

 **Department of Health Services** 

Comprehensive Community Services (CCS)

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What is CCS?

Publicly-operated behavioral health program that provides support services to promote recovery from mental health and substance use concerns.

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More Than Therapy and Medicine

- Fosters recovery in a number of areas (physical, emotional, social, and environmental) with a variety of services and/or supports
- Addresses the fact that symptom reduction is enhanced by improvements in these areas

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Who is Eligible for CCS?

- Adults with mental illness and children with Severe Emotional Disturbance (SED)
- Adults and adolescents with substance use disorders
- Adults and/or children that need more than outpatient counseling but less than an intensive wraparound program

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CCS Goals

- Increase access to treatment and services
- Increase programs that promote recovery
- Strengthen county resources
- Reduce costly inpatient services and need for crisis and emergency services

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CCS Promotes Recovery

- Has a coordinated and comprehensive array of services
- Uses person-centered planning and services
- Incorporates family and natural supports
- Provides individualized (no cookie cutter) services
- Supports a trauma-informed care approach

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CCS Service Array

- Screening and assessment
- Service planning
- Service facilitation
- Diagnostic evaluation
- Medication management
- Physical health monitoring
- Peer support
- Skill development
- Employment skill training
- Psychoeducation
- Wellness management
- Psychotherapy
- Substance use treatment
- Non-traditional services

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SAMHSA's 10 Guiding Principles of Recovery

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CCS Implementation

- Began in 2005
- Plateaued in 2009 at 31 counties

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Expansion Barriers

- Cost of the 40 percent non-federal match of Medicaid
- Lack of consumers and infrastructure in smaller counties to make it work

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CCS Expansion

- Regional models
 - Shared services
 - Multi-county
 - Population-based
 - 51.42
 - Tribal nation
- Regions eligible for state funding for the non-federal share of Medicaid

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CCS Expansion

- Open to existing CCS counties and new counties and tribes
- Voluntary participation by counties and tribes

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CCS Increases Access

- Expansion started July 1, 2014
- Expansion doubled CCS counties: 31 to 62
- Expansion added one tribe
- Expansion increased admissions: 1,731 to 4,005

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CCS Reduces the Reliance on Costly Services

Decreased need for multiple systems or higher end services

- Fewer emergency room visits
- Fewer hospital visits
- Fewer civil commitments
- Fewer suicides
- Less physical aggression
- Less criminal justice involvement

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CCS Reduces the Reliance on Costly Services

Integration of physical and behavioral care

- Provides physical health monitoring and medication management services
- Provides services that assists consumer with understanding and engagement with health care
- Includes health care providers in service coordination and CCS treatment team

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CCS Reduces the Reliance on Costly Services

- Consumers over served in higher cost services, costs decrease when consumers enters CCS
- Consumers underserved in current services use, higher cost emergency rooms/hospitals, costs decrease when consumers enter CCS

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CCS Demographics

- Gender
 - Half male
 - Half female
- Age
 - 17 or younger (32%)
 - 18–20 years (5%)
 - 21–64 years (59%)
 - 65 years or older (4%)

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CCS Demographics

- Race and Ethnicity
 - 90 percent White, non-Hispanic
 - 5 percent African-Americans (7% in Wisconsin)
 - 2 percent American Indian/Alaskan Native (1% in Wisconsin)
 - 2 percent Hispanics (7% in Wisconsin)
- Veterans: 2 percent (7% in Wisconsin)

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CCS Functional Screens

- Assess mental health and substance use needs
- Completed before CCS enrollment
- Completed annually and at CCS discharge
- Initial and update screens compared to assess impact of CCS

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CCS Consumer Outcomes

- Adults
 - Psychiatric inpatient stays: ↓ 50 percent
 - Chapter 51 Emergency Detentions (EDs): ↓ 58 percent
- Children
 - Suicide attempts or significant ideation: ↓ 47 percent
 - Destruction of property or vandalism: ↓ 50 percent
 - Serious threats of violence: ↓ 41 percent
 - Stealing or burglary: ↓ 36 percent

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CCS Strengthens Local Resources

- Builds on local assets and need
- Assists individuals to utilize professional, community, and natural supports
- Regions allow small counties to have the number of consumers and infrastructure to provide CCS
- Regions create efficiencies and allows expanded services

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CCS Regional Models Strengthen Local Resources

- Allow small counties to provide CCS
- Allow expanded services
- Create efficiencies in program administration

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CCS Oversight

Department of Health Services oversight of CCS is a coordinated effort of four areas

- Division of Care and Treatment Services (DCTS)
- Division of Quality Assurance (DQA)
- Division of Health Care Access and Accountability (DHCAA)
- Office of the Inspector General (OIG)

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What Are Their Roles?

- DCTS designs psychosocial programs by writing and interpreting administrative rules
- DQA certifies programs and reviews them to determine if programs are operating within the administrative rules

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What Are Their Roles?

- DHCAA sets Medicaid policy that determines what services are allowable and will be reimbursed and that determines how costs will be reported and reconciled
- OIG completes and reviews audits and determines if administrative rules and Medicaid policy were followed and payment was appropriate

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CCS Embodies

- Recovery, resilience
- Trauma-informed care
- Person-centered care and planning
- Recovery-Oriented Systems of Care (ROSC)

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Contact Us with Questions

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