



# **COMPREHENSIVE COMMUNITY SERVICES (CCS) MONITORING REPORT**

**(November 20, 2013)**

Department of Health Services  
Division of Mental Health and Substance Abuse Services



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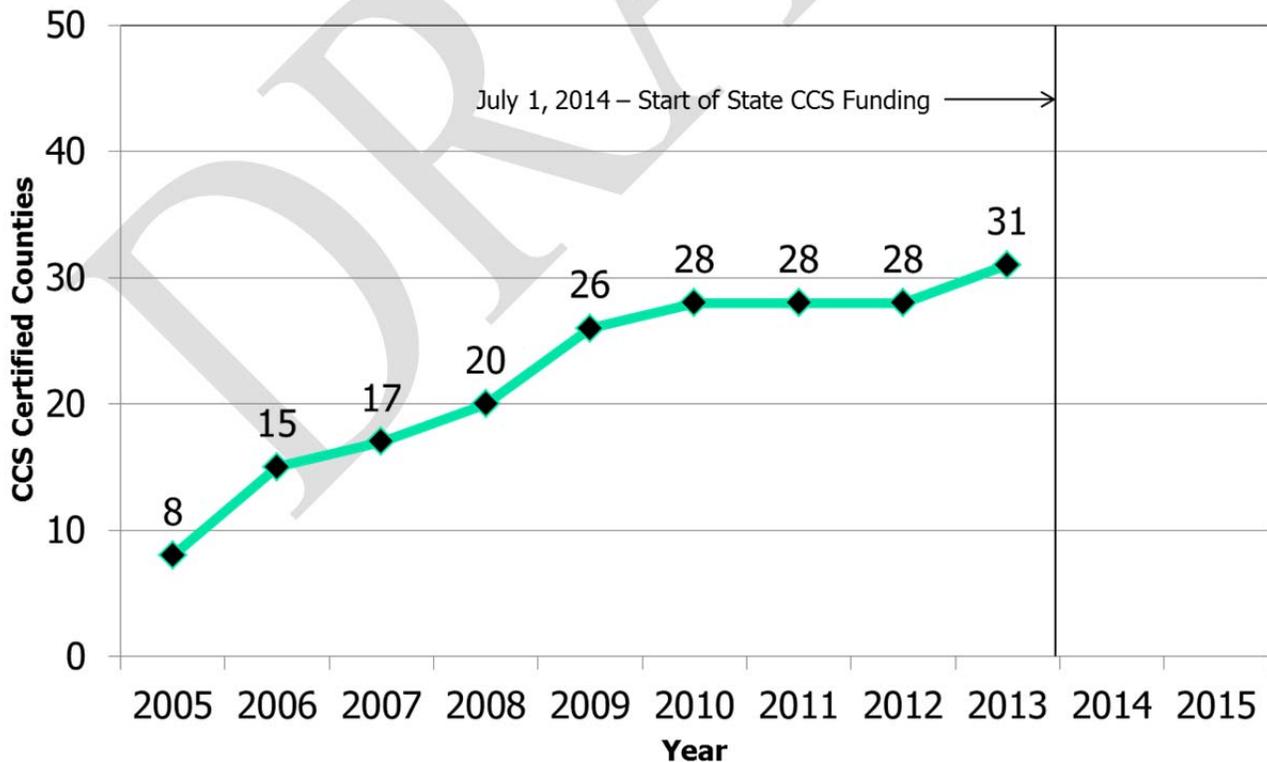
# Introduction

**Purpose:** In July of 2014, the State of Wisconsin will start making funding available for additional counties to become certified to provide the Comprehensive Community Services (CCS) Medicaid benefit. The ultimate goal of the initiative is to expand CCS statewide so every county has it available for consumers with mental health and/or substance abuse needs. The expansion of CCS statewide warrants monitoring of the effectiveness of the service to ensure consumers are being provided high quality care. This monitoring report will describe how many consumers are served with CCS during the expansion, changes in consumers' mental health and substance abuse needs, and their functional status.

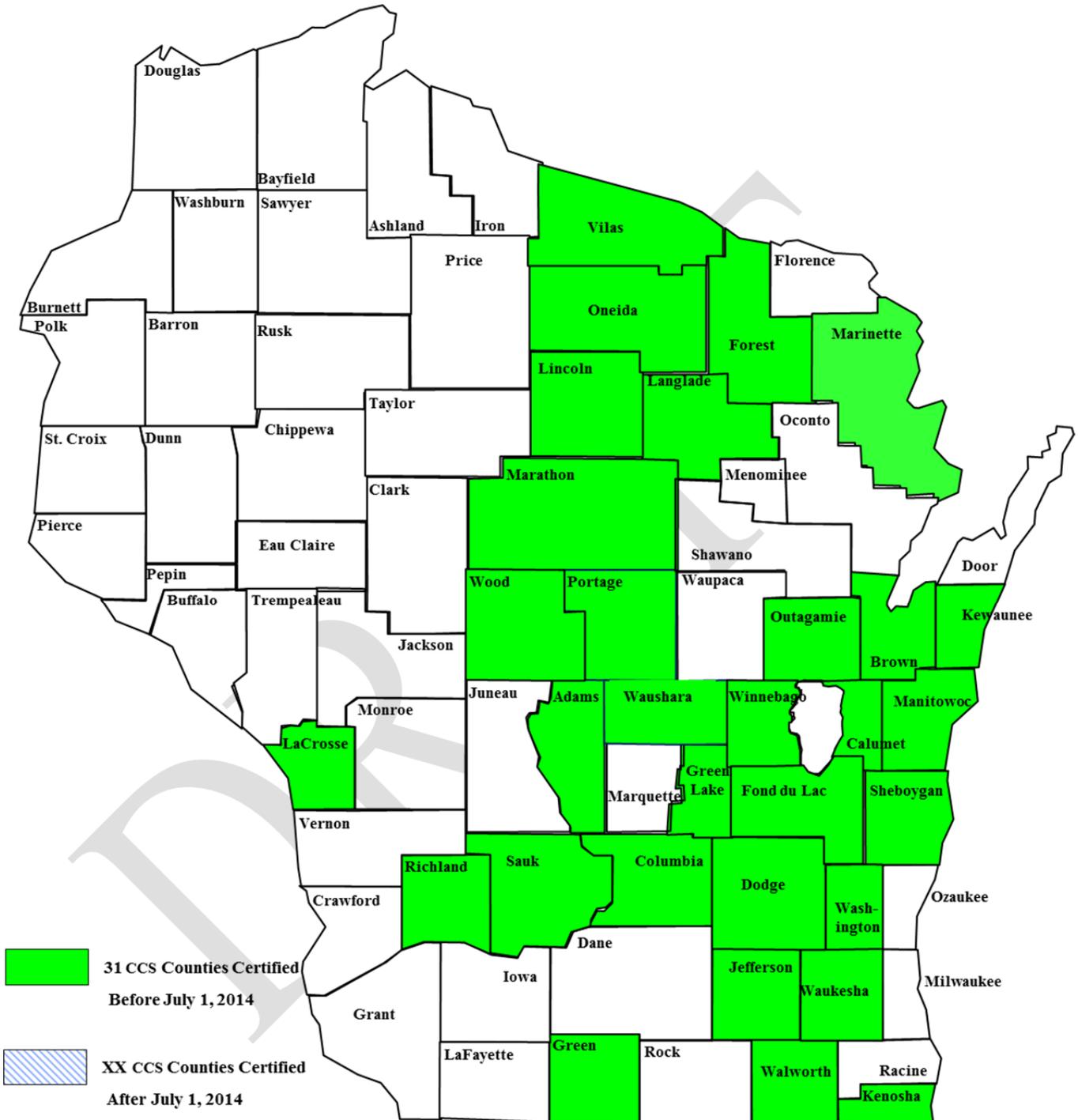
## The Expansion of the CCS Benefit in Wisconsin

The Comprehensive Community Services (CCS) Medicaid benefit became available to counties in Wisconsin in 2005. Since that time, 31 counties have become certified to deliver the CCS psychosocial rehabilitation benefit. There was a steady increase in the number of new counties to become certified to deliver CCS in the first five years which then slowed down from 2010-2012. With the approval of the State budget initiative to fund the Medicaid match with State revenue funds starting July of 2014, additional counties have declared their intention to become certified to offer CCS or become part of a region that offers CCS including Monroe, Jackson, Chippewa, Barron, Polk, St. Croix, Dunn, Pierce, Pepin, and Buffalo. The increase in certified counties/regions will be tracked in the chart below. Changes in the coverage across the state of CCS will also be tracked geographically on the map on the following page.

**Chart 1: Number of CCS Certified Counties**



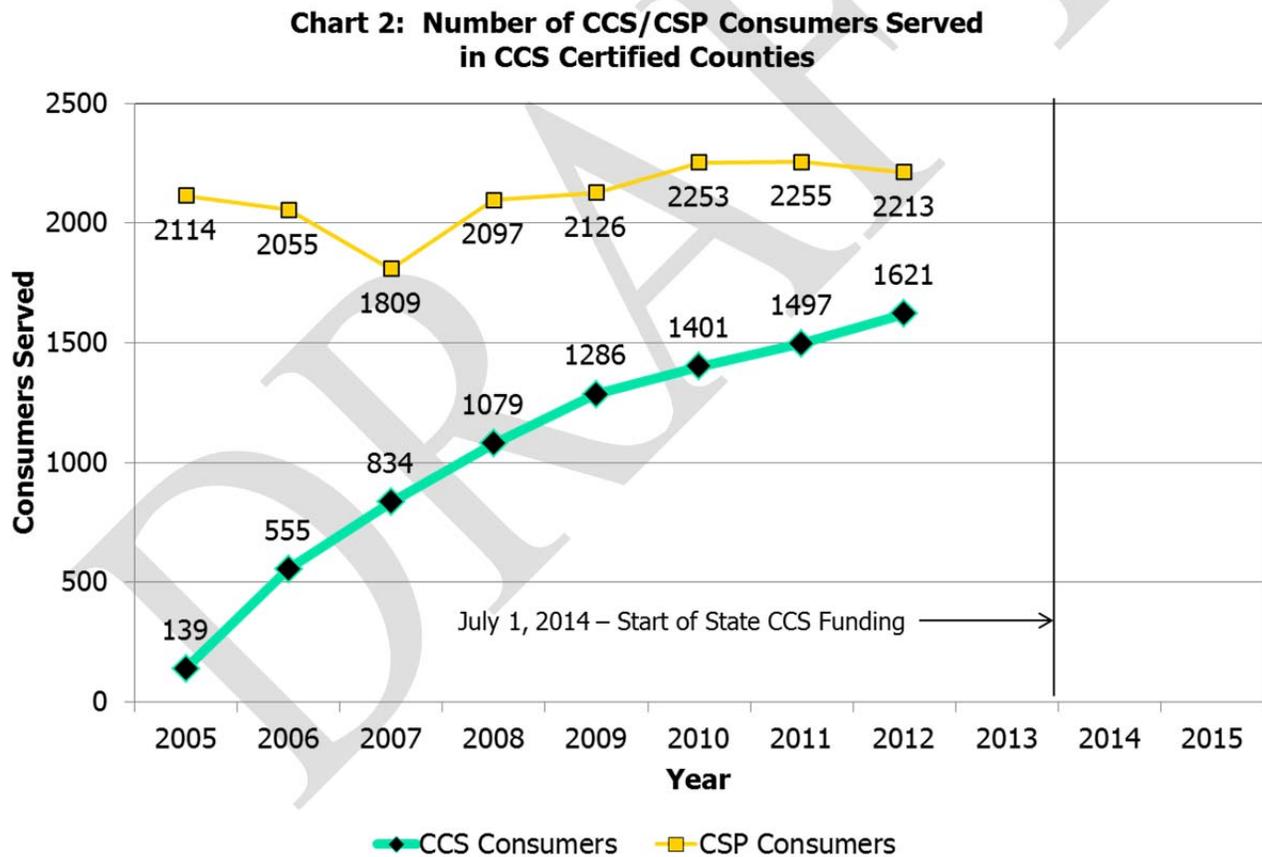
**COMPREHENSIVE COMMUNITY SERVICES (CCS) PROGRAMS**  
**April 2013**



## Number of Consumers Served

The number of consumers enrolled into CCS programs increased steadily from 2005-2011 as the number of CCS-certified counties increased. The number of consumers enrolled rose rapidly from 2005-2009 and has since slowed from 2010-2012, but the number of consumers served has grown every year. The number of consumers enrolled into CCS programs in each certified county is displayed on the following page.

Community Support Programs (CSP) are another psychosocial rehabilitation Medicaid benefit in Wisconsin which has been available since 1990 and currently is offered by 63 certified counties. Although CSP's overall are designed to serve consumers with more serious needs than CCS programs, a proportion of CCS consumers may also be eligible for enrollment in a CSP. While the 2014 State budget initiative provides State general revenue funding to match the federal Medicaid CCS funding, the CSP Medicaid matching funds must come from county revenue sources. To monitor potential changes in enrollment related to the two different funding arrangements, the number of CCS and CSP consumers served in the CCS-certified counties is displayed below.



Source: Human Services Reporting System Mental Health Module

**Chart 3:  
Number of CCS Consumers Served in the Past 4 Years by County**

<b>County</b>	<b>CCS Consumers Served in 2011</b>	<b>CCS Consumers Served in 2012</b>	<b>CCS Consumers Served in 2013</b>	<b>CCS Consumers Served in 2014</b>
Adams	33	x		
Brown	95	90		
Calumet	40	48		
Columbia	x	x		
Dodge	25	34		
Fond du Lac	x	x		
Forest/Oneida/Vilas	29	26		
Green	30	40		
Green Lake	x	x		
Jefferson	67	83		
Kenosha	68	41		
Kewaunee	x	x		
La Crosse	131	145		
Lincoln/Langlade/Marathon	213	253		
Manitowoc	25	x		
Marinette	0	25		
Outagamie	143	151		
Portage	35	35		
Richland	73	85		
Sauk	46	61		
Sheboygan	30	31		
Walworth	27	0		
Washington	53	48		
Waukesha	100	112		
Waushara	35	35		
Winnebago	87	104		
Wood	71	76		
<b>TOTAL CONSUMERS</b>	<b>1,497</b>	<b>1,621</b>		

X = due to HIPAA guidelines, totals less than 25 were removed to protect against the potential identification of consumers.

Source: Human Services Reporting System Mental Health Module

## Enrolling CCS Consumers Across All Ages

The CCS benefit is required by State statute HFS 36 to be offered to consumers of all ages. Specifically, children and elderly adults are expected to be served with CCS in addition to other adults when a county becomes certified to offer the CCS benefit. CCS can be individualized to the needs of consumers of varying ages and thus can increase access to mental health services for everyone within a county. The current status of efforts to serve consumers across the age spectrum for each county is described below. All consumers served in 2012 in each CCS-certified county are distinguished by three age groups in Chart 4 below. While most counties serve mostly adults 18-64 years of age, some counties are using the CCS benefit to focus on children such as Forest/Oneida/Vilas, Manitowoc, Marinette, and Waushara. Less than half of counties serve older adults.

**Chart 4:  
2012 CCS Consumer Age Groups by County**

<b>County</b>	<b>Children 17 and under</b>	<b>Adults 18-64</b>	<b>Older Adults 65 and over</b>
Adams	15.0%	85.0%	
Brown	2.2%	87.8%	10.0%
Calumet	52.1%	47.9%	
Columbia	57.1%	42.9%	
Dodge	23.5%	70.6%	5.9%
Fond du Lac Co	15.0%	75.0%	10.0%
Forest/Oneida/Vilas	69.2%	30.8%	
Green		97.5%	2.5%
Green Lake		100.0%	
Jefferson	49.4%	50.6%	
Kenosha	2.4%	90.2%	7.3%
Kewaunee	5.9%	94.1%	
La Crosse	16.6%	80.0%	3.4%
Lincoln/Langlade/Marathon	30.0%	64.4%	5.5%
Manitowoc	65.2%	34.8%	
Marinette	68.0%	32.0%	
Outagamie	19.2%	76.8%	4.0%
Portage	57.1%	42.9%	
Richland	37.6%	54.1%	8.2%
Sauk	60.7%	39.3%	
Sheboygan	38.7%	61.3%	
Washington	27.1%	68.8%	4.2%
Waukesha		100.0%	
Waushara	65.7%	34.3%	
Winnebago	34.6%	60.6%	4.8%
Wood	42.1%	57.9%	
<b>TOTAL CCS CONSUMERS STATEWIDE</b>	<b>28.5%</b>	<b>68.0%</b>	<b>3.6%</b>

Source: Human Services Reporting System Mental Health Module

## Medicaid Expenditures

In addition to potential changes in the number of consumers served with CCS, the availability of State funds for CCS may also increase the total expenditures for CCS across the state. Medicaid expenditures for CCS will be tracked by county to determine to what degree the new State funds will be used for additional CCS expenditures or as a substitute for county funds used to pay Medicaid claims before the State CCS budget initiative began on July 1, 2014. Medicaid paid claims are typically not all finalized until one year after the claim date. Since counties pay approximately 40% of the cost of CCS, the expenditure totals below represent only the approximately 60% that Medicaid pays of total costs.

**Chart 5:  
Medicaid Paid Claims by County**

CCS County	2011 Medicaid Paid CCS Claims	2011 Medicaid Consumers	2012 Medicaid Paid CCS Claims	2012 Medicaid Consumers
Adams	\$154,349	33	\$174,090	31
Brown	\$710,367	90	\$863,237	90
Calumet	\$169,242	39	\$128,954	44
Columbia	\$74,177	x	\$79,835	x
Dodge	\$63,200	26	\$72,975	31
Fond du Lac	\$94,765	x	\$81,647	x
Forest/Oneida/Vilas	\$133,452	28	\$166,491	x
Green	\$84,258	30	\$100,496	37
Green Lake	\$34,889	x	\$18,934	x
Jefferson	\$315,182	67	\$395,363	80
Kenosha	\$114,735	60	\$177,991	68
Kewaunee	\$7,645	x	\$37,206	x
LaCrosse	\$1,177,821	128	\$1,007,159	136
Lincoln/Langlade/Marathon	\$862,231	211	\$970,118	220
Manitowoc	\$155,114	x	\$156,894	x
Marinette	0	0	\$47,509	x
Outagamie	\$1,155,622	143	\$1,188,500	138
Portage	\$125,224	36	\$217,691	45
Richland	\$359,091	72	\$351,481	73
Sauk	\$404,415	46	\$521,111	59
Sheboygan	\$108,208	30	\$129,187	31
Walworth	\$317,282	27	\$296,495	32
Washington	\$339,902	53	\$424,570	55
Waukesha	\$1,005,789	99	\$1,141,232	100
Waushara	\$165,258	33	\$209,130	33
Winnebago	\$454,615	86	\$452,013	94
Wood	\$453,488	71	\$401,364	66
<b>Total</b>	<b>\$9,040,321</b>	<b>1,471</b>	<b>\$9,811,670</b>	<b>1,580</b>

X = due to HIPAA guidelines, totals less than 25 were removed to protect against the potential identification of consumers.

## Outcomes for Adults Served with the CCS Benefit

**Data source:** The Mental Health Functional Screen is a web-based tool that counties and providers use to assess the level of need for potential CCS consumers. After completing an assessment, information describing diagnoses, risk factors, daily living skills, and substance use is recorded in the web-based Functional Screen which uses an algorithm to determine a consumer's level of need. Consumers with the appropriate level of need may be enrolled into the CCS benefit. The Functional Screen is also repeated annually by providers to assess a consumer's progress.

**Period of time:** Consumers included in this initial draft of the CCS Report include had to be enrolled in CCS from May 2005 through August 2011. In addition, only consumers enrolled more than one year with multiple Functional Screens were included so consumer progress could be analyzed. The total enrollment into CCS from 2005-2011 was 2,069, but data from fewer consumers are included in this analysis due to missing data from counties and short episodes of care that are less than one year. Of the 2,069 CCS service recipients from 2005-2011, adequate Functional Screen data is available for 51% (1,057) of them.

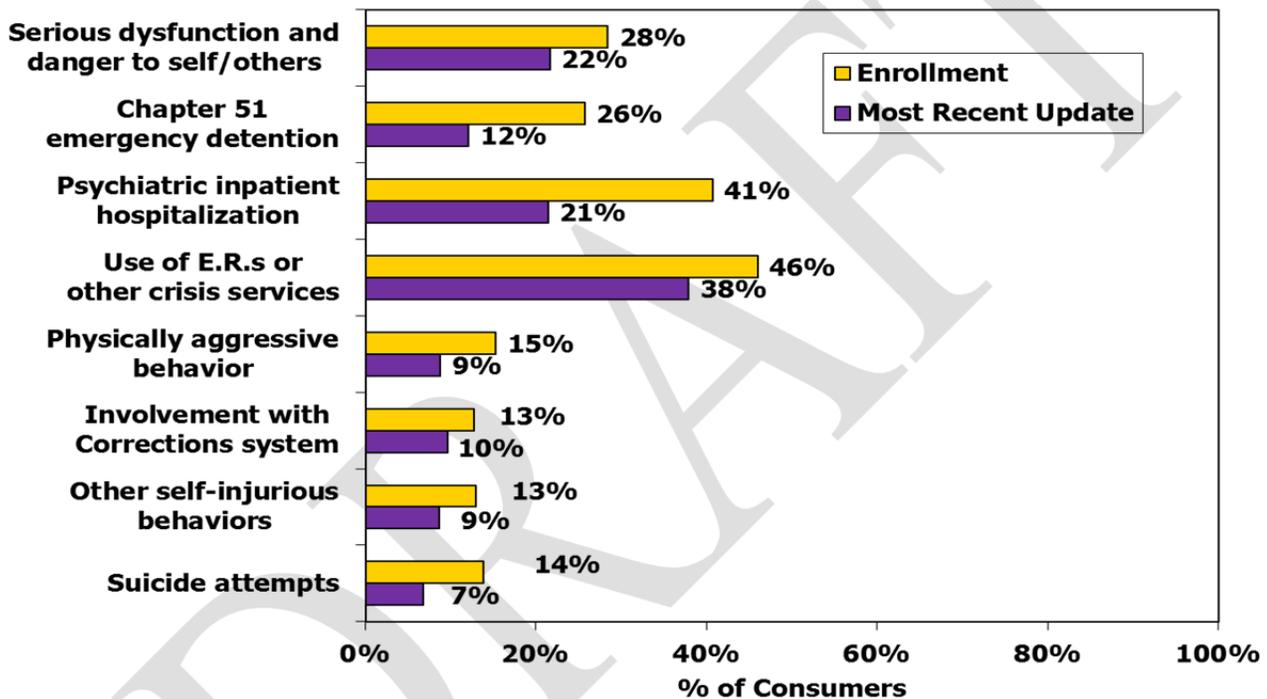
**Chart 6:**  
**CCS Adult Consumers Included In The Analyses Of Consumer Outcomes**

CCS County	Number of CCS Consumers with 2 or More Functional Screens
Adams	8
Brown	108
Calumet	16
Columbia	2
Dodge	17
Fond du Lac	16
Forest/Oneida/Vilas	5
Green	11
Green Lake	7
Jefferson	39
Kenosha	64
Kewaunee	3
LaCrosse	161
Lincoln/Langlade/Marathon	118
Manitowoc	15
Outagamie	122
Portage	7
Richland	44
Sauk	16
Sheboygan	14
Walworth	10
Washington	39
Waukesha	94
Waushara	15
Winnebago	54
Wood	52
<b>Total</b>	<b>1,057</b>

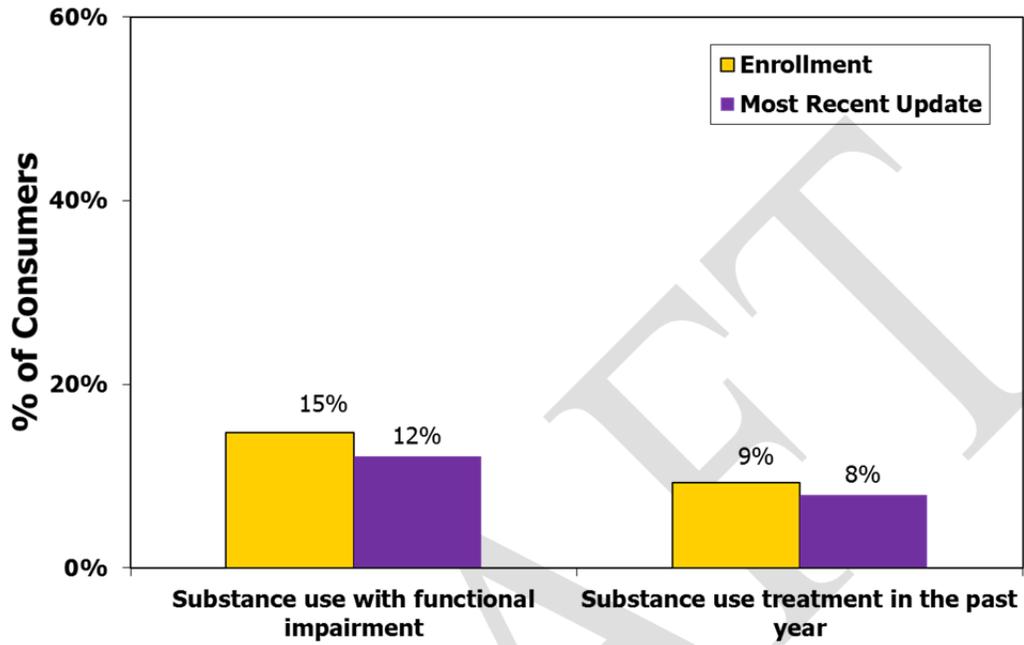
## Stabilizing Consumers Acute Needs

A significant percentage of consumers eligible for CCS have high risk needs and still experience acute care episodes. A CCS assessment is required to include a review of significant life stressors and establish a crisis prevention and management plan. CCS should stabilize a consumer's condition and decrease the need to rely on costly high-end services, such as emergency rooms and hospitals.

**Chart 7**  
**Are the 12-month rates of crisis and high risk behaviors reduced after being enrolled in the CCS benefit for at least 12 months?**



**Chart 8**  
**Are substance use problems reduced after being enrolled in the CCS benefit for at least 12 months?**



## Self -Management of Health Conditions

The CCS benefit recognizes the interaction of physical and substance abuse disorders with mental health disorders and how all areas of health may need to be addressed in some cases in order for the consumer to experience significant progress. As a result, the CCS assessment process is designed to cover physical, mental and substance abuse care needs. Any trauma history is also assessed to determine its potential impact on the consumer's health care needs.

The chart below illustrates consumers' ability to manage different aspects of their health. The percentage of CCS consumers who need assistance on at least a monthly basis to manage their health are described below. The different abilities consumers are assessed on are:

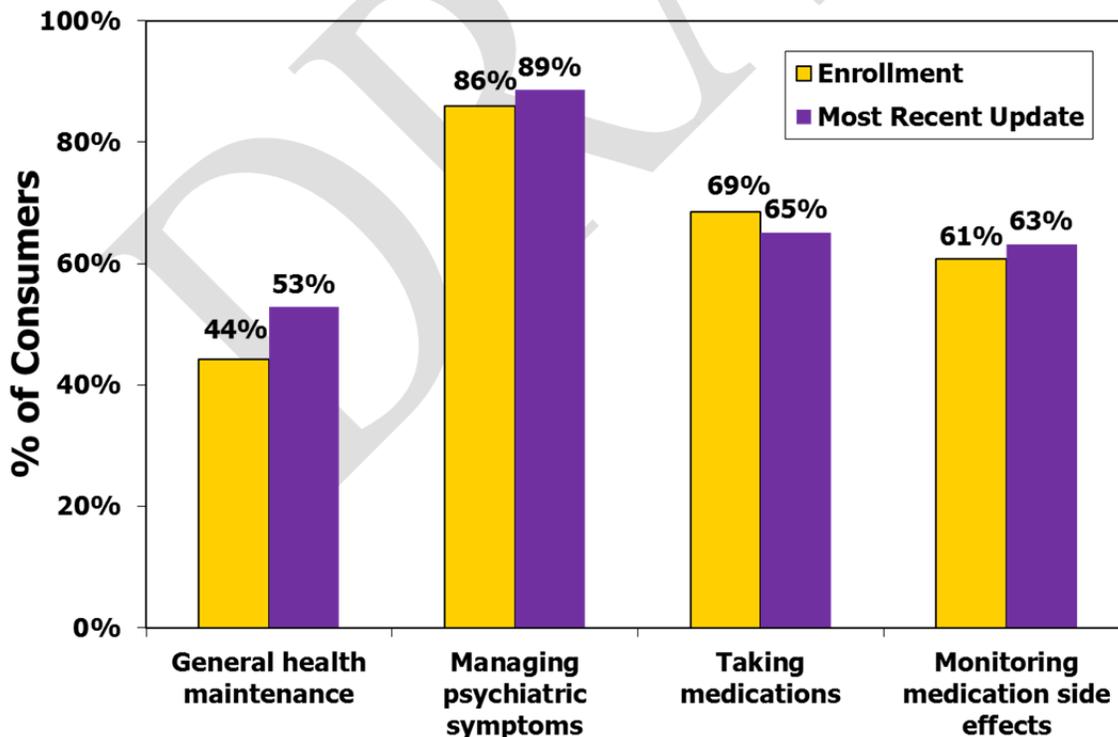
General health maintenance: ability to care for one's own physical health and recognize symptoms including tasks such as scheduling and keeping medical appointments.

Managing psychiatric symptoms: ability to manage one's mental health symptoms

Taking medications: ability to schedule medication administrations and take mental health medications

Monitoring medication side effects: ability to monitor possible medication side effects, report them to a doctor, and follow dose changes as prescribed.

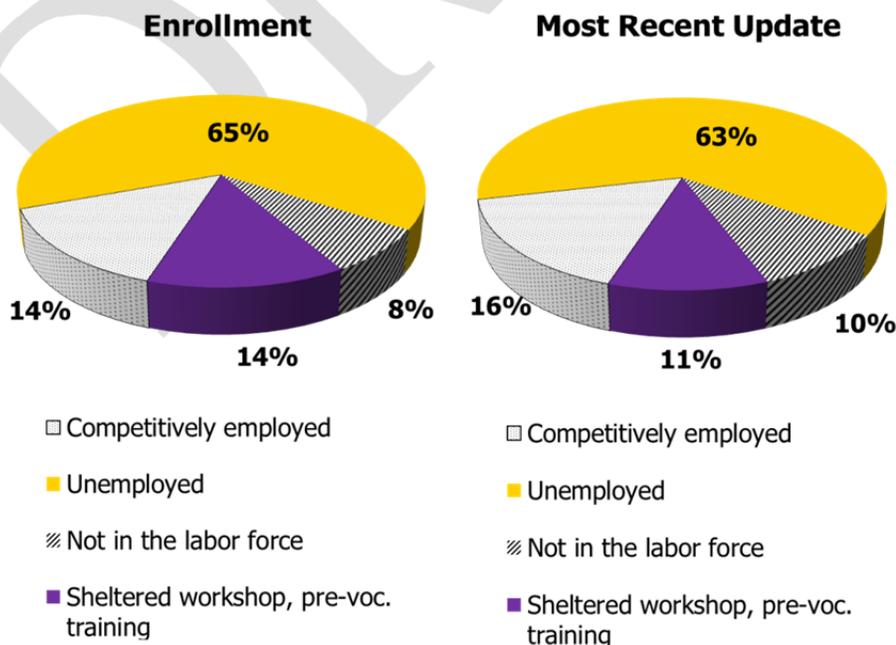
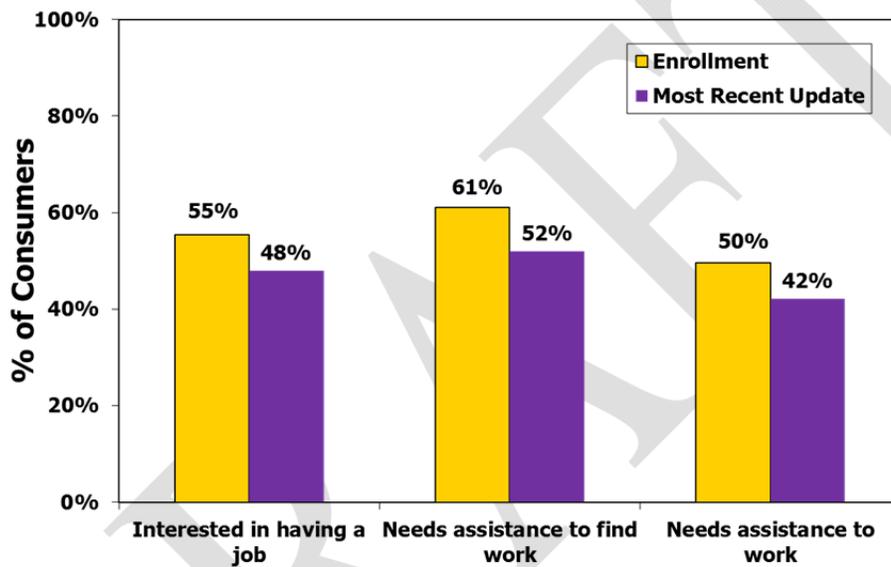
**Chart 9**  
**How many CCS consumers need assistance in managing their own health conditions at least monthly?**



## Employment

One of the goals of CCS is to establish an environment in which the consumer's basic needs are addressed. Constant uncertainty about a person's ability to meet their basic needs can be a barrier to a person's ability to address their mental health needs. Unemployment can lead to financial insecurity and stress about meeting one's basic needs. CCS providers work with consumers to increase consumers' vocational skills and assist with the job search process.

**Chart 10**  
**Has consumers' employment status or skills and interest improved while participating in CCS?**



## Living Stability

One of the goals of CCS is to establish an environment in which the consumer's basic needs are addressed. Constant uncertainty about a person's ability to meet their basic needs can be a barrier to a person's ability to address their mental health needs. An unstable living situation can lead to stress about meeting one's basic needs and be a barrier to effective treatment. CCS providers work with consumers to increase living situation stability.

**Chart 11**  
**Has consumers' living situation stabilized while participating in CCS?**

Living Situation	At Enrollment	Most Recent Update
<b><i>Home Setting</i></b>		
Own Home Or Apartment	58%	71%
Someone Else's Home Or Apartment	13%	7%
<b><i>Residential Assisted Living</i></b>		
Adult Family Home	3%	3%
Group Home - CBRF	16%	11%
Residential Care Apartment Complex	1%	4%
Transitional Housing	4%	1%
<b><i>Institutional Facility</i></b>		
Mental Health Institute, Nursing Home, IMD	2%	2%
<b><i>Other</i></b>		
Homeless, shelter, other	3%	1%

## Outcomes for Youth Served with the CCS Benefit

The Functional Eligibility Screen for Children’s Long-Term Support Programs (CLTS FS) determines functional eligibility for youth from birth to age 21 including a specific "Level of Care" (where relevant), and a Target Group for seven different programs. One of these programs is Comprehensive Community Services (CCS). This tool is completed initially when a client is seeking services and is supposed to be completed annually for all clients. This report describes a longitudinal comparison of 401 youth CCS clients’ initial and most recent status on several outcomes, for both current and former CCS clients combined. The total enrollment into CCS from 2005-2011 was 705, but data from fewer consumers are included in this analysis due to missing data from counties and short episodes of care that are less than one year. Of the 705 CCS youth service recipients from 2005-2011, adequate Functional Screen data is available for 57% (401) of them. The results displayed on the following pages indicate that most status indicators remained fairly similar over time.

**Chart 12**  
**CCS Youth Consumers Included In The Analyses Of Consumer Outcomes**

CCS County	Number of CCS Consumers with 2 or More Functional Screens
Adams	2
Brown	3
Calumet	16
Columbia	2
Fond du Lac Co	2
Forest/Oneida/Vilas	9
Green Lake	2
Jefferson	26
Kenosha	8
La Crosse	24
Lincoln/Langlade/Marathon	104
Manitowoc	11
Outagamie	28
Portage	20
Richland	26
Sauk	19
Sheboygan	5
Walworth	8
Washington	11
Waushara	24
Winnebago	14
Wood	37
<b>Total</b>	<b>401</b>

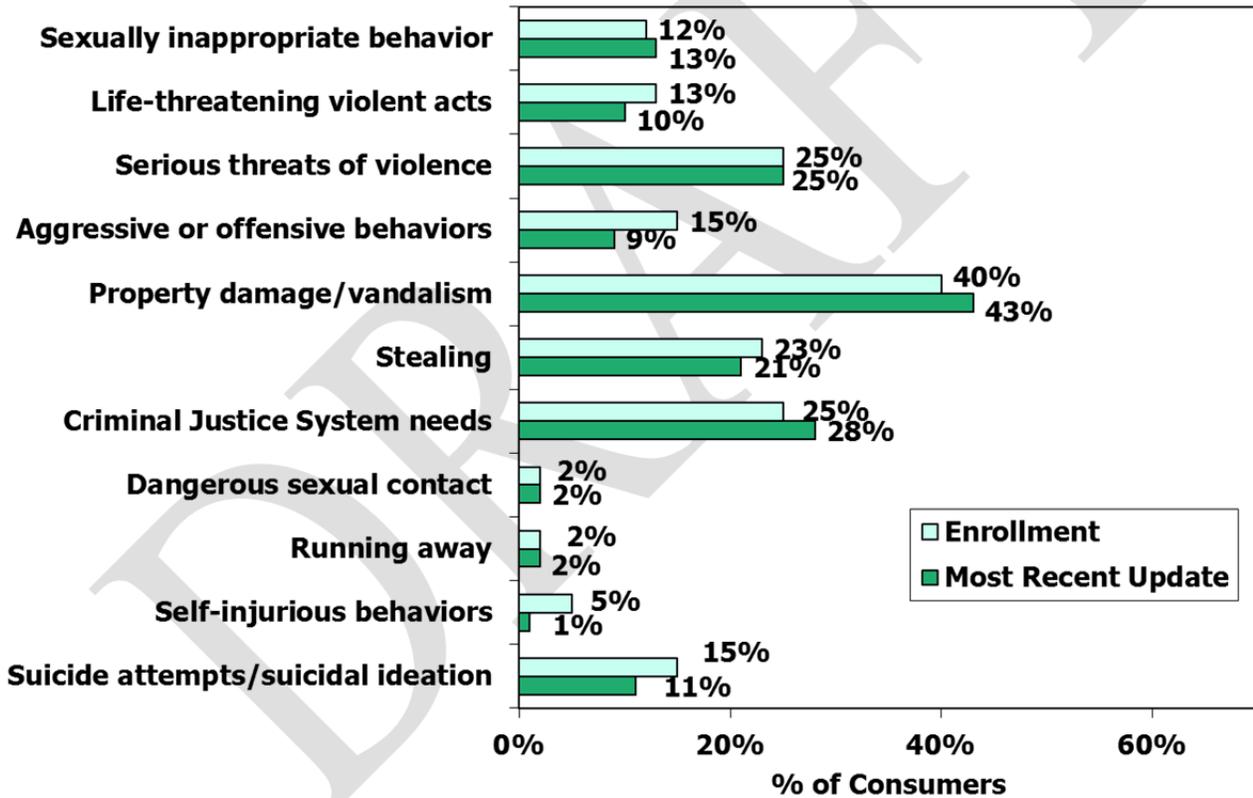
## Stabilizing Youth Acute Needs

Mental health services were needed by 99% of youth in CCS at baseline, and 98% at their most recent status. Substance abuse services were needed by 4% of youth in CCS at baseline, and 5% at their most recent status.

Several risk factors were also assessed for youth CCS clients as described in the chart below. The percentage of children changed little for the majority of risk factors. However, there was a slight reduction in the percentage of youth with suicide attempts, self-injurious behaviors, and aggressive or offensive behaviors.

**Chart 13**

**Are the 12-month rates of high risk behaviors reduced after being enrolled in the CCS benefit for at least 12 months?**

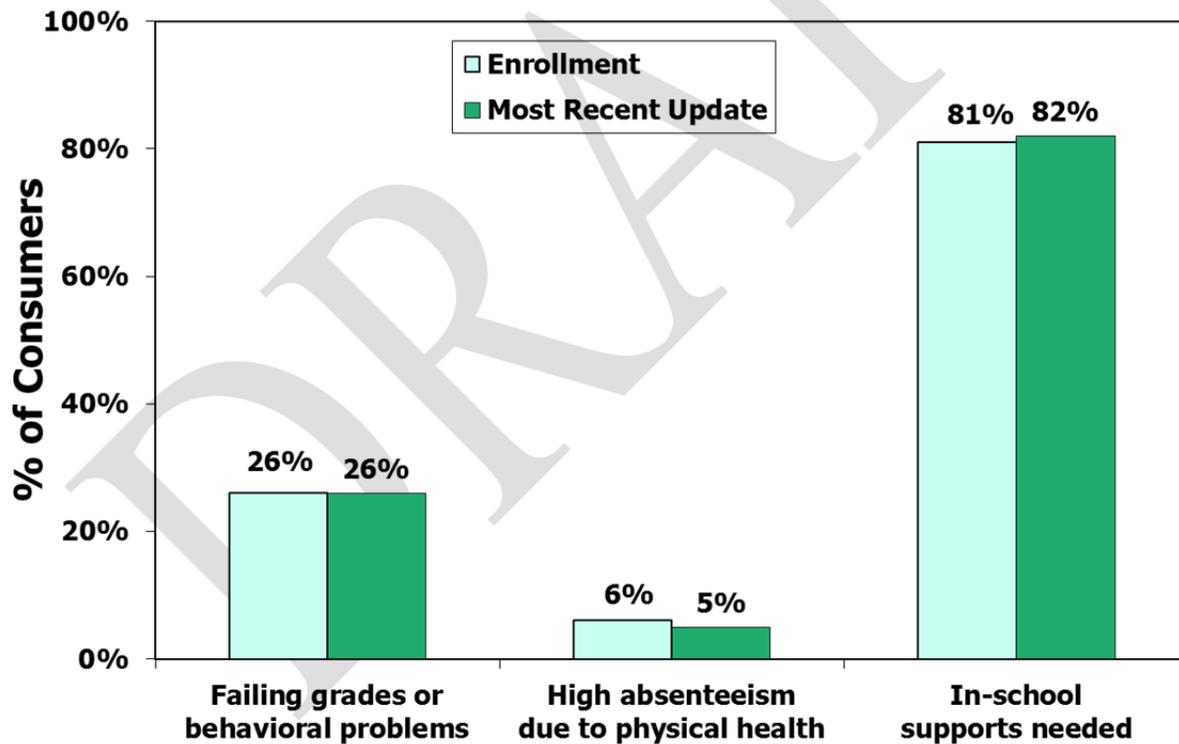


## Youth Employment and Educational Status

Of 154 youth aged 14 and over in CCS, 6% were employed at baseline and 12% were employed at their most recent status. All were employed part-time.

At baseline, 26% of youth in CCS had behavior or emotional needs that caused failing grades, repeated truancy or expulsion, suspension, or an inability to conform to a school or work schedule over half the time. At their most recent status, 26% of youth had these same needs. In-school supports for emotional or behavioral problems were needed for 81% of youth in CCS at baseline and 82% most recently. These youth also may have had an Individualized Educational Plan (IEP), Behavioral Intervention Plan (BIP), or required regular behavioral intervention to avoid harm to themselves or others. For 6% of youth in CCS at baseline and 5% most recently, their physical health caused them to miss over half their classes or to require home education.

**Chart 14**  
**Has youth academic and behavioral status improved while participating in CCS?**



## Youth Living Stability

At both baseline and at their most recent status, 74% of youth in CCS were living with their parents, legal guardians, or other unpaid family members. At baseline, 17% were placed in foster care or foster homes, compared to 18% at their most recent status. Only 4% of youth in CCS were living in a state psychiatric institution or mental health institute at baseline and 3% at their most recent status.

**Chart 15**  
**Have youth living situations stabilized while participating in CCS?**

<b>CCS Youth Living Situations</b>	<b>At Enrollment</b>	<b>Most Recent Update</b>
With Parent(s), Legal Guardian	74%	72%
With Family Member(s)	1%	2%
CBRF (Community-Based Residential Facility), Group Home	2%	2%
Foster Care, Treatment Foster Home	17%	18%
Mental Health Institute, IMD, Child Caring Institution	4%	3%
Other (Includes Juvenile Detention or Jail)	2%	3%

# **APPENDIX**

## **Notes about the data and analyses**

### *How are CCS participants identified?*

- Consumers recorded in HSRS as receiving CCS were eligible for the analyses. Consumers administered a MH Functional Screen are not necessarily enrolled into CCS, so the FS data cannot be used to identify CCS consumers.
- Service (SPC) start and end dates were used to identify dates of CCS participation.
- CCS consumers enrolled through 6-30-2011 were eligible for the analyses which allowed for the possibility of 12-month follow-up outcome indicators to be measured (collected by 6/30/2012).

### *What outcome data was used?*

- The MH Functional Screen data was used to measure outcome indicators because it has a wider array of indicators available.
- All screens were eligible to be included in the analyses if completed on 1/1/2005 and later.

### *How were indicators identified to represent a consumer's status at enrollment?*

- Indicators were taken from the FS completed closest to the HSRS CCS start date independent of whether the Screen was listed as an annual or initial screen.
- "Enrollment" Screens were selected if they were within 3 months of the HSRS CCS start date.
- If more than one "Enrollment" screen was within 3 months, the latest one was selected (using SCREEN ORDER).

### *How were indicators identified to represent a consumer's most recent updated status?*

- The most recent FS was selected to measure a CCS consumer's most recent status independent of whether a consumer was still enrolled in CCS or not.
- Only Screens at least 12 months older than the consumer's "Enrollment" Screen were included in the analysis.