	0	0	0	0	410	137	489	36	357	0
Richland	0	0	1	0	5	0	0	0	0	35	0	19	0	0	0
Rock	0	0	0	0	0	0	12	0	0	787	125	142	82	10	0
Rusk	0	14	0	6	0	0	1	0	0	83	24	0	0	0	0
Sauk	0	40	0	130	41	0	1	0	0	0	0	55	0	0	0
Sawyer	0	0	0	0	0	0	1	0	0	65	0	3	0	0	0
Shawano	0	0	0	199	0	0	0	0	0	280	66	204	0	0	0
Sheboygan	0	2	0	3	0	0	16	0	0	0	64	243	0	0	0
St. Croix	0	2	0	23	0	0	6	0	0	291	0	256	0	0	0
Taylor	0	0	0	0	1	0	0	0	0	63	5	34	0	0	0
Trempealeau	0	0	0	0	0	0	2	0	0	98	0	1	0	1	0
Vernon	0	0	0	0	2	0	4	0	0	0	0	1	0	0	0
Walworth	0	0	0	0	8	0	0	0	0	429	0	115	0	0	0
Washburn	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0	0	0	0	0	6	0	0	1	46	91	0	0	0
Waukesha	0	0	0	0	0	0	0	0	0	344	3	601	0	0	0
Waupaca	0	0	1	0	1	0	0	0	0	195	207	0	1	2	0
Waushara	0	0	0	0	0	0	0	0	0	33	81	202	0	0	0
Winnebago	0	1	0	2	0	116	86	4	0	1,195	1,452	101	19	3	0
Wood	0	0	0	14	0	0	5	46	0	438	0	263	8	4	0

APPENDIX I: Integrated Home and Community Mental Health and Substance Use Programs, by County/Region (as of 2021)

County/Region	Community Support Programs	Crisis Intervention Programs	Comprehensive Community Services	Community Recovery Services	Coordinated Services Teams Initiatives
Adams	Certified	Certified	Certified		X
Ashland	Certified	Certified	Certified	Certified	X
Barron	Certified	Certified	Certified		X
Bayfield	Certified		Certified		
Brown	Certified	Certified	Certified		X
Buffalo	Certified	Certified	Certified	Certified	X
Burnett	Certified	Certified	Certified		X
Calumet	Certified	Certified	Certified		X
Chippewa	Certified	Certified	Certified	Certified	X
Clark	Certified	Certified	Certified	Certified	X
Columbia	Certified	Certified	Certified		
Crawford	Certified	Certified	Certified		X
Dane	Certified	Certified	Certified	Certified	
Dodge	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	Certified		X
Green	Certified	Certified	Certified		X
Green Lake	Certified	Certified	Certified		X
Iron	Certified		Certified		X
Jackson	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		X
Manitowoc	Certified	Certified	Certified		X
Marinette	Certified	Certified	Certified		X
Marquette	Certified	Certified	Certified		X
Menominee	Certified	Certified	Certified		X
Milwaukee	Certified	Certified	Certified		
Monroe	Certified	Certified	Certified		X
Oconto		Certified	Certified		X
Outagamie	Certified	Certified	Certified		X
Ozaukee	Certified	Certified	Certified		X

**Integrated Home and Community Mental Health and Substance Use Programs,
by County/Region (as of 2021), continued**

County/Region	Community Support Program	Crisis Intervention Programs	Comprehensive Community Services	Community Recovery Services	Coordinated Service Teams
Pepin	Certified	Certified	Certified		X
Pierce	Certified	Certified	Certified	Certified	Certification Pending ¹³
Polk	Certified	Certified	Certified		X
Portage		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		
Sheboygan	Certified	Certified	Certified		X
St. Croix	Certified	Certified	Certified		X
Taylor		Certified	Certified		X
Trempealeau	Certified		Certified		X
Vernon	Certified		Certified		X
Walworth	Certified	Certified	Certified	Certified	X
Washburn	Certified		Certified		X
Washington	Certified	Certified	Certified		X
Waukesha	Certified	Certified	Certified	Certified	X
Waupaca	Certified	Certified	Certified		X
Waushara	Certified	Certified	Certified		X
Winnebago	Certified	Certified	Certified		X
Wood		Certified	Certified	Certified	X

¹³ Pierce County will be certified to provide Coordinated Services Teams Initiatives in January 1, 2023.

APPENDIX II: Mental Health Service Types, by SPC

Mental Health Service Types	SPC(s) ¹⁴	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) Initiatives	N/A	
Crisis Intervention or Emergency Outpatient	501, 501.10 501.20 503.20 205	Crisis Intervention Crisis Follow-up Contact Emergency Room – Hospital Setting Shelter Care
Emergency Detention	503.10	
Inpatient Services	503 925	Inpatient Institution for Mental Disease
Residential Services	202, 204 203 504, 506 505	Adult Family Home, Group Home Foster Home Residential Care Center, County Based Residential Facility (CBRF) Developmental Disability Center/Nursing Home
Partial Day Services	704, 706	Day Treatment (medical, non-medical)
Court Services	301 303	Court Intake and Studies Juvenile Probation and Supervision
Medication Management	507.10	
Intake Assessment	603	
Case Management	604	
Outpatient Services	507 507.20 507.30 507.40 507.50	Counseling/Therapeutic Resources Individual Counseling Group Counseling Family or Couple Counseling Intensive In-Home
Supportive Services	104, 104.10 106 107 108 110 507.90 601, 602 606 615	Supportive Home Care Housing/Energy Assistance Specialized Transportation and Escort Work Related Services Daily Living Skills Training Peer Support/Recovery Coach Outreach, Information/Referral Health Screening and Accessibility Supported Employment
Other Services	103, 103.10 403 406	Respite Care Recreation/Alternative Activities Protective Payment/Guardianship

¹⁴ Standard Program Category

APPENDIX III: Substance Use Service Types, by SPC

Substance Use Service Types	SPC(s) ¹⁵	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, 501.10 507.50	Crisis Intervention Emergency Outpatient
Detoxification Services	507.70 703.10 703.20 703.50 705.10	Methadone or Narcotic Detoxification Medically Managed Inpatient Detoxification Medically Monitored Residential Detoxification Ambulatory Detoxification Detox (Social Setting, Residential Intoxication Monitoring)
Inpatient Services	503.50 503.60	Medically Managed Inpatient Medically Monitored Hospital Treatment
Residential Services	503.70 504 506.10, 506.20 202, 204 205	Medically Monitored Community Based Residential Facility (CBRF) Treatment Residential Care Center (children) Transitional Residential Adult Family Home, Group Home Shelter Care
Partial Day Services	704.10	Day Treatment (medical, non-medical)
Court Services	301	Court Intake and Studies
Intake Assessment	603	
Case Management	604	
Outpatient Services	507, 507.10, 507.20, 507.30 507.05, 507.15, 507.25, 507.35 507.40, 507.45	Outpatient, Regular (general, individual, family, group) Outpatient, Intensive (general, individual, family, group) Outpatient, In-home (regular, intensive)
Medication Treatment	507.65 507.75 507.80 507.85	Medication Management Methadone Maintenance/Narcotic Treatment Buprenorphine Treatment Naltrexone Treatment
Supportive Services	101 104, 104.10, 106 107 108 110 507.64 507.90 601 602 606 615	Child Care Home Supports Specialized Transportation and Escort Work Related Services Daily Living Skills Training Drug Testing Peer Support/Recovery Coach Outreach Information and Referral Health Screening and Accessibility Supported Employment
Other Services	112 112.55 507.62	Interpreter Services/Adaptive Equipment Specialized Medical Supplies Other medical services

¹⁵ Standard Program Category

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 and 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 which 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 which primarily serve as respite care centers. Excludes certified childcare 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 which 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. 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 participants 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 are 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 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. 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 which 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 which may be performed include, but are not limited to: resource recruitment and development related to development of recreational opportunities. Includes physical education or exercises for senior citizens as well as senior center activities, Big Brothers, camping experiences, the Y 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 which are to ensure that 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. Excludes guardianship services for purposes of adoption which are part of the adoptions 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 which 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 which 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 facilities 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 which 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)

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)

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)

Flexible, time limited therapy which relieves and supports the primary caregiver or supports that caregiver in the role. Examples are, 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 non-addictive 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 old 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 Programs (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, 2020, 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 does 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 the 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 the 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.