*Licensing and Regulations*

One of the goals of the Wisconsin STAR-SI project is to reduce system barriers to access and retention. As such, state STAR-SI staff members have on a few occasions conducted nominal groups with participating providers to elicit system issues that affect service access and client retention in treatment. The STAR-SI project management team has used these prioritized issues to **plan** a change project on state codes that govern provider licensing. One provider advised that the state should limit its involvement in clinical decisions and approaches and just focus on client safety issues.

In July, 2008, as a result of provider input and decisions by the administrators of the Division of Mental Health and Substance Abuse Services and the Divisi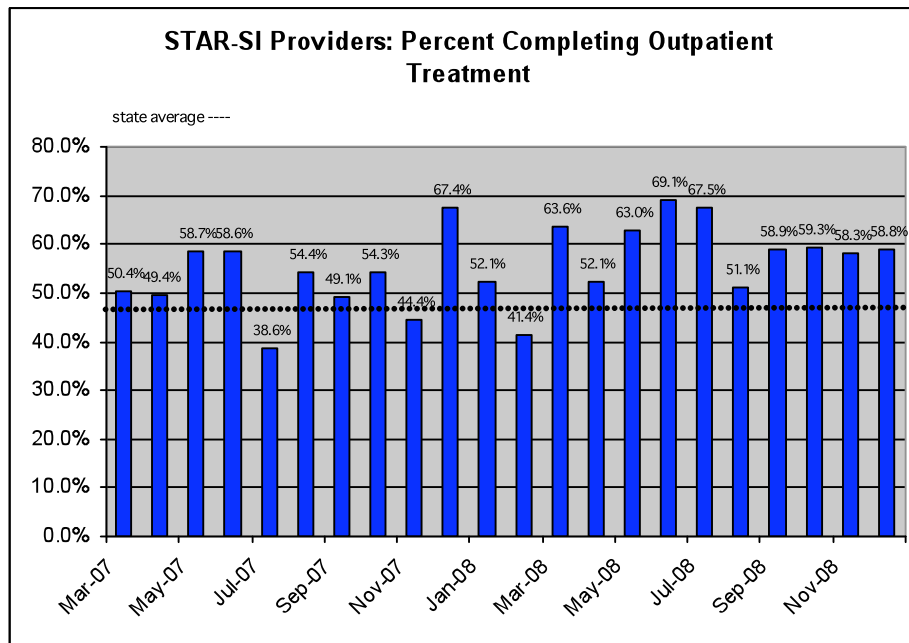on of Quality Assurance (provider licensing), it was decided that two state provider licensing policies have a negative impact on service access and retention and at the same time did not pose any safety risks to clients. First, counseling group size is limited to eight clients for one counselor, which directly affects capacity, waiting times and admissions. The second, a requirement to document the treatment plan by the end of the second session/visit, negatively affects counselors' ability to develop rapport with clients and focus on immediate needs, thereby increasing early withdrawals from treatment. A third state code mandates provider program evaluation procedures and was included as an incentive to providers to stay involved in STAR-SI. Substituting the STAR-SI quality improvement activities for the state service evaluation codes reduced duplication of effort. The variances were to be in effect from August 2008 through April 2009 to allow sufficient time to evaluate the variance's impact on access and retention.

STAR-SI Providers: Days from First Contact to Outpatient Treatment Admission
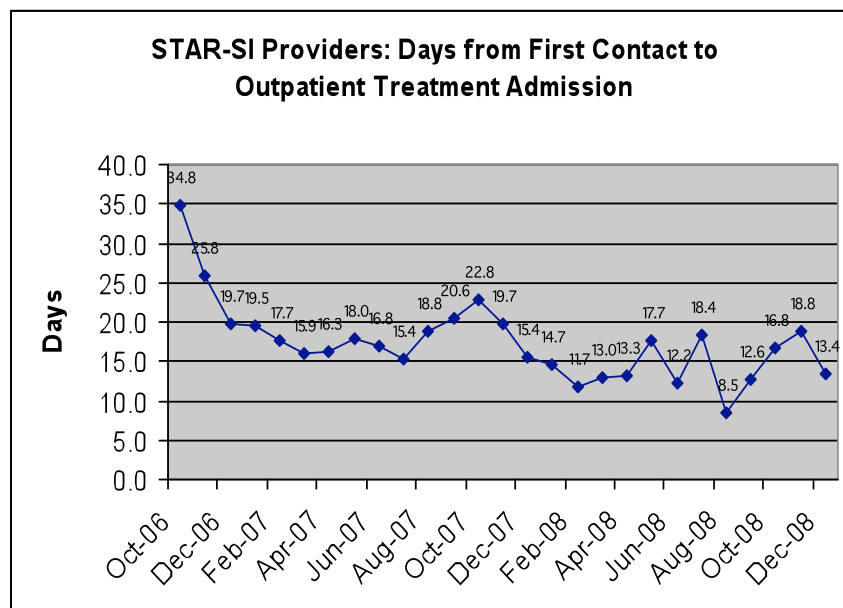
What to **do** next? STAR-SI staff notified all participating STAR-SI agencies that they were eligible for three variances to state substance abuse service standards. Providers were allowed to sign up for any one or more of the variances, including increasing counseling group size to 10, documenting the formal treatment plan by the end of the fifth visit, and using STAR-SI change projects as a substitute for program evaluation. Ninety-two percent (92 percent) of providers signed up for the group counseling size variance; 72 percent signed up for the treatment plan variance; and 88 percent signed up for the service evaluation variance.

STAR-SI Providers: Percent Completing Outpatient Treatment

state average ----

50.4% 49.4%	
58.7% 58.6%	
38.6%	
54.4% 49.1%	
54.3%	
44.4%	
67.4%	
52.1%	
41.4%	
63.6%	
52.1%	
63.0%	
69.1% 67.5%	
51.1%	
58.9% 59.3% 58.3% 58.8%	

Y-axis: 0.0%, 10.0%, 20.0%, 30.0%, 40.0%, 50.0%, 60.0%, 70.0%, 80.0%

X-axis: Mar-07, May-07, Jul-07, Sep-07, Nov-07, Jan-08, Mar-08, May-08, Jul-08, Sep-08, Nov-08

As April 2009 rolled around, it was time to **study** the results and seek an extension to the variance period if warranted. Eighteen (72 percent) of the 25 providers have used the variances and desire them to continue. Reasons for the seven who did not use the variances included reorganization, dropped out of STAR-SI, or found out later they did not need the variances. Here are some of their comments about the variances:

"The increased group size has allowed us to serve more clients without losing the integrity of the sessions. We can serve more people quicker who would otherwise have stayed on a waiting list longer - so it has been successful in helping to reduce the waiting list to enter treatment. We were able to decrease wait time from 54 days to 17 days! Since clients were able to access treatment sooner, treatment completion rose from 48 percent to 100 percent. Being able to increase the group sizes has allowed us to combine new with current groups rather than canceling groups because they were too small. Increasing group size has been especially helpful in our continuing care treatment group because it diminishes the waiting time from a more intense level of care. After a client finishes a primary treatment program (residential or intensive outpatient) they often go into the continuing care treatment group. When they have to wait for spots to open up, it becomes a less than ideal situation. The client goes from an intense level of care to waiting up to a month to get into this weekly continuing care group. This timeframe opens up the possibility of relapse and/or not continuing in services at all."

"Treatment plans done by the second visit are much more superficial than ones with more information. By delaying the treatment plan, counselors are able to write a much more comprehensive and in-depth plan. Delaying the treatment plan until the fifth session has also allowed counselors to identify which stage of change the client is in, which helps in the development of the treatment plan. Delaying the master treatment plan has resulted in more accurate and complete portrayals of clients' treatment needs and goals. This variance has allowed us to increase retention in first 30 days of treatment and helps build a therapeutic alliance between the counselor and the client. Delaying the treatment plan is especially important when dealing with clients who are in crisis. Counselors can spend the first session or two helping the person access resources and de-escalating the situation. The variance is an improvement in the way services are delivered because it results in more client-driven, individualized treatment plans."

"Using the NIATx model as our agency's program evaluation method allows every minute invested in STAR-SI to return multiple benefits in terms of both improved client access and improved business. Given the current economy, strategies like this may mean the difference between program survival and closure as policy makers outside of the treatment field make funding decisions. Also, using the NIATx model for program evaluation is more efficient for staff and helps them work on solving problems rather than just reporting data."

What did the hard data show about access and retention among the providers who implemented the variances? As the two graphs in this section show, providers participating in the variances have maintained high rates of retention in treatment (59 percent) and low wait times (15 days). The next **act** in this drama includes making a request to the Division of Quality Assurance to extend the variances another year.