



Participant Functional Outcomes Analysis

The overarching goal of [Comprehensive Community Services \(CCS\)](#) is to support participants to do well on the path to recovery. Changes in the functional needs of CCS participants may be used to illustrate how well the statewide program supports its participants to achieve this goal. This document features the results of an analysis of statewide functional screen data for a recent group of CCS participants.

Key findings of this analysis include:

- CCS helps participants do well on the path to recovery. This impact is more pronounced for adult participants when compared to youth.
- CCS successfully achieves its goal to reduce costly, acute services such as inpatient, crisis, and emergency services for many of its participants.
- CCS may be able to better identify adult participants with substance use problems and help them to enroll in effective treatment.
- CCS helps to improve some adult participants' living situations.
- CCS decreases likelihood of suicide attempts and suicidal ideations among youth participants.
- CCS decreases the likelihood to destroy or vandalize property among youth participants.

Method

Eligible CCS participants are those who participated in CCS for at least six months across 2016-2017, as indicated by billed claims in Medicaid fee-for-service claims data. Data on CCS participant outcomes is from functional screen instruments approved by the Wisconsin Department of Health Services, which are required to be administered upon program entry and each year during enrollment in CCS.¹

For each qualifying CCS participant, data from two or more points in time was examined across a period starting January 1, 2014, and continuing through the latest data available at the time of the analysis, which was June 30, 2018. The expansion of CCS began in July 2014. Each participant's earliest and latest functional screen was identified and then compared to show possible changes in functioning outcomes for these CCS participants. After selection, the average period between each person's earliest and latest screen averaged two years and six months for adults and two years and three months for youth.

¹ This includes the Adult Functional Eligibility Screen for Mental Health and Alcohol and Other Drug Abuse (substance use disorder) and the Functional Eligibility Screen for Children's Long-Term Supports. General information on these screens is available through the Wisconsin Department of Health Services [Functional Screen webpage](#). The screener instructions for the [Adult Functional Eligibility Screen for Mental Health and Alcohol and Other Drug Abuse \(substance use disorder\)](#) and the [Functional Eligibility Screen for Children's Long-Term Supports](#) provide further definitions of the screen items analyzed as outcomes in this report.

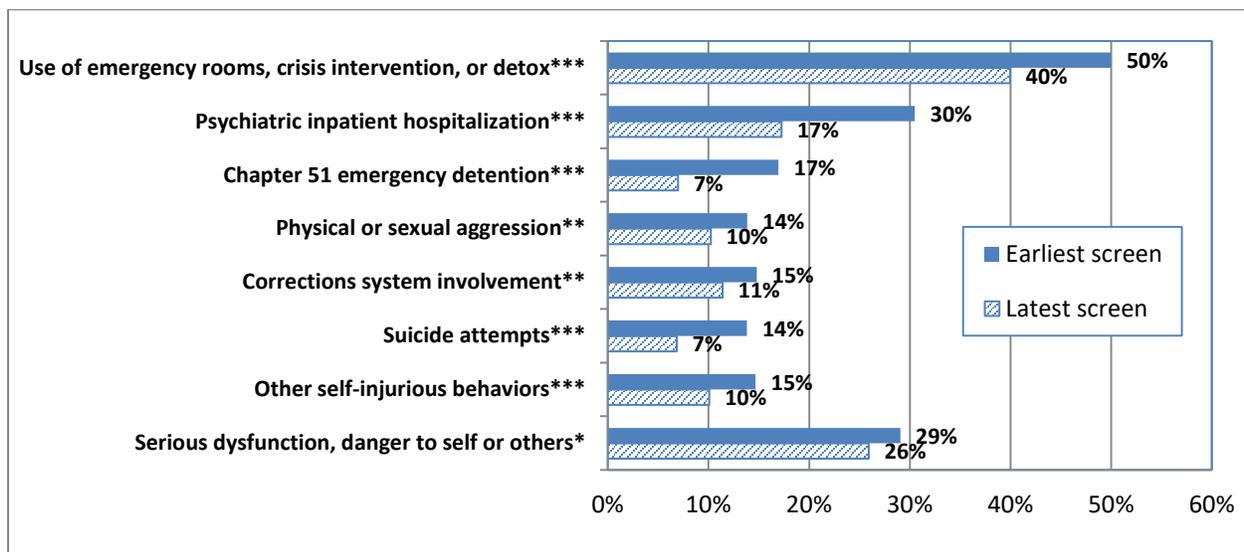
Each outcome presented in the tables was tested for statistically significant differences across the earliest and latest screens. These tests demonstrate whether any apparent differences in outcomes across each participant’s earliest and latest screens were highly unlikely to be due to random chance.² For each graph presented significant differences only exist for the outcomes labeled with an asterisk. Data without asterisks should be interpreted cautiously. The more asterisks a label has the more likely the differences seen are not due to random chance.³

Results

Adults

All data used for this analysis of adults in CCS came from the adult mental health functional screen and Medicaid fee-for-service claims.

Figure 1: Percent of Adult Participants with Crisis and Risk Behaviors in the Past Year, Prior to and Following 2016-2017 Enrollment

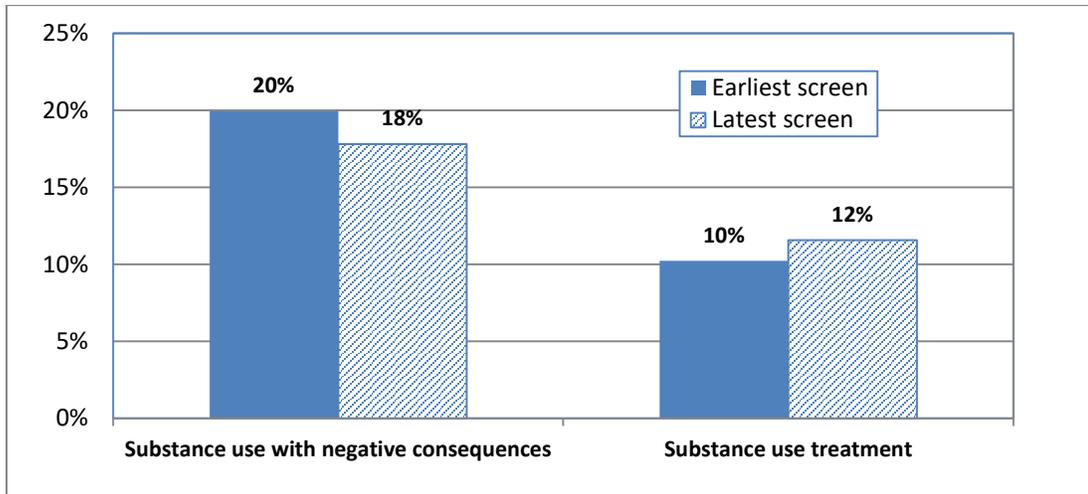


Significance levels: *** p<.001, **p<.01, *p<.05
N=1,935

² These tests were conducted using the chi-square test of the independence of two categorical variables: the binary categories for each outcome (for example, “yes” or “no”) across the periods prior to and following 2016-2017 enrollment.

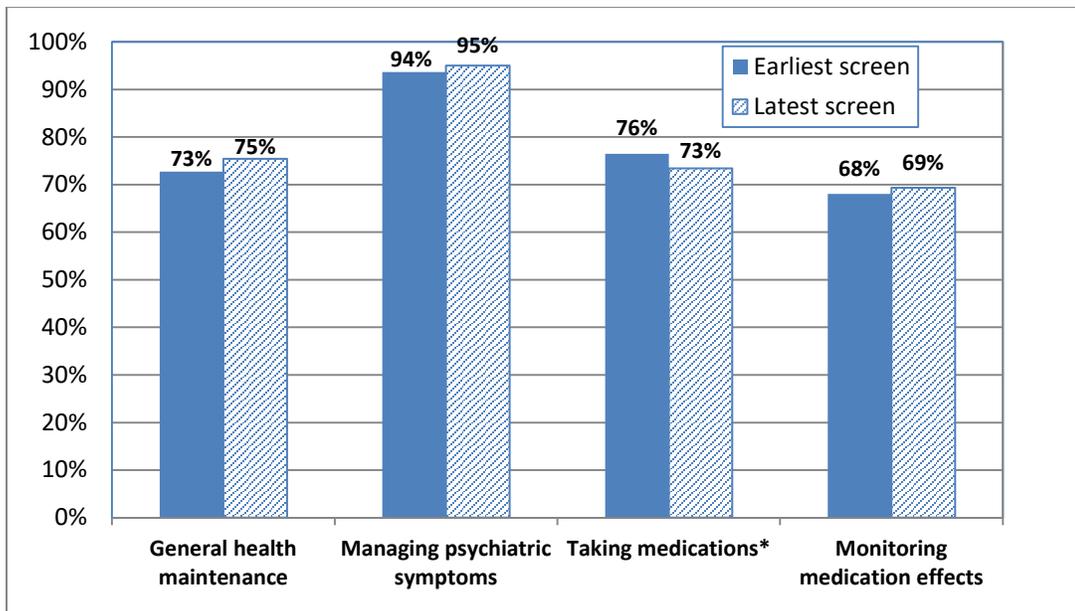
³ Asterisks represent the significance level or p-value. A p-value less than .001 (p<.001=***) is more significant than a p-value less than .05 (p<.05=*) or, in other words, the smaller the p-value the higher the probability that the relationship being described is not due to chance. Accordingly, outcomes not significantly different across the earliest and latest screens, or without an asterisk, will have rather small or no observable differences in scores across time.

Figure 2: Percent of Adult Participants with Substance Use Problems and Substance Use Treatment in the Past Year, Prior to and Following 2016-2017 Enrollment



Note: No differences in pre-post instances in the past year were statistically significant
N=1,935

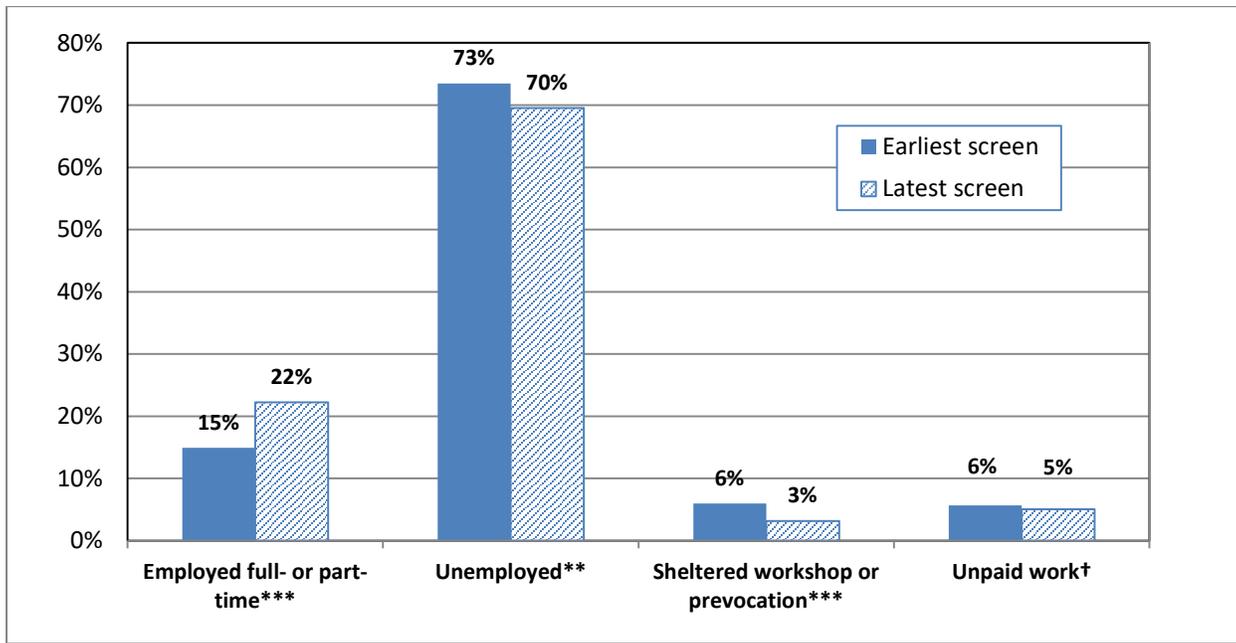
Figure 3: Percent of Adult Participants in Need of Assistance in Managing Health Issues in the Past Year, Prior to and Following 2016-2017 Enrollment



Significance level: *p<.05

N=1,937 except for "needs help with taking medications" (N=1,879) and "monitoring medication effects" (N=1,886) due to some participants not taking medications for assessment

Figure 4: Current Work Status of Adult Participants, Prior to and Following 2016-2017 Enrollment

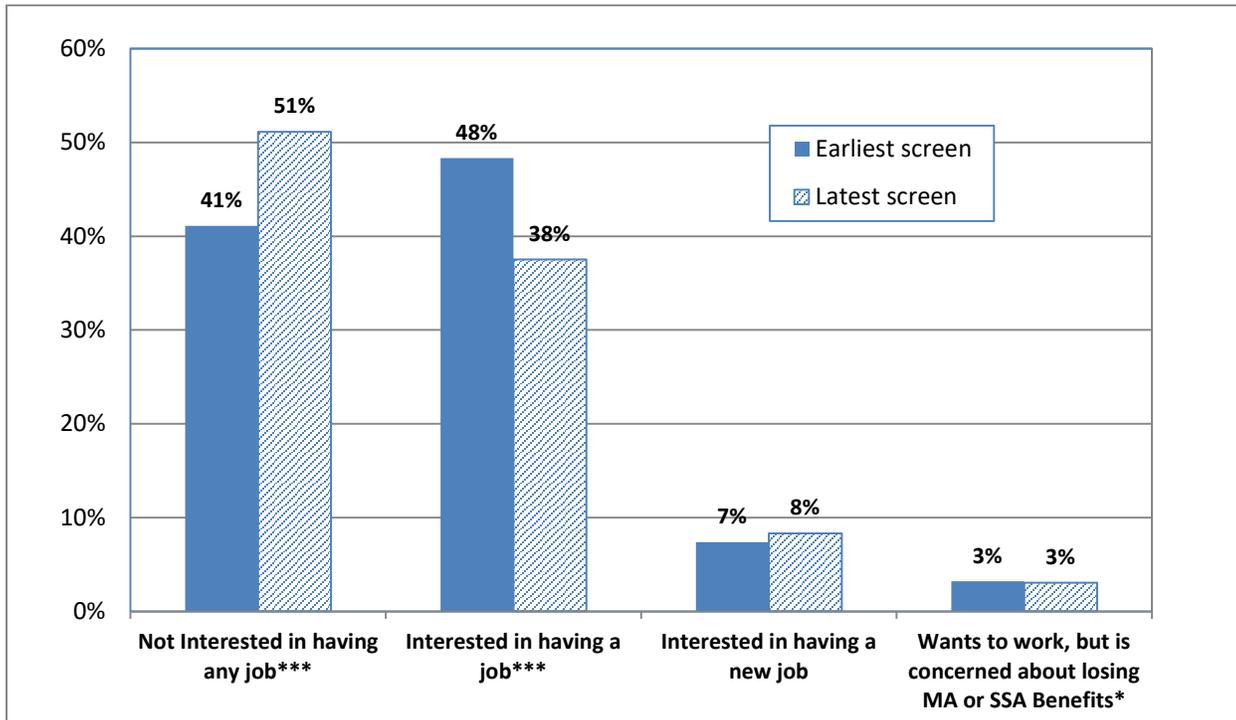


Significance levels: *** p<.001, **p<.01

N=1,903, excludes 61 persons reporting as retired

Note: †Unpaid work includes homemaker, caregiver, student, or volunteer.

Figure 5: Interest in a Job among Adult Participants, Prior to and Following 2016-2017 Enrollment



Significance level: *** p<.001

N=1,937

Note: MA – Medical assistance; SSA – Social Security Administration

Table 1: Current Living Situation Among Adult Participants, Prior to and Following 2016-2017 Enrollment

Living Situation	Earliest Screen	Latest Screen	Difference (Latest-Early)
Home Setting			
Independently living in home or apartment***	64.0%	71.3%	7.4%
Someone else's home or apartment	14.4%	12.7%	-1.8%
Residential Assisted Living			
Adult family home	2.1%	2.1%	0.0%
Group home - Community-based residential facility	8.1%	6.6%	-1.5%
Residential care apartment complex or supported apartment	3.2%	3.4%	0.2%
Transitional housing***	2.4%	0.9%	-1.5%
Institutional Facility			
State psychiatric institute, institute for mental disease, or nursing home	0.6%	0.7%	0.0%
Other Living Situation			
No permanent residence - Homeless, shelter, or other temporary setting***	5.3%	2.3%	-2.9%

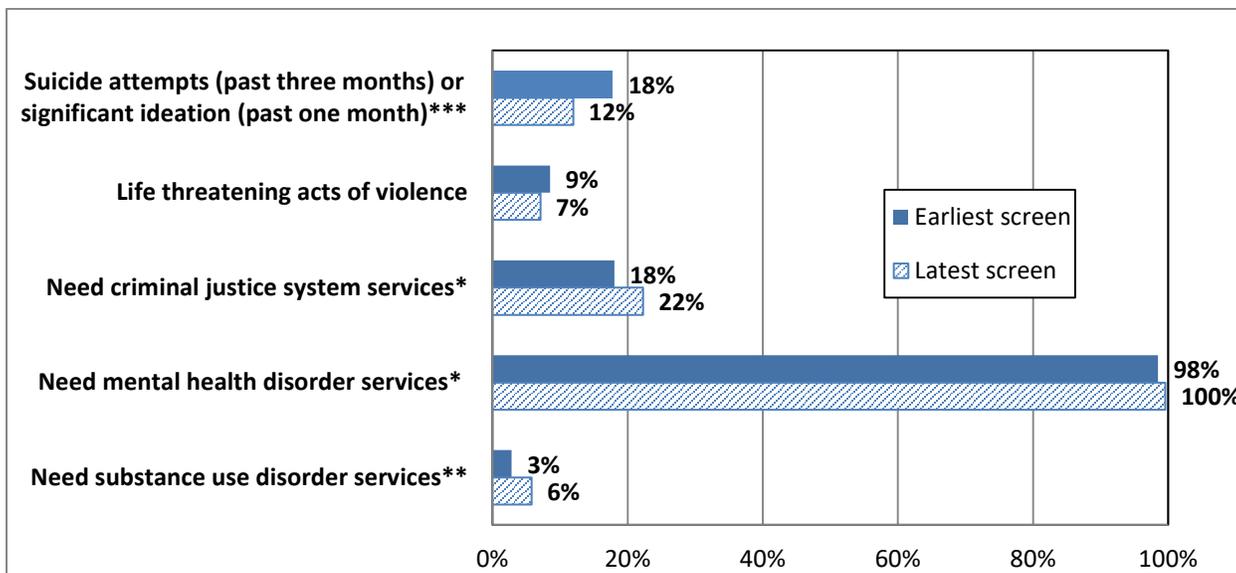
Significance level: *** p<.001

N=1,937

Youth

All data used for this analysis of youth in CCS came from children’s mental health functional screen and Medicaid fee-for-service claims.

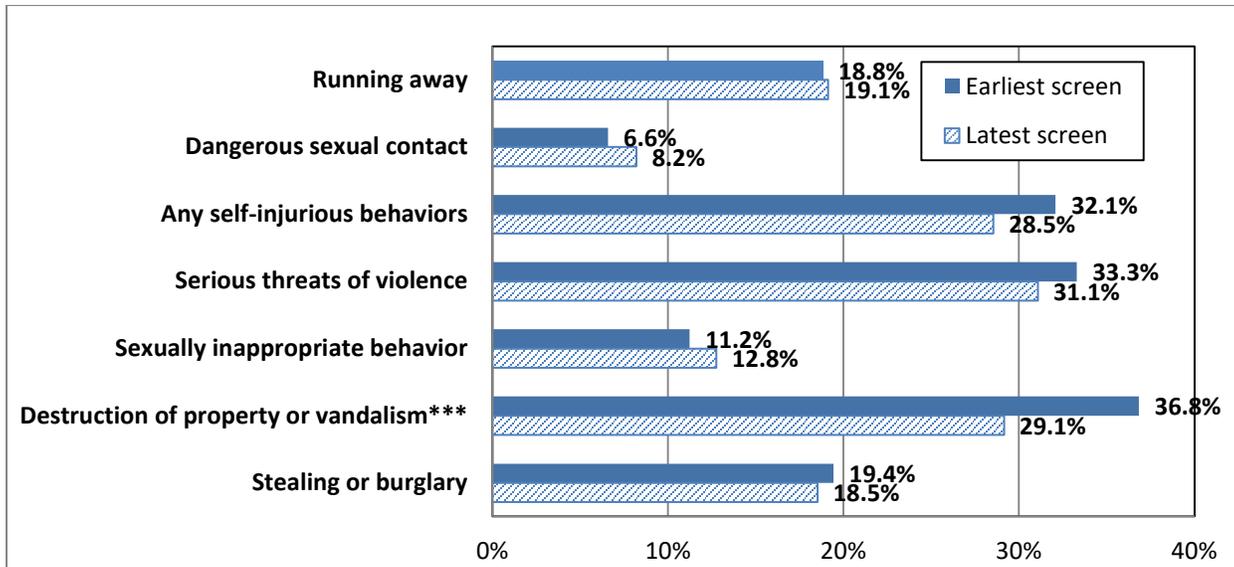
Figure 6: Mental Health and Substance Use Symptoms and Service Needs among Youth Participants, Prior to and Following 2016-2017 Enrollment



Significance levels: *** p<.001, **p<.01, *p<.05

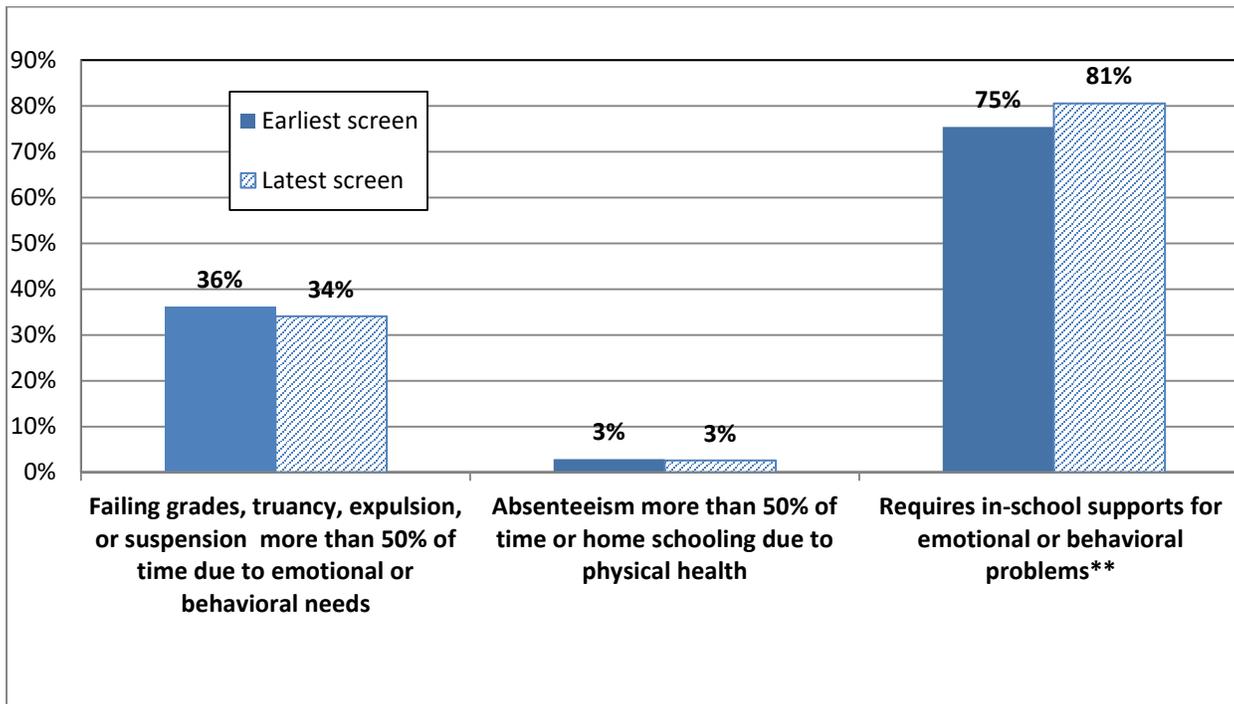
N=988

Figure 7: Any High-Risk, Self-Injurious, or Aggressive Behaviors Among Youth Participants, Prior to and Following 2016-2017 Enrollment



Significance levels: *** p<.001
N=988

Figure 8: Academic Behavioral Needs Among Youth Participants, Prior to and Following 2016-2017 Enrollment



Significance levels: ** p<.01
N=988

Table 2: Current Living Situation Among Youth Participants, Prior to and Following 2016-2017 Enrollment

Living Situation	Earliest Screen	Latest Screen	Difference (Latest-Early)
Home Setting			
Parents*	76.7%	72.5%	-4.3%
Legal guardian	7.4%	7.7%	0.3%
Other (unpaid) family	2.8%	2.6%	-0.2%
Residential Assisted Living			
Group foster home, group home, shelter care, community-based residential facility, or (paid) adult family home**	1.1%	2.7%	1.6%
Foster care or other paid caregivers home	8.4%	9.3%	0.9%
Treatment or level five exceptional foster home	1.5%	0.9%	-0.6%
Institutional Facility			
Residential care center; mental health, developmental disability, intellectual disability, or child caring institution	0.5%	1.2%	0.7%
Other Living Situation			
No permanent residence; home leased by other, non-relatives; or alone*	0.5%	1.6%	1.1%
Other	1.0%	1.4%	0.4%

Significance levels: **p<.01, *p<.05

N=988