

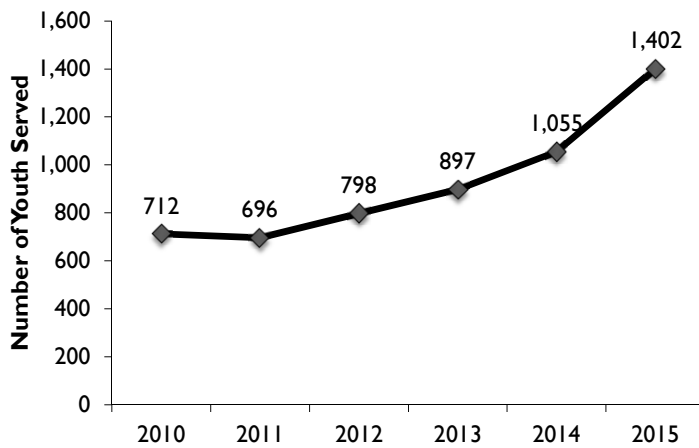


Wisconsin
Department of Health Services
DIVISION OF CARE AND TREATMENT SERVICES

What the Coordinated Services Teams (CST) Data Tells Us About Expansion and Sustainability

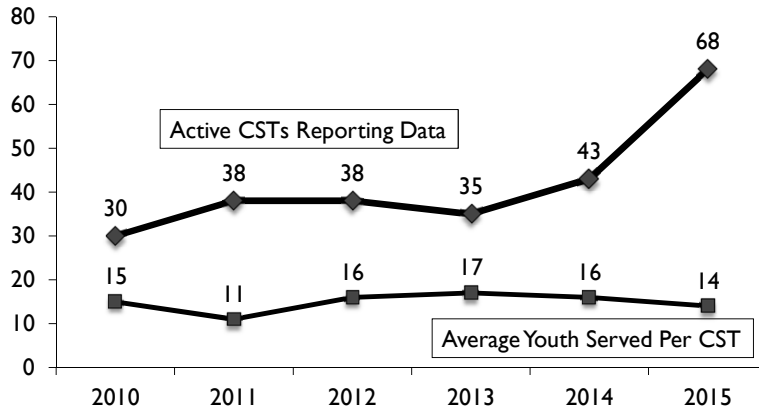
Tim Connor • October 17, 2016

CST Participating Youth



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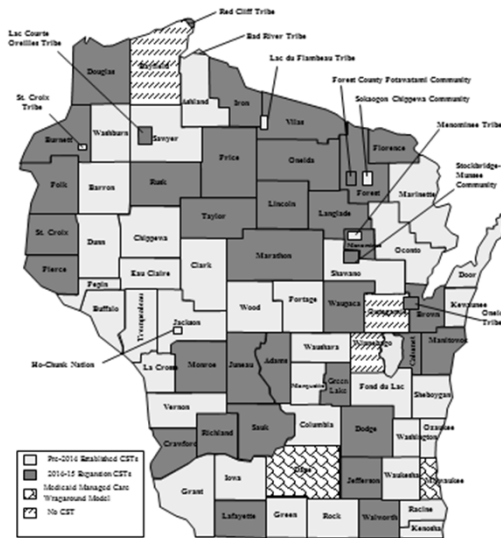
CST Expansion



Fifty percent of new CSTs reporting in 2015 were small counties or tribes.

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CST Expansion Map



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Issues: Expansion to Sustainability

- ▶ The recruitment and retention of staff: 41 percent of CSTs experienced a staff vacancy in 2015
- ▶ The rate of Medicaid utilization has not expanded
 - Pre-expansion (2013): 50 percent of CSTs used Medicaid (N=20)
 - Post-expansion (2015): 51 percent of CSTs used Medicaid (N=68)
 - Expansion CSTs are as likely to use Medicaid as ongoing CSTs (48% vs. 52%)
- ▶ The provision of different types of mental health and wraparound services varies widely across CSTs
- ▶ The demonstration of cost savings

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ISSUE 1: Staffing and Vacancies

- ▶ Half of the CSTs have exactly one CST Coordinator in one full-time equivalent (FTE) position
- ▶ The average number of CST Coordinators FTEs is 1.5 across approximately 2 positions
- ▶ CSTs that utilize Medicaid have an average of 2.2 CST Coordinator FTEs across approximately 2.5 positions

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Population Size and CST Capacity in 2015

	Average Number of Positions	Average Number of FTEs	Average Number of Teams
County Population over 80,000	2.8	2.3	30
County Population between 21,000-80,000	1.8	1.2	18
County Population under 21,000	1.4	1.0	10
Tribes	1.2	1.0	5

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Population Size and CST Capacity in 2015

Population size is not the only determinant of capacity

- Three small county CSTs serve 20-30 youth apiece with 1.0 FTE or less
- Six large county CSTs have just 1.0 FTE and three serve less than 10 youth

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Population Size and CST Vacancies in 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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Replacing Staff

- ▶ The average number of months needed to hire a CST Coordinator was 2.5 months
- ▶ Most frequent reasons for hiring difficulties
 - Inadequate salary
 - Lack of qualified, interested applicants
- ▶ Vacancies and hiring difficulties were consistent across large counties, small counties, and tribes

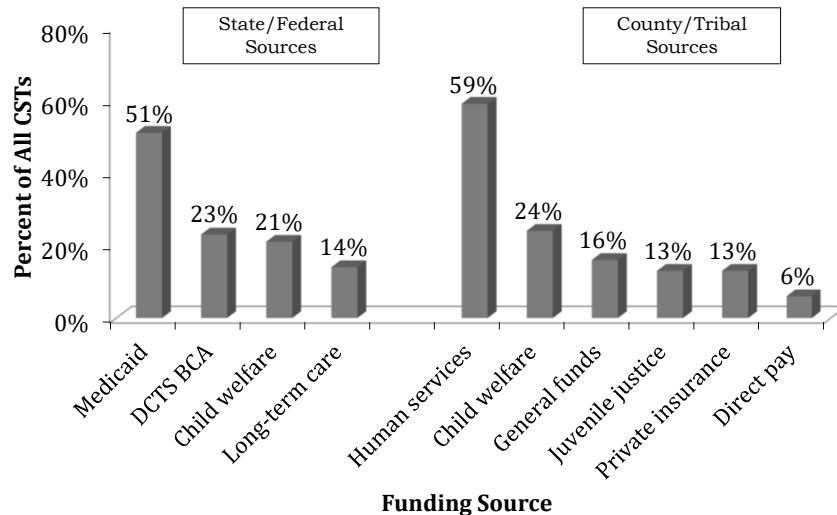
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ISSUE 2: Funding Sources and Sustainability

- ▶ What types of funding sources do CSTs use?
- ▶ How many and what combination of funding sources are used?
- ▶ How frequently is Medicaid utilized as a funding source?
- ▶ What do we know about funding sources relationship to services made accessible to youth and families through CSTs?

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CST Funding Sources (2015)



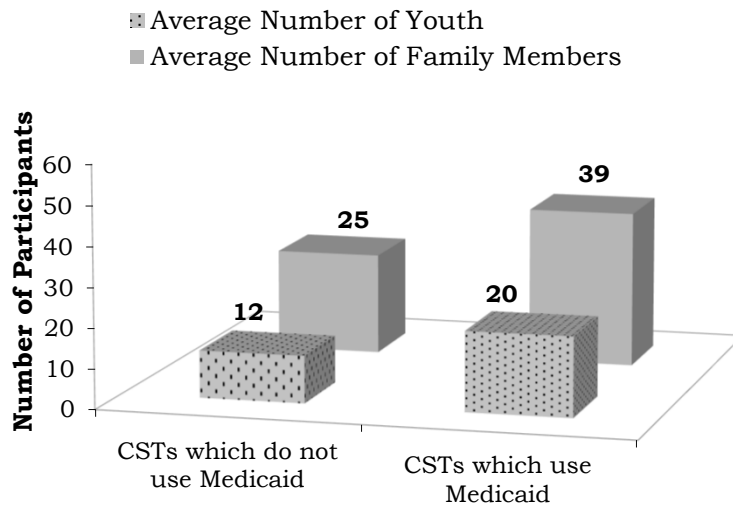
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CSTs Use of Multiple Funding Sources (2015)

- ▶ CSTs using three or more funding sources have a higher average number of youth served. (21 vs. 14)
- ▶ CSTs using state and federal funding have a higher average number of youth served. (18 vs. 10)
- ▶ CSTs using DHS grant only or in combination with one local funding source have a higher average number of youth served. (18 vs. 12)
- ▶ CSTs using Medicaid have a higher average number of youth served. (20 vs. 12)

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Medicaid Relationship to Youth Served (2015)



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Funding Flexibility

	CSTs Using Medicaid (N=36)	CSTs Not Using Medicaid (N=34)
STATE/FEDERAL FUNDING SOURCES		
DCTS Basic County Allocation (BCA)	17%	29%
Child welfare	25%	3%
Long-term care	31%	12%
COUNTY/TRIBAL FUNDING SOURCES		
Human services	64%	53%
Child welfare	33%	15%
General funds	11%	18%
Juvenile justice	22%	3%
Private insurance	25%	0%
Direct pay	11%	0%

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CST-Comprehensive Community Services (CCS) Similarities and Opportunities

- ▶ Family, consumer-centered
- ▶ Focus on supporting the consumer in the community
- ▶ Involve the consumer and natural supports in strengths-based assessment and planning
- ▶ Promote collaboration and team decision-making
- ▶ Outcome-oriented
- ▶ Coordinating Committee structure
- ▶ Assessment across all life domains
- ▶ Crisis response planning
- ▶ Service coordination

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Using CCS as an Expansion Strategy

- ▶ CST/CCS initiatives serve a higher average number of youth (23 vs. 13)
- ▶ CST/CCS initiatives provide a wider array of wraparound support services (7 vs. 5)
- ▶ CST/CCS initiatives provide a wider array of mental health services (5 vs. 3)
- ▶ Of the 17 CSTs using the CCS benefit in 2015, 15 are from medium to large county populations

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CCS-CST Integration in 2015



- ▶ **Blue** counties represent CSTs which billed medical assistance for CCS in 2015

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ISSUE 3: Service Array

- ▶ CSTs use eligibility criteria based on the determination of a Serious Emotional Disorder (SED)
- ▶ CST target population often has serious multi-dimensional needs
- ▶ CSTs with broad, flexible service arrays are better able to provide the individualization of services the target population requires

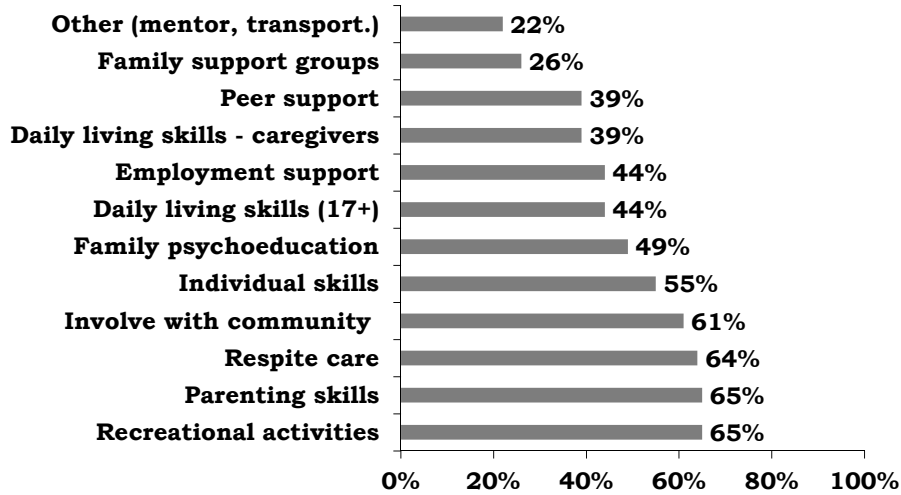
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ISSUE 3: Service Array

- ▶ What array of services were provided by CSTs in 2015?
- ▶ What factors may impact the CST service array?

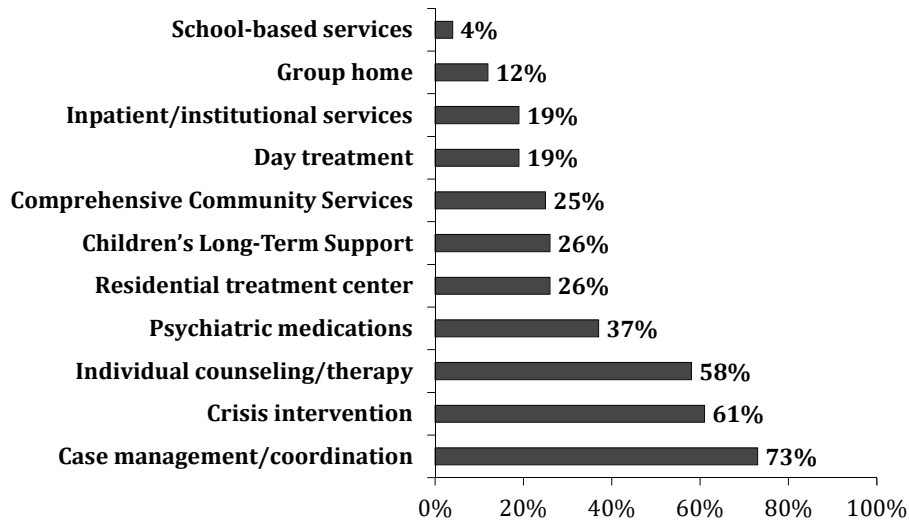
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Types of Wraparound Services Provided (2015)



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Types of Mental Health Services Provided (2015)



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Factors Related to Service Array

- ▶ CSTs with larger populations provide a slightly wider variety of wraparound services than CSTs with one position. (6 vs. 5)
- ▶ CSTs with two coordinator positions provide a slightly wider variety of mental health services than CSTs with one position. (4 vs. 3)
- ▶ CSTs with two coordinator positions provide a slightly wider variety of wraparound services than CSTs with one position. (6 vs. 5)

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Relationship of Medicaid to Service Array

In 2015, CSTs using Medicaid reported the following differences relative to CSTs that did not use Medicaid

- A wider array of wraparound support services (7 vs. 5)
- A wider array of mental health services (4 vs. 2.5)
- A longer length of stay for youth in a CST by two months (308 vs. 248 days)
- A higher average number of youth served (20 vs. 12)
- A higher average number of CST Coordinator FTEs (2.2 vs. 1.5)
- A wider variety of funding sources

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ISSUE 4: Demonstrating Cost Savings

- ▶ Can CST cost savings be demonstrated as part of the justification to expand and sustain CST efforts?
- ▶ What costs are saved if youth with serious needs are diverted from a potential out-of-home placement to a community-based CST Initiative?

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ISSUE 4: Demonstrating Cost Savings

- ▶ The Child and Adolescent Needs and Strengths (CANS) assessment tool determines an overall level of need
- ▶ A CANS algorithm is used to calculate a youth's level of need and projected placement based on
 - Type of behavior/condition
 - Severity of behavior/condition (rated 0-3)
 - Combination of behaviors/conditions

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CANS Algorithm Output

- ▶ Department of Children and Families levels of need/placement
 - 1 = Regular foster care with relative
 - 2 = Regular foster care with non-relative
 - 3 = Group home/moderate treatment foster care
 - 4 = Group home/specialized treatment foster care
 - 5 = Residential/exceptional foster care
 - 6 = Residential/highest level of foster care
- ▶ CST levels of need/placement
 - 1 = No placement needs
 - 2 = Group home
 - 3 = Residential

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CST Diversion Cost Savings (2014)

Number of CST Youth Diverted	
Group Home = 209	Residential = 73
↓	
Per Diem Cost	
Group Home = \$194	Residential = \$356
↓	
Average Length of Stay (in days)	
Group Home = 70	Residential = 141
↓	
Estimated Cost Savings (N=458 youth)	
Group Home = \$2,838,220	Residential = \$3,664,308

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