



*Dane County Department of
Human Services*

*2021-22 Comprehensive
Community Services (CCS): Wait
Time by Service Type Analysis*

Sept. 2022

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Background

About Comprehensive Community Services (CCS)

Comprehensive Community Services (CCS) is a voluntary, community-based program funded by the State of Wisconsin and operated by Dane County Department of Human Services. The CCS program offers a wide array of psychosocial rehabilitation services. These are services and support activities that assist CCS participants with mental health and/or substance use conditions in order to help them achieve their highest possible level of independent functioning, stability, and recovery. Dane County's CCS program maintains an open network of qualified providers. As of June 2022, Dane County CCS had active contracts with 95 provider agencies.

Service Types

All CCS participants receive the following core service types:

- Service Facilitation (case management)
- Screening and Assessment
- Service Planning

Additionally, CCS participants may receive none or multiple of the following array service types¹:

- Diagnostic Evaluation
- Employment-Related Skill Training
- Individual and/or Family Psychoeducation
- Individual Skill Development and Enhancement
- Medication Management
- Peer Support
- Physical Health Monitoring
- Psychotherapy
- Substance Abuse Treatment
- Wellness Management and Recovery/Recovery Support Services

CCS provider agencies may be contracted to provide any number and combination of these service types.

Survey Goal

The goal of this survey was to learn more about the current availability of various CCS services, in order to continue to meet participant demand. The survey was developed by the CCS Coordination Committee, which is a group that includes county staff, consumers, and community stakeholders who advise and assist Dane County in developing and overseeing the quality of CCS services and the protection of CCS participant rights.

Key Findings

- The estimated wait time for new participants to begin receiving CCS services in 2022 varied by service type. For a majority of service types, 50-70% of provider agencies reported wait times under one month.

¹ https://www.cwhpartnership.org/uploads/2/1/4/8/21489738/ccs_service_array.pdf

- Wait times for just about all service types were longer in 2022 than in 2021.
- 78% of agencies providing Service Facilitation (case management) had wait times under one month.
- The only service type with no immediate openings for new CCS participants was Substance Abuse Treatment (SAT): Intensive Outpatient (IOP) / day treatment. All other service types had at least some agencies with immediate openings for new CCS participants to begin receiving those services.

Methodology

Distribution Method and Response Rate

Email invitations were sent to the primary CCS contact at each provider agency. Surveys were completed via SurveyMonkey (2021) and Qualtrics (2022) and took an average of 5 minutes to complete. Responses were collected in October 2021 and June 2022. For each survey, over 90% of contracted provider agencies responded.

What was asked?

The survey for providers consisted of seven (7) primary questions.

- Name of agency
- For each array service offered, select the estimated wait time for new participants to begin receiving that service
 - Immediate openings
 - 1-2 weeks
 - 3-4 weeks
 - 2 months
 - 3-4 months
 - 5-6 months
 - 6+ months
- Is the wait time similar, higher, or lower for in-person services, compared to telehealth? *
- What are barriers to reducing wait times?
- For all CCS services (new and existing participants), by service type, what percentage of services are offered in person? *
- Overall, what percentage of CCS services are currently provided in person? *
- What are barriers to providing in-person services? *

A copy of the 2022 survey instrument is shown in **Appendix A**.

* These questions were included in the 2022 survey, but were not the 2021 survey

Results – Wait Time by Service Type

Comparison: 2021 vs 2022

Immediate openings for new participants

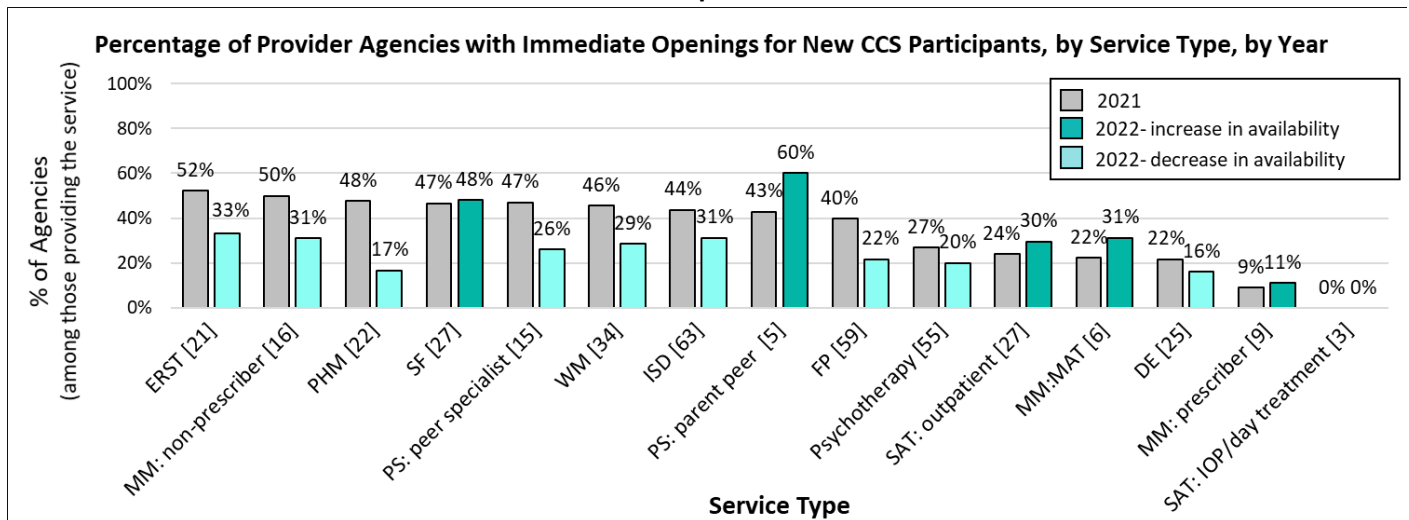
Wait times were assessed for Service Facilitation, as well as each service provided as part of the CCS service array. For some array services, additional breakdowns of the more specific service types were included: SAT: outpatient counseling, intensive out-patient (IOP)/day treatment; Peer Support: peer specialist, parent peer; and Medication Management: prescriber, non-prescriber, and medication assisted treatment. For each service type, wait time options were binned to best capture the length of time for new CCS participants to begin receiving that service type.

Abbreviations

DE	Diagnostic Evaluation
ERST	Employment-Related Skills Training
FP	Individual/Family Psychoeducation
IOP	Intensive Outpatient
ISD	Individual Skill Development
MAT	Medication Assisted Treatment
MM	Medication Management
PHM	Physical Health Monitoring
PS	Peer Support
SAT	Substance Abuse Treatment
SF	Service Facilitation
WM	Wellness Management

Graph 1 shows the percentage of agencies, among those providing each service, with immediate openings to begin serving new CCS participants. Gray bars show 2021 results and 2022 results are shown in teal; dark teal signifies improvement (an increase in the percentage of agencies with immediate openings in 2022 compared to 2021) whereas light teal signifies a worsening (a decrease in the percentage of agencies with immediate openings). Bracketed numbers next to each data label show the number of agencies that reported providing that service in 2022. The number of agencies providing each service type in 2021 was similar, but not identical, to 2022. Service types are shown in descending order, such that service types with the highest percentages of immediate openings in 2021 are shown first.

Graph 1.



2021

- In 2021, among all of the service types, ERST had the highest percentage of agencies with immediate openings (52%).

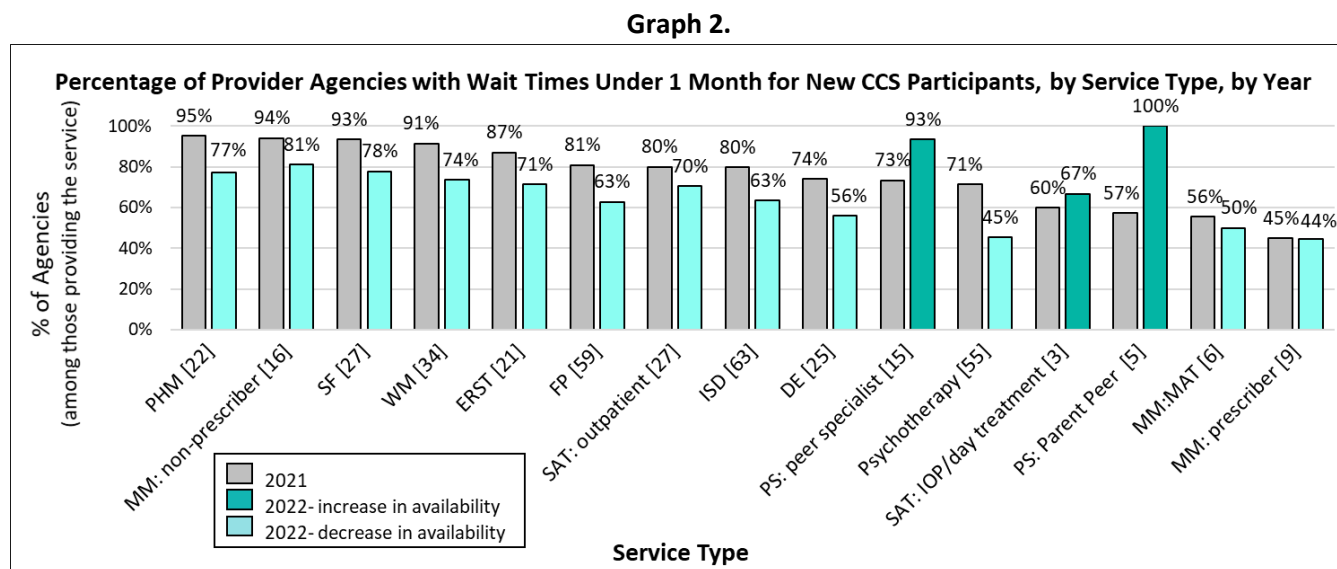
- In 2021, for the next eight service types, just 40-50% of agencies providing those services had immediate openings. These services, shown on the graph from left to right, were: Medication Management: non-prescriber, Physical Health Monitoring, Service Facilitation, Peer Support: peer specialist, Wellness Management, Individual Skill Development, Peer Support: parent peer, and Individual and/or Family Psychoeducation.
- For a number of service types (Psychotherapy, Substance Abuse Treatment: outpatient, Medication Management: medication assisted treatment, and Diagnostic Evaluation), only about a quarter (22-27%) of agencies providing those services had immediate openings in 2021.
- Only 9% of agencies providing Medication Management by a prescriber had immediate openings.
- No agencies providing Substance Abuse Treatment: IOP/day treatment had immediate openings for new participants to begin receiving services.

2022 vs 2021

- The percentage of agencies with immediate openings went down in 2022, compared to 2021, for many service types (light teal: Employment-Related Skills Training, Medication Management: non-prescriber, Physical Health Monitoring, Peer Support: peer specialist, Wellness Management, Individual Skill Development, Individual and/or Family Psychoeducation, Psychotherapy, Diagnostic Evaluation).
- There were just five service types for which there was an increase in the percentage of agencies with immediate openings in 2022 (dark teal: Service Facilitation, Peer Support: parent peer, Substance Abuse Treatment: outpatient, Medication Management: medication assisted treatment, Medication Management: prescriber), compared to 2021.
- In 2022, as in 2021, there were still no Substance Abuse Treatment: IOP/day treatment agencies with immediate openings to begin serving new participants.

Wait times under 1 month

As an additional analysis, wait times were categorized as being less than or more than one (1) month. **Graph 2** shows the percentage of agencies with wait times under 1 month, among agencies providing that service. Similar to Graph 1, gray bars show 2021 results and 2022 results are shown in dark teal (an increase in availability) or light teal (a decrease in availability).



2021

- In 2021, there were eight service types in which over 75% of agencies providing that service had wait times under one month to begin serving new participants (from left to right: Physical Health Monitoring, Medication Management: non-prescriber, Service Facilitation, Wellness Management, Employment-Related Skills Training, Individual and/or Family Psychoeducation, Substance Abuse Treatment: IOP/outpatient, Individual Skill Development).
- For six service types (Diagnostic Evaluation, Peer Support: peer specialist, Psychotherapy, Substance Abuse Treatment: IOP/day treatment, Peer Support: parent peer, and Medication Management: medication assisted treatment) between 50-75% of agencies had wait times under one month.
- Medication Management: prescriber had the lowest percentages of agencies with wait times under one month at 45%.

2022 vs 2021

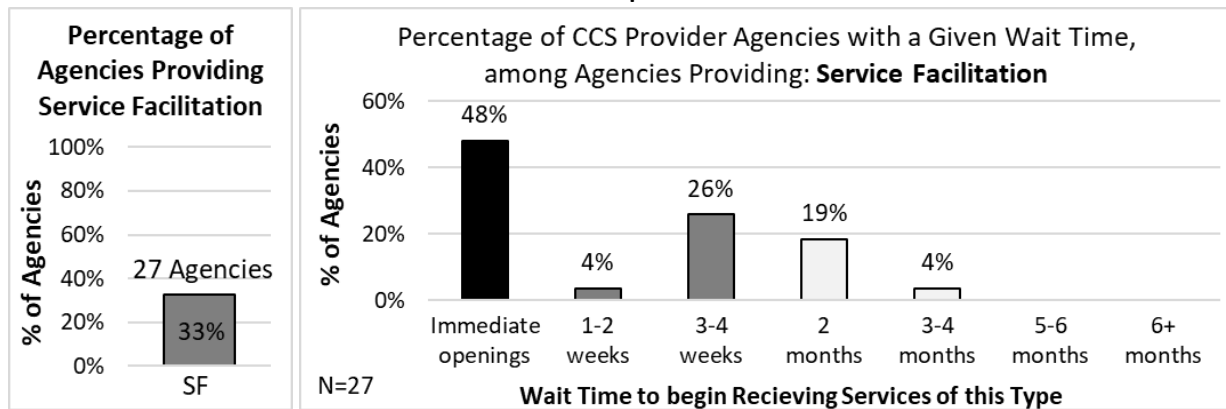
- In 2022, compared to 2021, most service types had a decrease in the percentage of agencies with wait times under one month (light teal). This included many service types that initially had the highest percentage of agencies with wait times under one month (left side of graph).
- Some of the service types that started with the lowest percentages of openings in 2021 (right) had improvements in 2022 (dark teal: Peer Support: peer specialist, Substance Abuse Treatment: IOP/day treatment, Peer Support: parent peer), although there were some decreases as well (light teal: Psychotherapy, Medication Management: medication assisted treatment, Medication Management: prescriber).

2022 wait times by service type

Service Facilitation

Among the 85 agencies responding to the 2022 provider survey, 27 (33%) reported providing Service Facilitation (SF). Among the SF agencies, 48% reported immediate openings, 4% had wait times of 1-2 weeks, 26% had wait times spanning 3-4 weeks, 19% had wait times approximating 2 months, 4% had wait times spanning 3-4 months, and no agencies had wait times 5 months or longer (**Graph 3**).

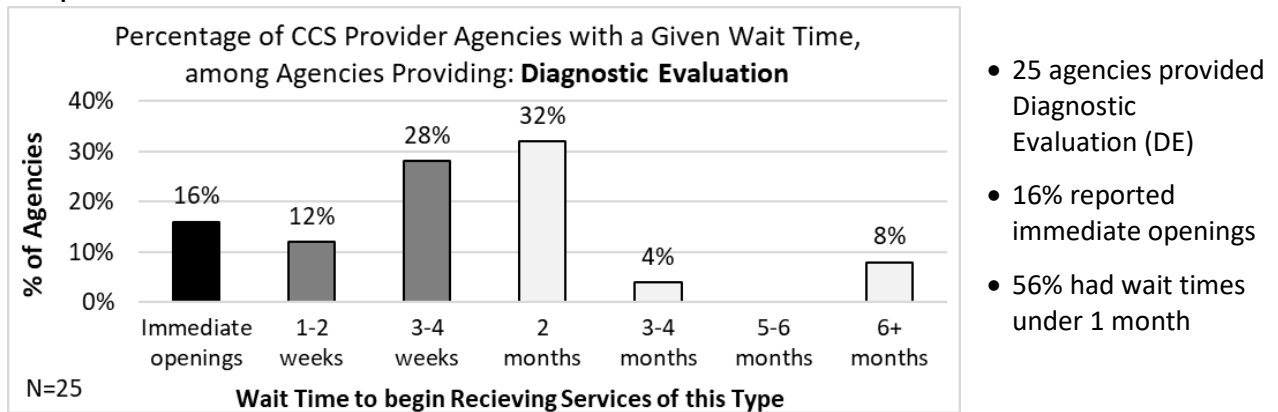
Graph 3.



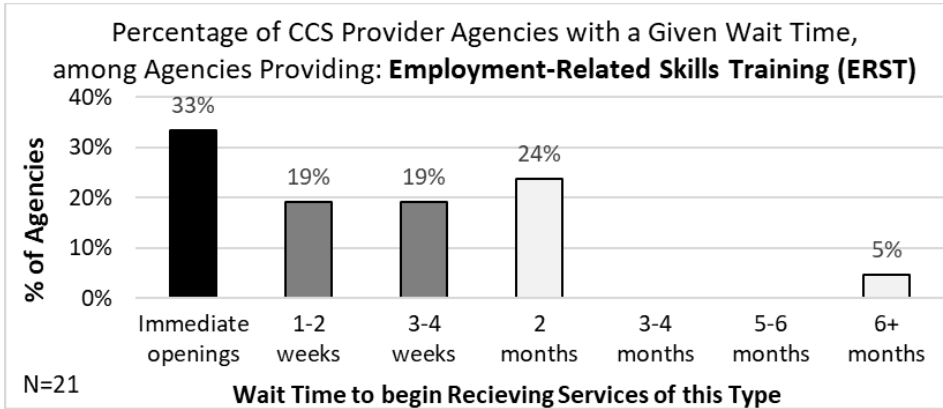
Array Services

For each of the following CCS service types, the number of agencies providing that service is listed, along with the distribution of wait times for those agencies. Service types are shown in alphabetical order.

Graph 4A.

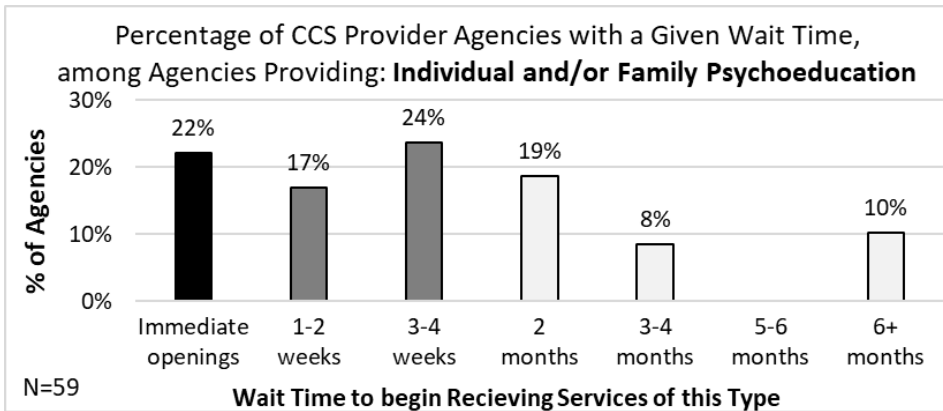


Graph 4B.



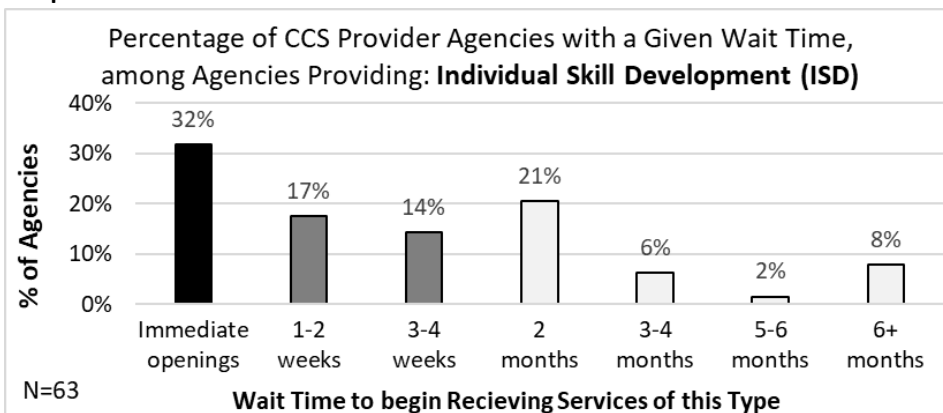
- 21 agencies provided Employment-Related Skills Training (ERST)
- 33% reported immediate openings
- 71% had wait times under 1 month

Graph 4C.



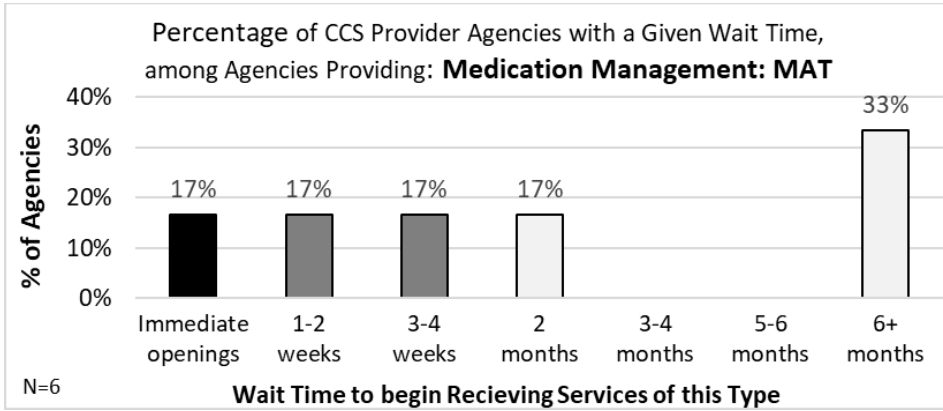
- 59 agencies provided Individual and/or Family Psychoeducation (FP)
- 22% reported immediate openings
- 63% had wait times under 1 month

Graph 4D.



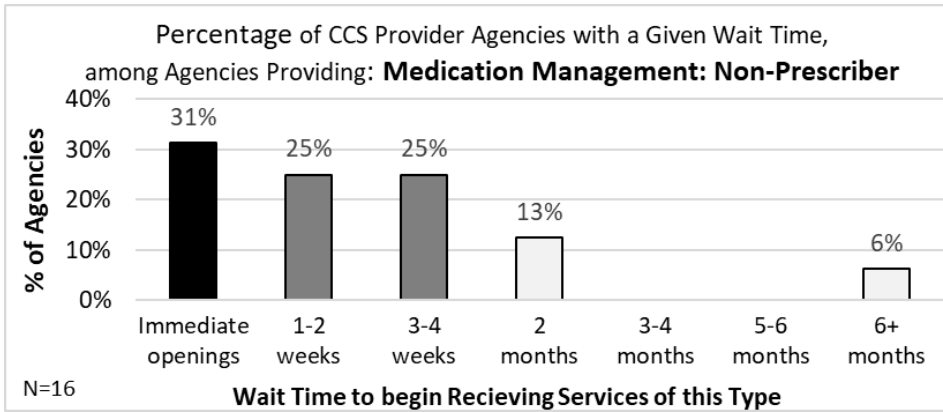
- 63 agencies provided Individual Skill Development
- 32% reported immediate openings
- 64% had wait times under 1 month

Graph 4E.



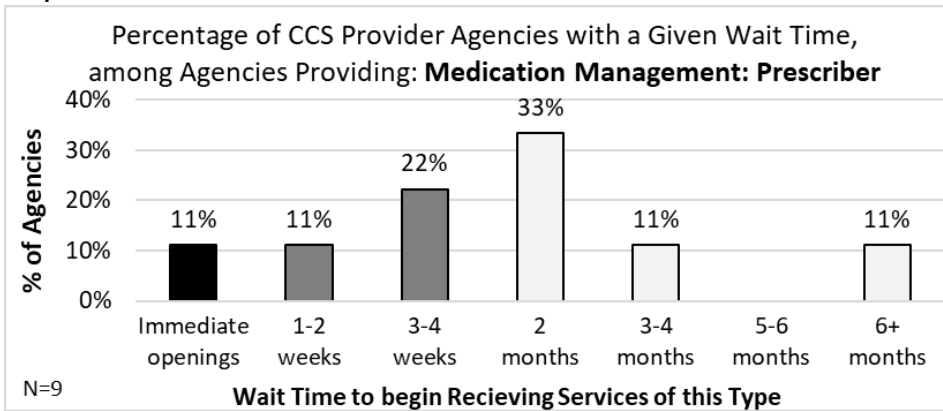
- 6 agencies provided Medication Management: medication assisted treatment
- 17% reported immediate openings
- 50% had wait times under 1 month

Graph 4F.



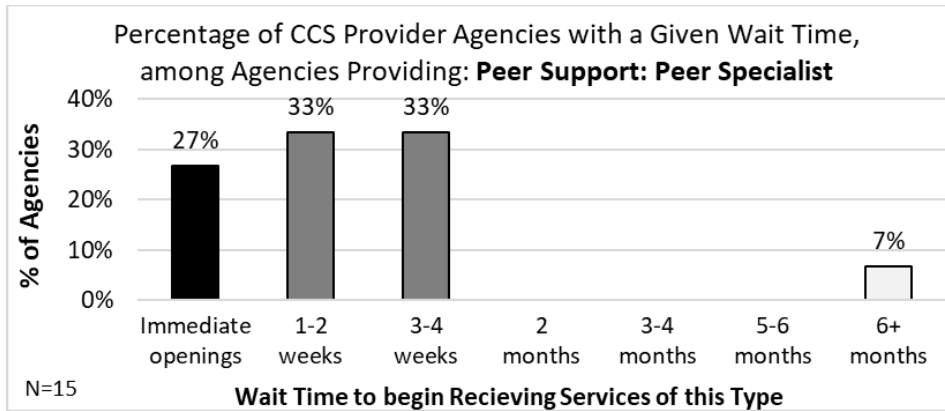
- 16 agencies provided Medication Management: non-prescriber
- 31% reported immediate openings
- 81% had wait times under 1 month

Graph 4G.



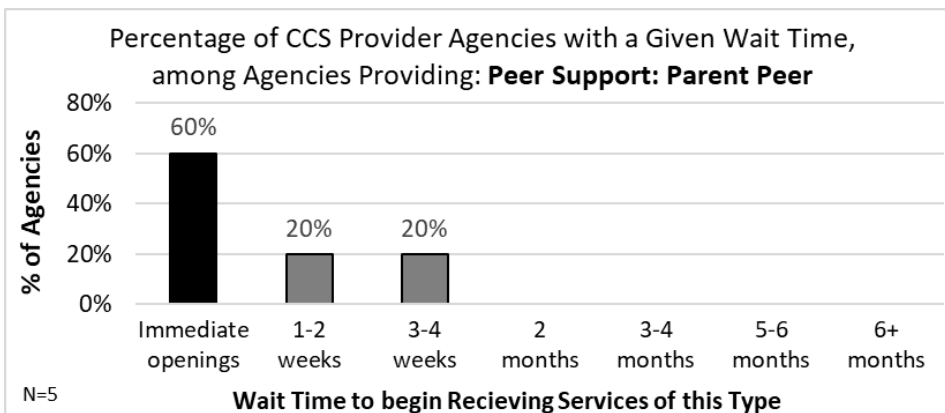
- 9 agencies provided Medication Management: Psychiatric prescriber
- 11% reported immediate openings
- 44% had wait times under 1 month

Graph 4H.



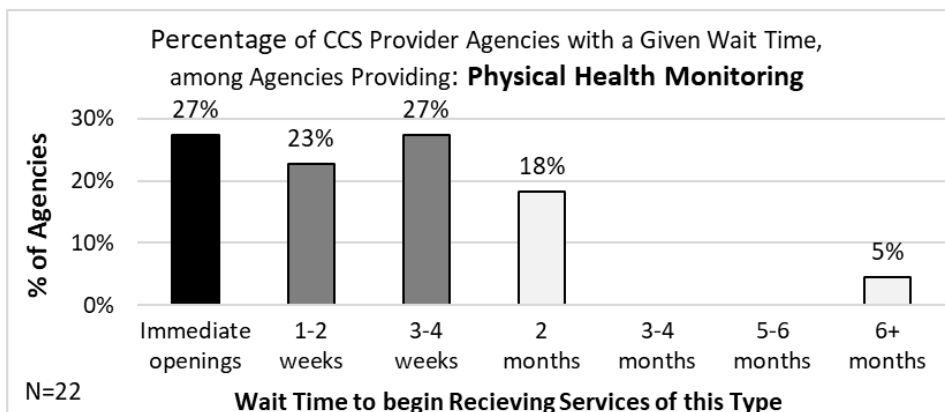
- 15 agencies provided Peer Support: Peer Specialist
- 27% reported immediate openings
- 93% had wait times under 1 month

Graph 4I.



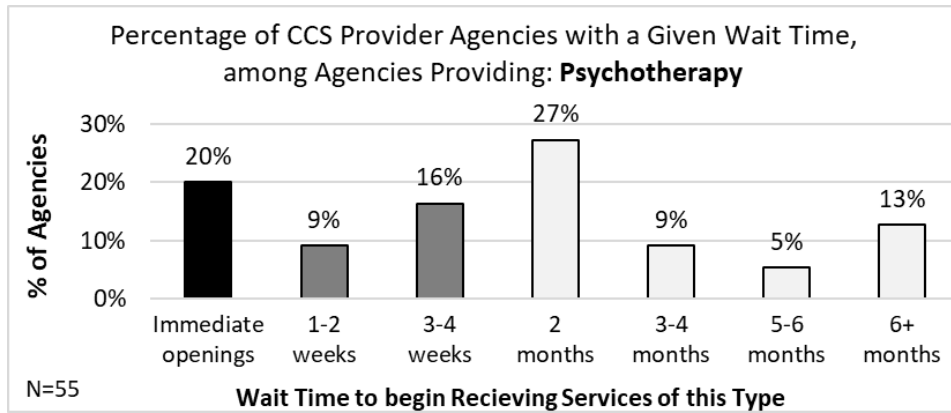
- 5 agencies provided Peer Support: Parent Peer Specialist
- 60% reported immediate openings
- 100% had wait times under 1 month

Graph 4J.



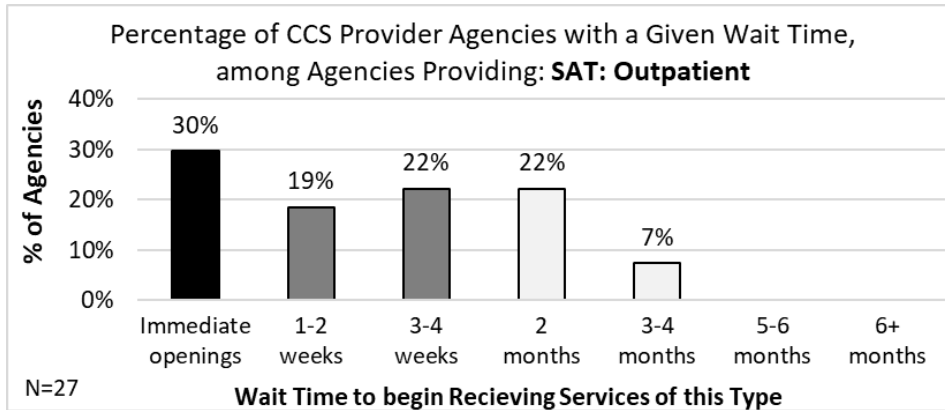
- 22 agencies provided Physical Health Monitoring
- 27% reported immediate openings
- 78% had wait times under 1 month

Graph 4K.



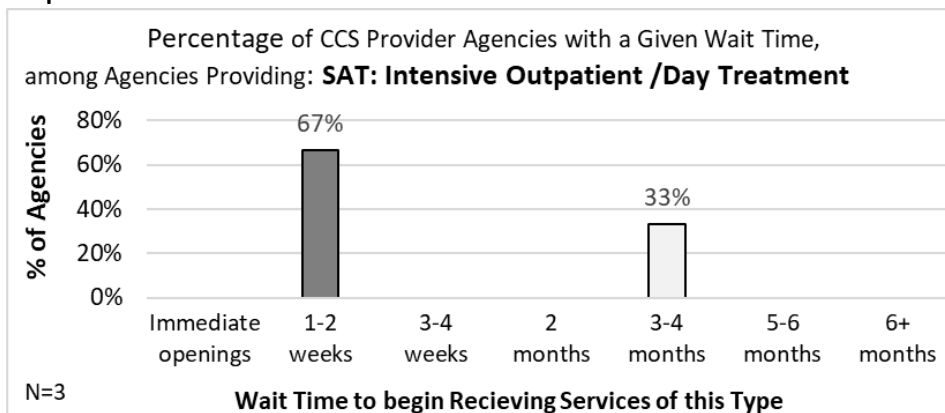
- 55 agencies provided Psychotherapy
- 20% reported immediate openings
- 45% had wait times under 1 month

Graph 4L.



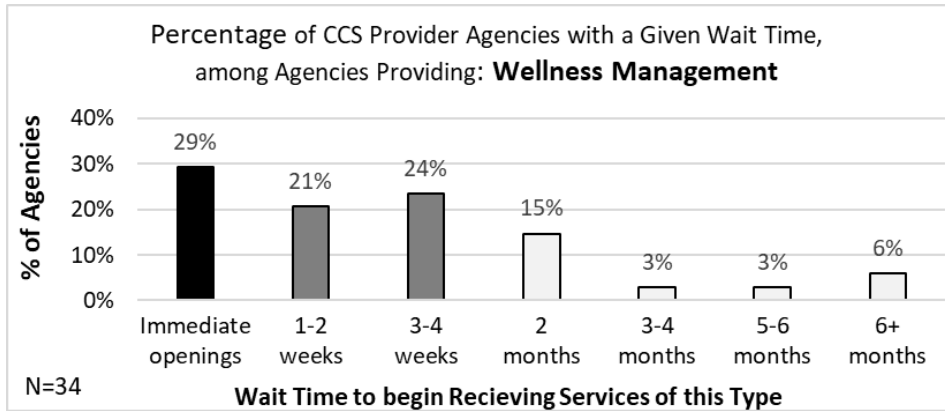
- 27 agencies provided SAT: Outpatient
- 30% reported immediate openings
- 70% had wait times under 1 month

Graph 4M.



- 3 agencies provided Substance Abuse Treatment (SAT): IOP/day treatment
- No agencies reported immediate openings
- 67% had wait times under 1 month

Graph 4N.

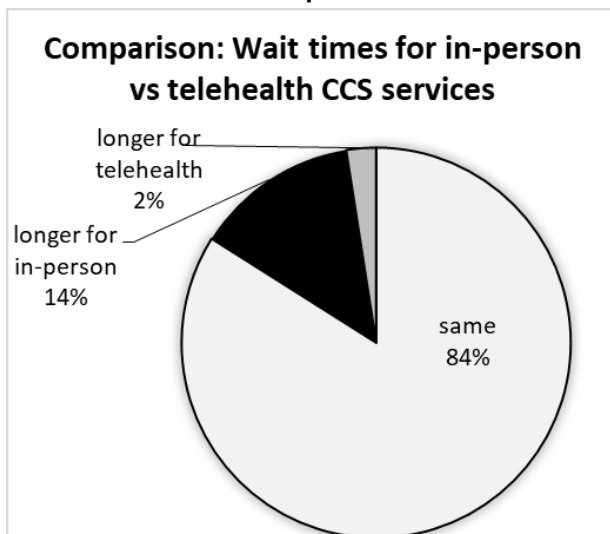


- 34 agencies provided Wellness Management
- 29% reported immediate openings
- 74% had wait times under 1 month

Telehealth versus in-person: wait time to begin serving new participants

Providers were asked to estimate whether wait times to begin serving new participants were longer for in-person or for telehealth services. The comparison is shown in the pie chart in **Graph 5**.

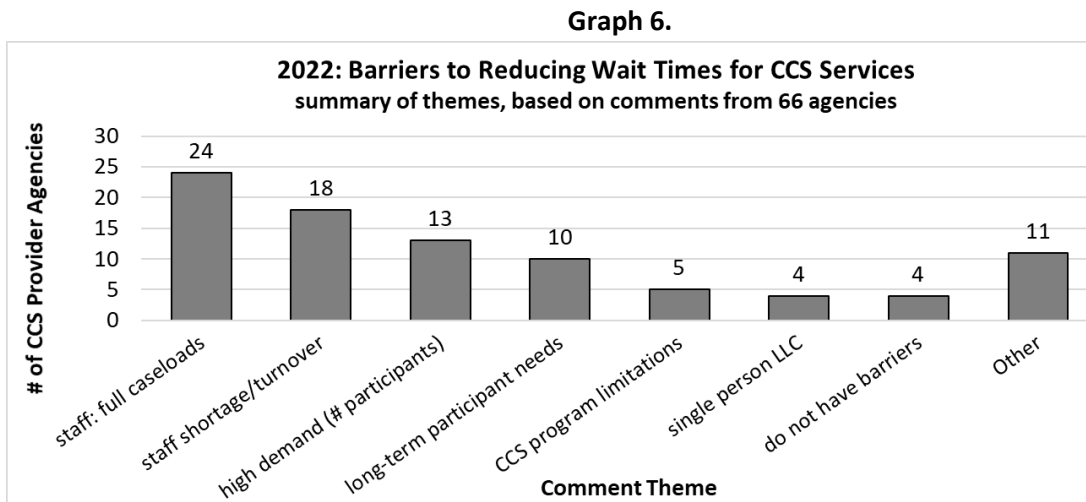
Graph 5.



- 84% of agencies reported similar wait times for in-person versus telehealth services
- 14% of agencies reported longer wait times for in-person services
- 2% of agencies reported longer wait times for telehealth

Barriers to reducing wait times

CCS Provider agencies were asked to identify barriers for new CCS participants to begin using their services. Sixty six (66) agencies provided comments, which are summarized into themes, with some comments fitting multiple themes (**Graph 6**).



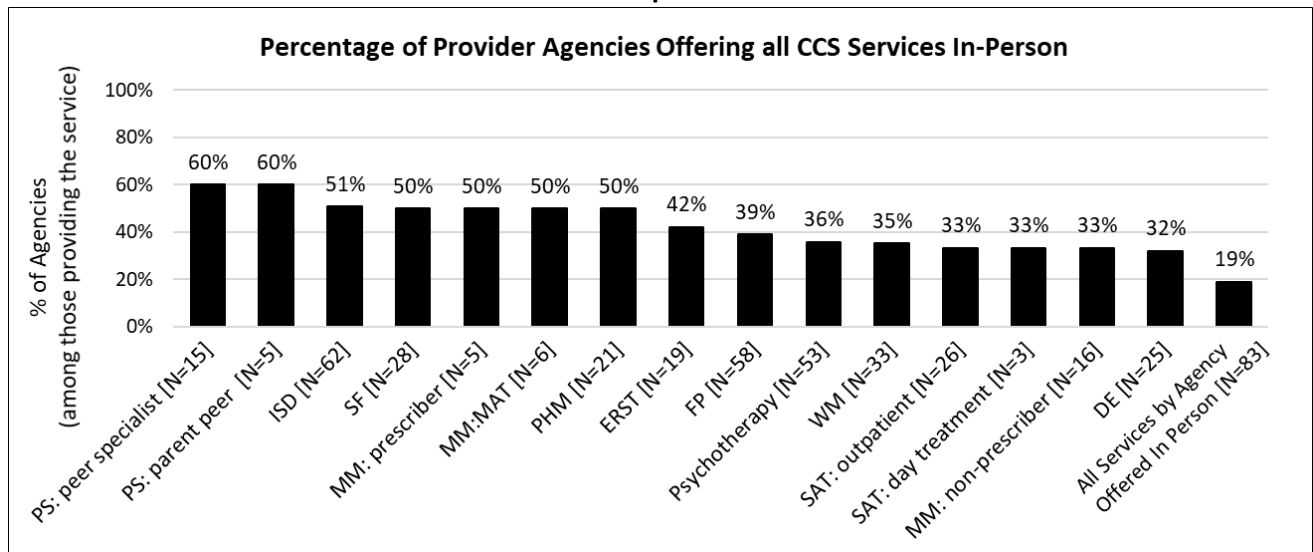
- The most common barriers identified by agencies work in tandem to create wait times for new participants. Many agencies noted that staff are already at full caseloads. As the number of CCS participants in Dane County increases, and due to the long-term nature of CCS, more people are starting services than discontinuing, resulting in longer wait times to begin receiving services. Meanwhile, agencies are struggling to hire and retain qualified staff to serve that growing participant demand.
- Additional barriers identified by agencies were related to CCS program rules or additional work that put constraints on provider capacity.
- Some agencies reported being single person agencies without the ability to take on new participants.
- Although some agencies reported that they do not have barriers and that they are ready to accept new participants, other barriers for agencies included: participant availability and engagement; service coordination issues to ensure an appropriate match for the agency and participant; and limited availability for specialty services at the agency.

2022 CCS service delivery methods for new and existing CCS participants *CCS agencies offering all services in person*

In Dane County, a public health emergency went into effect in March of 2020 in response to the COVID pandemic and remained largely in effect until June 2021. The COVID pandemic caused a shift from in-person to telehealth services in CCS. While telehealth provided advantages over in-person services, especially during the public health emergency, some participants continued to prefer in-person services. While the shift to telehealth was brought on by the mandate, the shift back to in-person has been largely left to individual providers, leaving large variability in the CCS provider network.

In order to assess the availability of in-person services among the different service types, providers were asked to estimate the percentage of CCS services being *offered* in person. **Graph 7** shows the percentage of agencies, by service type, offering all CCS services, for both new and existing CCS participants, in person. Service types are listed left to right by the highest percentage of agencies offering in-person services. The number of agencies reporting providing that service type is shown.

Graph 7.

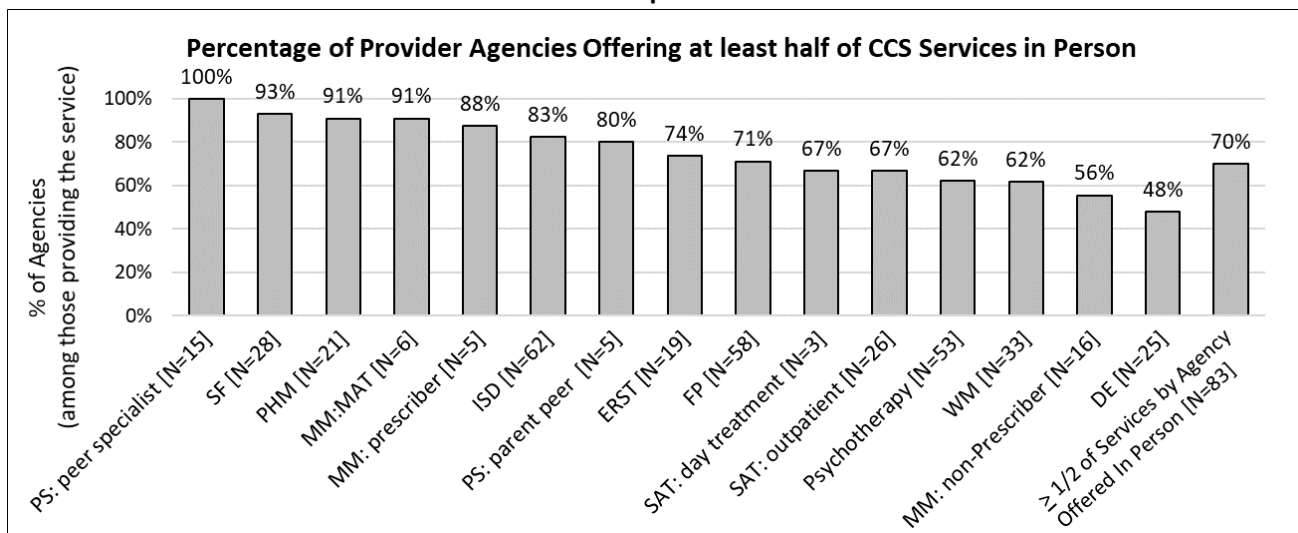


- As of June 2022, there were seven service types in which at least half of agencies offered all of those services in-person (from left to right: Peer Support: peer specialist, Peer Support: parent peer, Individual Skill Development, Service Facilitation, Mediation Management: prescriber, Medication Management: mediation assisted treatment, and Physical Health Monitoring).
- Of the 19 agencies providing ERST, 42% reported offering all of those services in person.
- There were seven service types in which only 30-40% of agencies offered all CCS services in person (from left to right: Individual and/or Family Psychoeducation, Psychotherapy, Wellness Management, Substance Abuse Treatment: IOP/outpatient, Substance Abuse Day Treatment, Medication Management: non-prescriber, and Diagnostic Evaluation).
- Overall, 19% of CCS agencies reported offering all services in person.

CCS agencies offering at least half of services in person

Although some agencies reported offering all services in person, other agencies offered varying amounts of in-person services. As an additional analysis, **Graph 8** shows the percentage of agencies, by service type, offering at least half of their services in person.

Graph 8.

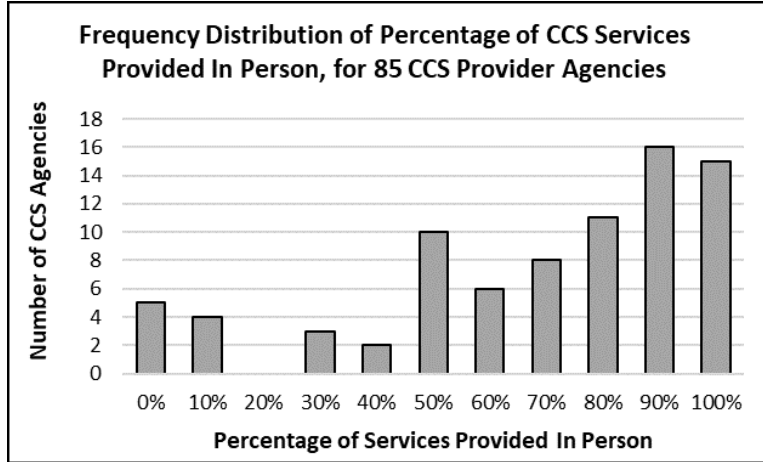


- Among the 15 agencies providing Peer Support: peer specialist services, 100% of agencies offered at least half of those services in person.
- There were eight service types in which 71-93% of agencies reported offering at least half of those services in person (from left to right: Service Facilitation, Physical health monitoring, Medication Management: medication assisted treatment, Medication Management: prescriber, Individual Skill Development, Peer Support: parent peer, Employment-Related Skills Training, Individual and/or Family Psychoeducation).
- There were five service types in which 50-70% of agencies offered at least half of those services in person (from left to right: Substance Abuse Treatment: IOP/day treatment, Substance Abuse: outpatient, Psychotherapy, Wellness Management, and Medication Management: non-prescriber).
- The service type with the lowest percentage of agencies offering at least half of those services in person was Diagnostic Evaluation (48% of agencies).
- Overall, 70% of CCS agencies reported offering at least half of their services in-person.

Services being provided in person

Agencies were asked to estimate the overall percentage of CCS services they were currently *providing* in person. **Graph 9** shows the frequency distribution, with estimated percentages of services provided in person ranging from 0-100%, in 10% bins.

Graph 9.



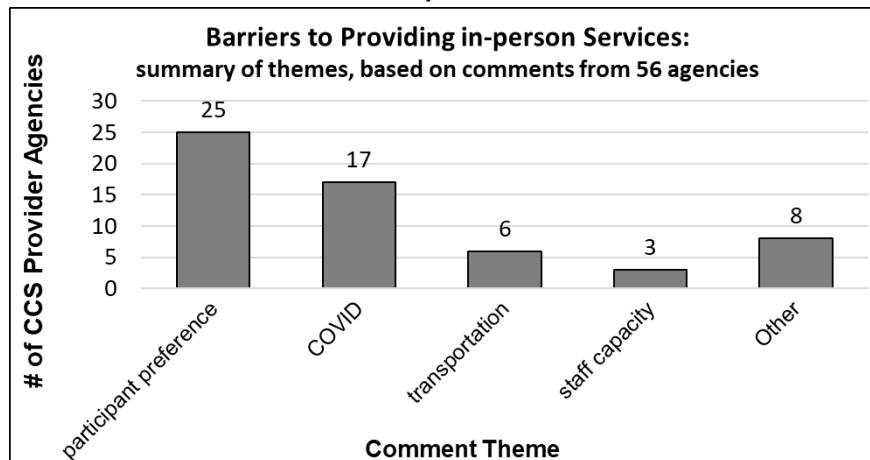
- The most prevalent estimate by providers was that 90% or 100% of their CCS services were being provided in person (16 agencies: 90%, 15 agencies: 100%) .
- The next most frequent responses were that 50-80% of CCS services were being provided in person (35 agencies total).
- Relatively few agencies estimated that they provided less than half of their services in person (14 agencies total).

Barriers to providing in-person services

CCS agencies were asked to provide comments about the primary barriers they faced to providing in-person services. Those themes are summarized in **Graph 10**.

- The most common barrier to providing in-person services was participant preference, which was identified by 25 provider agencies. These agencies described providing both in-person and telehealth services, with some participants choosing a combination of both, while other participants had a strong preference of one over the other.
- The next most common barrier to providing in-person services was COVID, either due to cases, vaccination statuses, or COVID protocols.
- Transportation for the participant was a barrier to providing in-person services for six agencies.
- Three agencies noted staff shortages and capacity issues limiting in-person services.
- Other reasons for not providing in-person services were: the agency doesn't provide any in-person services, cancellations/no-shows, scheduling conflicts, CCS program hurdles taking up too much time, weather, and some agencies not traveling into the home.

Graph 10.



Appendix A – Survey Instrument

Agency Name

For each service type, indicate whether or not your agency provides that CCS service.

	We provide this service	We do not provide this service
Service Facilitation	<input type="radio"/>	<input type="radio"/>
Diagnostic Evaluation	<input type="radio"/>	<input type="radio"/>
Medication management: prescriber	<input type="radio"/>	<input type="radio"/>
Medication management: non-prescriber	<input type="radio"/>	<input type="radio"/>
Medication management: medication assisted treatment (MAT)	<input type="radio"/>	<input type="radio"/>
Physical health monitoring	<input type="radio"/>	<input type="radio"/>
Peer support: peer specialist	<input type="radio"/>	<input type="radio"/>
Peer support: parent peer support specialist	<input type="radio"/>	<input type="radio"/>
Individual skill development and enhancement	<input type="radio"/>	<input type="radio"/>
Employment-related skill training	<input type="radio"/>	<input type="radio"/>
Individual and/or family psychoeducation	<input type="radio"/>	<input type="radio"/>
Wellness management and recovery/Recovery support services	<input type="radio"/>	<input type="radio"/>
Psychotherapy	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment: outpatient counseling	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment: IOP/Day treatment	<input type="radio"/>	<input type="radio"/>
	We provide this service	We do not provide this service

Below are the CCS services types you mentioned offering.

For each array service offered, select the estimated wait time at your agency for **NEW CCS PARTICIPANTS** to begin receiving that service.

If your agency is not currently providing that service, select N/A.

	Immediate Openings	1-2 weeks	3-4 weeks	2 months	3-4 months	5-6 months	More than 6 months	N/A
Service Facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication management: non-prescriber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How does the wait time for in-person services at your agency compare to the wait time for telehealth services?

- Wait time is shorter for in-person services
- Wait time is the same for in-person and telehealth services
- Wait time is longer for in-person services
- Other

What are barriers your agency is facing to reducing wait times?

Now, when thinking about all CCS services provided by your agency, please move the slider to show the percentage of these CCS services at your agency that are **offered in-person**.

If you do not offer the service in-person, select 0% on the slider.

If the CCS service type is not provided at your agency, mark "Not Applicable."

0 10 20 30 40 50 60 70 80 90 100

Service Facilitation Not Applicable



Diagnostic Evaluation Not Applicable



Medication management: non-prescriber Not Applicable



Overall, what percentage of CCS services provided at your agency are provided in-person?

0 10 20 30 40 50 60 70 80 90 100



Please describe any barriers your agency experiences to providing in-person CCS services.