Milwaukee County **C**omprehensive **C**ommunity **S**ervices Program Directory

Milwaukee County CCS Directory

Table of Contents

The Milwaukee County CCS Provider Directory is a listing of provider agencies that have an agreement with Milwaukee County to provide services on a referral basis.

This directory is coordinated by the services available in the Milwaukee County Comprehensive Community Services Network. CCS providers are listed alphabetically within each service category.

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Behavioral Health Division Vision Statement

The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

Guiding Core Values:

- Family-Centered: A family-centered approach means that families are a family of choice defined by the consumers themselves. Families are responsible for their children and are respected and listened to as we support them in meeting their needs, reducing system barriers, and promoting changes that can be sustained overtime. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well-being of the family as a whole.

- Consumer Involvement: The family's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.

- Builds on Natural and Community Supports: Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the families' relatives, neighbors, friends, faith community, co-workers or anyone the family would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.

- Strength-Based: Strength-based planning builds on the family's unique qualities and identified strengths that can then be used to support strategies to meet the families' needs. Strengths should also be found in the family's environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as the family's initial needs are met and new needs emerge with strategies discussed and implemented.

- Unconditional Care: Means that we care for the family, not that we will care "if." It means that it is the responsibility of the service team to adapt to the needs of the family - not of the family to adapt to the needs of a program. We will coordinate services and supports for the family that we would hope are done for us. If difficulties arise, the individualized services and supports change to meet the family's needs.

- Collaboration Across Systems: An interactive process in which people with diverse expertise, along with families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the family have an understanding of each other's programs and a commitment and willingness to work together to assist the family in obtaining their goals. The substance abuse, mental health, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.

- Team Approach Across Agencies: Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All family, formal, and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations.

- Ensuring Safety: When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.

- Gender/Age/Culturally Responsive Treatment: Services reflect an understanding of the issues specific to gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity.

- Self-sufficiency: Families will be supported, resources shared, and team members held responsible in achieving self-sufficiency in essential life domains. (Domains include but are not limited to safety, housing, employment, financial, educational, psychological, emotional, and spiritual.)

- Education and Work Focus: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community.

- Belief in Growth, Learning and Recovery: Family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every family desires change and can take steps toward attaining a productive and self-sufficient life.

- Outcome-oriented: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

Behavioral Health Division Mission Statement

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

CCS Service Array

Screening and Assessment:

Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria.

The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22 and act within their scope of practice, and must be a Certified Mental Health / AODA Functional Screener. Providers must submit documentation of training regarding: the MH/AODA function screen; Assessment; ASAM. Providers must submit resume and degree/diploma/GED (minimum of a bachelor's degree). Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

Agencies Providing the Service/ Contact Information

Alternatives in Psychological Consultation (APC)
APC – Intake Office & Main Site
10045 W. Lisbon Avenue
Phone: 414-358-7694
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APC – Southside Clinic
5757 W. Oklahoma Avenue
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La Causa
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Fax: 414-358-5005

Transitional Living Services – MCFI
1040 S. 70th Street
Phone: 414-476-9675
Fax: 414-615-0627

Service Planning:

Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized be a mental health professional and a substance abuse professional if substance abuse services will be provided.

The service plan is based on the assessed needs of the member. It must include measureable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.

The service plan must be reviewed and updated based on the needs of the member or at least every six month. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22 and act within their scope of practice. Providers must submit documentation of training on the Individual Recovery Plan (IRP). Providers must submit resume and degree (minimum of a bachelor's degree). Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services. Any provider providing this service must have access to the agency's Mental Health Professional for authorization of services on IRP as well as a Substance Abuse Professional when substance use disorder services are involved. If the consumer has a diagnosis of a substance use disorder, the provider providing this service must have access to the agency's Substance Abuse Professional for authorization of services on IRP. Providers must have documentation of completed IRP training. Service Planning must be completed by Care Coordinator.

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Service Facilitation:

Service Facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial, and housing services. Service facilitation for minor includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor. Service facilitation includes coordinating a person's crisis services but not actually providing crisis services. Crisis services are provided by DHS 34 certified programs. All services will be culturally, linguistically, and age (developmentally) appropriately.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22 and act within their scope of practice. Providers must submit documentation of training on the Individual Recovery Plan (IRP). Providers must submit resume and degree (minimum of a bachelor's degree). Waivers may be granted on a case by case basis. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services. Service Facilitation must be completed by Care Coordinator.

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Diagnostic Evaluation:

Diagnostic evaluations include specialized evaluations needed by the member including but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program. The CCS program does not cover evaluations for autism and developmental disabilities, or learning disabilities.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-14. Providers must be appropriately certified/ licensed and act within their scope of practice. Providers must submit a copy

of their credential, resume, and degree. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

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Medication Management:

Medication management services for prescribers include: diagnosing and specifying target symptoms; prescribing medication to alleviate the identified symptoms; monitoring changes in the member's symptoms and tolerability of side effects; and reviewing data including other medications used to make medication decisions. Prescribers may also provide all services that non-prescribers can provide as noted below.

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

Individual Provider Requirements:
Prescribers
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-3, 7-8, 11.
Providers must be appropriately certified/ licensed and act within their scope of practice. Providers must submit a copy of their credential, resume, and appropriate degree. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

Non-Prescribers
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22.
Providers must act within their scope of practice and submit documentation of service specific training. Providers must submit a copy of their resume, and degree/diploma/GED (minimum of HS diploma/GED). Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

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Physical Health Monitoring:

Physical health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks. Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's

family to: identify symptoms of physical health conditions, monitor physical health medications and treatments, and develop health monitoring and management skills.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22. Providers must act within their scope of practice. Providers must submit a copy of their resume, and degree/ diploma/ GED (minimum of a HS Diploma/ GED). Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

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Peer Support:

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

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 20. All CCS Peer Specialist must be Wisconsin Certified Peer Specialists. Providers must act within their scope of practice. Providers must submit a copy of their peer specialist certificate, resume, and degree/ diploma/ GED (minimum of a HS Diploma/ GED). Providers must be 21 years of age. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

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Individual Skill Development Enhancement:

Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified in the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.

Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor. Skills training may be provided by various methods; including but not limited to modeling, monitoring, mentoring supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22. Providers must act within their scope of practice and submit documentation of service specific training. Providers must submit a copy of their resume, and degree/ diploma/ GED (minimum of a HS Diploma/ GED). Providers must have history of experience teaching or training. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

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Employment – Related Skill Training:

Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: employment and education assessments; assistance in accessing or participating in educational and employment related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; onsite employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support. The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.

Individual Provider Requirements:

Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22. Providers must act within their scope of practice and submit documentation of service specific training. Providers must submit a copy of their resume, and degree/ diploma/ GED (minimum of a HS Diploma/ GED). Providers must have past experience facilitating teaching/training. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

Agencies Providing the Service/ Contact Information

None Currently

Individual and/or Family Psychoeducation:

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

Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor. If psychoeducation is provided without the other components of the wellness management and recovery service array category (#11), it should be billed under this service category.

Individual Provider Requirements:

Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22. Providers must act within their scope of practice and submit documentation of service specific training. Providers must submit a copy of their resume, and degree/ diploma/ GED (minimum of a HS Diploma/ GED). Providers must have past experience facilitating teaching/training. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

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Wellness Management/ RSS:

Wellness management and recovery services, which are generally provided as mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring;

relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be billed under the individual and/or family psychoeducation service array under category (#10). Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designated to provide less intensive services as the member progresses in recovery.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-22. Providers must act within their scope of practice. Providers must submit a copy of their resume, and degree/ diploma/ GED (minimum of a HS Diploma/ GED). Providers must have past experience facilitating teaching/training. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

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Psychotherapy:

Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics. Psychotherapy may be provided in an individual or group.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1-10, 14, 22.
Providers must be appropriately certified/ licensed, act within their scope of practice, and adhere to the DHS codes relevant to their practice. Providers must submit a copy of their credential, resume, and appropriate degree. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

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Substance Abuse Treatment:

Substance abuse treatment services include day treatment (Wisconsin Administrative Code DHS 75.12) and outpatient substance abuse counseling (DHS 75.13). Substance abuse treatment services can be in an individual or group setting. The other categories in the services array also include psychosocial rehabilitation substance abuse services that support members in their recovery.

The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid outside of the CCS program.

Individual Provider Requirements:
Any individual provider must meet requirements in DHS 36.10 (2) (g) 1, 2-with knowledge of addiction, 4- with knowledge of psychopharmacology and addiction treatment, 16.
Providers must be appropriately certified/ licensed, act within their scope of practice, and adhere to the DHS codes relevant to their practice.. Providers must possess one of the following:
-CSAC – Clinical Substance Abuse Counselor
-SAC – Substance Abuse Counselor
-SAC-IT – Substance Abuse Counselor In-Training
-Marriage & Family Therapy, Professional Counseling & Social Worker Examining Board (MPSW) 1.09 Specialty
Providers must submit a copy of their credential, resume, and appropriate degree. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services.

Agencies Providing the Service/ Contact Information

Alternatives in Psychological Consultation (APC)
APC – Intake Office & Main Site
10045 W. Lisbon Avenue
Phone: 414-358-7694
Fax: 414-393-1648

APC – Southside Clinic
5757 W. Oklahoma Avenue
Phone: 414-358-7694
Fax: 414-393-1648

Guest House
1216 N 13th Street
Phone: 414-316-2000
Fax: 414- 345-3248

La Causa

1212 S. 70th Street Ste #115A
Phone: 414-902-1500
Fax: 414-771-7497

Outreach Community Health Centers, Inc
Outreach Services
711 W. Capitol Drive
Phone: 414-374-2400
Fax: 414-374-7903

Behavioral Health Services
210 W. Capitol Drive
Phone: 414-727-6320
Fax: 414-727-6321

St. Charles Youth and Family Services, Inc.
North Side
4757 N. 76th Street
Phone: 414-358-4145
Fax: 414-358-5005

South Side
151 S. 84th Street
Phone: 414-358-4145
Fax: 414-358-5005

Transitional Living Services – MCFI
1040 S. 70th Street
Phone: 414-476-9675
Fax: 414-615-0627

Non-Traditional Services:

Non-traditional services or other approved services are identified for specific members and are expected to accomplish treatment ends that traditional behavioral health services have not. Non-traditional services billed to the CCS program must: have a psychosocial rehabilitative purpose, not be merely recreational activities, and not otherwise be available to the member. The medical necessity of non-traditional services must be documented in the member's records and through assessed needs in the member's individual recovery plan (IRP). Documentation must include the psychosocial rehabilitative benefits. The IRP must document the corresponding measurable goals of the non-traditional service. Non-traditional or other approved services must have specified, reasonable time frames and successful outcomes that are reviewed regularly by the care coordinator. Non-traditional cervices will be discontinued if measurable goals are not met in a reasonable time frame.

Individual Provider Requirements:

Any individual provider must type as requested and approved by ForwardHealth. Providers must act within their scope of practice. Providers must submit a copy of their resume, degree/ diploma/ GED (minimum of a HS Diploma/ GED), and credential if applicable. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of services. There may be additional requirements depending on the type of service providing.

Agencies Providing the Service/ Contact Information

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1212 S. 70th Street Ste #115A
Phone: 414-902-1500
Fax: 414-771-7497

CCS Agency Network

Alternatives in Psychological Consultation (APC)

Screening and Assessment
Service Planning
Service Facilitation
Medication Management
Physical Health Monitoring
Peer Support
Individual Skill Development Enhancement
Individual and/or Family Psychoeducation
Wellness Management/ RSS
Psychotherapy
Substance Abuse Treatment

Guest House of Milwaukee

Screening and Assessment
Service Planning
Service Facilitation
Medication management
Physical Health Monitoring
Individual Skill Development Enhancement
Individual and/or Family Psychoeducation
Wellness management/ RSS
Psychotherapy
Substance Abuse Treatment

La Causa

Screening and Assessment
Service Planning
Service Facilitation
Diagnostic Evaluation
Physical Health Monitoring
Peer Support
Individual Skill Development Enhancement
Individual and/or Family Psychoeducation
Wellness Management/ RSS
Psychotherapy
Substance Abuse Treatment
Non-Traditional or Other Approved Services

Outreach Community Health Clinics, INC.

Screening and Assessment
Service Planning
Service Facilitation

Diagnostic Evaluation
Medication Management
Physical Health Monitoring
Peer Support
Individual Skill Development Enhancement
Individual and/or Family Psychoeducation
Wellness Management/ RSS
Psychotherapy
Substance Abuse Treatment

St. Charles

Screening and Assessment
Service Planning
Service Facilitation
Individual Skill Development Enhancement
Individual and/or Family Psychoeducation
Wellness Management/ RSS
Psychotherapy
Substance Abuse Treatment

Transitional Living Services(TLS)

Screening and Assessment
Service Planning
Service Facilitation
Diagnostic Evaluation
Medication Management
Physical Health Monitoring
Peer Support
Individual and/or Family Psychoeducation
Wellness Management/ RSS
Psychotherapy
Substance Abuse Treatment

Agency Contact Information

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711 W. Capitol Drive
Phone: 414-374-2400
Fax: 414-374-7903

Behavioral Health Services
210 W. Capitol Drive
Phone: 414-727-6320
Fax: 414-727-6321

Primary Care
210 W. Capitol Drive
Phone: 414-906-5306
Fax: 414-906-4533

St. Charles Youth and Family Services, Inc.
North Side
4757 N. 76th Street
Phone: 414-358-4145
Fax: 414-358-5005

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