



State of Wisconsin  
Department of Health Services

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Scott Walker, Governor  
Kitty Rhoades, Secretary

February 28, 2014

The Honorable Alberta Darling, Senate Co-Chair  
Joint Committee on Finance  
Room 317 East, State Capitol  
Madison, WI 53707

The Honorable John Nygren, Assembly Co-Chair  
Joint Committee on Finance  
Room 309 East, State Capitol  
Madison, WI 53708

Dear Senator Darling and Representative Nygren:

Pursuant to s. 49.45(30e)(e), I am submitting to you a report outlining the Department's implementation of Comprehensive Community Services (CCS) on a regional basis statewide. I am also requesting the release and transfer of \$10,202,000 GPR in FY 15 from the Committee's appropriation under s. 20.865(4)(a) to the DHS appropriation under s. 20.435(4)(b) to fund the non-federal share of CCS costs for counties that implement the regional model.

2013 Wisconsin Act 20 adopted the Governor's plan to begin funding both the non-federal and federal share of Medicaid allowable CCS program costs beginning July 1, 2014 in counties that elect to deliver CCS on a regional basis, as approved by the Department. The goal of the Governor's plan is to significantly strengthen county resources to provide early intervention and treatment services to people with mental illness through programming that promotes recovery and reduces costly inpatient services. The budget provides \$10,202,000 GPR in FY 15 to fund the non-federal share of CCS costs.

As a condition of releasing the funds, the Legislature directed the Department to submit the attached report on the regional implementation, addressing the following components:

1. A description of the criteria the Department is applying to CCS regions.
2. A description of how CCS regions will be established and the role of counties and tribes in that process.
3. A list of counties that have indicated intent to provide CCS on a regional basis.
4. An evaluation of the estimated long-term costs of the proposed regional model

As discussed in the report, the Department has re-estimated the FY 15 costs of the regional model based on projected enrollments submitted by counties. The new estimate for FY 15, \$10,539,300 GPR, is slightly higher than the budgeted amount, and the Department will manage that small difference as part of funding needs for the overall Medicaid budget.

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The goal behind expanding CCS statewide is to enable people with mental illness to access evidence-based treatment services to address their illness and promote recovery. In many parts of the state, individuals are too often not receiving the services they need, and expanding access will improve not only their lives but those of their families and communities as well.

Untreated mental illness can have wide ranging consequences, including poorer employment and educational outcomes and higher demands on the criminal justice, correctional, juvenile justice, child welfare, and primary and acute health care system. An expanded CCS program will ameliorate these negative outcomes and reduce costs over time.

I appreciate the Committee's support for this important initiative and look forward to working with you on the statewide implementation. Please contact me with any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Kitty Rhoades".

Kitty Rhoades  
Secretary

cc: Members of the Joint Committee on Finance