



**HELPLINE PROCEDURE**  
**Table of Contents**

<b><u>INTRODUCTION</u></b>	<b><u>00</u></b>
<b><u>PROVIDER QUALIFICATIONS AND RESPONSIBILITIES</u></b>	<b><u>100</u></b>
<b><u>ETHICAL PRACTICES AND CONDUCT</u></b>	<b><u>200</u></b>
<b><u>CLIENT RIGHTS AND RESPONSIBILITIES</u></b>	<b><u>300</u></b>
<b><u>TELEHEALTH SERVICES</u></b>	
<b><u>CLIENT SERVICES</u></b>	<b><u>400</u></b>



<b>Procedure Name:</b>	<b>INTRODUCTION</b>
<b>Procedure Number:</b>	00
<b>Domain:</b>	Outpatient Counseling: Helpline
<b>Approved By:</b>	Vanessa Southworth, Director, Wisconsin Services
<b>Created/Written By:</b>	Vanessa Southworth, Director, Wisconsin Services
<b>Effective Date:</b>	12/29/2016
<b>Date(s) of Revision:</b>	2/9/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

This serves as the introductory material.

## AREAS OF RESPONSIBILITY

All staff involved with Helpline must be familiar with this information.

## PROCEDURE

Helpline is a telephone service available to residents of Vernon County and offers information, referral, and supportive listening. Helpline is available 24 hours a day, seven days a week and operates through the Outpatient Counseling department of FCC's Viroqua location. Helpline coverage is provided by a rotation of FCC staff that receive a daily stipend when they provide Helpline coverage.

## GETTING HELP

Contact one of the following:

- Viroqua Office Manager at 608-637-7052
- Community Services Coordinator at 608-785-0001 ext. 312
- Director, Wisconsin Services at 608-785-0001 ext. 323

[Back to Table of Contents](#)



<b>Procedure Name:</b>	<b>PROVIDER QUALIFICATIONS AND RESPONSIBILITIES</b>
<b>Procedure Number:</b>	100
<b>Domain:</b>	Outpatient Counseling: Helpline
<b>Approved By:</b>	Vanessa Southworth, Director, Wisconsin Services
<b>Created/Written By:</b>	Vanessa Southworth, Director, Wisconsin Services
<b>Effective Date:</b>	12/29/2016
<b>Date(s) of Revision:</b>	2/9/2017
<b>References:</b>	<a href="#">Chapter DHS 34</a> <a href="#">Consult Log</a> <a href="#">Consult Record</a> <a href="#">Helpline Progress Note</a> <a href="#">Orientation Verification Form</a> <a href="#">Inside Domestic Violence: Power and Control Video</a>

## STATEMENT OF PURPOSE

The purpose of this procedure is to describe provider qualifications and responsibilities.

## AREAS OF RESPONSIBILITY

All staff involved with Helpline must be familiar with this information.

## PROCEDURE

### Selection of Providers

Helpline responders are existing FCC staff that desire the additional responsibility and opportunity for a daily stipend associated with providing coverage of Helpline. Responders must be in good standing in relation to their primary role at FCC. Staff interested in becoming a Helpline responder must obtain the support of their primary supervisor and submit a letter of interest to the Helpline program supervisor. Consideration of Helpline responders includes good standing and supervisor support, demonstrated competence, responsiveness, and sensitivity toward and training in serving the characteristics of the service's patient population, including gender, age, cultural background, sexual orientation, developmental, cognitive or communication barriers and physical or sensory disabilities. Also taken into consideration are hours of supervised clinical experience in the field and the number of years of work experience. Providers must be available for 24/7 coverage of Helpline during their rotation.

### Provider Qualifications

Helpline is not a certified program, nor does it fall under any State rule. However, to ensure the quality of our program, we choose to require that Helpline Responders meet at least one of the qualifications outlined in Chapter DHS 34.21 (3) (b) 7. to 19.:

*7. Professional counselors and marriage and family therapists shall meet the qualifications required established in ch. 457, Stats., and be certified by the examining board of social workers, marriage and family therapists and professional counselors.*



8. *Master's level clinicians shall be persons with a master's degree and coursework in areas directly related to providing mental health services, including clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance or counseling psychology. Master's level clinicians shall have 3000 hours of supervised clinical experience or be listed in the national registry of health care providers in clinical social work, the national association of social workers register of clinical social workers, the national academy of certified mental health counselors or the national register of health service providers in psychology.*
9. *Post-master's level clinician interns shall have obtained a master's degree as provided in subd. 8. and have completed 1500 hours of supervised clinical experience, documented as provided in subd. 4.*
10. *Physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14 and shall have had at least one year of experience working in a clinical mental health facility, or there shall be a specific plan for the person to acquire equivalent training and skills within 3 months after beginning employment.*
11. *Registered nurses shall be licensed under ch. 441, Stats., as a registered nurse, and shall have had training in psychiatric nursing and at least one year of experience working in a clinical mental health facility, or there shall be a specific plan for the person to acquire equivalent training and skills within 3 months after beginning employment.*
12. *Occupational therapists shall have obtained a bachelors degree and have completed a minimum of one year of experience working in a mental health clinical setting, and shall meet the requirements of s. DHS 105.28 (1).*
13. *Certified social workers, certified advance practice social workers and certified independent social workers shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.*
14. *Other qualified mental health professionals shall have at least a bachelor's degree in a relevant area of education or human services and a minimum of one year of combined experience providing mental health services, or work experience and training equivalent to a bachelor's degree including a minimum of 4 years of work experience providing mental health services.*
15. *Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession, and shall have at least one year of experience in a mental health clinical setting.*
16. *Certified occupational therapy assistants shall have at least one year of experience in a mental health clinical setting and shall meet the requirements of s. DHS 105.28 (2).*
17. *Licensed practical nurses shall be licensed under ch. 441, Stats., as a licensed practical nurse and have had either training in psychiatric nursing or one year of experience working in a clinical mental health setting.*



*18. Mental health technicians shall be paraprofessionals who are employed on the basis of personal aptitude and life experience which demonstrates their ability to provide effective emergency mental health services.*

*19. Clinical students shall be students currently enrolled in an academic institution and working toward a degree in a professional area identified in this subsection who are providing services to the program under the supervision of a staff member meeting the qualifications under this subsection for that professional area.*

### **Personnel**

Viroqua Office Manager– provides administrative oversight and direct supervision to Helpline staff and program.

Helpline Responder – provides 24/7 coverage when scheduled and responds to Helpline calls by providing information, referral, and supportive listening. Helpline responders document each call via the Helpline Progress Note.

Outpatient mental health and substance abuse providers– provide consultation to Helpline responders and team as needed.

### **Orientation & Training**

Helpline staff must complete FCC's New Employee Orientation as well as Helpline program orientation within two months of being appointed a Helpline responder. Program orientation includes review of the procedure manual, Helpline orientation with the program supervisor, and AIRS Crisis Intervention and Referral training (available on Relias). All staff also need to view the [Inside Domestic Violence: Power and Control video](#). You can find the video in the references section of this procedure.

Each year following the year in which orientation was completed, Helpline responders must complete at least 2 hours of training to include review of community resources and other training relevant to being a Helpline responder. Additionally, each year, responders are responsible for reviewing AIRS Crisis Intervention and Referral training (available on Relias) and completing a Domestic Violence training.

Each responder is responsible for obtaining and documenting their own staff development time by signing the log sheet for in-house trainings or by providing documentation of attendance on their timesheet.

### **Staff Meetings & Supervision**

All responders must attend staff meetings. The purpose of staff meetings is both as support for responders and for monitoring the quality of services we provide. The supervisor and Helpline



responders will meet monthly. Consultation is also available with FCC's mental health and substance abuse providers, who have a wide variety of expertise.

## **GETTING HELP**

Contact one of the following:

- Viroqua Office Manager at 608-637-7052
- Community Services Coordinator at 608-785-0001 ext. 312
- Director, Wisconsin Services at 608-785-0001 ext. 323

[Back to Table of Contents](#)



<b>Procedure Name:</b>	<b>ETHICAL PRACTICES AND CONDUCT</b>
<b>Procedure Number:</b>	200
<b>Domain:</b>	Outpatient Counseling: Helpline
<b>Approved By:</b>	Vanessa Southworth, Director, Wisconsin Services
<b>Created/Written By:</b>	Vanessa Southworth, Director, Wisconsin Services
<b>Effective Date:</b>	12/29/2016
<b>Date(s) of Revision:</b>	2/9/2017
<b>References:</b>	<a href="#">Chapter DHS 94</a> <a href="#">Chapter DHS 92</a>

## STATEMENT OF PURPOSE

This procedure describes ethical practices and conduct expectations of Helpline staff.

## AREAS OF RESPONSIBILITY

All staff involved with Helpline must be familiar with this information.

## PROCEDURE

### Ethical Code

Family & Children's Center expects all Helpline responders to adhere to the highest standards of ethical conduct and adhere to the following guidelines:

1. Helpline responders are aware of their potentially influential position with respect to their clients and avoid exploiting that position.
2. Helpline responders shall not use their professional relationship with clients to further their own interests.
3. Helpline responders shall respect the rights of clients to make decisions and help them to understand the consequences of their decisions.
4. Helpline responders shall not attempt to diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
5. Helpline responders shall not engage in the unlawful or unauthorized use of alcohol or other drugs within the program.

### Sexual Misconduct

Sexual contact between client and provider occurring inside or outside of FCC during a mental health contact is unethical and illegal.



Wisconsin law states that “any person who is or who holds himself or herself out to be a therapist and who intentionally has sexual contact with a patient or client during any ongoing therapist-patient or therapist-client relationship, regardless of whether it occurs during any treatment, consultation, interview or examination, is guilty of a Class D felony. [Maximum penalty: five years imprisonment and/or \$10,000.00 fine.] Consent is **not** an issue in an action under this subsection.” Wisconsin Statute 940.22 Subsection (2).

### **Duty to Report**

Wisconsin law states, “If a therapist has reasonable cause to suspect that a patient or client he or she has seen in the course of professional duties is a victim of sexual contact by another therapist or a person who holds himself or herself out to be a therapist (in violation of subsection (2) above), as soon thereafter as practical the therapist shall ask the patient or client if he or she wants the therapist to make a report under his subsection. The therapist shall explain that the report need not identify the patient or client as the victim. If the patient or client wants the therapist to make the report, the patient or client shall provide the therapist with a written consent to the report and shall specify whether the patient or client’s identity shall be included in the report.

“Within 30 days after a patient or client consents to a report, the therapist shall report the suspicion to: 1) the department of regulation and licensing if the reporter believes the subject of the report is licensed by the state, 2) the district attorney for the county in which the sexual contact is likely, in the opinion of the reporter, to have occurred if the department of regulation is not involved”. Subsection (3) Wisconsin Statute 940.22.

### **Relationships with Clients**

In order to protect the integrity of the therapeutic relationship, Family & Children’s Center requires that Helpline responders adhere to the following:

- a. Helpline responders may not be involved in a friendship with a client during the course of therapy.
- b. Helpline responders may not be involved in a friendship with a client for six months following the last date of contact.
- c. Sexual contact with former clients is prohibited for two years following the last date of contact.
- d. Helpline responders may not see agency personnel or the family members of agency personnel as clients.





### **Child Abuse/Neglect Reporting**

Wisconsin State Statute 48.981 states “A physician, coroner, medical examiner, nurse, dentist, chiropractor, optometrist, other medical or mental health professional, social or public assistance worker, school teacher, administrator or counselor, child care worker in a day care center or child caring institution, day care provider, alcohol or other drug abuse counselor, member of the treatment staff employed by or working under contract with a board, physical therapist, occupational therapist, speech and language disorder specialist, emergency medical technician, advanced (paramedic) ambulance attendant or police or law enforcement officer having reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected, or having reason to believe that a child seen in the course of professional duties has been threatened with an injury and that abuse of the child will occur shall report as provided in Subsection (3). Any other person including an attorney having reason to suspect that a child has been abused or neglected or reason to believe that a child has been threatened with an injury and that abuse of the child will occur, may make such a report. No person making a report under this Subsection may be discharged from employment for doing so.”

Accordingly, it is the procedure of Family & Children’s Center that any provider who, in the course of professional duties, sees a child and has reasonable cause to suspect that that child has been abused or neglected or is in imminent danger of being abused or neglected will make a report within these parameters:

1. If possible, discuss suspected abuse/neglect with supervisor.
2. If imminent danger exists for the child, make a report immediately to the county social service agency or the police department.
3. Make a report to Department of Social Services within 24 hours.
4. Document your interpretation of the nature of the incident in writing within 24 hours of disclosure.

### **GETTING HELP**

Contact one of the following:

- Viroqua Office Manager at 608-637-7052
- Community Services Coordinator at 608-785-0001 ext. 312
- Director, Wisconsin Services at 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	<b>CLIENT RIGHTS AND RESPONSIBILITIES</b>
Procedure Number:	300
Domain:	Outpatient Counseling: Helpline
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Vanessa Southworth, Director, Wisconsin Services
Effective Date:	12/29/2016
Date(s) of Revision:	2/9/2017
References:	Client Rights and the Grievance Procedure for Community Services: <a href="https://www.dhs.wisconsin.gov/publications/p2/p23112.pdf">https://www.dhs.wisconsin.gov/publications/p2/p23112.pdf</a> Rights of Children and Adolescents in Outpatient Mental Health Treatment: <a href="https://www.dhs.wisconsin.gov/publications/p2/p20470b.pdf">https://www.dhs.wisconsin.gov/publications/p2/p20470b.pdf</a>

## STATEMENT OF PURPOSE

This procedure describes the rights and responsibilities of clients in relation to Helpline.

## AREAS OF RESPONSIBILITY

All staff involved with Helpline must be familiar with this information.

## PROCEDURE

Please review attachments:

Client Rights and the Grievance Procedure for Community Services:

<https://www.dhs.wisconsin.gov/publications/p2/p23112.pdf>

Rights of Children and Adolescents in Outpatient Mental Health Treatment:

<https://www.dhs.wisconsin.gov/publications/p2/p20470b.pdf>

## Disclosure of Information in Instances of Danger to or by a Client

The Wisconsin Mandatory Reporting Law requires notification of anyone who may be injured by a client. In any instance when staff is considering releasing information without the client's consent because of potential danger to others, or to the client, staff must discuss this with the supervisor. If, after such a review, the situation is deemed to be one where the client or another person is in jeopardy, disclosure will take place in accordance with standards defined in the Mandatory Reporting Law and will be documented.

## GETTING HELP

Contact one of the following:

- Viroqua Office Manager at 608-637-7052
- Community Services Coordinator at 608-785-0001 ext. 312



- Director, Wisconsin Services at 608-785-0001 ext. 323

[Back to Table of Contents](#)



<b>Procedure Name:</b>	TELEHEALTH SERVICES
<b>Procedure Number:</b>	103
<b>Domain:</b>	Client Rights All FCC Programs
<b>Approved By:</b>	Leah Morken, Clinical Director
<b>Created/Written By:</b>	Mary Jacobson, Director of Programs Vanessa Southworth, Director of Programs
<b>Effective Date:</b>	6/15/2020
<b>Date(s) of Revision:</b>	
<b>References:</b>	<a href="#">APA Telehealth Training</a> <a href="#">Informed Consent for Telehealth Services form</a> <a href="#">Procedure 407: Case Record Overview</a> <a href="#">Revenue Cycle Homepage</a> <a href="#">Provider Assurance Statement for Telemedicine</a> <a href="#">Telephonic Telemedicine Provider Assurance Statement</a>

## STATEMENT OF PURPOSE

Telehealth services have been approved through the end of the State of Emergency related to COVID-19. The agency anticipates that telehealth will remain an important method of service delivery throughout the COVID-19 pandemic and beyond. As such, we will stay abreast of rules and regulations regarding telehealth and update this procedure accordingly. This procedure outlines the roles, responsibilities and processes related to providing telehealth services.

## AREAS OF RESPONSIBILITY

All staff providing telehealth services are responsible for knowing and understanding the information in this procedure. All staff providing telehealth services must participate in the online APA telehealth training or other telehealth training approved by the Clinical Director.

## PROCEDURE

Telehealth is the practice of health care delivery of services, diagnosis, consultation, or treatment of medical data by means of audio, visual, or data communication. Telehealth services must be provided through a 2-way, real-time, interactive method of communication. This excludes voicemails, texting, emailing, faxing, and chat rooms.

Telehealth is not a “check-in”. It is a purposeful and intentional service that is medically needed as determined by a licensed medical professional or mental health professional. Services must be clinically appropriate for the consumer’s needs.



### **Methods of Telehealth:**

Providers are expected to use HIPAA compatible modalities to protect consumer rights. Family & Children's Center complies with established state and federal regulations for telehealth.

Family & Children's Center prefers the use of doxy.me for secure telehealth services and has provided a select number of accounts for providers in need of a secure platform that allows for screen sharing capabilities. Providers are responsible for ensuring the platform they are using is an approved platform by confirming with the Clinical Director. Approved platforms may vary with time based on regulations.

FCC expects all providers to adhere to the requirements of Health Insurance Portability and Accountability Act (HIPAA). This requires taking necessary steps to protect the privacy of clients and the confidentiality of information related to providing services via telehealth. Providers should refer to agency procedures related to HIPAA as well as the APA telehealth training or other approved training if they have questions. For additional help, they should contact the Clinical Director.

### **Telehealth Process:**

Prior to providing any telehealth services, providers must obtain consent from clients via the Informed Consent for Telehealth Services form. Signed and written consumer consent is preferred; however, if written consent is unable to be obtained, then verbal consent is allowable while documenting the efforts to obtain written consent. This can be done via email or regular mail. If verbal consent is utilized, it must be obtained at the start of every session after the risks of telehealth to privacy are discussed.

Providers must adequately address client safety before, during, and after the telehealth service is rendered. This may include but is not limited to a review of client records to identify history of safety risks, creation of a safety plan and protocol for staff members, on-going assessment of client's symptoms and potential safety risks via question and aftercare referral and submission of the created safety plan to the next provider.

The following information must be communicated and discussed with the client at the start of every session:

- An understanding that others may hear the conversation in the background
- Staff's location and environment (ex: working from home with dogs that may bark in the background)



- An understanding that the platform used may not be confidential (e.g., if the platform is not HIPAA compatible, such as Skype, data storage, 3<sup>rd</sup> party recordings, internet security breaches, etc.)
- An understanding that the consumer has the right to refuse or stop the session at any time
- An understanding that the provider may end the session if the connection is poor or for other reasons that should be explained to the client

### **Requirements for Documentation:**

Staff documentation expectations remain in effect, including the use of the SIRP method of documentation. However, additional requirements must be clearly documented in every case note. This information includes:

- Method/mode of transmission used for session (e.g., Skype, telephone call, etc.)
- A description of the provider's basis for determining that telehealth is an appropriate and effective means for delivering service to the client (e.g., due to COVID-19, due to Safe at Home Order, due to client being unable to come into the office, due to client not having internet connection—in the case of a telephone session, etc.)
- Type of service provided (e.g., outpatient counseling session, supervised visit, etc.)
- Location of consumer (as confirmed by provider) and location of provider (e.g., “Due to consumer self-quarantine, writer called from office to consumer in their home”, etc.). This is also known as the location of the originating and the distant site.
- That risks were reviewed and provider received consent for telehealth (Ex: “Current signed consent for telehealth”, “Verbally reviewed risks and received verbal consent to conduct session via telehealth”, etc.)
  - Ask and document assurance that the client is in a place with privacy, and if they are not, who else is present?
  - Ask and document that the client moved their camera around so you can see the physical setting of the room they are in.
  - Review and document the procedures for disconnection (sign back into the telehealth platform, and if that does not work what number to call by telephone to reconnect with the client) and your safety plan for emergency contact if needed.



- Time the service began and ended, with a.m. and p.m. designations

### **Addressing How and When to Discontinue Telehealth Services:**

The following criteria should be utilized to address how and when telehealth services should end:

- Evaluation of service (intervention used and client's response): Daily review of progress notes
- Evaluation of on-going needs of the client: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- Evaluation of scope of practice and client's needs: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- If it is determined a client is not a fit for telehealth services, then an option may be to initiate in person services.

Process for discontinuation:

Context

- Client demonstrates deterioration or a need for higher level of care
- Client has on-going missed appointments or cancellations over a 3-week period
- Client decides to discontinue services
- Client's additional community providers report concern due to client's deterioration in functioning

Protocol

- Staff will consult with Clinical Supervisor
- Staff will consult with outside providers (e.g., County Case Manager)
- Staff will make 3 attempts to discuss potential discharge with client
- Staff will complete a discharge summary
- Staff will provide a referral for aftercare and follow-up

### **Billing Requirements:**

There are no changes to service note billing requirements. However, invoices must add an indicator for telehealth services. For information on how to bill for telehealth services by payer, please go to the Revenue Cycle Homepage on the Depot. This can be accessed by going to Directory > By Department > Revenue Cycle Management > Click here to visit the Revenue Cycle Homepage!

In Minnesota, billable providers must complete the Provider Assurance Statement for Telemedicine, which is submitted to Medicaid and other payers as required, by the Revenue Cycle Department. Also, in Minnesota if any provider offers telephonic services, they must



complete the Telephonic Telemedicine Provider Assurance Statement.

## **GETTING HELP**

If you have questions regarding this procedure, please contact your Program Supervisor, Coordinator, Director or Clinical Director.

[Back to Table of Contents](#)





<b>Procedure Name:</b>	<b>CLIENT SERVICES</b>
<b>Procedure Number:</b>	400
<b>Domain:</b>	Outpatient Counseling: Helpline
<b>Approved By:</b>	Vanessa Southworth, Director, Wisconsin Services
<b>Created/Written By:</b>	Vanessa Southworth, Director, Wisconsin Services
<b>Effective Date:</b>	12/29/2016
<b>Date(s) of Revision:</b>	2/9/2017
<b>References:</b>	<a href="#">Helpline Progress Note</a>

## STATEMENT OF PURPOSE

This procedure describes the services offered through Helpline.

## AREAS OF RESPONSIBILITY

All staff involved with Helpline must be familiar with this information.

## PROCEDURE

Helpline telephone service is available 24 hours a day, seven days a week; providing callers with information, referral, and supportive listening.

**Information** – Some Helpline callers will be looking for information, such as a phone number to reach a specific resource. Helpline responders should be familiar with community resources and have access to the Helpline binder to assist with providing necessary information to callers.

**Referral** – Some Helpline callers will be looking for a referral to a service. It is the responsibility of the Helpline responder to make themselves knowledgeable of Vernon County and surrounding county resources in order to make an appropriate referral.

**Supportive Listening** – Some Helpline callers will be calling in a state of pre-crisis or crisis. It is the responsibility of the Helpline responder to provide immediate relief of distress in pre-crisis and crisis situations, and reduce the risk of escalation of a crisis to the caller. It is also the responsibility of the Helpline responder to refer a caller to appropriate services when other additional intervention is required. This includes contacting law enforcement when necessary to ensure safety.

### Telephone Response

1. When responding to a Helpline call, the responder shall answer the phone as quickly as possible by stating, “Vernon County Helpline, how can I help you?”
2. Helpline responders must document as much information as possible on the Helpline Progress Note form, including:



- a. Responder name and date
- b. Time of Call
- c. Name and telephone number of caller
- d. Call summary
- e. Is client under the influence of any substances?
- f. Is the client suicidal or reporting intent to harm someone else?
- g. Resolution and follow-up
  - i. Referral
  - ii. Call to law enforcement and time
  - iii. Information given
  - iv. Supportive listening
  - v. Other (explain)
- h. Responder Signature and date

FCC contracts with the Vernon County Sheriff's Department to conduct suicide assessments for jail inmates. If someone calls Helpline requesting a suicide assessment, take a message including the name of the inmate and the person making the request, and relay the request to front desk staff to follow up the next business day. Suicide assessments for jail inmates are conducted during FCC's regular business hours.

## **GETTING HELP**

Contact one of the following:

- Viroqua Office Manager at 608-637-7052
- Community Services Coordinator at 608-785-0001 ext. 312
- Director, Wisconsin Services at 608-785-0001 ext. 323

[Back to Table of Contents](#)