

WISCONSIN BUREAU OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

The [Bureau of Mental Health and Substance Abuse Services](#) resides within the Division of Mental Health and Substance Abuse Services, Wisconsin Department of Health and Family Services. The Bureau strives to improve coordination among the state agencies responsible for substance abuse services, to increase the quantity and quality of intervention and treatment programs, to improve access to services for high-risk and underserved populations, and to further strengthen the county and local substance abuse delivery system. This includes policy, planning, and contract administration of county community aids and local providers of treatment and recovery services to individuals with substance use issues.

DIRECTOR: John Easterday

EXECUTIVE SPONSOR: Joyce Allen

CHANGE LEADER: Joyce Allen

PARTNERS: ARC Community Services
Dennis Hill Harm Reduction Center
Milwaukee Family Services of Northeast Wisconsin Inc.
Green Bay Genesis Behavioral Services Inc.
West Bend Grant/Iowa Unified Community Services
Lancaster Meta House
Milwaukee Oakwood Clinical Associates
Kenosha Racine Psychological Services Inc.
Racine Tamarack Behavioral Health Center
Manitowoc Wood County Unified Services
Wisconsin Rapids

PROJECT AIMS:

- Increase access
- Increase retention
- Reduce waiting times

STATEWIDE AIMS:

- Teach NIATx process improvement skills to substance abuse treatment providers
- Reduce system barriers to access and retention
- Sustain the project beyond the grant period
- Use NIATx as a substitute for the SAPT block grant-required independent peer reviews

GOALS AND MEASURES

Wisconsin's project was structured to involve the state project management team and ten county-based providers who receive grants, contracts, and Medicaid funding from the state. The state provided learning sessions, a learning collaborative, and performance management.

The providers' goals were to:

- Reduce the waiting list
- Reduce no-shows
- Improve treatment engagement
- Improve services to the community
- Increase revenues

The goal to reduce appointment no-shows was accomplished by making reminder calls to clients, by having clients give a verbal commitment to attend their group sessions, and by providing incentives for attendance with gift cards or a raffle. In order to increase retention in treatment, providers aimed to be more welcoming, to reduce the initial paperwork in order to engage clients immediately, and to focus on their clients' immediate needs.

The state project management team granted regulatory variances for the size of counseling groups, when treatment plans must be developed, and the frequency of client staffing meetings. The state project management team also worked with Medicaid to get a waiver for the requirement of a physical examination at the time of admission.

PROVIDER CHANGE PROJECTS

ARC Community Services

Over approximately three months, ARC Community Services reduced their overall no-show rate from 31.7 percent to 22.7 percent.

Grant/Iowa Counties Unified Community Services

Grant/Iowa Counties Unified Community Services reduced paperwork and the time required for an assessment by 20 percent and reduced the out-of-pocket cost for an assessment by \$54.

Racine Psychological Services, Inc.

Racine Psychological Services increased the show rate for all appointments from 47 percent to 72 percent after implementing reminder phone calls. This allowed them to serve 60 additional clients and increase their revenue by \$11,000.

OVERALL IMPACT

The efforts of the state Change Team and providers to reduce no-show rates and paperwork allowed providers to see more clients within existing funding limits. Reduced paperwork and increased attendance increased client engagement and retention in treatment.

LESSONS LEARNED

- Prior authorization policies were different for Medicaid and the county systems.
- It's a myth that the lack of resources is the only cause for waiting lists.
- Regulatory clinical standards are prescriptive.
- There are different administrative and clinical standards for substance abuse providers versus mental health services.

PLANNED CHANGES

- Add five agencies that contract directly with the state so that they can focus on only one or two aims.
- Continue to work with Medicaid to secure waivers for policies that act as barriers to treatment.
- Continue to identify regulatory clinical standards that act as barriers to treatment.
- Work on barriers created by the county-based system.