What’s the CCS Data Telling Us?
Opportunities to Work with Coordinated Services Teams Initiatives, Alcohol and Other Drug Consumers, and Forensic Consumers

Presented by Tim Connor
CCS Statewide Meeting
September 7, 2016
Current CCS Programs

CCS Statewide Meeting • September 7, 2016
Consumers Enrolled and Served

- New Consumer Enrollments:
  - 2012: 473
  - 2013: 656 (+39%)
  - 2014: 894 (+36%)
  - 2015: 1,959 (+119%)

- Total Consumers Served:
  - 2012: 1,698
  - 2013: 1,947 (+15%)
  - 2014: 2,438 (+25%)
  - 2015: 3,876 (+59%)
New and Continuing CCS Consumers, 2012-2015

Number of Consumers

2012 2013 2014 2015

New Enrollments  Continuing Consumers

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Medicaid Expenditure Trend

Medicaid fee for service claim expenditures for CCS services provided:
- 2012: $9.8 million
- 2013: $10.6 million (+8%)
- 2014: $15.8 million (+49%)
- 2015: $35.2 million (+123%)
CCS Consumer Demographics

- **Gender:** half male, half female

- **Age:**
  - 21–64 years (59%)
  - 17 or younger (32%)
  - 18–20 years (5%)
  - 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)
2015 CCS Youth Ages

- 5 & under: 3%
- 6-8 yrs.: 12%
- 9-11 yrs.: 18%
- 12-14 yrs.: 30%
- 15-17 yrs.: 27%
- Youth in Transition: 18-20 yrs.: 10%
- 12-14 yrs.: 30%
- 9-11 yrs.: 18%
- 6-8 yrs.: 12%
- 5 & under: 3%

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CCS Role in County Mental Health Service Provision

CCS Youth % of All Youth

<table>
<thead>
<tr>
<th>Category</th>
<th>States</th>
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<tbody>
<tr>
<td>No data in 2015</td>
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<tr>
<td>&lt; 10%</td>
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<td>10-19%</td>
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<td>20-29%</td>
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<td>30% or more</td>
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CCS-CST Similarities/Opportunities

- Family/consumer-centered
- Focus on supporting the consumer in the community
- Involve the consumer and natural supports in strength-based assessment and planning
- Promote collaboration and team decision-making
- Outcome-oriented
CCS-CST Similarities/Opportunities

- Coordinating Committee structure
- Assessment across all life domains
- Crisis response planning
- Service coordination
- Same primary Program Participation System mental health data requirements (some additional requirements for CST)
CST Medicaid Utilization (2015)

- CSTs receive annual state DHS grant for $60,000
- County/tribal human services funds and Medicaid funds are the most frequent secondary sources
- Medicaid used by 51 percent of CSTs (25 percent of CSTs use the CCS Medicaid benefit)
Characteristics of CSTs Using Medicaid

- Use a wider variety of funding sources.
- Provide a wider array of wraparound support services (7 vs. 5)
- Have a higher average of CST Coordinator FTEs (2.2 vs. 1.5)
- Serve an average of more than twice the number of youth (28 vs. 12)
CCS Youth Opportunities

- CCS program’s role within the county service system varies greatly while the prevalence of youth needs should not.
- The CCS-CST similarities lend themselves to integration.
- CCS can fill the need for additional funding and services for CSTs.
- 68 percent of CCS certified counties and tribes still have the opportunity to start collaborating with CSTs who are not yet billing for the CCS medical assistance benefit.
The Use of CCS for Consumers with Alcohol and Other Drug Abuse (AODA) Needs
Reported Substance Use

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

![Bar chart showing reported substance use among CCS consumers, 2012-2014.](image_url)
One percent of CCS consumers had AODA diagnoses only in 2015.

Five percent additional CCS consumers had mental health/AODA co-occurring diagnoses.

Overall, six percent of CCS consumers had an AODA diagnosis.
Difficult to track AODA services provided to CCS consumers because CCS services reported as a bundle to Medicaid and Program Participation System (PPS).

However, 24 CCS programs reported consumers through the PPS AODA data system.

In 2015, 145 CCS consumers (4%) were reported in PPS to have received AODA services.
CCS Programs Reporting AODA Services

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Less than half of all CCS programs offered any one evidence-based practice (EBP)

Integrated Dual Disorder Treatment (IDDT) offered by 39 percent
- EBPs were received by 2 percent to 14 percent of consumers
- IDDT provided to 5 percent of CCS consumers statewide
An estimated 25-29 percent of CCS consumers abuse substances

- Since six percent have an AODA diagnosis, a possible additional 19 percent could use a more comprehensive AODA assessment.
- Since four percent are reported to have received AODA services, a possible additional 21 percent could benefit from AODA services.

Some CCS programs have an untapped capacity to provide IDDT to consumers with co-occurring mental health/AODA needs
The Use of CCS for Consumers in the Forensic System
Wait Lists for Competency Evaluations Growing

- The number of criminal cases being referred under Wis. Stat. § 971.14(2) for competency evaluations is increasing dramatically
  - A 232 percent increase occurred from 2012-2015.
  - Most of the increase occurred from 2012-13, but a 14 percent increase occurred in the last year from 2014-2015.

- The number of criminal cases being referred under Wis. Stat. § 971.14(5) for treatment to competency is increasing as well
  - A 81 percent increase occurred from 2012-2015.
  - Most of the increase occurred from 2012-13 and started to level off as of 2014-2015.

- Long waiting lists for treatment have developed forcing individuals to stay in jail longer until a slot opens.

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Forensic clients involved with the public mental health system

- 58 percent of forensic clients receiving competency evaluations from 2012-16 received public mental health services from the county system in the same period
- 45 percent of forensic clients from 2012-16 received public mental health services before or at the time of their first competency evaluation order

22 percent of individuals in the forensic system have two or more cases in the system

- Five percent of forensic clients received public mental health services in the 12 months after the disposition for their first competency evaluation
What do we know about the reasons for the increase in competency evaluation referrals?

Is there a possible role for CCS programs in reducing the number of referrals for competency evaluations?
- For existing CCS participants
- For potential CCS participants

Is there a role for CCS programs in treating individuals leaving the forensic system to prevent recidivism?
- How many CCS programs have relationships with the forensics system?
Thank you

- For additional information about CCS, please visit:
  - dhs.wisconsin.gov/ccs

- For questions or comments, please contact:
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