



Wisconsin
Department of Health Services

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

What's the CCS Data Telling Us?
Comprehensive Community Services
2014 Monitoring Report

Presented by Laura Blakeslee and Tim Connor
CCS Statewide Meeting • April 6, 2016

Introduction

This summary of the Comprehensive Community Services (CCS) 2014 Monitoring Report describes:

- CCS expansion across Wisconsin
- Division of Mental Health and Substance Abuse Services (DMHSAS)-approved and Division of Quality Assurance (DQA)-certified CCS programs and regions
- Data collection processes
- Counts and characteristics of consumers served by CCS
- Medicaid recipients of, and expenditures paid for, CCS services
- CCS services offered, including evidence-based practices (EBPs)
- Discharge reasons and outcomes for CCS consumers
- Consumer satisfaction with CCS services

CCS Expansion

▶ CCS Administration

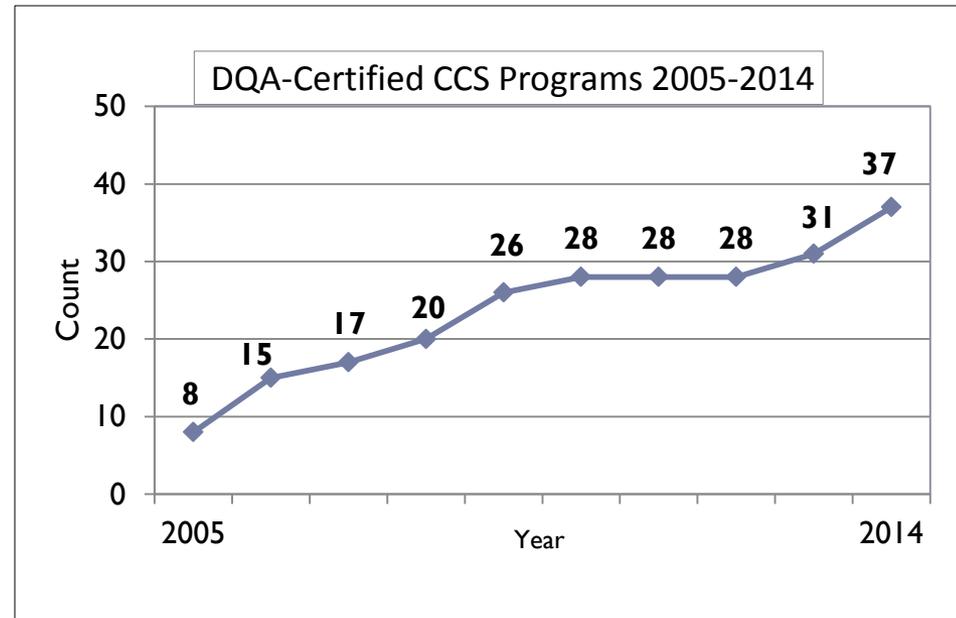
- DHS Administrative Code, Chapter DHS 36
- DMHSAS-Approved
- DQA-Certified

▶ DQA-Certified Programs

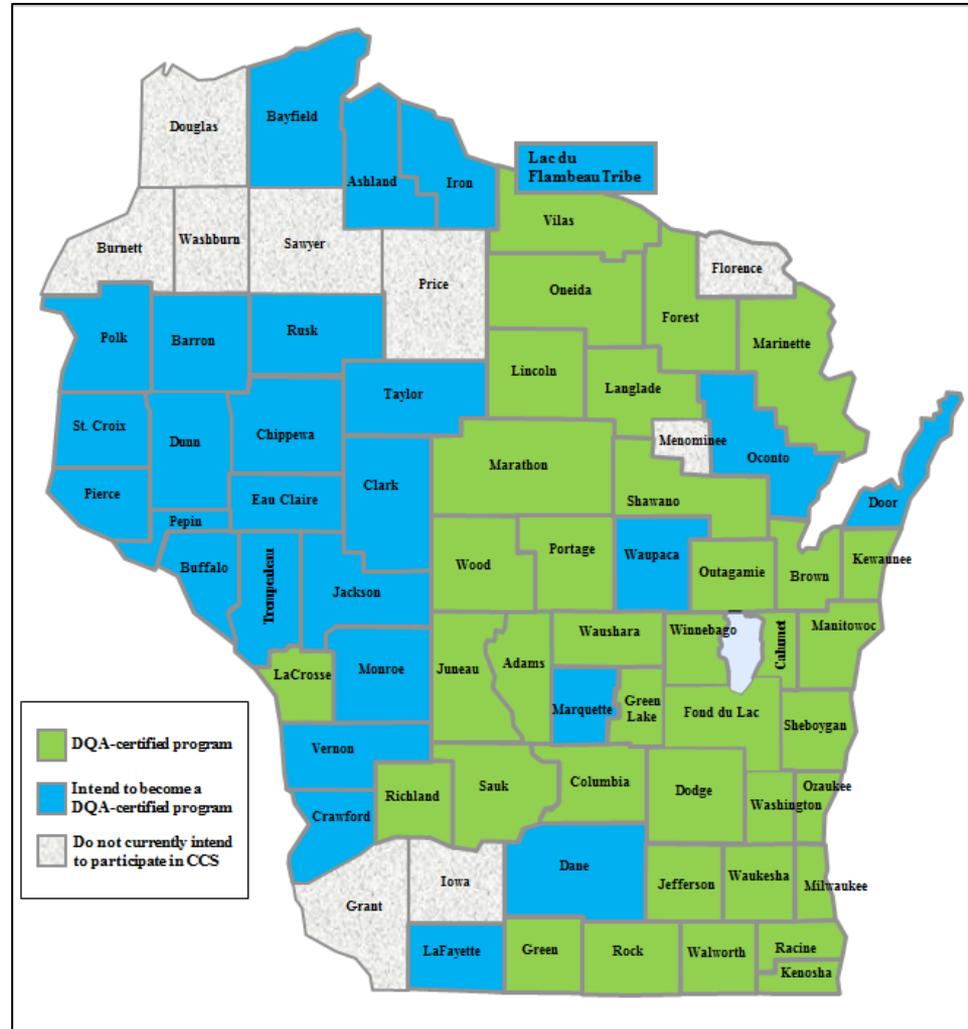
- 2005: 8 programs
- Dec 31, 2013: 31 programs
- Dec 31, 2014: 37 programs
(+6 = +19% in 2014)

▶ DQA-Certified Regions

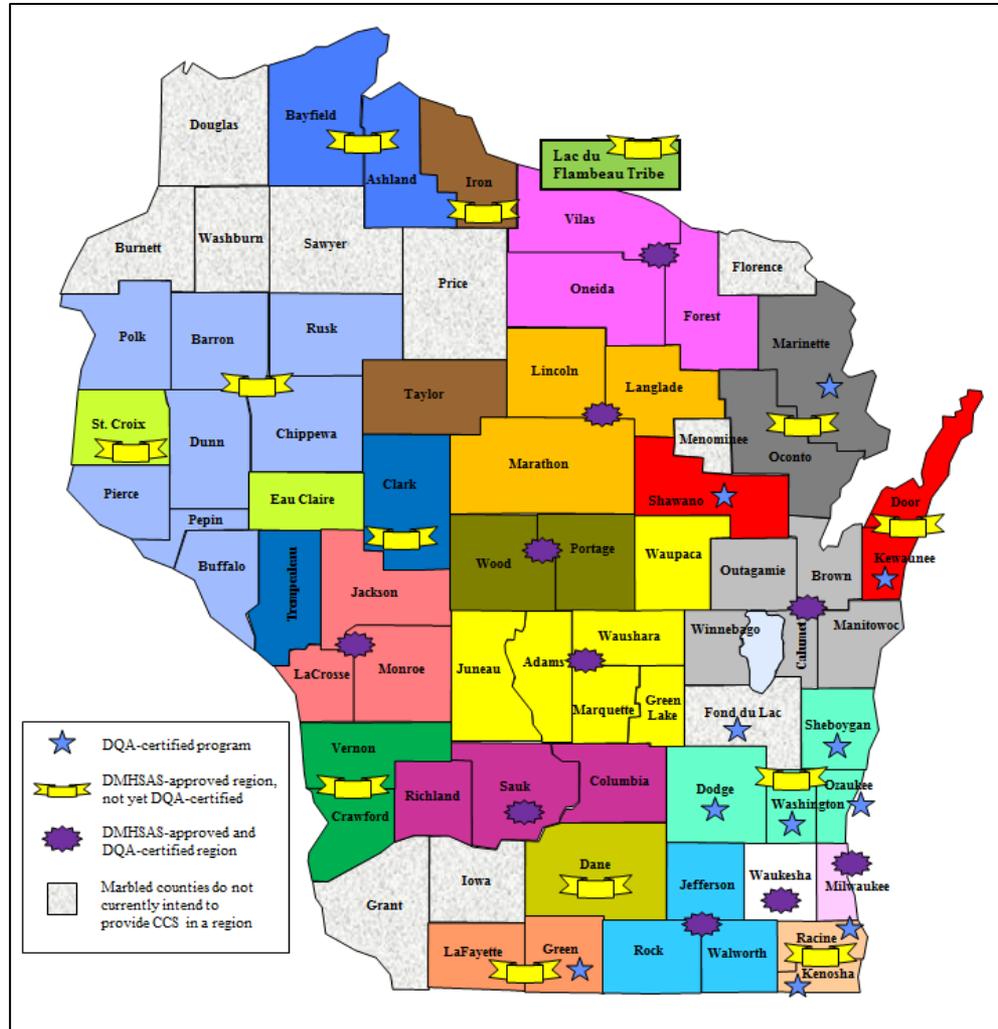
- Dec 31, 2013: 3 regions
- Dec 31, 2014: 10 regions
(+7 = +233% in 2014)



CCS Programs (as of December 31, 2014)



CCS Regions (as of December 31, 2014)

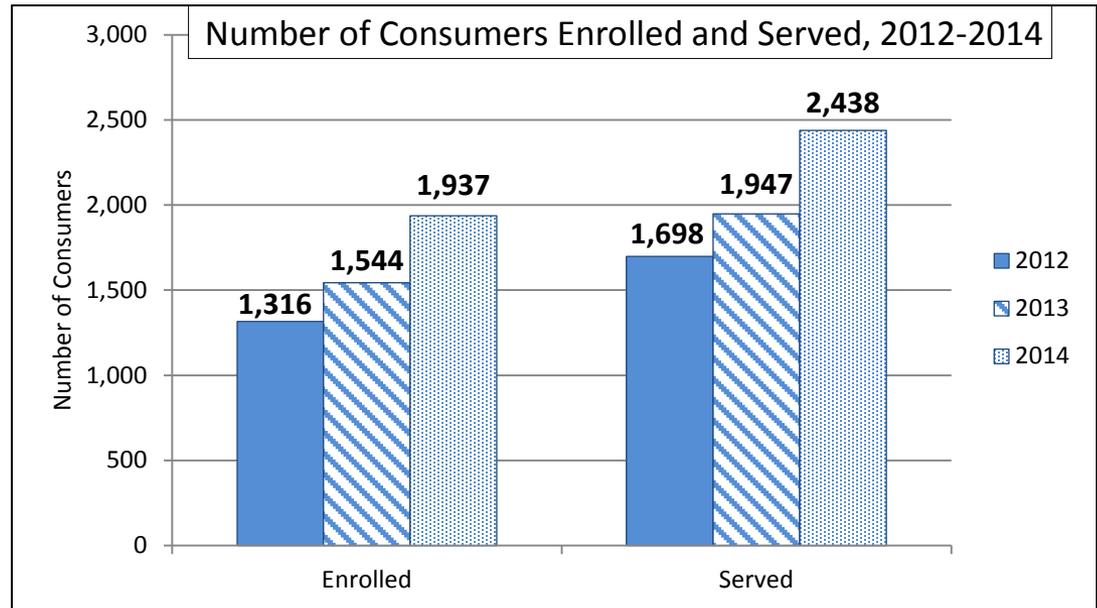


Data Collection Processes

- ▶ Quarterly Program Enrollment Reports
- ▶ Annual Program Surveys
 - Admissions and discharges
 - Consumer demographics
 - Evidence-based practices (EBPs)
- ▶ Program Participation System (PPS) Data
- ▶ Medicaid Recipients and Expenditures
- ▶ Functional Screen Data
 - Adult (18 years and older)
 - Children (17 years and younger)
- ▶ Annual Consumer Satisfaction Surveys
 - Adults (18 years and older)
 - Youth (13-17 years)
 - Family (12 years and younger)

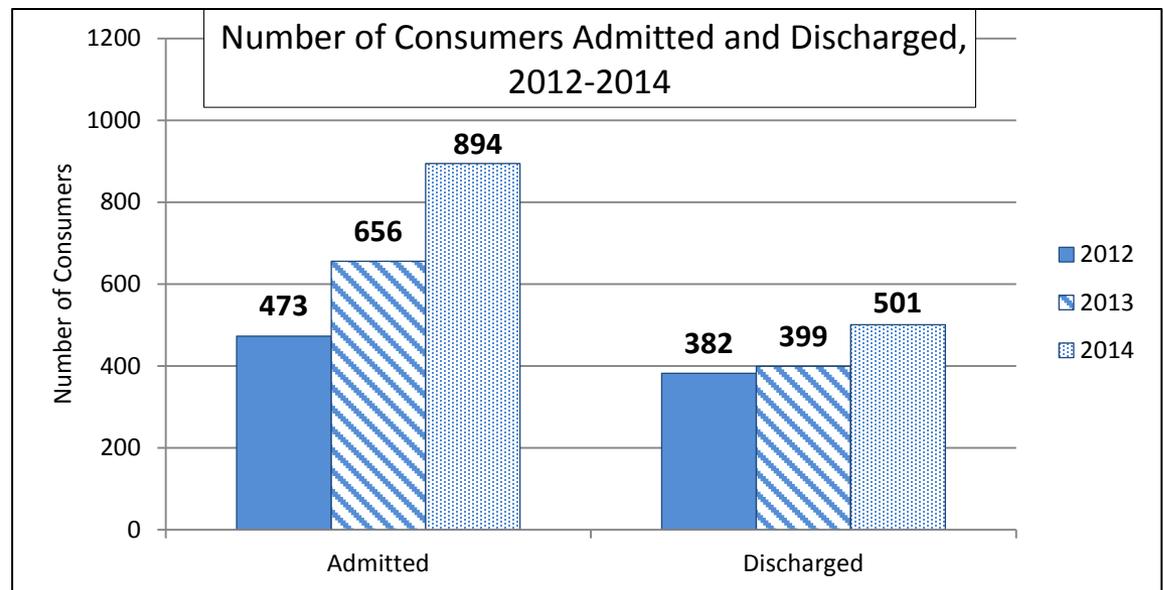
Consumers Enrolled and Served

- ▶ Consumers Enrolled (as of December 31, each year)
 - 2012: 1,316
 - 2013: 1,544 (+17%)
 - 2014: 1,937 (+25%)
- ▶ Consumers Served (during the calendar year)
 - 2012: 1,698
 - 2013: 1,947 (+15%)
 - 2014: 2,438 (+25%)



Consumers Admitted and Discharged

- ▶ Consumers Admitted (during the calendar year)
 - 2012: 473
 - 2013: 656 (+39%)
 - 2014: 894 (+36%)
- ▶ Consumers Discharged (during the calendar year)
 - 2012: 382
 - 2013: 399 (+4%)
 - 2014: 501 (+26%)



Demographics

- ▶ Gender: half male, half female
- ▶ Age:
 - Most 21–64 years (59%)
 - Many 17 or younger (32%)
 - Some 18–20 years (5%)
 - Few 65 years or older (4%)
- ▶ Race and Ethnicity:
 - Mostly White, non-Hispanic (90%)
 - 5% African-Americans (7% in Wisconsin)
 - 2% American Indian/Alaskan Native (1% in Wisconsin)
 - 2% Hispanics (7% in Wisconsin)
- ▶ Veterans: 2% (7% in Wisconsin)

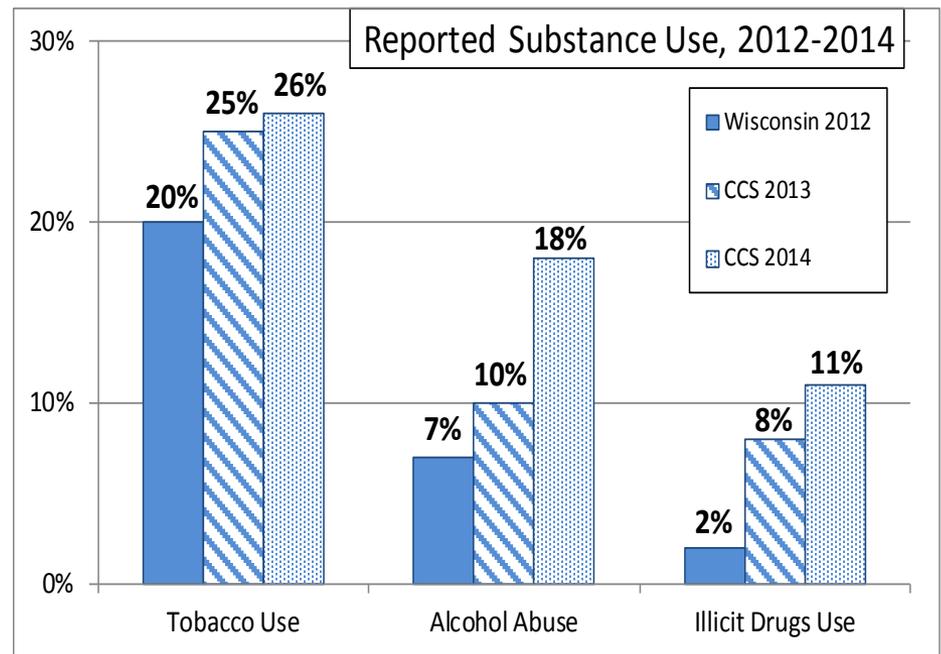
Medical Conditions and Substance Use

▶ Medical Conditions

- Lower prevalence of health problems than expected (e.g., obesity, high blood pressure, high cholesterol)
- Maybe CCS consumers are younger than U.S. population, but also staff may not routinely collect medical data

▶ Reported Substance Use

- 1 in 4 used tobacco
- 1 in 5 abused alcohol
- 1 in 10 used illicit drugs

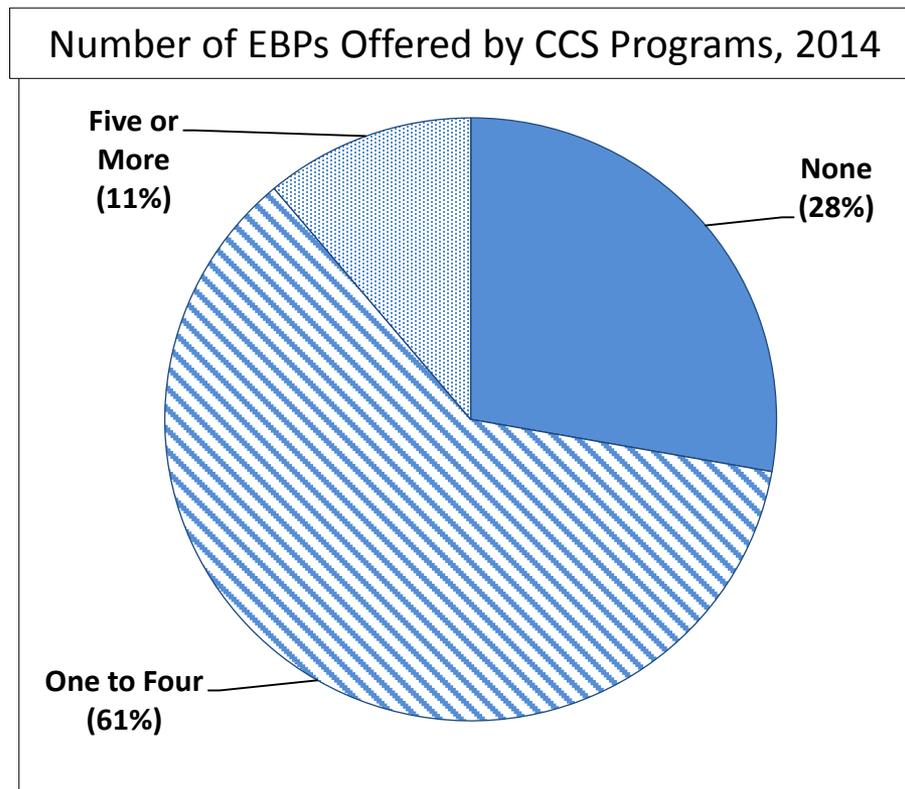


Medicaid Recipients and Expenditures

- ▶ Some consumers receive CCS services under the standard Medicaid fee-for-service system
- ▶ Count of CCS Medicaid Recipients
 - 2012: 1,649
 - 2013: 1,849 (+12%)
 - 2014: 2,328 (+26%)
- ▶ Medicaid Claims Expenditures for CCS services provided
 - 2012: \$9.8 million
 - 2013: \$10.6 million (+8%)
 - 2014: \$14.9 million (+40%)

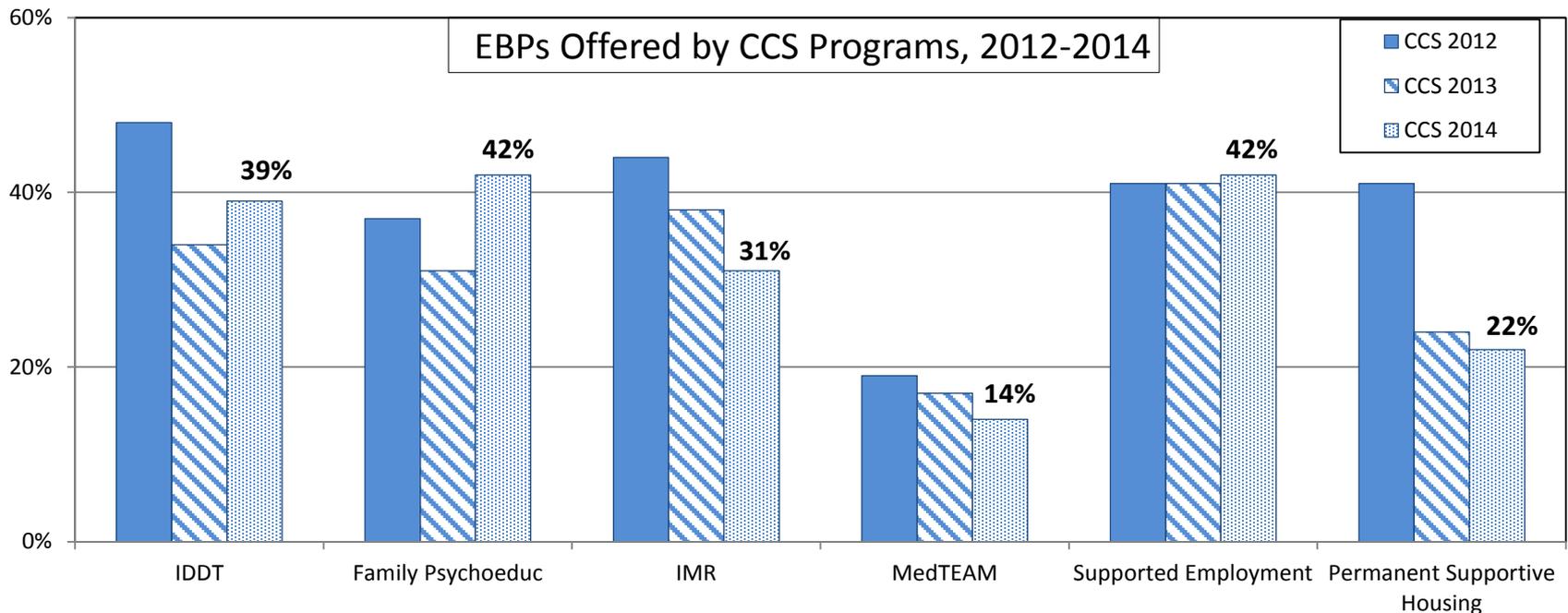
Evidence-Based Practices (EBPs)

- ▶ 1 in 4 of programs (28%) offered no EBPs (none)
- ▶ 6 in 10 programs (61%) offered some EBPs (one to four)
- ▶ 1 in 10 programs (11%) offered many EBPs (five or more)



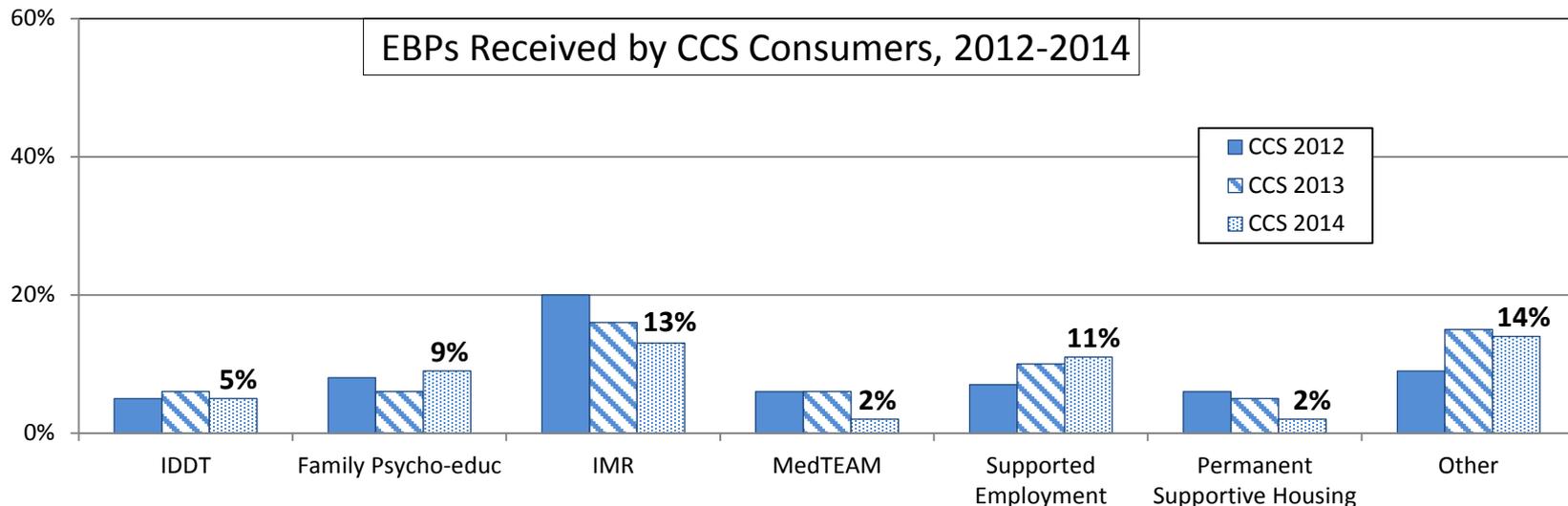
EBPs Offered

- ▶ Less than half of all CCS programs offered any one EBP
- ▶ Most commonly offered EBPs were:
 - Supported Employment: offered by 42% of CCS programs
 - Family Psycho-education: offered by 42%
 - Integrated Dual Disorder Treatment (IDDT): offered by 39%



EBPs Received

- ▶ EBP's were received by only 2%-14% of consumers
- ▶ Most commonly offered EBP's were:
 - Illness Management and Recovery (IMR): 13% of consumers
 - Supported Employment: 11%
 - Family Psycho-education: 9%
 - Other EBP's: 14% (including Motivational Interviewing, Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy)



EBP Training, Toolkits, and Monitoring

▶ Training

- Most programs (80%-100%) trained staff to implement EBPs
- 38% trained staff to implement Permanent Supportive Housing

▶ Toolkits

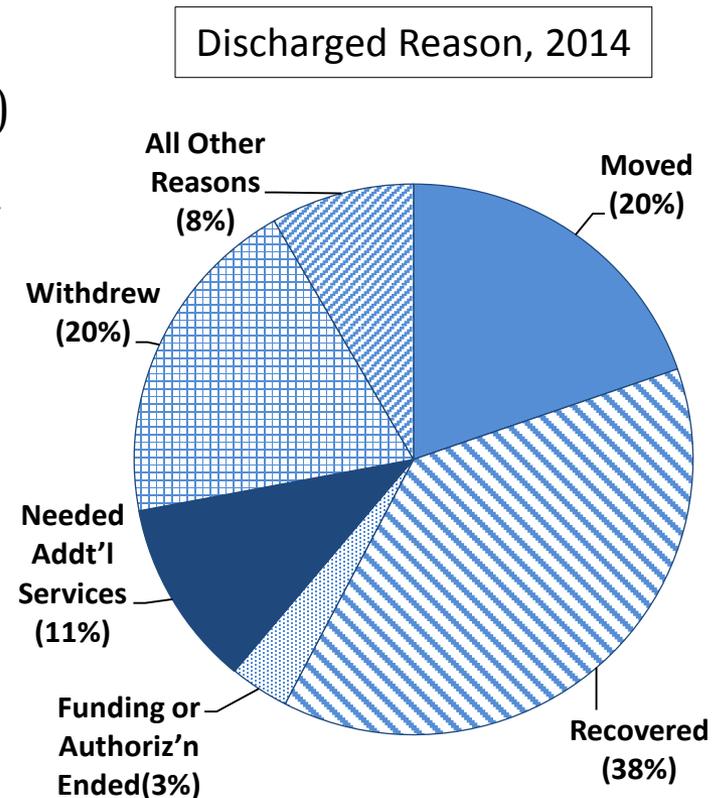
- Most (91%) used a toolkit to implement IMR
- Half (40%-60%) used toolkits for IDDT, Family Psycho-education, MedTEAM, and Supported Employment
- Few (13%) used a toolkit for Permanent Supportive Housing

▶ Monitoring

- Half (53%) monitored their implementation of Supported Employment
- Less than one third (20%-36%) monitored fidelity to other EBPs
- Few programs used an outside monitor to gauge fidelity, except half (47%) of programs offering Supported Employment

Consumer Discharge Reasons

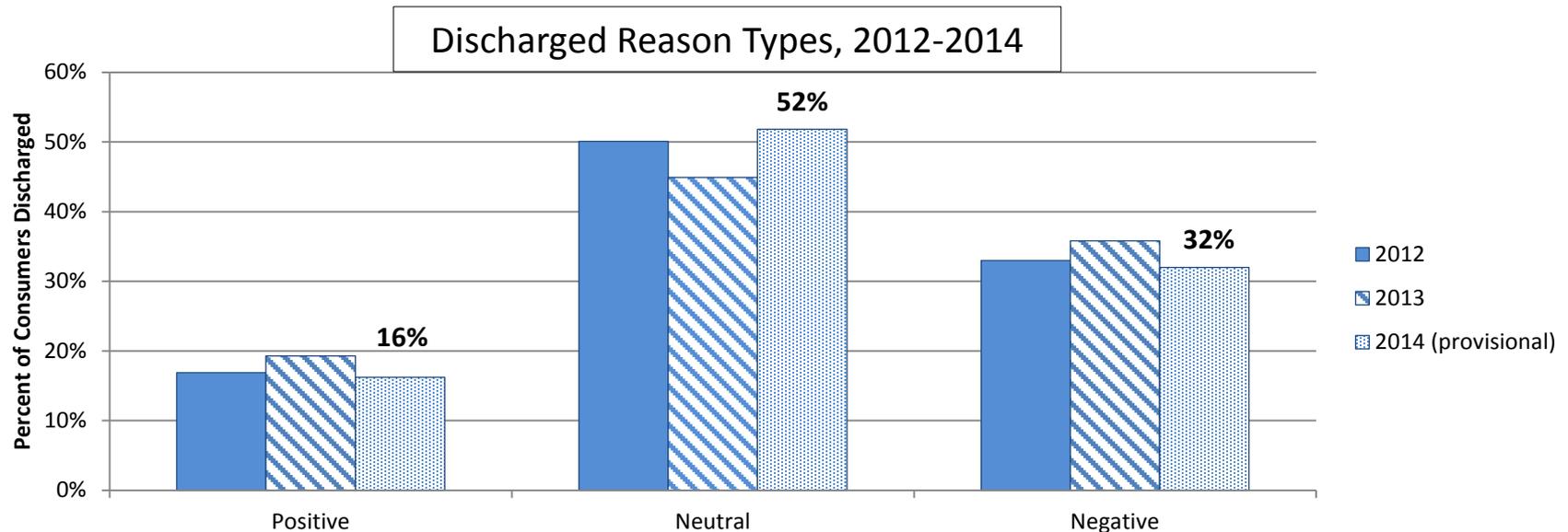
- ▶ 1 in 5 consumers (501 of 2,438 served) were discharged in 2014
- ▶ Discharge Reasons
 - 1/3 recovered (no longer need services)
 - 1/5 moved out of the CCS service area
 - 1/5 withdrew from CCS
 - 1/10 needed additional services (beyond what CCS can offer)
 - 1/33 funding or authorization ended



Discharge Reason Types

Discharge Reason Types (grouped)

- “Positive” (16%) = completed services with major or moderate improvement
- “Neutral” (52%) = service ended because referred, transferred, or no probable cause
- “Negative” (32%) = completed services but no change, withdrew against staff advice, funding expired, incarcerated, entered nursing home, etc.



Consumer Outcomes

- ▶ **Functional Screens–Adults and Children**
 - Assess mental health and substance abuse needs
 - Initial screen completed before CCS enrollment
 - Update screen completed annually and at CCS discharge
 - Initial and update screens compared to assess impact of CCS (for 1,657 adults and 581 children)

- ▶ **Outcomes among Adults**
 - Psychiatric inpatient stays: 50% decline
 - Chapter 51 Emergency Detentions (“ED”s): 58% decline

- ▶ **Outcomes among Children**
 - Suicide attempts or significant ideation: 47% decline
 - Destruction of property or vandalism: 50% decline
 - Serious threats of violence: 41% decline
 - Stealing or burglary: 36% decline

Consumer Satisfaction

- ▶ CCS programs administer three satisfaction surveys to consumers with six months or more of services:
 - ROSI Adult Satisfaction Survey (consumers ages 18 and over)
 - MHSIP Youth Satisfaction Survey (consumers ages 13-17)
 - MHSIP Family Satisfaction Survey (parents of children ages 12 and under)

- ▶ Results include:
 - Average scores for all consumers:
 - Overall Mean: Satisfaction across all survey questions
 - Six Scales: Satisfaction calculated for related survey questions
 - Percent of CCS consumers who had a:
 - More recovery-oriented/positive experience
 - Less recovery-oriented/positive experience
 - Mixed experience

Consumer Satisfaction – ROSI Adults

Average Scores and Percent of Adult Consumers Reporting a Mostly, Mixed, and Less Recovery-Oriented Experience, 2014

	Overall Adult ROSI Mean	Scale 1 - Person Centered	Scale 2 - Barriers Exist	Scale 3 - Empower	Scale 4 - Employ	Scale 5 - Negative Staff Approach	Scale 6 - Basic Needs
Average Score for All Consumers	3.3	3.5	3.1	3.5	3.1	3.5	3.1
Percent with Mostly Recovery-Oriented Experience	75.7%	83.5%	49.1%	89.7%	63.3%	77.6%	72.4%
Percent with Mixed Experience	23.5%	14.3%	44.0%	9.4%	29.8%	17.3%	20.9%
Percent with Less Recovery-Oriented Experience	0.7%	2.2%	6.8%	1.0%	6.9%	5.2%	6.7%

- 76% of adults reported a “mostly recovery-oriented experience”
- Scale 3: 90% said they felt “mostly” empowered by staff
- Scale 1: 84% said services were “mostly” person-centered
- Scale 2: But many felt “barriers exist” to their recovery

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Consumer Satisfaction – MHSIP Youth

Average Scores and Percent of Youth Consumers Reporting a More, Mixed, and Less Positive Experience, 2014

	Overall Youth MHSIP Mean	Scale 1 - Satisfaction	Scale 2 - Participation	Scale 3 - Access	Scale 4 - Culture	Scale 5 - Outcomes	Scale 6 - Social Connectedness
Average Score for All Consumers	4.2	4.3	4.2	4.3	4.6	3.9	4.2
Percent with More Positive Experience	92.9%	86.9%	89.4%	90.2%	96.0%	75.6%	90.5%
Percent with Mixed Experience	7.1%	13.1%	7.1%	4.9%	4.0%	22.0%	7.1%
Percent with Less Positive Experience	0.0%	0.0%	3.5%	4.9%	0.0%	2.4%	2.4%

- 93% of youth reported a “more positive experience”
- Scale 4: 96% said services were culturally-sensitive
- Scale 6: 91% said they felt socially-connected
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Conclusions

▶ Key Findings

- Expanded number of programs, regions, consumers served
- Elderly, Hispanics, and veterans under-represented
- Reported substance use increased
- Few EBPs received by consumers, little monitoring for fidelity
- Most satisfied with CCS services, less satisfied with outcomes

▶ Next Steps

- Better represent Wisconsin's population
- Address consumers' physical health
- Expand EBPs delivered to consumers with fidelity
- Improve satisfaction with CCS outcomes

Thank you

- ▶ Link to CCS 2014 Monitoring Report:
 - ▶ <https://www.dhs.wisconsin.gov/publications/p01224.pdf>
- ▶ For additional information about CCS, please visit:
 - ▶ dhs.wisconsin.gov/ccs
- ▶ For questions or comments, please contact:
 - ▶ Laura.Blakeslee@wisconsin.gov
 - ▶ Tim.Connor@wisconsin.gov