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## Scope of Services

### Approved by the Mental Health Board on 12/17/15

The Milwaukee County Behavioral Health Division provides care and treatment for adults, children and adolescents with serious behavioral health and substance use disorders both through County-operated programs and contracts with community agencies and provider partnerships. Services include intensive short-term treatment, acute psychiatric hospital services, crisis services and a full array of supportive community behavioral health programs.

### Mission

The Milwaukee County Behavioral Health Division through early assessment and intervention promotes hope for individuals and their families through innovative recovery programs in behavioral health wellness, recovery, research and education.

### Vision

The Milwaukee County Behavioral Health Division, through fostering strategic community partnerships, will become an Integrated Behavioral Health System providing a dynamic, and comprehensive array of services, including community based, emergency, and acute services, to meet the behavioral health care needs of individuals and families.

### Philosophy of and Partnership in Care

We will provide care in a person centered, recovery oriented, trauma informed, culturally intelligent, least restrictive environment, with patient/clients and families as essential members of the care team. Partners in this vision include other stakeholders within Milwaukee County, the greater Milwaukee and Wisconsin communities, and nationally.

### Culture of Quality, Safety and Innovation

We will create a culture of data driven decision making and continuous improvement, focused on quality and safety, meeting and exceeding regulatory, accrediting, best practice standards and patient and family expectations. Technology will be implemented, created, effectively used and disseminated across the continuum of services.

## Healthy Learning Environment

We will create a positive learning environment and a culture grounded in respectful communication, collaboration, and healthy working relationships. Support of education of clinical disciplines in this organization, inter-professional educational models, and ongoing development of a behavioral health workforce will occur in partnership with others.

## Financial Resources

We will provide leadership in creating lasting resources. Goals also include increasing operational efficiencies and minimizing tax levy exposure. This entity will meet the statutory obligations of Milwaukee County for the behavioral health services of its citizens, acting either as a provider or a purchaser of services.

## Core Values

Our Behavioral Health System will support and adopt the following core values:

- Welcoming
- Co-occurring Capable
- Person-Centered
- Culturally Intelligent
- Trauma-Informed
- Stage Matched Recovery Planning
- Systems and Services Integration
- Recovery-Oriented
- Accessible

## \*SERVICES AND PROGRAMS SUBJECT TO JOINT COMMISSION SURVEY:

Surveyed Under the **Hospital** Accreditation Standards:

- \* Psychiatric Crisis Service (PCS)
- \* Observation Unit (OBS)
- \* Acute Adult and Child and Adolescent Inpatient Services (CAIS)
- \* Psychiatric Crisis Line
- \* Access Clinic
- \* Community Consultation Team (CCT)
- \* Crisis Mobile Team
- \* Crisis Assessment Response Team (CART)

Surveyed Under the **Behavioral Health Care** Accreditation Standards:

- \* Crisis Stabilization Houses (CSH)
- \* Day Treatment

## \*ACUTE SERVICES

- \* Psychiatric Crisis Services/Admission Center (PCS)

The Psychiatric Crisis Service (PCS) is a specialized psychiatric crisis emergency department open 24 hours a day 7 days a week. PCS is the state appointed emergency detention facility and provides psychiatric emergency services including face to face assessment, crisis intervention and medication for individuals who may be in psychiatric crisis and who present to the center. A team of qualified staff including board certified and eligible psychiatrists, psychiatry residents, registered nurses, behavioral health emergency clinicians, psychologists, and certified nursing assistants are available on site 24/7 to provide assessments, interventions, referrals and services as appropriate. All PCS patients who are not admitted to an inpatient unit or placed on an observation status are provided a written discharge plan to include written prescriptions, discharge teaching related to medications, self-care, healthcare and other learning needs, referrals, appointments, community resource materials and contacts with outside providers.

**\*Observation Unit (OBS)** If the PCS psychiatrist determines that there is a need for brief treatment and/or a more extended period of observation in order to evaluate the physical and mental status of an individual, the patient may be treated on Observation status and/or on the Observation Unit (OBS) up to 48 hours. This unit has the capacity for 18 beds available 24 hours a day and 7 days a week. The patient will be evaluated and may be discharged to another community setting, transferred to another facility for continuation of care, or considered for admission to a psychiatric hospital either at BHD or a private community hospital. A team of qualified staff including board certified and eligible psychiatrists, psychiatry residents, registered nurses, behavioral health emergency clinicians, psychologists, and certified nursing assistants are available on site to provide assessments, interventions, and discharge orders and referrals.

**\*Inpatient Services: Acute Adult and Child and Adolescent Inpatient Services**

The Milwaukee County Behavioral Health Division's Hospital Inpatient Services are provided in four-licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents. Adult licensed units include one 24 bed adult unit called the Acute Treatment Unit (ATU), one 24 bed Women's Treatment Unit (WTU) and one 18 bed Intensive Treatment Unit (ITU). All units provide inpatient care to individuals who require safe, secure, short-term or occasionally extended hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize an acute psychiatric need and assist the return of the patient to his or her own community.

The 43-A - ITU program provides a safe, supportive environment for those individuals with mental health conditions who are at high risk for aggressive behavior and in need for intensive behavioral and pharmacological interventions.

The 43-B - ATU program is a general co-ed psychiatric care unit and teaching unit providing specialized services for adult men and women recovering from complex and co-occurring disorders who require safe, acute psychiatric services.

The 43-C- WTU program provides specialized services for women recovering from complex and co-occurring severe mental health disorders. A trauma-informed, person-centered approach to care and treatment for women is expected with a safe environment to support the unique needs of the population served.

The Child and Adolescent (CAIS) unit licensed for 24 beds, with an average daily census of 10 provides inpatient care to individuals ages 7- 18. The CAIS treatment unit also provides emergency detention services for Milwaukee County as well as inpatient screening for Children's Court including the provision of an adjacent educational school program operated by the Wauwatosa School District.

Patients on all of the psychiatric units can expect:

Assessment – Diagnosis – Individualized Recovery Plans – Pharmacotherapy- A Safe, Healing Environment- A Caring, Welcoming Team- Structured Programming- Patient Education- Peer Support- Family and Support Participation- Consultative Services- Spirituality Services- Music and Occupational Therapy-Comprehensive Discharge Planning- Ultimately a respectful, positive patient experience.

Each patient admitted to the psychiatric hospital will have an aftercare/discharge plan specifying services and referrals needed upon discharge. Treatment teams assure that individual patient's bio-psycho-social needs and strengths are addressed with interventions, referrals and education to prepare those receiving care for community living or another level of care in the least restrictive setting.

Patient census on all of these licensed psychiatric hospital units is adjusted based on patient needs and staffing care patterns to ensure safe, quality care. A team of qualified staff including board certified and eligible psychiatrists, psychiatry residents, registered nurses, psychologists, social workers, occupational therapists/ music therapists, peer specialists and certified nursing assistants are available on site on all units to provide hospital assessments, interventions, referrals, supervision and intensive psychiatric hospital services as appropriate.

## **\*BHD Crisis Services**

BHD Crisis Services works closely with CARS and provides crisis assessment, stabilization, and linkage and follow-up services to any individual experiencing a mental health crisis. Community-based crisis services include:

- **Crisis Line\***

Crisis telephone services are often the first point of contact with the mental health system for an individual in crisis or a member of his or her support system. The Milwaukee County Behavioral Health Division's Crisis Line is a 24-hour a day, seven day a week telephone service that provides callers with screening and assessment, support, counseling, crisis intervention, emergency service coordination, information and referrals. Objectives of the Crisis Line service include relief of immediate distress in pre-crisis situation, thereby reducing the risk of an escalation of the crisis; arranging for necessary emergency on-site responses when necessary to protect individuals in mental health crises and emergencies; and providing callers with referrals to appropriate services when additional intervention is required. The Crisis Line may also provide stabilization, linkage and follow-up services when clinically indicated. The Crisis Line is the main access point for Mobile Crisis Team services. There were 37,493 calls to the Crisis Line in 2014.

- **Access Clinics and Mental Health Outpatient Services\***

The Access Clinic – a walk-in center for outpatient psychiatric services – is part of the stabilization component of crisis services. The clinic provides walk-in services on both an unscheduled (clinical assessment and referral for services) and scheduled (medical evaluation with prescriber) basis to individuals voluntarily seeking crisis intervention, a face-to-face mental health assessment, treatment, and/or referral. Services provided may include clinical assessment, referral for individual and/or group psychotherapy and supportive counseling, evaluation for medication and ongoing psychiatric care, and referrals to outpatient psychiatric and other social services as needed. The Access Clinic is the initial access point for uninsured Milwaukee County residents in need of outpatient mental health services. The clinic operates Monday through Friday from 8:00 am to 4:30 pm. In 2014, Access Clinic South opened on the south side of Milwaukee. The Access Clinics served 3,541 individuals in 2014, of whom 799 were new patients. Additionally, there were 484 individuals who received therapy services through the Mental Health Outpatient Program.

- **Community Consultation Team\***

In an effort to support the closing of BHD's Center for Independence and Development (CID, formerly Hilltop) and to reduce utilization of Psychiatric Crisis Services (PCS), Crisis Services is expanding the Crisis Mobile Team with staff who have expertise in serving individuals who are dually diagnosed with intellectual developmental disabilities (IDD) and mental health issues. The ability to provide support during crisis situations for individuals who are relocated from the CID will be imperative to their success in the community. This service is provided by a BHD team of two Psychologists, 1 Registered Nurse and 1 Developmental Specialist Monday through Friday from 8am to 5 p.m. with 5-9 pm weekdays and 8-5pm weekend services provided by a contracted service; Dungarvin. The goal of the Community Consultation Team (CCT) is to provide individuals with IDD and mental health with services in the community as a way to support their community placements and thereby reduce the need for admission to higher levels of care such as emergency room visits and hospitalizations. The CCT provides ongoing crisis intervention, consultation, and education services to individuals who have been placed in the community from the CID. This team began full services in January 2014.

- **Crisis Mobile Team\***

The Crisis Mobile Team provides crisis services on an outreach basis. This service was expanded in 2014 to have on-call clinicians to respond during third shift to provide on-site face-to-face assessments in the community. The two member team composed of either Registered Nurses, Social Workers including Behavioral Health Emergency Service Clinicians and a Psychologist responds to the individual and provides services in the setting in which the mental health emergency or crisis is occurring, virtually anywhere in the community where it is deemed safe and appropriate to meet the person. The team works with the individual and his/her significant supports, as well as referring agencies, for as long as necessary to intervene successfully in the crisis, initiating necessary treatment, resolving problems, providing high levels of support until the crisis is stabilized, and making arrangements for ongoing services. Objectives of the mobile services include relief of immediate distress in crisis and emergency situations; reducing the level of risk in the situation; assisting law enforcement officers who may be involved in the situation by offering services such as evaluations for Emergency Detention under Chapter 51, and describing other available services and intervention options; and providing follow-up contacts to determine whether the response plans developed during the emergency are being carried out. The Mobile Team also includes a Geriatric Psychiatric Registered Nurse experienced in providing assessment for mental health issues complicated by a variety of medical and social problems of the aging person. In 2014, the Mobile Team was involved in 2,008 crisis contacts in the community. Mobile hours of service include Monday through Friday 7:30 a.m. – Midnight and Weekends 11:00 a.m. – 8:00 p.m. Third Shift hours of service are via a contracted service provider (LaCausa) from approximately Midnight to 7:30 a.m. .

- **Crisis Assessment Response Team\***

The Crisis Services has joined with the City of Milwaukee Police Department (MPD) to create an expansion program of the Crisis Mobile Team. This expansion – the Crisis Assessment Response Team (CART) – consists of a single mobile team clinician and a single police officer partnered together as a mobile team in the community. Their primary objective is to respond to Emergency Detention calls to provide service and attempt to stabilize the individual with their own natural supports/resources or assist them in obtaining voluntary treatment. The goal of the team is to decrease Emergency Detentions by identifying and utilizing voluntary alternatives and make a positive impact for individuals experiencing a crisis. This mobile expansion team began providing services in July 2013, and a second team began in March 2014. One CART team is available M-F from 11:00 a.m. – 7:30 p.m. Another CART team is available M-F from 4pm – Midnight.

- **Crisis Stabilization Houses\***

The Crisis Stabilization Houses (CSH) are an alternative to psychiatric inpatient hospitalization. The CSHs provide a less restrictive environment in which to treat and support people experiencing

psychological crises. Services include assessment, medication and medical evaluations, and counseling. There are three 8-bed CSHs in Milwaukee County which are operated by contracted agencies and their respective staff, with additional daily clinical face to face services 7 days a week from the BHD Crisis Mobile Team. CSHs served 391 individuals in 2014.

- **Day Treatment\***

*Medicaid-reimbursable*

Day Treatment is intensive treatment for individuals 18 years of age and older who have complex and co-occurring disorders, provided in a community milieu Monday through Friday, with 24-hour crisis interventions available through links to the Milwaukee County Crisis Line. CARS psychologists facilitate sixty (60) treatment groups per week – via the Dialectical Behavior Therapy Treatment Team and the Recovery and Stabilization Treatment Team – plus monthly recovery planning conferences with clients, their families, and other involved providers. The treatment team is multidisciplinary, including psychiatry, psychology, social service, nursing, music therapy, and occupational therapy. The capacity of the program is 22 to 28 clients, based on acuity and risk concerns. There were 59 clients served in 2014.

The following services identified below are not subject to the Joint Commission Survey:

- **Crisis Resource Centers**

The services at the Crisis Resource Centers (CRC) are provided via an agency that contracts with BHD. The CRC offers a safe, recovery oriented environment that provides short-term crisis intervention to individuals. They provide a multitude of services which includes crisis stabilization, peer support, and linkage to ongoing support and services. The CRC also promotes opportunities for increased collaboration among community services and providers for the benefit of consumers and improved community health through consumers' increased quality of life. There is one CRC located on the Southside of Milwaukee that provides walk-in crisis services along with short-term stabilization services for up to seven individuals at a time. The CRC North opened in August 2014 and provides services for up to twelve individuals at a time.

- **Community Linkages and Stabilization Program**

The Community Linkages and Stabilization Program (CLASP) is an extended support and treatment program designed to support consumers' recovery, increase consumers ability to live independently in the community, and reduce incidents of emergency room contacts and re-hospitalizations utilizing person-centered and trauma-informed focus by Certified Peer Specialists. The goals of the program are to: improve the quality of life for consumers; promote recovery in the community; increase the ability for consumers to cope with issues and avoid crisis; increase consumers' ability to manage stressors without hospitalization; connect consumers to beneficial supports and resources; and empower consumers to direct their recovery process. The services of this program are provided by La Causa through a contract overseen by BHD Crisis Services. In 2014, this program served 160 individuals.

## COMMUNITY SERVICES

Community Access to Recovery Services (CARS) is the Behavioral Health Division entity that manages the public-sector, community-based mental health and substance abuse system for adults in Milwaukee County. CARS is becoming an integrated system of care for co-occurring mental health and substance use disorders, bringing together the two systems heretofore known as Service Access to Independent Living (SAIL) – for mental health – and Wiser Choice – for alcohol and other drug abuse (AODA), or substance use.

# CARS – Mental Health

CARS is the central access point for Milwaukee County residents with severe and persistent mental illness who require long-term support. CARS provides – either directly or through contracts with community-based providers – the following mental health services:

- **Outpatient (Indigent Care)**

CARS provides an outpatient level of care to individuals who are indigent and uninsured. Outpatient services primarily include psychiatric evaluation, diagnosis and medication management. There are also limited individual therapy services offered by the outpatient clinics. CARS currently has contractual relationships with two outpatient providers – the Medical College of Wisconsin CCAPS Clinic and Outreach Community Health Center. Referrals for this level of care come exclusively from the Access Clinics and the BHD inpatient hospital. As individuals obtain insurance, they are moved off of the contract, but most often have the option to still be served by the same provider. There were 2,066 individuals referred for Outpatient services in 2014.

- **Care Coordination Team**

In April 2014, a six team member Care Coordination Team will begin to provide various supportive services to individuals identified through current BHD access points or by referral based upon need. This team will also be providing case management and supportive services to individuals awaiting TCM or CSP. Lastly, this team will be providing crisis stabilization services through an outreach model.

- **Targeted Case Management**

*Medicaid-reimbursable*

Targeted Case Management (TCM) is a service to support individuals with serious and persistent mental illness to live as independently as possible in the community. TCM must include assessment, case planning, obtaining and referral to services, ongoing monitoring and services coordination, and assurance of consumer satisfaction. A case manager can also assist a consumer in obtaining and maintaining the following: housing; legal assistance; medication management; employment and training; money management; benefit advocacy; medical assistance; Activities of Daily Living (or ADL) assistance; social network development; AODA services and support; and peer supports. Each TCM consumer is assigned a primary case manager and develops a case plan according to the individual's needs. In addition to the traditional TCM just described, there is also an Intensive TCM with a clinic model, a Recovery TCM, and an AODA TCM. CARS contracts with eight (8) community agencies to provide TCM services:

- Alternatives in Psychological Consultation
- Bell Therapy – Phoenix Care Systems
- Horizon Healthcare
- La Causa
- Milwaukee Mental Health Associates
- Outreach Community Health Center
- TLS Behavioral Health
- Wisconsin Community Services

CARS contracts for 1152 slots of traditional TCM, 210 Intensive TCM, 40 Recovery TCM, and 60 AODA TCM. There were 1,523 individuals who received TCM services in 2014. Contracted agencies are required to submit an evaluation report to CARS twice a year, reporting on the following outcomes:

- Decreased incidence of hospitalization
- Increased client participation in own treatment, goals, and recovery planning
- Increased levels of self-determination, empowerment, and independence
- Positive movement on the recovery spectrum

There is a waitlist for TCM that had grown to over 100 in February 2015 but has since decreased to 57 as of the end of March, due to an expansion of TCM slots that was approved to begin as of January 1, 2015. There are sufficient openings for the waitlisted clients to eventually be assigned, including those clients being reassigned as a result of the closure of County-operated Community Support Programs.

- **Community Recovery Services**

*Medicaid-reimbursable*

Community Recovery Services (CRS) is for persons with a severe and persistent mental illness, mood disorder, or other psychotic disorder only. Eligible individuals must be at or below 150% Federal Poverty Level (FPL) and at a specific functioning level. CRS reimburses three core services:

- Community Living Support Services (for transitions from a supervised living situation to a consumer's own home);
- Supported Employment Services (Individual Placement and Support model); and
- Peers as Providers.

CRS allows for co-participation in other psychosocial rehabilitation benefits and services, such as CSP, CCS, TCM, and CBRF services. A client can also self-identify and direct his or her own participation in CRS. Two CBRF providers – Bell Therapy and TLS Behavioral Health – are currently providing Community Living Support Services under CRS. The care coordination component of CRS is provided by St. Charles and La Causa. A total of 67 CBRF consumers were enrolled in CRS in 2014. There is not a waitlist for CRS services.

- **Comprehensive Community Services**

*Medicaid-reimbursable*

Comprehensive Community Services (CCS) is a recovery-focused, integrated behavioral health program for adults with severe mental illness and/or substance use disorders and children with severe emotional disturbance. CCS is unique for its inclusion of both children and adults and its focus on other physical illness and impact on multiple system use. CCS provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that assist individuals to utilize professional, community, and natural supports to address their needs. CCS is a community-based program in which the majority of services are provided in clients' homes and communities. The program is person-centered and uses client-directed service plans to describe the individualized services that will support the client to achieve their recovery goals. Services are provided by teams of professionals, peer specialists, and natural supports, all coordinated by a CCS service facilitator. CCS reimburses services including:

- Assessment
- Recovery Planning
- Service Facilitation
- Communication and Interpersonal Skills Training
- Community Skills Development and Enhancement
- Diagnostic Evaluations and Assessments
- Employment-Related Skill Training
- Medication Management
- Physical Health and Monitoring
- Psychoeducation
- Psychotherapy
- Recovery Education and Illness Management
- Substance Abuse Treatment
- Non-Traditional or Other Approved Services
- Psychosocial Rehabilitative Residential Supports

- Peer Supports
- Functional AODA and Mental Health Screener

CARS began CCS implementation in September 2014 and has received 173 referrals through March 2015. Ninety-one (91) referrals have been sent to agencies to be screened, seventy-six (76) of which have been found fully eligible. Sixty-four (64) consumers are awaiting assignment to an agency for CCS and will be referred to agencies as soon as capacity expands. Five agencies are operating and are hiring more Care Coordinators and Ancillary service providers. Four more agencies will become CCS providers in April.

- **Community Support Program**

*Medicaid-reimbursable*

A Community Support Program (CSP) in an integrated community service model for persons who have the most severe and persistent mental illnesses and significant functional limitations. CSPs provide over 50% of contacts in the community in a non-office, non-facility setting. All CSPs in Milwaukee County are certified under DHS 63 and provide psychiatry, budgeting, payeeship, crisis intervention, nursing, housing, vocational, medication management, symptom management, and social skill training. CARS serves clients in CSPs through Purchase of Service contracts with seven (7) community agencies:

- Bell Therapy North
- Bell Therapy South
- Milwaukee Mental Health Associates
- Outreach Community Health Center
- Project Access
- TLS Behavioral Health
- Wisconsin Community Services

There were 1,371 individuals who received CSP services in 2014. CARS recently completed the outsourcing all CSP services to contracted providers, closing two County-operated CSPs in December 2014 and March 2015 and transitioning those clients to appropriate services elsewhere in the community. There were a total of 267 clients transitioned in those closures. All seven CSP agencies are in the process of implementing the evidence-based practices of Assertive Community Treatment (ACT) and Integrated Dual Disorder Treatment (IDDT) with technical assistance from Case Western Reserve University.

- **Community-Based Residential Facilities**

*Medicaid-reimbursable: CRS Per Diem & Crisis Per Diem*

CARS works collaboratively with the Milwaukee County Housing Division to offer a wide range of supportive residential programs to individuals in our system. The highest level of supportive environments on this continuum are Community-Based Residential Facilities (CBRF). CBRFs are licensed facilities that offer 24-hour on-site supervision with a variety of rehabilitative services offered. CARS has Fee for Service agreements with three agencies – Bell Therapy, TLS Behavioral Health, and Homes for Independent Living – to provide a CBRF level of care at 18 sites. Belwood is a large facility that serves approximately 45 individuals, and the remainder of the sites range from 5 to 15 beds, with most maintaining about 8 beds.

CARS tracks several major recovery outcomes for clients with severe and persistent mental illness, including improvements in:

- Living arrangement/homelessness
- Employment (any)
- Employment (competitive)

- Criminal justice involvement
- Arrests/incarceration
- Health/dental/vision care received
- Daily activity
- Risk of suicide
- Psychiatric bed days
- PCS crisis episodes
- Consumer satisfaction

## CARS – Substance Use

CARS provides substance use disorder services to Milwaukee County residents aged 18-59 and pregnant women of all ages. Eligible individuals can receive a comprehensive screen at one of four community-based Central Intake Units: IMPACT, JusticePoint, M & S Clinical Services, and Wisconsin Community Services. Central Intake Units (CIU) provide a comprehensive screen of individuals seeking to recover from substance abuse in order to determine the appropriate level of clinical care and the individual's care coordination and recovery support service needs. The CIUs refer eligible clients to the appropriate services offered by providers in a fee-for-service network operated by CARS. Substance use disorder services include:

- **Outpatient**

Outpatient is a non-residential 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 and family therapy and referral to non-substance abuse services that may occur over an extended period. The provider must be certified as a DHS 75.13 outpatient provider. There are 33 providers of Outpatient services in the CARS network. Outpatient services were provided to 2,628 individuals in 2014.

- **Recovery Support Services**

Recovery Support Services are offered to meet a client's non-clinical needs in a manner that supports his or her recovery. Services are community based, available from faith-based providers, and may include such services as childcare, anger management, transportation, educational or employment assistance, and housing support. There are 33 providers of Recovery Support Services in the CARS network. There were 1,753 individuals engaged in Recovery Support Services in 2014.

- **Recovery Support Coordination**

Recovery Support Coordination uses a strength-based approach to develop, in partnership with the client, his or her service providers, and other persons the client wants involved, an individualized single coordinated care plan that will support the client's recovery goals. There are four providers of Recovery Support Coordination in the CARS network. There were 3,912 individuals engaged in Recovery Support Coordination in 2014.

- **Day Treatment**

Day Treatment is a medically monitored, and non-residential substance abuse treatment service which 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. The provider must be certified as a DHS 75.12 day treatment service provider. There are 15 providers of Day Treatment services in the CARS network. There were 309 individuals engaged in Day Treatment services in 2014.

- **Medication Assisted Treatment**

Medication Assisted Treatment (MAT) in Milwaukee County has expanded in terms of providers, types of clients served, and additional services provided to the population. Vivitrol providers for both the insured and uninsured populations in the CARS network expanded in 2014, while CARS also continued to work closely with contracted Methadone clinics. As of February 2015, all clients presenting to a CIU are now assessed to determine if they meet MAT criteria and are given information about the different choices. There are three providers of MAT in the CARS network. There were 279 individuals who received MAT in 2014.

- **Residential**

**Transitional Residential** is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides 3 to 11 hours of counseling per patient per week, 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.

**Medically Monitored Residential** 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.

**Co-Occurring Bio-medically Monitored Residential** operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, and staffed 24 hours a day by nursing personnel.

CARS provides these services at seven (7) locations through Fee for Service agreements with Genesis (2), Matt Talbot (2), United Community Center (2), and Meta House (1). CARS supports a total capacity of 124 beds (59 male, 65 female) for residential substance use treatment. As of April 1, there were 76 people on a waitlist for residential treatment, with the list fluctuating daily. Pregnant clients are prioritized and are not subject to the waitlist.

- **Detoxification**

Detoxification is a set of interventions to manage acute intoxication and withdrawal to minimize the physical harm caused by the abuse of substances. Supervised detoxification can prevent potentially life-threatening complications that may arise in the absence of treatment. Detoxification is also a form of palliative care for persons who want to become abstinent from substance use. A critical component of detoxification service is preparing the individual for engagement with appropriate substance abuse treatment commensurate with his or her ongoing needs. CARS contracts with a single provider for medically monitored residential detoxification service (DHS 75.07), ambulatory detoxification service (DHS 75.08), and residential intoxication monitoring service (DHS 75.09). There were 1,911 individuals who utilized detoxification services in 2014.

CARS tracks several major recovery outcomes for clients receiving AODA services, including improvements in:

- Retention in treatment
- Completion of treatment
- Abstinence from alcohol
- Abstinence from drugs
- Living arrangement/homelessness
- Employment or school/job training
- Arrests/incarceration
- Social connectedness (family and recovery groups)
- Consumer satisfaction

For individuals in all CARS programs, a variety of demographic and services data required for State PPS

reporting are also tracked, including: referral source; gender; age; race/ethnicity; primary language; education; disabilities; legal status; services received; amount/length of service; and discharge reason.

## Rehabilitation Center Central

Long-term rehabilitative care for residents with complex medical and behavioral needs is provided through Rehab Center Central, a Skilled Nursing Facility. The goal is to promote optimum function and return to the appropriate community setting. This program is under active closure with all current residents being transitioned to community setting/homes. Complete closure of Rehabilitation Center Central is targeted end of year 2015.

**Attachments:**

No Attachments

COPY