

Comprehensive Community Services (CCS)
Coordinated Services Teams Initiatives (CST)

Partners, Roommates, or Acquaintances?

Tim G. Connor
CCS/CST Joint Statewide Meeting
September 20, 2017



Integrated CCS and CST (Partners)

- One program implementing all CCS/CST requirements
- One joint set of resources and staff
- CST child and family teams
- CCS Medicaid benefit
- One Coordinating Committee

Partially Integrated CCS and CST (Roommates)

- Separate CCS and CST programs
- Some cross-trained staff
- Process for distinguishing youth eligibility for CCS vs. CST
- CST uses CCS Medicaid benefit for a portion of families
- Joint requirements only followed for a portion of families
- Separate or one Coordinating Committee
- Separate supervision and management

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Unintegrated CCS and CST (Acquaintances)

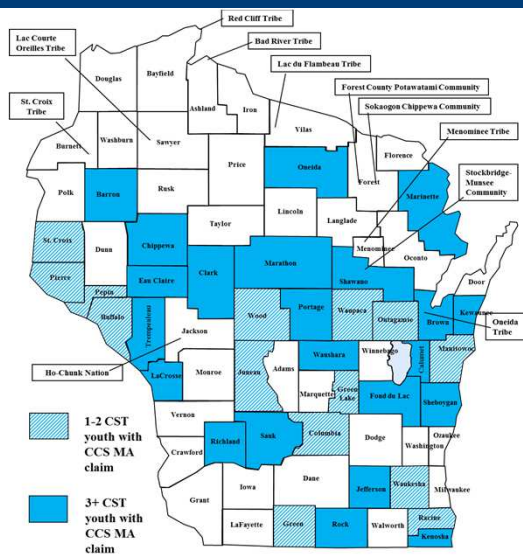
- Minimal referral relationship between CCS and CST or no coordination at all
- Operate from different agencies
- Different youth populations targeted
- CCS Medicaid benefit not used for CST families
- Completely separate staff funded differently
- Separate coordinating committees
- Similarities in approach coincidental rather than planned

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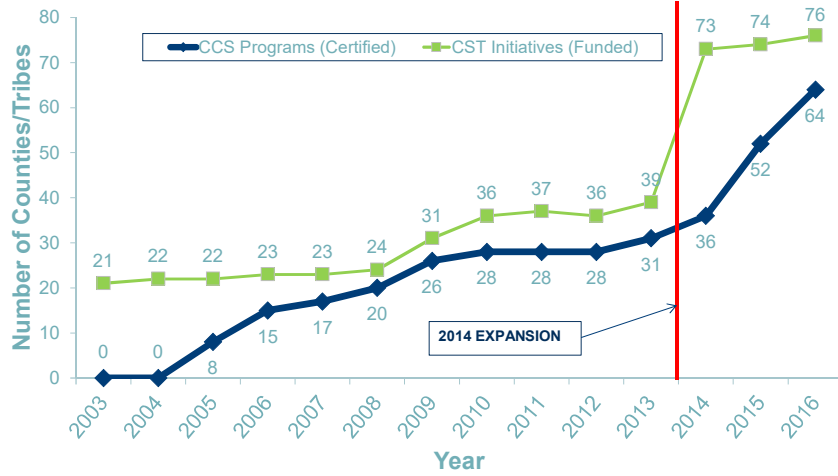
CCS-CST Integration in 2016

- CSTs that use Medicaid: 48%
- CSTs that use CCS benefit: 28%
- CSTs with CCS Medicaid claims: 47% (2016)
 (Partially integrated or unintegrated CCS-CST initiatives may account for the difference between usage and claim numbers.)

CCS-CST Integration in 2016 – CST Youth Using CCS Benefit



CCS and CST Development Timeline



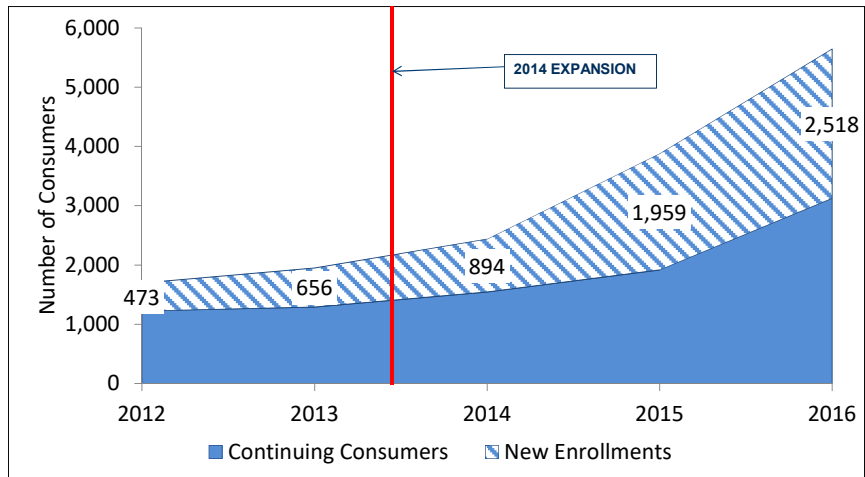
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CCS and CST Consumers Served



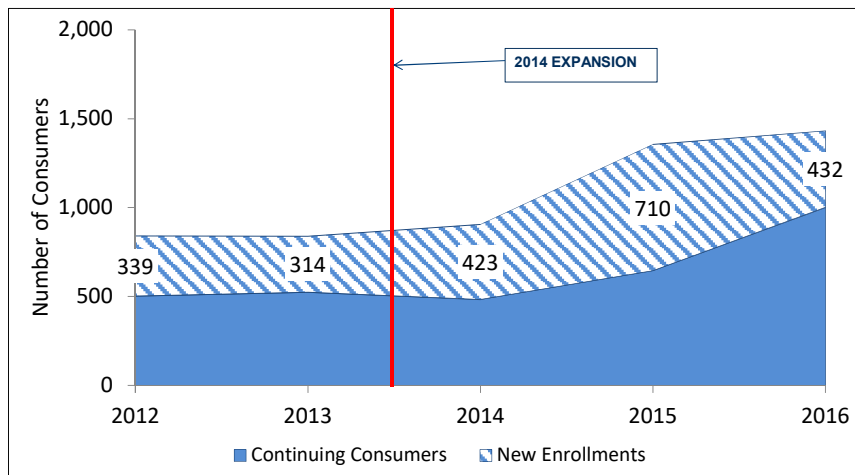
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New and Continuing CCS Consumers, 2012-2016



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New and Continuing CST Consumers, 2012-2016



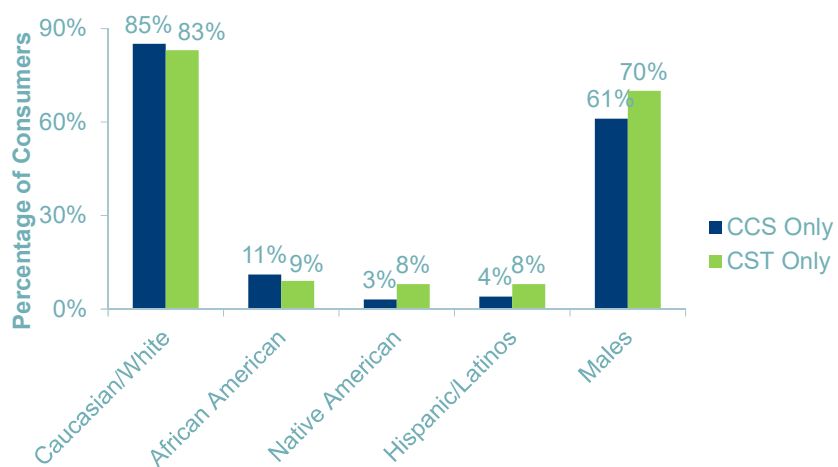
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Consumer Characteristics

- Do CSTs and CCS programs enroll youth with similar backgrounds?
- Do CSTs and CCS programs enroll youth with similar needs?
- How might the similarities and differences impact integration efforts?

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Race and Gender Comparison



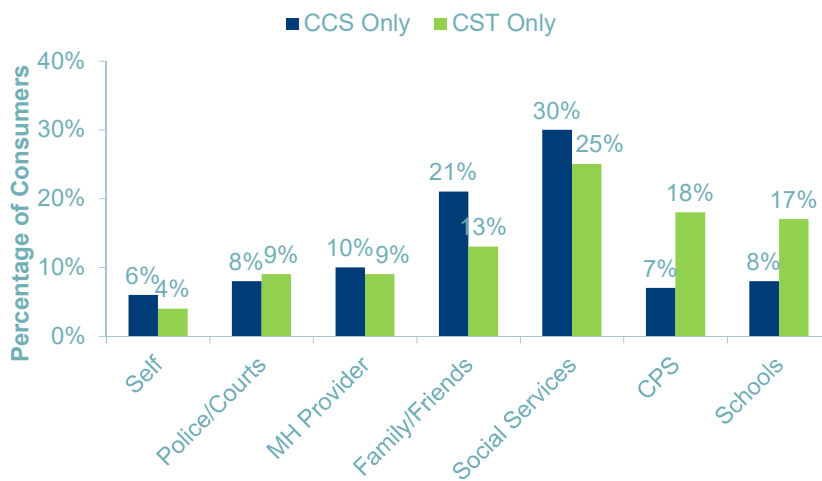
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Age Comparison

	CCS Only	CST Only
5 and under	3%	8%
6-9 years old	18%	25%
10-13 years old	35%	34%
14-17 years old	44%	33%
Average age	12.4	11.1

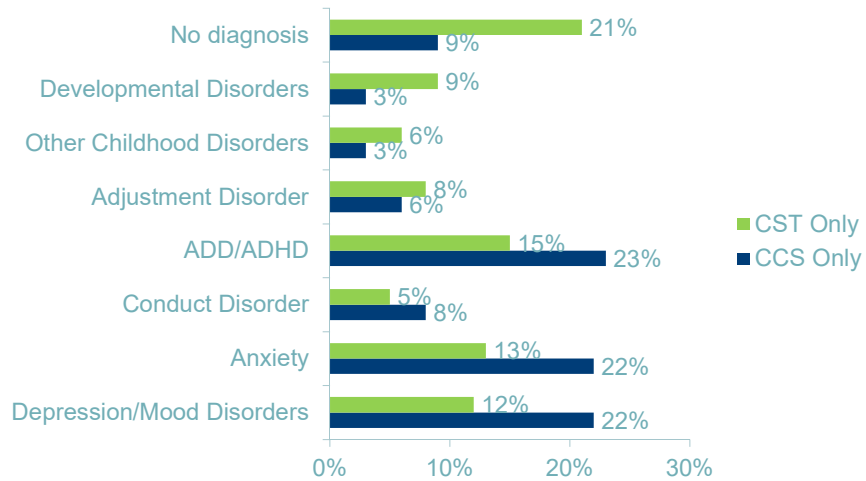
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Referral Source Comparison



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Diagnosis Comparison



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Similarities in CCS-CST Approach

- 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

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Similarities in CCS-CST Approach

- 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*)

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Potential Barriers to Integrating Human Services*

- Financing patterns
 - ◆ CCS benefit opportunity
 - ◆ Non-Medicaid eligible family barriers
- Lack of provider training
 - ◆ CST teaming process, Child and Adolescent Needs and Strengths (CANS) assessment
 - ◆ CCS clinical, administrative requirements
- Cultural barriers between human service areas (or organizations)

*"Get It Together," Bazelon Center for Mental Health Law, 2004.

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CCS-CST Organizational Homes

	CCS	CST
Behavioral health agencies (HSD, DCP)	★	★
Department of Social Services		★
Child Protective Services agency		★
Tribes	★	★
Private contractors	★	★

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Potential Barriers to Integrating Human Services*

- Information sharing: Similar CCS/CST assessment and data collection requirements
- Consumer access issues: Similar CCS/CST eligibility criteria
- Consumer concerns
 - ◆ Similar CCS/CST approaches to consumer involvement and individualization
 - ◆ Fear of change for current youth and families

* "Get It Together," Bazelon Center for Mental Health Law, 2004.

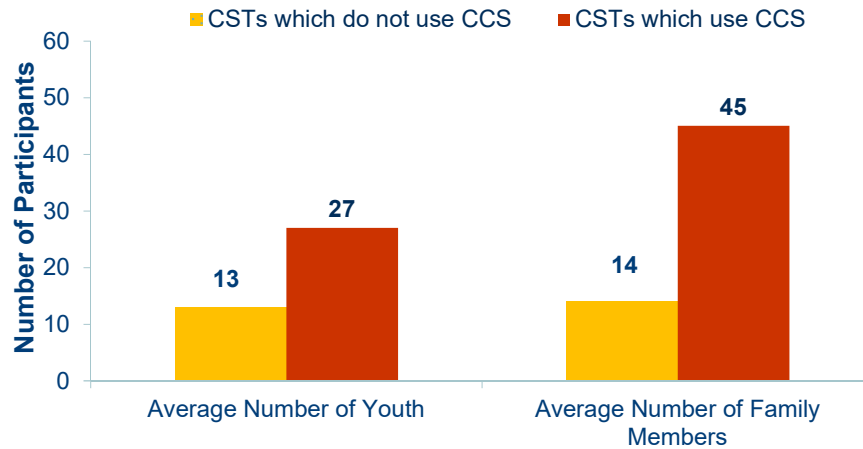
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Evidence of Benefits to Integration

- What do we know about current benefits for CSTs?
- What do we know about current benefits for CCS?

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CCS Relationship to CST Youth Served – 2016



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Length-of-Stay Comparison

- Youth in CSTs using the CCS benefit participate an average of 16 months.
- Youth in CSTs not using the CCS benefit participate an average of 13 months.
- CSTs work with younger children that may warrant shorter lengths of stay.

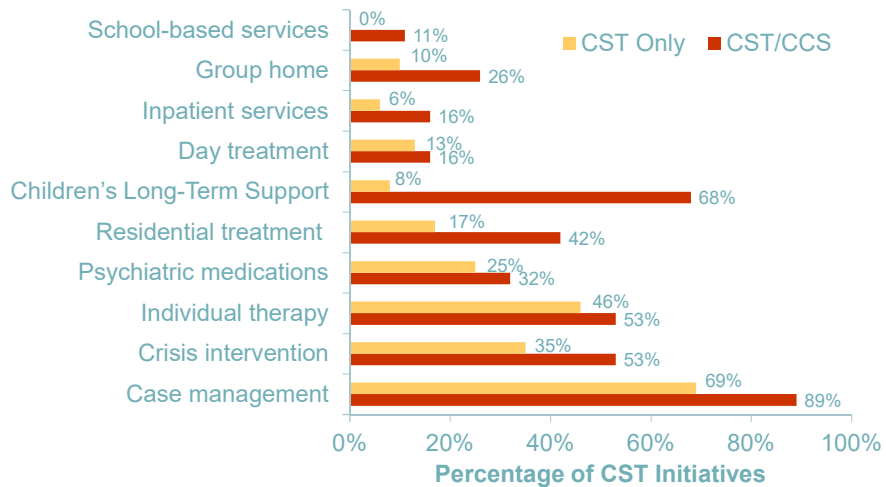
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Characteristics of CSTs Using the CCS Medicaid Benefit

- A wider array of mental health services (5 vs. 3)
- A wider array of wraparound support services (7 vs. 5)
- Medium to large county populations (14 of 19 in 2016)

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Service Capacity Comparison – 2016



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CST Staff Capacity – 2016

- Of all CSTs, 76% had one CST coordinator full-time equivalent (FTE) position.
- CSTs that did not utilize CCS averaged 1.25 CST coordinator FTEs across 1.75 positions.
- CSTs that utilize CCS averaged 2.5 CST coordinator FTEs across three positions.

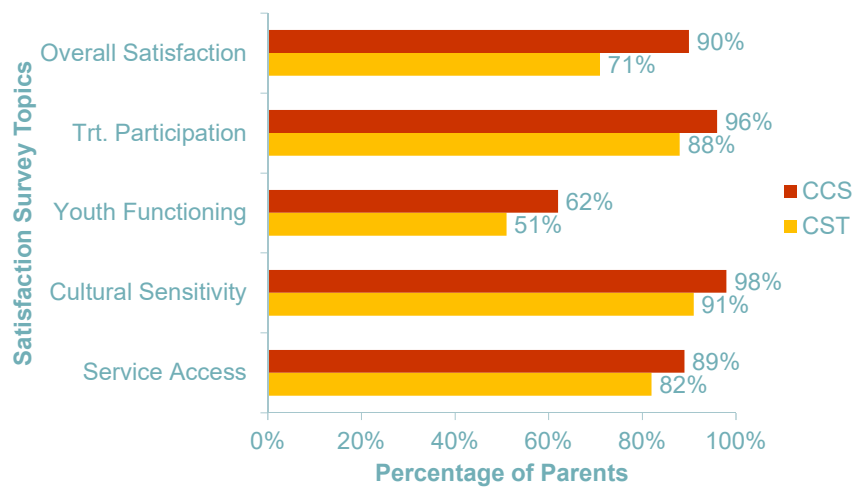
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Population Size and CST Vacancies – 2015

	Percent of CSTs with Vacancies	Average Number of FTEs Months Lost	Average Number of Staffed FTE Months
County Population Over 80,000	39%	1.8 months	26.9 months
County Population Between 21,000-80,000	36%	2.9 months	13.0 months
County Population Under 21,000	24%	3.8 months	11.3 months
Tribes	60%	4.3 months	9.4 months

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Parent Satisfaction – 2016



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Can similarities be opportunities?

- Although rates differ, both CCS and CSTs serve youth with a wide range of diagnoses.
- What expertise can be shared to help youth referred from the juvenile justice system?
- Similar cross-system and individualized approaches encourage integration.
- Does the CST Coordinating Committees structure have lessons for CCS? Vice versa?
- Does the CST comprehensive CANS assessment tool have utility within CCS?

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Can differences be opportunities?

- To what degree can CCS help CSTs expand and become more sustainable?
- Can CSTs assist CCS gain greater access to youth with needs in schools and the child welfare system?
- Can CSTs assist CCS become established within tribes?
- Could the work with younger children in CSTs provide experience to CCS?

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What's best for youth and families?

- An estimated 105,000 Wisconsin youth (11%) have serious mental health need.
- Wisconsin's public county mental health system serves about 5,600 youth with a serious mental health need annually.
- What relationship between CCS and CSTs will provide the most effective services for the most families?

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