Abstract and Project Summary

Wisconsin proposes to build on the highly successful implementation of its ATR-funded WIser Choice (Wisconsin Supports Everyone's Recovery Choice) program in Milwaukee County through a significant expansion in 1) the number of total individuals served (by **38%** more than were served during the first round of ATR) and 2) the nature of the criminal justice population served to include the entire criminal justice continuum.

With second-round ATR funding (ATR-2), Wisconsin will continue to serve: 1) the general adult population, with a special emphasis on 2) families with children, and 3) a criminal justice population: a) inmates that are reentering the Milwaukee community from prison and b) offenders on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from substance abuse treatment and recovery support services as an alternative to revocation. In addition ATR-2 will fund a significant expansion in the scope of the criminal justice population served. WIser Choice will now also target individuals considered for pre-charging diversion, deferred prosecution and deferred sentencing options; persons reentering the Milwaukee community from jail confinement; and those involved in the Milwaukee County felony drug court alternative to prison programs. As such, WIser Choice will now cover the entire criminal justice continuum from pre-disposition (diversion) to sentencing (diversion and courts) to community alternatives to confinement (alternative to revocation and prison) to release from confinement (jail and prison reentry). WIser Choice will continue to be implemented by the Office of Governor Jim Doyle), in collaboration with the Department of Health and Family Services; Department of Corrections; Milwaukee County Executive Scott Walker, Milwaukee County Behavioral Health Division, the WIser Choice Faith Community Advisory Council and the Milwaukee Behavioral Health Providers Group. In addition, the following entities have joined the partnership since implementation: Milwaukee Mayor Tom Barrett, Chief Judge Kitty Brennan of the Milwaukee County Circuit Courts, and the Alliance for Recovery Advocates (AFRA), a consumer recovery advocate organization. Three-year goals for ATR-2 include 1) expanding number served by 38% over ATR-1 to 11,052; 2) expanding the criminal justice population served to include 500 per year from diversion, jail re-entry, and felony drug courts; 3) increase capacity of grassroots faith and community based organizations; 4) collect six-month follow-up GPRA interviews with 80% of persons admitted; 5) successfully serve 4,460 clients over the three-year grant period, as measured by abstinence at disenrollment and 6) the provision of all clinical treatment within the SAMHSA-approved cost bands. The Network for the Improvement of Addiction Treatment (NIATx) will use its proven approach to help Wisconsin develop process improvement capacity, so that a sustainable mechanism to address system objectives is put in place.

Sections A-D: Project Narrative

A. Need for Voucher Program

B. Proposed Approach

C. Readiness to Implement a Voucher Program

D. Management, Staffing and Controlling Costs

Section A: Statement of Need

Introduction: Wisconsin proposes to expand and enhance the highly successful implementation of its Access to Recovery (ATR)-funded WIser Choice (Wisconsin Supports Everyone's Recovery Choice) program in Milwaukee County. With second-round ATR funding (ATR-2), Wisconsin will continue to serve: 1) the general adult population, with a special emphasis on 2) families with children, and 3) a criminal justice population: a) inmates that are reentering the Milwaukee community from prison and b) offenders on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from Alcohol and Other Drug Abuse (AODA) treatment and recovery support services (RSS) as an alternative to revocation. In addition, capitalizing on efficiencies developed within the system, ATR-2 will fund a significant **expansion** in 1) the number of total individuals served (by **38%** over ATR-1) and 2) the nature of the criminal justice population served. WIser Choice will now also target individuals considered for pre-charging diversion, deferred prosecution and deferred sentencing options; persons reentering the Milwaukee community from jail confinement; and those involved in the Milwaukee County felony drug court alternative to prison programs (see p. 11 for more details of this expansion population). As such, WIser Choice will now cover the entire criminal justice (CJ) continuum from pre-disposition (diversion) to sentencing (diversion and courts) to community alternatives to confinement (alternative to revocation and prison) to release from confinement (reentry).

WIser Choice will continue to be implemented by the Office of Governor Jim Doyle (OG), in collaboration with the Department of Health and Family Services (DHFS) and its Division of Mental Health and Substance Abuse Services (DMHSAS); Department of Corrections (DOC); Milwaukee County Executive Scott Walker, Milwaukee County Behavioral Health Division (BHD), the WIser Choice Faith Community Advisory Council (FCAC) and the Milwaukee Behavioral Health Providers Group (BHPG). In addition, the following entities have joined the partnership since implementation: Milwaukee Mayor Tom Barrett, Chief Judge Kitty Brennan of the Milwaukee County Circuit Courts (MCCC), and the Alliance for Recovery Advocates (AFRA), a statewide organization of consumer recovery advocates.

Current Clinical and Recovery Support System:

Number of current providers: Wisconsin operates a State supervised, County administered system for publicly funded AODA services. BHD disburses $6,485,249 for voucher-based AODA services annually from non-ATR sources, thus the current ATR allocation of $6.8 million ($7.6 million award minus 10% for administration) constitutes more than half of the total funding available for voucher services. Prior to ATR, BHD's AODA provider network consisted of only **22** AODA clinical treatment providers at 32 sites and no distinct providers of RSS. ATR has enabled the provider network to grow to **108** at 142 sites, an almost five-fold increase; including **49** clinical treatment providers and **91** providers of RSS (some provide both).

DOC has, on average, only $406 per client to fund AODA treatment and related services to address the criminogenic needs of offenders in Milwaukee County. The DOC distributes these funds through purchase of service **contracts** with **26** providers within the County.

Gaps. Prior to ATR/WIser Choice, funds that were available to the County did not nearly cover the demand for treatment services and left no opportunity to purchase the RSS that are needed to improve access, retention and sobriety. Milwaukee County has seized the opportunity provided by ATR, and the picture is much better today. For example, where before the lack of RSS was a huge gap, today there are only a handful of clinical and support services that need to be further developed: specific ASAM-defined levels of residential treatment, as well as

transitional housing, room and board, and short-term emergency housing. Though ATR has had a major impact, the major issue continues to be the large treatment gap in a city that has the highest rate of substance abuse/dependence of any city in the nation (see below).

The first round of ATR (ATR-1) filled a significant gap in the access to critical services for persons released from prison and those facing revocation proceedings. ATR-2 will further address this gap for persons released from jail and those involved in court and prison diversion programs; all with the goal of reducing crime by providing access to needed community services.

Barriers to Service Access - *General County Population*: While access and retention has been greatly enhanced for the majority of the target population, barriers to treatment exist for those with limited English proficiency and for families (e.g. women and children) (see p. 15-16).

Criminal Justice (CJ) Population. A recent report by Justice Strategies (JS) (2005) indicated that probation is underused in Milwaukee because judges lack confidence in the system, due to shortages of community resources to address the extensive criminogenic needs of offenders. JS reported that individuals convicted of possessing or selling small amounts of cocaine who had no prior felony convictions were nearly three times more likely to be incarcerated if the crime was committed in Milwaukee vs. the rest of the state. In a focus group of Milwaukee judges conducted by JS, judges indicated that if more substance abuse treatment and wrap-around services were available, they would redirect at least a third of their prison-bound drug, property and public order cases to community treatment. (See Letter of Commitment from MCCC Chief Judge Kitty Brennan.) The recommendation of the JS team was that Milwaukee invest substantially in these kinds of services as part of pretrial release and diversion projects, and for persons in the County jail: precisely the targets of Wisconsin's proposed ATR-2 expansion.

Prevalence and Nature of Substance Abuse Problems in Milwaukee County

Prevalence. In 2005, Wisconsin had the highest prevalence of alcohol use in the country, as well as the highest prevalence of binge drinking, current alcohol use, and chronic heavy drinking (Wisconsin DHFS, 2006). ***Wisconsin had the highest rate in the nation in 2003-2004 (12.22%) and in 2004-2005 (11.42%) of persons over the age of 12 with a substance use disorder (abuse or dependence)*** (SAMHSA, 2006a). Within Wisconsin, Milwaukee County has the largest number of people, 99,555, (13.49% of persons over the age of 12) who require treatment for alcohol and drug abuse (SAMHSA, 2006b; U.S. Census, 2000) ***Milwaukee's 13.49% rate is the highest of any urban area in the nation and of any sub-state region in the entire country other than two rural areas*** (one in North Dakota and one in Wyoming). Milwaukee County also leads the state in arrests for drug offenses and admissions to and releases from prisons (Welch & Quirke, 2002). It is estimated that 70% of people incarcerated nationwide (Peters et al., 1998) and Milwaukee County offenders have a lifetime substance use disorder (SUD). DOC reports that of 23,099 prisoners released to Milwaukee County from 2002-2005, 10,053 were assessed to have AODA treatment needs. In Milwaukee County the treatment gap is particularly detrimental to African Americans. In May 2002, the U.S. Department of Justice reported that Wisconsin led the nation in incarceration rate of African Americans, (Kertscher, 2004). Milwaukee County is home to 76% of Wisconsin's African American residents (U.S. Census, 2000), who constitute 72% of those that seek treatment (13% Hispanic, 14% White, 1% Asian and Native American).

Nature. Cocaine is the primary drug of abuse in Milwaukee (U.S. Department of Justice, 2002). This finding from 2001 is backed up by data from BHD which reports the following patterns of usage by 4,650 individuals receiving treatment from WIser Choice in 2006[1]:

[1] Due to a significant amount of overflow ATR funding from Year 01, WIser Choice service capacity was significantly higher in 2006 than at present.

Table 1 – Percentage of Clients Identifying Drug as their Major Problem						
Cocaine	Alcohol	Cannabis	Heroin	Other Opiates	Other	Dual or Polydrug,
34.6%	26.7%	22.5%	5.0%	2.5%	1.5%	7.3%

Data collected from the intake screening for the WIser Choice population indicates that those who seek treatment for SUDs have very serious co-occurring issues that characterize their lives, e.g., 55.4% with no income; 54.1% homeless and 37.1% with chronic medical condition.

Current Capacity and Need. Based on the data from NSDUH (p. 4), 13.49 % (or 99,555) of Milwaukee County residents over the age of 12 require substance abuse treatment. As the sub-state report does not provide this data for persons 18 and older (the target WIser Choice population), the number of Milwaukee's 692,339 adults (U.S. Census, 2000) needing treatment is estimated by multiplying by the 13.49% rate, arriving at a total of 93,397. A DHFS statewide needs assessment using a household sample (Welch and Quirke, 2001) estimated that 15% of those with substance use disorders ***(14,010)*** lack health insurance, therefore requiring publicly supported treatment. (*According to NSDUH, Milwaukee has the highest percentage of persons requiring but not receiving alcohol treatment of any sub-state urban region in the nation, and of any sub-state region in the country with the exception of two rural areas.* (SAMHSA, 2006b)). Included in this number are an estimated 1,102 individuals per year with SUDs (based on historical annual averages) who will violate the conditions of their probation or parole, be considered for prison-based treatment in lieu of revocation, and be candidates for WIser Choice as an *alternative to revocation*. Also included in this number are individuals from the following CJ populations targeted for expansion by Wisconsin in ATR-2: Diversion. Milwaukee County estimates that it will divert into treatment approximately 800 non-violent offenders with AODA problems annually who are booked into the Milwaukee County Criminal Justice Facility. Jail Re-entry: The Milwaukee County House of Corrections (HOC) estimates that over 10,800 offenders are released from their facility to the Milwaukee community on an annual basis, and that 80% (8,640) of the inmates report a history of substance abuse. Felony Drug Offender Alternative to Prison Program. This program draws from the approximately 1,800 non-violent offenders sentenced each year to prison for felony drug law violations.

The NSDUH data does not represent those who were in institutions (such as prison) or who were homeless and not using shelters (SAMHSA, 2006c). Data from the DOC indicates that an estimated ***2,972 prisoners will re-enter Milwaukee County from prison*** on an annual basis over the next three years who will be in need of AODA treatment. A street count conducted on January 26, 2006 by the Milwaukee Continuum of Care Homeless Coalition (Milwaukee CoC, 2006) identified 518 unsheltered homeless individuals. Though no data was reported on AODA treatment need, interviews conducted by the CoC on September 11, 2003 of unsheltered homeless persons indicated that 76.9% of them reported an AODA problem. Multiplying the 518 unsheltered homeless identified in the 2006 survey by 76.9% yields an additional ***398*** adults requiring substance abuse treatment. Adding the re-entry and unsheltered homeless figures to the NSDUH data results in an overall estimate of the number of persons needing treatment**: 17,380.** In the absence of a second ATR grant, the annual capacity would be **1,867** (based on other funds available and the current cost per client): thus the ***treatment gap*** is estimated to be ***15,513*****.**

Nature and Prevalence of Problems Related to Methamphetamine Use

Prevalence and Nature. According to the NSDUH, Wisconsin had 14,000 people, representing 0.3% of individuals 12 years or older, who engaged in past-year methamphetamine use, on average each year from 2002-2004 (SAMHSA, 2005a). This compared with a national

rate of 0.6%, and ranked Wisconsin among the lower third of states (SAMHSA, 2005b). Sub-state data was not published, but according to the NSDUH the ratio of past-year methamphetamine use by individuals residing in a Core-Based Statistical Area (CBSA) with 1 million or more persons compared with those living in a CBSA with fewer than a million was 5.2 to 8.5 (SAMHSA, 2006d). Taking into account this ratio, it is possible to estimate that **0.11%** of individuals in Milwaukee engaged in past-year methamphetamine use.

Nature. Of the relative handful of 29 individuals who reported methamphetamine use in the 30 days prior to WIser Choice intake, only three named it as their major problem, with 11 citing cocaine. Route of administration reported was: Oral: 13, Smoking: 7, Nasal: 4, Non-IV Injection: 1, No Report: 4. The 29 individuals reported an average 11.35 days of use in the past 30 days. Methamphetamine users tended to come from the general (25) vs. the CJ population (4).

Current Capacity and Need. By multiplying the 692,339 adult population of Milwaukee County (U.S. Census, 2000) by the estimated 0.11% rate (above), it is estimated that there are 762 individuals using methamphetamine. The estimate of the number of individuals that require treatment for abuse/dependence is arrived at by multiplying the 762 people estimated to be using methamphetamine by the 59.3% of past month methamphetamine users who met criteria for illicit drug dependence or abuse in the past 12 months (SAMHSA 2005b[2]); arriving at a total of **452** individuals requiring methamphetamine treatment.

Current Voucher Program and the Impact of Access to Recovery

ATR has provided the opportunity for people in Milwaukee County to choose from an array of services that will impact positively on their lives and support their ability to access, and remain in the system and achieve abstinence. While BHD had a voucher system pre-ATR, it did not have the capacity to provide the array of choices in a package of treatment and RSS that would lead to improved outcomes. Since inception, WIser Choice has had the following impact:

- More Clients Accessed the System. The total number of intake screenings increased by 80.2%, from 4,032 in the 12 months before WIser Choice to 7,268 in 2006.
- More Clients Received Services. The percentage of clients with intake screenings who went on to receive treatment rose from 38.9% to 79.0%. Combined with the increase in the number of screenings, this resulted in an overall increase in the total number of clients who presented for and received clinical services to nearly four times as many (375% of the pre-WIser Choice period), rising from 1,529 pre-WIser Choice to 5,742 in 2006.
- Client Choice Expanded. The number of service providers in the network increased nearly five-fold from 22 at 32 sites to 108 at 142 sites. The number of participating faith based organizations increased 933% from 3 agencies to 28, at 31 sites.
- More Clients Had Successful Treatment. The percentage of all clients receiving treatment who were closed from clinical episodes for reasons considered "successful" (completion or continued treatment) nearly doubled, increasing from 21.1% to 41.9%.
- More Clients Completed Treatment. The total number of clinical episodes closed for the reason "completed treatment" increased from an average of 23.5 per month to an average of 152.3 per month. Thus, Milwaukee WIser Choice resulted in more than a six-fold increase in the number of clients who completed treatment.

Also, data from a sample of 2,196 persons showed improvements in: abstinence from alcohol and drug use, employment, homelessness, family connections, arrest rates and prison recidivism.

With ATR funding and added efficiencies (see p. 27), the number of clients projected to be

[2] This is the national rate. State and local data are not available.

served each year is **Year 01: 3,325; Year 02: 4,633; Year 03: 3,094** for a total of **11,052.** The total for Year 1 takes into account the time needed to accommodate changes in the Management Information System (MIS) for the revised GPRA, and the Year 3 projection incorporates a ramp down of the system as the grant ends (a **lesson learned** from ATR-1).

The number of individuals estimated to require **methamphetamine-**related treatment/RSS is estimated to be 452 (p. 6). However, in 2006, only 10 (0.2%) out of 4,187 individuals receiving an intake and a voucher for clinical placement through ATR/WIser Choice reported that methamphetamine was their major drug; only 116 (2.7%) reported lifetime use and only 29 (0.6%) reported use in the 30 days prior to intake. Data for past-year use was not collected. Given that ATR is prioritizing treatment of persons for methamphetamine abuse in the ATR-2 round of funding, it seems reasonable to believe that by publicizing the availability of methamphetamine-focused treatment and intensifying methods to identify such use within WIser Choice screenings and assessments (e.g., by inquiring about past-year use), that more methamphetamine users will be identified. As such, the number of clients requiring **methamphetamine-**related treatment/RSS projected to be served each year is **Year 01: 60; Year 02: 70; Year 03: 80.**

Section B: Project Plans to Meet Original ATR Program Goals

Choice

Wisconsin believes there are four principles involved in engendering genuine, free and independent choice for voucher recipients:

1. Availability of Providers. Wisconsin's efforts to expand its provider network achieved considerable success in ATR-1. The total number of recovery support service and clinical treatment providers increased nearly five-fold from pre-WIser Choice, from 22 providers (at 32 sites) to a total of 108 (at 142 sites), providing clients with a truly enhanced level of choice. There currently are at least two providers for each of the 34 services offered by WIser Choice.
2. Minimizing Coercion. BHD contracts for the operation of a Central Intake Unit (CIU) to a single provider, who is not a provider of treatment or RSS (in order to avoid a conflict of interest). An exception is that a screener is located at Centro de la Comunidad Unida, which is a treatment agency, to facilitate access for Milwaukee's Latino population, particularly those who are limited-English proficient (LEP). The CIU and the Recovery Support Coordinator (RSC) (p. 22) offer whatever assistance and information the client requests in choosing a provider, but do not recommend a particular provider.
3. Ability to Choose a Provider for whom there is No Religious Objection. While the inclusion of faith-based providers is critical to the development of a community-based system of care, it is important that clients feel comfortable with their providers. At intake, a client is given both a written statement (p. 94) and verbal assurance of their right to be comfortable with the religious orientation of a provider they choose. Provider Profiles (below) clearly indicate if a provider is faith-based and if so, if it has a specific religious affiliation.
4. Information. The CIU, after administering the ASAM and screening/assessment, provides clients with a list of treatment providers, at the appropriate level of care. In order to assure that clients' choices are informed, the CIU also makes available a Provider Profile for each provider. The Provider Profile contains information about the provider including location, contact information, provider hours of operation, mission, history, a description of the services, the admission process, status as and denomination of faith-based organization, cultural and language capabilities, etc. An enhancement for ATR-2 will be the inclusion in the Provider Profile of a Provider Score Card (p. 32), which will include information about the provider's performance as

well as client satisfaction. Provider Profiles are available online to RSCs and 211 Milwaukee (see p. 19) to assist clients to choose services.

Enabling New Providers to Participate

Recovery Support Service Providers. Prior to WIser Choice, due to limited resources, there were no distinct recovery support service providers that were part of Milwaukee's voucher system, despite the fact that there was an extensive array of potential recovery support providers in the community. As a result of Wisconsin's highly successful ATR-1 initiative to recruit new providers into the network, there are currently 91 providers of RSS in the WIser Choice network, delivering services at 120 sites. Clients have a choice of an average of 18.3 providers for each of the 34 services offered (most providers offer more than one service), with as many as 54 providing a single service (Daily Living Skills – Individual).

Treatment Providers. Prior to ATR/WIser Choice, BHD had 22 treatment providers in its network delivering services at 32 sites. The availability of more resources and a comprehensive outreach effort has seen this number grow to 49 providers offering services at 73 sites.

Faith-Based and Community Providers. **WIser Choice will in no way discriminate against faith-based organizations on the basis of religious character or affiliation that otherwise satisfy program requirements.** From the project's onset, the WIser Choice team envisioned the ATR program as an opportunity for grassroots faith-based and community organizations (F/CBOs) to be integrated formally into the community-wide continuum of care, and took active steps to accomplish this goal. A WIser Choice Faith Community Advisory Committee (FCAC), with membership from local congregations and faith organizations was formed to identify and conduct outreach to faith-based providers to invite participation in the WIser Choice program. Wisconsin used ATR funds to hire Reverend Shawn Green-Smith as the Governor's Community Liaison, responsible for outreach to F/CBOs and to the faith community. In this capacity, Rev. Green-Smith, founder and executive director of Faith Partnership Network (FPN) (a grassroots intermediary organization providing and brokering organizational capacity-building assistance for F/CBOs), staffed the work of the FCAC; assisted them to develop bylaws, elect officers, and develop a strategic plan (available upon request); oversaw 1) the expansion of FBOs in the WIser Choice network from 3 providers to 28 (an increase in the percentage of FBO's from 13.6% to 25.9%) and 2) the expansion of grassroots (based on ATR RFA, p. 8, definition) F/CBOs from 6 to 65 (an increase in the percentage of grassroots F/CBOs from 27.2% to 60.2%). Working with the FCAC and providers, WIser Choice has added five faith-focused services to its array, with associated standards. Through the initiative of Rev. Green-Smith, WIser Choice established a Provider Resource Center in the heart of Milwaukee's central city devoted to the capacity-building needs of F/CBOs interested in joining the provider network. Extensive training and technical assistance (TA) has been provided to these organizations during ATR-1.

Enabling F/CBOs to Participate. Wisconsin proposes to build on the above infrastructure developed during ATR-1 to increase the ability of F/CBOs previously unable to compete for Federal funds to successfully participate in WIser Choice during ATR-2. There is a consensus among WIser Choice stakeholders that, in the wake of its success of opening up the provider network to new organizations, the next challenge is to increase their capabilities. At this point, the consensus among WIser Choice stakeholders is that the focus in ATR-2 should be on the training and TA of current providers, vs. continuing to add new ones at the same rate. F/CBOs new to the network have expressed their need for training and technical assistance to enable them, not only to improve their clinical/programmatic skills, but to develop their organizational capacity with regard to such areas as board governance, policies and procedures, diversifying

funding streams, community collaboration and the marketing of their services to the community.

Capital Compassion Fund Application. The key strategy for WIser Choice's ATR-2 goal to strengthen F/CBOs relates to the recent submittal of a grant application to the Administration for Children and Families (ACF) Compassion Capital Fund (CCF) Demonstration Program. The purpose of CCF funding is to build the organizational capacity of grassroots F/CBOs previously unable to compete for Federal funds, via training and TA. The parallel with the goals of ATR is obvious. The application is a joint submission from Milwaukee County and FPN (with strong support from the State), under the direction of Rev. Green-Smith, for a three-year $1.5 million grant. Though the award decisions have yet to be made, Milwaukee County is optimistic about its chances, in no small part because of the dynamic linkage with ATR. Another cause for confidence is the backing of the *Lynde and Harry Bradley Foundation*, which has expressed a strong interest in providing substantial cash match for the project. The Bradley Foundation, based in Milwaukee, is renowned nationally as a leader in the movement to strengthen grassroots F/CBOs and promote their role in restoring communities. Bradley Foundation President/CEO, Michael Grebe, submitted a letter attached to the CCF application, identifying Bradley as "an enthusiastic past supporter of Faith Partnership Network," congratulating Rev. Green-Smith's leadership in advancing the application and expressing the Foundation's intention to "seriously consider" a request for additional funding at the August meeting of its board. The Foundation, despite requests for similar support from other CCF applicants nationwide, provided a letter only for the Milwaukee application.

With or without the CCF grant, its objective of increasing capacity for F/CBOs will still be a top priority for WIser Choice (Goal 3, p. 10). Wisconsin will pursue this objective through: regular operational meetings with all RSS providers (procedural review, information dissemination, etc.); assessment of F/CBO organizational capacity using an instrument developed for grassroots organizations (Branch and Associates, 2003); individual TA based on the assessment, with focus on F/CBOs with history of low utilization; and through the implementation, with interested participants, of mentoring partnerships between experienced and developing providers.

Number of F/CBOs to be Part of WIser Choice Provider Network and Timing. Wisconsin is pleased to already have met and surpassed (by 47.5%) the goal set in its 2004 application to add 40 new grassroots community and faith-based providers who have not previously received federal funds; having added 59 such providers during ATR-1, for a total of 65. There are an average 5.6 faith providers for each of the 25 RSS (and at least as many additional grassroots secular CBOs). As stated above, the focus in ATR-2 will be to measurably increase the capabilities of these existing F/CBOs and sustain their participation in the network, rather than to significantly expand numbers at this time. Therefore, in response to the RFA's requirement to "clearly state how many" F/CBOs who have not previously received federal funds "are expected to be designated" as WIser Choice providers, the goal is to sustain the **number** of such providers at its current level, **65,** which represents 60.2% of the network (compared with 27.2% pre-WIser Choice). The **timeframe** of the plan is to sustain this number from beginning to end of the three-year ATR-2 grant period.

Plans for Increasing Capacity of WIser Choice

With regard to capacity for RSS, Wisconsin has increased the number of these services (which existed in the BHD AODA services system prior to WIser Choice only as bundled services provided by a handful of providers to a very small percentage of clients) to its current level of 25 with an average of 18.3 providers per service. To date, 53% of ATR funds have been

expended for RSS, which surpasses the average for all 15 ATR projects of 49% (SAMHSA, 2007a). One hundred percent of WIser Choice clients have received RSS (as compared with 64% for ATR nationwide). The consensus of the WIser Choice Executive Operations Committee (p. 28), which includes representatives from all sectors of the system, including F/CBOs and recovery support providers, is that the array of services offered satisfactorily addresses the needs of the target population. In fact, Recovery Support Coordinators (see p. 16) have done such a great job of identifying some specific services (such as child care and respite) funded by other community resources that there is little if any need for ATR funding for these services, let alone more providers. There is a need to identify additional providers for some services, such as transitional housing, room and board, and short-term emergency housing; and this objective will be pursued in ATR-2. With regard to clinical treatment services there is a need to add additional residential levels of care which do not currently exist in Milwaukee: ASAM-levels 3.1 and 3.7. An application has been submitted for level 3.7 and BHD will continue to recruit additional providers.

Monitoring Operation and Effectiveness through Timely Reporting of Data. Milwaukee County established and has been operating a voucher system to administer the delivery of substance abuse services since 1992. However, the system in place prior to ATR had significant limitations including antiquated screening processes and level of care determinations; an inability to track service authorization, client utilization, client billings, service expenditures, "burn rates", and outcomes; rendering it inadequate for management purposes. Through the ATR-1 grant, WIser Choice was able to significantly enhance all components of the system. The current information system now permits automated voucher authorizations and redemptions; has given BHD the ability to manage "burn rates" and other data in real time; has significantly enhanced reporting capabilities; and will soon create online billing, service capture, automated billing and reimbursement processes. These changes have enabled WIser Choice to effectively and efficiently manage all of its service and financial resources. Project staff is able to access and provide timely, complete and accurate data as required by SAMHSA and by WIser Choice, including the ability to accommodate SAMHSA's changing ATR reporting requirements.

Section C: Proposed Approach

Three-Year Goal. Goals 1, 4 and 6 align with the performance areas for which SAMHSA has indicated a priority interest by tying them to grantee supplemental awards for Year 3 (RFA, p. 12).

Table 2 – Three-Year Goal for WIser Choice	
Expansion: Number of Clients Served	
Goal 1:	Provide substance abuse treatment and RSS to 11,052 clients over the three-year grant period, 210 who require methamphetamine-related services.
Expansion: Criminal Justice Target Population	
Goal 2:	Expand the criminal justice target population by 500 clients annually to include individuals considered for pre-charging diversion, deferred prosecution and deferred sentencing options; persons reentering the Milwaukee community from a term of jail confinement; and those involved in the Milwaukee County felony drug court alternative to prison programs.
Increase F/CBO Capacity	
Goal 3:	75% of WIser Choice grassroots F/CBOs setting an organizational capacity-building goal will achieve their objective by the end of the three-year grant period, as measured by the Capacity Assessment Tool (see Appendix 5, p. 170).
Outcome Data Collection	
Goal 4:	Collect 6-month follow-up GPRA data for 80% of clients with an intake GPRA.
Client Outcomes	
Goal 5:	Successfully serve 4,460 clients over the three-year grant period, as measured by client report of abstinence from primary substance at disenrollment. (See pp. 18-19).
Cost-Effective Service	
Goal 6:	Provide all clinical treatment within the SAMHSA-approved cost bands.

Impact of Achieving Three-Year Goal.

Choice. Feedback from grassroots F/CBOs who have joined the WIser Choice provider network is that many are having difficulty attracting much client volume, and are struggling day-to-day to remain viable. Goal 3, increasing organizational capacity, will help these providers in such areas as improving marketing of their services, developing plans to expand and diversify their funding. To the extent that these agencies are able to strengthen their infrastructure and effectively get the word out about their services, client choice of providers will be enhanced not only in terms of quantity (addressed in ATR-1) but in terms of quality.

Access. Goal 1 represents an increase in the number of clients served by 38% over ATR-1. The consistent capture of outcome data (Goal 4) will allow the system and individual providers to use the data to modify their practices and improve results. No matter how effective the project is, if results cannot be documented, then Congress will not have the evidence it needs to continue providing the funding which in turn provides the access to services. The more people who are successfully treated (Goal 5), the greater the number of new clients who can access services and get help. The more that services are provided in a cost-effective manner (Goal 6), the greater the number of people that can have access to services.

Addressing Methamphetamine Use. As evidenced by Goal 1, Wisconsin intends to serve those individuals who require methamphetamine-related services and has budgeted funds to do so (See Section G).

Scope of Proposed Project in Comparison to Previous Project. The scope of ATR-2 will be almost identical to that of ATR-1, though within that scope the project will be expanded (See *Approach for Maintaining and Expanding Current Program*, below). With Milwaukee County leading the nation in the rate of persons with substance abuse/dependence (see p. 4), the treatment gap, though closing, still justifies maintaining the same geographic location. The target populations remain 1) general County population, 2) families with children and 3) criminal justice, with the latter population to be expanded in scope (see below).

Lessons Learned will be highlighted in subsections to follow on individual system components.

Approach for Maintaining and Expanding Current Program.

Wisconsin plans to **expand** WIser Choice with regard to:

Number of Persons Served. Wisconsin plans to expand the number of individuals provided with clinical treatment and RSS by 38%, from the 8,000 (projected to be served by August 1, 2007 through ATR-1) to 11,052 over the three-year ATR-2 grant period. It plans to do this through a combination of enhanced efficiencies and an increase in the amount of County funding braided with ATR funds (see p. 27).

Target Population to be Served. Wisconsin plans to expand the CJ population served, from the prison re-entry and alternative to revocation populations targeted in ATR-1, to include:

1) Diversion. Through referrals from the Milwaukee CJ system's new legislatively-supported Treatment Alternatives and Diversion program, WIser Choice will provide services for non-violent offenders with drug and alcohol problems who would otherwise serve jail or prison sentences. This population involves offenders at three different points in the CJ processing continuum: **Pre-charging diversion**: Individual is diverted prior to the district attorney (DA) issuing a charge, usually within 48 hours of arrest. **Deferred prosecution**: Following the issuance of a case, at initial appearance or a subsequent court hearing, the DA agrees to hold the case open for a specified period of time on condition that the individual completes all program requirements. **Deferred sentencing**: Following the issuance of a case, at a subsequent court hearing, the DA agrees to hold the case open for a

specified period of time on condition that the individual completes all program requirements. This option is available after adjudication/guilty plea or finding is entered.

2) Jail Re-entry: Wisconsin will expand the scope of the current WIser Choice offender re-entry population to include offenders sentenced to the Milwaukee County House of Correction to serve jail time as a condition of probation. Once completing their jail sentence, these offenders are supervised, as probationers, by DOC. The idea is to apply the prisoner re-entry pre-release planning concepts developed during ATR-1 to a jail re-entry population.

3) Felony Drug Offender Alternative to Prison Program. Wisconsin plans to formally connect WIser Choice with operations of the Milwaukee Felony Court system – allowing for a referral mechanism to be put into place that connects an offender involved in the court system with the screening/assessment, clinical and RSS of the WIser Choice program.

With this expansion, WIser Choice will now cover the entire CJ continuum from pre-disposition (diversion) to sentencing (diversion and courts) to community alternatives to confinement (alternative to revocation and prison) to release from confinement (jail and prison re-entry).

Plans for **maintaining** the current program will be made clear as the operation of the current system is explained in the subsections to follow.

Implementation model. The State of Wisconsin will continue to partner and contract with the Milwaukee County Behavioral Health Division (BHD) to serve as the administrator of the WIser Choice program. BHD has 15 years of experience administering substance abuse services through a voucher system and was responsible for implementing and administering ATR-1.

Eligibility Criteria for Clients

All residents of Milwaukee County who are 18 years of age or older, who meet DSM-IV-TR Axis I diagnostic criteria for a substance use disorder (American Psychiatric Association, 2000) and are determined to be in need of substance abuse treatment through the application of the *American Society of Addiction Medicine Patient Placement Criteria, 2nd Edition (ASAM PPC-2R)* (ASAM, 2001) and who meet financial eligibility criteria based on Wisconsin's HFS1 Uniform Fee System, will be eligible for services in WIser Choice. Priority placement will be extended to pregnant females regardless of age. The CJ population will be referred based on priority criteria determined by the DOC. A key element for any referral will be the determination that the services provided will address the offender's risk to the community by addressing treatment needs directly associated with criminal behavior.

Number of Clients to be Successfully Treated

Data from provider reports at the time of client disenrollment indicates that ATR has significantly improved the outcomes generated by the BHD AODA services delivery system. For example, the percentage of all clients receiving treatment who were closed from clinical episodes for reasons considered "successful" (completion or continued treatment) nearly doubled, increasing from 21.1% pre-ATR to 41.9%. It is believed this is due to the availability of coordinated RSS, the ability to place most clients in treatment far more quickly and efficiently than previously, enhancement of healthy competition in an expanded network of clinical and non-clinical providers accessed through client choice, and a markedly upgraded ability to address provider performance and accountability through enhanced Quality Assurance/Quality Improvement (QA/QI) processes and TA to providers.

As SAMHSA has indicated that **abstinence** is the outcome of most interest for ATR, Wisconsin will align its measure of success with this objective. That is, *Wisconsin will designate*

*as successful, a client who is documented as abstinent (from the substance identified as the primary problem at intake) at the time of disenrollment from WIser Choice as measured by the GPRA interview (*see p. 30 for definition of disenrollment). In order to decide whether the goal has been achieved, the GPRA has to be collected, which has proved to be a much greater challenge than to collect disenrollment data from providers, as above. A **lesson learned** from experience with ATR-1 is that Wisconsin needs to change its approach to collecting GPRA data. Despite the fact that WIser Choice disenrolled 5,005 clients in 2006, only 620 disenrollment GPRAs were collected, for which 526 reported abstinence. This number of GPRA-documented successes compared poorly with the 1,454 clients that clinicians reported discharging for having "completed treatment" and the 654 transferred to other levels of care at the closing of the initial episode within an enrollment (which continued the enrollment; see p. 30). This made it difficult to judge how closely GPRA abstinence correlates with clinician's closing reasons, and ineffective in measuring success by abstinence. Thus, Wisconsin has developed strategies to increase six-month follow-up GPRA completion rates to 80% that will include incentives to both clients and interviewers (see p. 31). In addition GPRA completion will be one of the key outcomes targeted in the QI process facilitated by Network for the Improvement of Addiction Treatment (NIATx) (see p. 22). Table 3 outlines the number of clients to be treated successfully over the three-year ATR-2 grant period, and the method by which the projections were derived. Wisconsin is setting its Year 1 target to exceed the 2008 target of 46% set for the National Outcome Measures (NOMs) in connection with the Substance Abuse Prevention and Treatment Block grant (SAMHSA, 2007b), with improvement by 10% increments projected in succeeding years, to be achieved as a result of the QI process.

Table 3 – Number of Clients to be Successfully Treated

	Year 1	Year 2	Year 3	**Total**
No. Served	3,325	4,633	3,094	**11,052**
No. Available for Disenrollment GPRA (75% less available Year 1 due to late starters)	2,494	4,633	3,094	**10,221**
% Disenrolled at ≤6 months (Some clients disenroll after 6-month GPRA)	90%	90%	90%	
No. Disenrolled at ≤6 months	2,245	4,170	2,785	**9,200**
% GPRA at Disenrollment	80%	80%	80%	
No. Disenrollment GPRAs	1,796	3,336	2,228	**7,360**
Abstinence rate at Disenrollment	50%	60%	70%	
No. Abstinent at Disenrollment	**898**	**2,002**	**1,560**	**4,460**

Voucher System

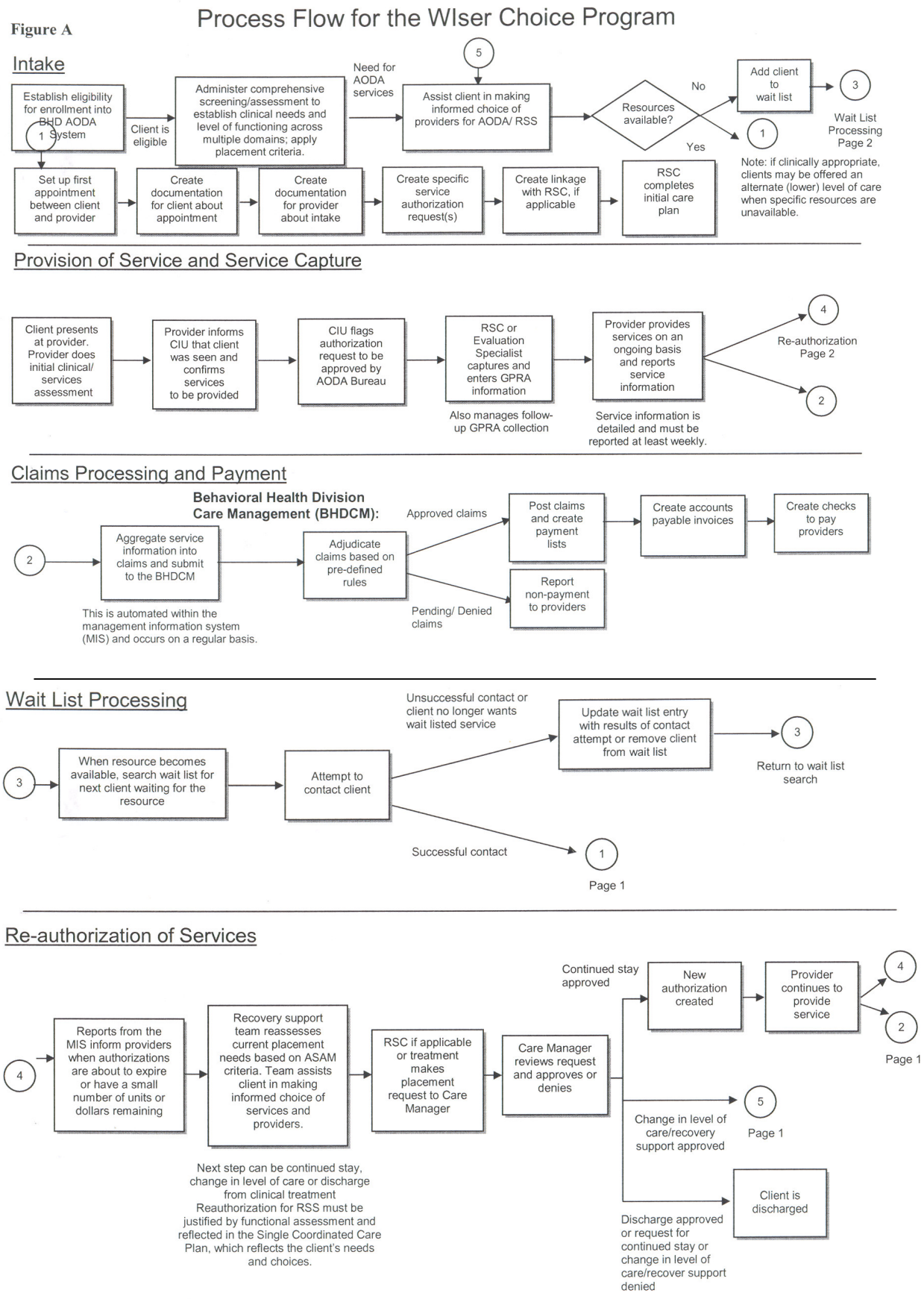
Figure A (p. 14) describes the business practice for the Milwaukee County AODA system.

Procedures for Screening, Assessment, and Level of Care Determinations

Process for ensuring a comprehensive assessment:

Central Intake Unit (CIU). The WIser Choice system utilizes centralized intake through a contractual relationship between BHD and a primary vendor, IMPACT Alcohol & Other Drug Abuse Services, Inc. (IMPACT). Through subcontractual relationships with IMPACT, CIU services are also provided by M&S Clinical Services, Inc. (M&S) and Wisconsin Community Services (WCS). Individuals seeking services through WIser Choice access one of these three CIUs. Dispersed geographically, IMPACT and M&S maximize access for the general population on the south side and north side of town, respectively. The third site, WCS, specializes in serving the criminal justice system clients and conducts screen intakes off site at various institutions and agencies. The two general population CIUs also offer intake services away from their primary sites. IMPACT subcontracts for satellite intake services at United Community Center, which has

Figure A


Process Flow for the WIser Choice Program
Intake
Establish eligibility for enrollment into BHD AODA System
Client is eligible
Administer comprehensive screening/assessment to establish clinical needs and level of functioning across multiple domains; apply placement criteria.
Need for AODA services
Assist client in making informed choice of providers for AODA/ RSS
Resources available?
No
Yes
Add client to wait list
Wait List Processing Page 2
Note: if clinically appropriate, clients may be offered an alternate (lower) level of care when specific resources are unavailable.
Set up first appointment between client and provider
Create documentation for client about appointment
Create documentation for provider about intake
Create specific service authorization request(s)
Create linkage with RSC, if applicable
RSC completes initial care plan
Provision of Service and Service Capture
Client presents at provider. Provider does initial clinical/ services assessment
Provider informs CIU that client was seen and confirms services to be provided
CIU flags authorization request to be approved by AODA Bureau
RSC or Evaluation Specialist captures and enters GPRA information
Also manages follow-up GPRA collection
Provider provides services on an ongoing basis and reports service information
Service information is detailed and must be reported at least weekly.
Re-authorization Page 2
Claims Processing and Payment
Behavioral Health Division Care Management (BHDCM):
Aggregate service information into claims and submit to the BHDCM
This is automated within the management information system (MIS) and occurs on a regular basis.
Adjudicate claims based on pre-defined rules
Approved claims
Pending/ Denied claims
Post claims and create payment lists
Report non-payment to providers
Create accounts payable invoices
Create checks to pay providers
Wait List Processing
When resource becomes available, search wait list for next client waiting for the resource
Attempt to contact client
Unsuccessful contact or client no longer wants wait listed service
Update wait list entry with results of contact attempt or remove client from wait list
Return to wait list search
Successful contact
Page 1
Re-authorization of Services
Reports from the MIS inform providers when authorizations are about to expire or have a small number of units or dollars remaining
Recovery support team reassesses current placement needs based on ASAM criteria. Team assists client in making informed choice of services and providers.
Next step can be continued stay, change in level of care or discharge from clinical treatment
Reauthorization for RSS must be justified by functional assessment and reflected in the Single Coordinated Care Plan, which reflects the client's needs and choices.
RSC if applicable or treatment makes placement request to Care Manager
Care Manager reviews request and approves or denies
Continued stay approved
New authorization created
Provider continues to provide service
Page 1
Change in level of care/recovery support approved
Page 1
Discharge approved or request for continued stay or change in level of care/recover support denied
Client is discharged

a strong connection to the Latino community and a demonstrated volume of clients coming to that site. Bilingual Spanish-speaking, as well as bicultural, screening staff is available throughout the CIU system. Interpreter services are available to accommodate other non-English primary language needs. IMPACT is responsible for the provision of mobile CIU services. At this time, mobile capacity is provided at BHD for psychiatric inpatients with high AODA/moderate MH needs, and at Genesis Behavioral Services Detoxification Program. Outreach to the homeless population occurs through a SAMHSA Treatment for Homeless grantee, Healthcare for the Homeless, utilizing a mobile screener who is cross trained in WIser Choice intake.

The CIU performs a number of key functions: client identification and registration, financial eligibility, comprehensive screening, level of care determination, referral and linkage with treatment provider and RSC (see p. 16) and entry of authorization requests. CMHC MIS has been configured to collect pertinent technical eligibility data based on existing rules for BHD and other sources. If the client meets technical eligibility, the CIU performs a **Comprehensive Screen** (assessment) to determine if there is a need for substance abuse treatment and, if so, the most appropriate clinical level of care. Client data from the Comprehensive Screen is entered into the CMHC MIS in real time and updated as necessary. WIser Choice utilizes a Comprehensive Screen that blends aspects of *screening* – identification of substance abuse problems and determination of need for treatment; and *assessment* – identification of problems and strengths across multiple life domains (e.g, employment, legal, educational, family and social relationships) to match **clinical and recovery support** needs to provider, and to decide optimal level of care at which the individual will begin enrollment in WIser Choice, as well as to highlight RSS needs. The Comprehensive Screen uses the *Addiction Severity Index (ASI)* (McLellan et al, 1980) (p. 49) as the core measure, which has been enhanced with a set of required supplementary items (p. 64) constructed to provide additional information relevant for placement decision and covering such areas as readiness to change, mental health stability and nuances specific to gender, culture, ethnicity and religion/spiritual concerns. The Comprehensive Screen is performed online with information entered in the MIS. The Comprehensive Screen information is interpreted and the intensity/severity of problems rated in each of the Dimensions of the ASAM PPC-2R (ASAM, 2001) in order to determine the ASAM recommended level of care in which to initially place the individual. The severity ratings and ASAM level of care are entered into the MIS which converts it to the corresponding WIser Choice level of care. At the treatment provider stage, the individual receives a more focused assessment, as required by state certification, to explore in-depth the information in the Comprehensive Screen. Severity rating worksheets and level of care determination guidelines were developed in collaboration with Gerald D. Schulman, one of the primary authors of the ASAM PPC-2R, who also conducted the original training of BHD CIU staff, and WIser Choice treatment provider staff.

Though in general the CIU system redesigned under ATR-1 has resulted in a substantial improvement in client access (e.g., the number of clients receiving intake who made it to the first clinical appointment more than doubled from pre-WIser Choice), one of the **lessons learned** is that difficulties with access to culturally competent services exist for some subpopulations. Milwaukee County is the most racially and ethnically diverse county in Wisconsin; current estimates of ethnic minorities include: African American 27%; Hispanic or Latino 11%; Asian 3%; Native American 1%; other races: 6% (U.S. Census Bureau, American Community Survey, 2004). Each of these subpopulations faces social and cultural issues that must be addressed in recovery from substance abuse. During ATR-1, WIser Choice had some success in developing means by which culturally appropriate RSS could be provided, for example by making it

possible for Native Americans receiving clinical treatment through the Indian Health Service to access RSS that emphasize Native spirituality through WIser Choice. In other cases, pursuit of ATR goals produced unforeseen consequences: for example, client choice exercised at CIUs resulted in a higher percentage of non-Latinos choosing to receive services from the United Community Center (UCC), in the heart of Milwaukee's Latino community, which diluted that agency's historic and intended emphasis on having bilingual/bicultural staff provide an array of culturally competent services tailored for Latino clients. Provision for CIU screens to be done on site at UCC only partly ameliorated this anomaly. It has also been a challenge to maintain integrated services related to gender, age, family status, and sexual orientation. For women with children, for example, the recovery process must focus on the entire family unit and include attention to personal relationships, history of abuse and trauma, health issues, and parenting. Centralized intake and other components of the system are not currently as responsive to these issues as is needed. WIser Choice will continue to work with community agencies that have expertise with specific subpopulations to resolve issues related to access to, and retention in, services. For example, BHD is currently discussing giving UCC more control over their waiting list as well as prioritizing availability of their bilingual/bicultural RSCs for Latino clients.

Selection and Authorization of Initial Services. The CIU provides a list, on paper or online, called the WIser Choice Provider Network Directory, of the eligible treatment providers who offer the level of care recommended for and chosen by the client. A minimum of two or more providers, per terms of ATR, are available for each level of care. The CIU assists the client to make a free and informed choice based upon client preference, identified needs in the Comprehensive Screen and review of the Provider Profile of services. The client signs a *Confirmation of Free Choice* form (p. 94) with the selected provider listed and verification that they reviewed the Provider Profile. The CIU obtains an appointment for the client with the chosen treatment provider. If criteria for Recovery Support Coordination have been met (see p. 17), the client also chooses a RSC agency (see below) that will assist with service coordination and planning to support successful recovery. The client signs the appropriate consent forms for disclosure of information and the CIU faxes the entire referral packet of Comprehensive Screen information to the treatment provider and RSC agency. The CIU enters the authorization requests for clinical treatment and recovery support coordination via the CMHC MIS for issuance of a voucher. Upon faxed confirmation that the client presented for treatment, the CIU electronically submits the authorization request for automatic processing in CMHC to pay for services.

Ensuring that Clients Receive Vouchers for the Most Appropriate Services.

If a client is assigned one (see below), the RSC attempts to connect with the client within 24 hours following intake. The RSC, in collaboration with the client, develops an initial recovery plan based on the results of the comprehensive screen and any immediate issues that might interfere with access (e.g., transportation, housing, child care, food, clothing, legal advocacy).

To assure that clients receive appropriate services and that all available resources are utilized, WIser Choice has adapted an approach to recovery support coordination based on a nationally-recognized model developed by Milwaukee County's Wraparound Milwaukee program (Kamradt, 2000). A central tenet of this Wraparound approach is the role of the RSC, which involves actively coordinating the process of service planning and delivery, as well as the traditional case management function of helping the client to access services. To provide continuity of care, the same RSC follows the client through an entire enrollment period, even as the client moves through different levels of care and various clinical and RSS providers. The RSC helps the client to form a Recovery Team consisting of both formal and informal/natural

supports. The formal supports consist of representatives from various systems with whom the client and family are involved, (e.g., treatment, recovery support providers, CJ, TANF, child welfare, etc.). Informal supports may include relatives, friends, clergy or other members of the faith community, school personnel, and/or other community members. This client focused, strength-based model is compatible with the literature on treatment of African Americans that emphasizes the importance of cultivating partnerships with natural supports in the extended family and community (Hines and Boyd-Franklin, 1996, Sanders-Phillips, 1998), as well as the need to coordinate care among client-involved systems (Boyd-Franklin, 1989).

The purpose of the team is to assist the client to develop and achieve the goals of a *Single Coordinated Care Plan (SCCP)* that incorporates the needs of the client and the requirements and resources of all involved systems. The Recovery Team meets early in the client's enrollment and develops the initial SCCP, which identifies goals, service needs and available resources. Based on the SCCP, the RSC helps the client select additional RSS and choose providers. The SCCP is reviewed at a minimum of every 30 days or as necessary and amended as needs change.

Transitioning clients between services. Initial authorizations for treatment and RSS are issued for a standard number of units and duration, specific to each service, in sufficient quantity to permit the Recovery Team and the BHD Administrative Coordinator (AC) to become familiar with the client's functioning. For clinical treatment, during the authorization period, the treatment provider applies the ASAM criteria to request a change (in either direction) of level of care at any time. Therefore, the length and intensity of a subsequent authorization, rather than being standard, is driven by the individual client's needs. The BHD AC checks the clinical data provided against the ASAM placement criteria and the SCCP, and provides authorization accordingly. Justification for reauthorization for RSS must also be reflected in the SCCP.

In ATR-1, every WIser Choice client received a RSC, and Wisconsin believes that this has led to significant improvements in outcomes such as retention. However, one of the **lessons learned** over the past three years is that not every client needs a RSC. For example, an individual who is at a lower level of care is likely to only need one level of care/clinical provider, is not living with children, is not involved in multiple systems, does not have overly complex needs or risk factors, requires no RSS, and is not a threat to public safety may do just fine with a clinical treatment service and no RSC. For such a client, the addition of an extra helper can even add unnecessary complexity to the client's care. Consequently, BHD plans, for ATR-2, to develop criteria (based on issues such as those illustrated by this hypothetical client), to identify clients entering the system who may not need the assistance of a RSC. If it is determined at the CIU, based on such criteria, that a client does not need a RSC, the clinical provider will then bear the responsibility for ongoing assessment of the individual's needs and assure, through the authorization request process, that the client receives vouchers for the most appropriate services. If at any time, the treatment provider believes the client develops a need (e.g., life circumstances change so that the individual's needs become more complex) for the services of a RSC, one can be requested through a process based on established criteria.

Steps to Ensure that Clients Successfully Enter Treatment and/or RSS.

Transportation will be provided, if needed, via bus passes or tickets, by the RSC agency. At the time of appointment, the treatment provider will notify the CIU as to whether the client was admitted or did not present for services. If after initial treatment and RSS are approved the client does not follow through, the provider and RSC will make reasonable efforts to locate the client, attempt to engage them and facilitate involvement in treatment and recovery service planning.

Eligibility Criteria for Provider Organizations

Per the ATR RFA, Wisconsin requires providers to 1) meet standards required by the State for others providing the same type of service and 2) report all required outcome and financial data.

1. Standards. Standards for all WIser Choice providers regardless of type of service are defined within the Milwaukee County Voucher/Purchase of Service Agreement. This agreement details requirements for all providers to follow including: scope of service, obligations of provider, client rights, staffing and delivery of service, dates of performance, compensation, authorization and billing procedure, record keeping, inspection of premises and county site audits, audit requirements, non-discrimination, affirmative action, civil rights, equal employment opportunity, civil rights compliance, indemnity and insurance, agreement termination, HIPAA, and certification regarding compliance with background checks.

Clinical Treatment. The State requires that all substance abuse treatment programs receiving public funding be certified under Wisconsin Administrative Code HFS 75. These regulations set standards for each of 12 levels of care. Residential substance abuse treatment facilities are also required to be licensed under Administrative Code HFS 83 (Life Safety).

RSS. During ATR-1, Wisconsin developed standards for all RSS. Where State standards existed (e.g., mental health services and childcare) they were incorporated. In developing standards, WIser Choice also capitalized on the existence of a well-developed set of standards used by BHD's Wraparound Milwaukee program (Wraparound Milwaukee, 2003), which covered most of the services that WIser Choice provides. For other services, such as faith-oriented ones, standards were developed in collaboration with providers. All standards are published in the Provider Application. A service grid in the application allows the provider to see, at a glance, the specific requirements for each service. For example:

Service Code	Description	Ind. License	Individ. Cert.	Agency License	Agency Certif.	Diploma	Qualified Individuals	Other
2026	After School Activities			X			See Service Description	Day Care License if serving more than 3 at a time
2005	AODA Medically Monitored Residential Treatment	X	X	X	X	X	Multidisc. team under supervision of a physician:	Community Based Residential Facility License

Other requirements are listed in the service description contained in the application. For example, an After School Activities provider must maintain documentation of teaching or tutoring experience on file, if providing academic support. Examples of other requirements, depending on service type: professional letters of reference; educational requirements; documentation of certification, training and/or experience; and presentation of a service-specific curriculum. Clinical providers must provide a detailed program description and staffing pattern.

2. Reporting Requirements. All providers are expected to report information that pertains to the access and retention portion of the GPRA domains on a weekly basis including, for each client, the type of service, date of service, and number of service units delivered.

Enforcement of Standards and Procedures. At the front end, BHD reviews provider applications and supportive documentation, screening to make sure that all required standards are met. BHD QA protocol requires random audits of all program areas to monitor compliance. In the event of provider non-compliance with voucher agreement requirements, the County has a number of enforcement mechanisms at its disposal including: withholding or forfeiture of payments otherwise due the provider; removal of the provider from the network for cause; and administrative probation. Administrative probation may be imposed for reasons related to the required annual certified audit, (e.g., failure to submit the audit; any significant management

letter issues; unresolved prior-year issues; and failure to satisfy fiscal recovery). If after assistance from BHD, conditions of a corrective plan are not satisfied, sanctions available to the County include withholding of payments; termination or reduction of current contractual relationships with the County; and barring of future contractual relationships.

Designating Providers as Eligible Participants

Providers who want to join the Provider Network are required to respond to a Request for Application (RFA), which details service-specific requirements that providers must meet. The provider must complete the application, which requires a provider profile, demographic information, business self-assessment, and detailed service descriptions. In addition, providers must document that they meet standard eligibility requirements (p. 18). Once the application is received, the Contract Services Coordinator (CSC) completes a desk review to ensure that all requirements in the application have been submitted. The application is then given to the Quality Assurance Coordinator (QAC) who contacts the agency to set up a Site Visit. At this Site Visit, the agency location is toured, all requested service descriptions are reviewed, staff credentials and resumes are reviewed, and background check information on all staff members is reviewed for compliance. Throughout the application process, the CSC and/or QAC provide any technical assistance that is needed. If all requirements are met, the agency is then granted a Voucher Agreement. Prior to working with any WIser Choice clients, all new providers must complete New Provider Training which includes CIUs functions, Wait List Management, Role of the Recovery Support Coordinator, Service Authorization Request Process, Extensions and/or Changes in Level of Care, Overview of Faith Based Providers and Billing/Fiscal Reports.

24-Hour Help Line

WIser Choice has a partnership with IMPACT, an agency that operates one of the CIUs under contract with BHD, and also operates 211 Milwaukee. This program provides telephonic assistance (by dialing 211) and intervention for a range of community needs including AODA, food, shelter, and crisis intervention. This 24-hour central access point for information and referral stores information on over 4,200 agencies and programs in the greater Milwaukee area. 211 Milwaukee serves as a round-the-clock resource by which individuals can obtain information about WIser Choice and its providers (See Letter of Commitment). 211 Community Resource Specialists are trained to do a brief phone screen for AODA. They help persons looking for AODA services access their choice of CIU sites, and assist them to find transportation to the site if necessary. If contacted outside CIU business hours, 211 Milwaukee staff has the capability to work with callers to help them access appropriate emergency services. The 211 Milwaukee searchable database is accessible online and at all CIU sites.

Measuring Client Satisfaction

For ATR-1, Wisconsin was unable to find an existing instrument that could measure client satisfaction in a way that targeted various system components and could adequately capture the specific WIser Choice system design. Consequently, Wisconsin designed its own instruments: three separate surveys to assess satisfaction with 1) the central intake process, 2) clinical substance abuse treatment, and 3) recovery support coordination and the provision of RSS (See Appendix 2, p. 48). Questions from the Mental Health Statistics Improvement Program (MHSIP) survey (Center for Mental Health Services, 1993), a widely used instrument in the mental health field, were selected and adapted to capture client satisfaction in four domains identified by MHSIP: Access to Treatment; Appropriateness of Treatment; Outcomes of Treatment; and General Satisfaction. To this were added a few items relating to fidelity to policies and procedures agencies were expected to follow, along with demographic items. All

three surveys were administered, analyzed and results reviewed in operations groups and by BHD staff to consider recommendations for QI at the system level. Agency-specific results of surveys of satisfaction with recovery support coordination were incorporated, along with other performance indicators, into agency ratings that were used to determine which RSC provider agencies' agreements with Milwaukee County would be extended. Wisconsin will continue to integrate agency-specific results of satisfaction surveys into performance evaluations, Provider Scorecards, operations meetings, and quality improvement initiatives.

Achieving the Best Outcomes at the Lowest Cost

In general, services are unbundled from programs. Authorization of vouchers is assessment and criteria driven. That is, only services identified in a plan of care that is based on the assessment and ASAM PPC are authorized. The exception to unbundling services is when a package rate is cost-effective. Research suggests that services for individuals with substance use disorders that are delivered in an integrated fashion (i.e., by the same agency) achieve better outcomes than when services are delivered in a sequential (one service/agency following another) or parallel (multiple agencies providing different services simultaneously) manner (NIDA, 1999; CSAT, 2003). If an assessment indicates that a client requires multiple services (e.g., women who are pregnant, have co-occurring disorders and/or have children), and if these services can be delivered more appropriately and at less cost from a single provider than from multiple providers, and the client has chosen this provider, then BHD will pay a bundled rate.

Three-Year Implementation Plan

Wisconsin is poised for a rapid yet well-considered transition from ATR-1 to ATR-2. Critical not only to the implementation of the project expansion, but also to admitting any ATR-2 client is the integration of the substantial amount of new and changed GPRA items (per the RFA) into the existing protocol, re-configuring the MIS (which will begin pre-award) and training RSCs and Evaluation Specialists (for clients who don't require RSCs, p. 17) in the new protocol. If the SAMHSA trainers are available to train staff on the new GPRA procedures shortly after grant award, Wisconsin is confident that the change management processes could be completed in time for the first ATR-2 client to be admitted in Month 2, and to reach the monthly service capacity for the planned expansion of persons to be served in Month 5 (Goal 1, p. 10). The provider capacity to serve the increased numbers is known to be present. In 2006, because Wisconsin had almost 100% of Year 1 ATR voucher service dollars carried over to Year 2, more people were served (5,719) than are planned to be served annually (3,684, on average) in ATR-2.

While MIS configuration and GPRA training are taking place, BHD staff will meet with DOC and local CJ personnel to develop case referral procedures for the CJ expansion population, capitalizing on processes in place for the ATR-1 CJ population. The first vouchers from the expansion population should be issued Month 2, and full capacity attained by Month 5 (Goal 2).

If Milwaukee receives the CCF grant in October (Month 3), implementation to lay the groundwork (sign contract, develop processes, hire and train staff, outreach to potential participant F/CBOs, etc.) would begin immediately, with the first assessments of organizational capacity and individualized TA beginning in Month 6. CCF grant or not, WIser Choice would pursue the goal to increase F/CBO capacity (Goal 3) through monthly operations meetings (already in place) with recovery support providers; focused individual TA to F/CBOs with history of low utilization; and the forging of mentorships between interested experienced providers and those at an earlier stage of development.

Wisconsin will begin immediately to put the processes in place necessary to attain the target of collecting six-month GPRA follow-up interviews from 80% of those admitted to WIser

Choice (Goal 4). Given the early availability of GPRA training from SAMHSA, WIser Choice staff will begin training RSCs in Month 2, and Evaluation Specialists in Month 4. The key to attaining the 80% target rate will be the implementation of incentives for both clients and providers (p. 31), the planning for which will commence pre-award for providers and Month 1 for clients, with full implementation by Month 2 (providers) and Month 5 (clients). The first process improvement change cycle with NIATx (p. 22) involving GPRA will begin in Month 1, as will that involving the objective of client abstinence at disenrollment (Goal 5).

To achieve fiscal efficiencies (p. 27) with the objective of providing services within SAMHSA-required cost bands (Goal 6), WIser Choice has already reduced its RSC workforce and will continue the redesign of the RSC service as ATR-2 commences. Similarly, planning is already underway for the improved CIU benefits coordination procedures (to take advantage of other payment sources) and the policy regarding repeated intakes, with full implementation expected to take six months. BHD fiscal and IT staff have begun the modification of the funding algorithm to accommodate braiding of additional funding in order to serve more clients. Expansion of MIS functionality to permit providers online access to processes involving voucher authorizations, billings and payments is expected to available in Month 3. *See Appendix 5 (p. 99) for three-year implementation plan with milestones tied to each WIser Choice goal.*

Section D: Readiness to Expand the Voucher System

Timeframe. Wisconsin expects, given groundwork in place and existing provider capacity, to fully implement the expansions for 1) total numbers served and 2) the CJ population by Month 5.

Current Capabilities to Expand the Voucher System

Eligibility Determinations. Eligibility determinations are conducted by BHD in collaboration with the CIU. Information is entered electronically into the online CMHC MIS as part of the comprehensive screening process. The MIS assigns unique client identifiers, distinguishes between new and existing clients and provides a history of episodes of care, authorized services and enrollment periods. Eligibility information is collected at the CIU and transmitted electronically to the Milwaukee County Benefits Coordination Unit and BHD where the information is verified and necessary data/funding records created.

Management and Monitoring. BHD has been managing and monitoring a voucher system for substance abuse services since 1992. It currently manages over $13 million in funding for voucher services from multiple sources, including the current ATR grant, delivered by a network of 108 service providers at 142 sites. In 2006, the system served 5,719 clients, which is more than it is scheduled to serve annually under the planned expansion.

Setting Reimbursement Rates and Monitoring Per Person Costs. Rate Setting: When dealing with a new agency or a new service, BHD fiscal staff reviews agency budget for reasonableness, using criteria based on the same principles as those outlined in RFA Appendix H. They also review agencies' capacity to provide the proposed number of units and calculate an average cost per unit. This rate is compared to Medicaid rates if available and to rates charged for comparable services performed by comparable agencies. If multiple agencies are to perform the same service, BHD will first look at approved Medicaid or other industry reimbursement rates, if available. All agencies will receive fee for service at the same rate regardless of their budgets. Exceptions are only made where an agency can support additional cost, due to some variation of the standard service unit. All agencies are held to federal Allowable Cost Rules (OMB Circular No A-87 Attachment A - Allowable Cost).

Monitoring costs per person served: BHD creates reports off data in the MIS at a client level, and then calculates overall average cost per client. All outliers, more than 10% above average,

result in the client's approved service plan being reviewed for reasonableness. BHD will set up regular reviews of all clients at variance to the reasonable cost ranges listed in RFA Appendix H.

Collecting and Reporting Data. Data is collected via online data entry forms using a browser-enabled application. This application is accessible over the Internet. Automated processes then extract the data from the information system and format it in a way that is compliant with the requirements of SAMHSA. Future data collection enhancements will include expanding online capability for system providers to enter and access: SCCPs; authorization request and approvals; payment processing for providers; and provider incentive processing and management.

Table 4: Capabilities of Re-Platformed WIser Choice MIS
• Intake Processing: Technical eligibility; comprehensive screen/ASI/ASAM
• Wait List Management
• Voucher Authorization
• Service Capture
• Claims adjudication, processing and payment
• GPRA management; data capture and reporting
• Provider Network Management
• Internal Reporting
• Electronic reporting of program and financial data to State
• Client satisfaction: management, data capture and reporting

Quality Assurance/Improvement Activities.

Quality Assurance functions for WIser Choice include:

1. Random announced and unannounced reviews and audits of providers.
2. Program audits for compliance with a) regulations of DHFS Administrative Codes governing substance abuse services and community based residential facilities and b) Milwaukee County Contract Administration and QA guidelines.
3. Audit tests for compliance at three major levels of quality assurance: *a) Agency/Provider Quality Indicators*, tested at the agency and employee level for compliance with state and county rules and regulations as well as contract/fee for service requirements; *b) Client/Program Quality Indicators* tested for compliance with contractual requirements related to the provisions of service involving client and program indicators; and *c) Fiscal Payment History* tested for documentation to support the number of units billed in relation to the number of units authorized and the number of units documented in the client case files.
4. Technical assistance for resolution of issues related to Corrective Action Plans pursuant to established policies that outline conditions resulting in Administrative Probation Status.
5. Investigations and reviews of client grievances and complaints.
6. Apply measurable criteria to determine whether desired client outcomes have been achieved. The following outcomes are evaluated: living situation, substance use, employment, school or work activity, interpersonal relationships, treatment recidivism, CJ involvement, client satisfaction, retention in treatment, self-esteem, and psychological functioning.
7. Random client satisfaction surveys for clients receiving services from a given provider.

Quality Improvement (QI) activities currently in place include regularly scheduled Operations Meetings with providers (organized by level of care, CIU, RSC and RSS) to identify and address system problems. DHFS and BHD sponsor best practice training (recent topics have included Fetal Alcohol Spectrum Disorders, Biology of Addiction, ASAM Training and Co-Occurring Disorders). TA is provided to agencies, particularly F/CBOs, pre- and post-admission.

In ATR-2, Wisconsin will partner with the **Network for the Improvement of Addiction Treatment (NIATx)**, in a focused QI process. Located at the University of Wisconsin, NIATx is a joint initiative of SAMHSA and the Robert Wood Johnson Foundation. David Gustafson, Ph.D., NIATx director, has used his background in industrial engineering, to apply principles of process improvement to the field of healthcare and now addiction treatment.

NIATx works with groups of providers (peer networking) within the framework of the *Plan-Develop-Study-Act (PDSA)* model (NIATx, 2007). Each team puts together an organizational change team and begins the planning (P) stage by identifying a problem (e.g., reducing wait lists, reducing no-shows; increasing retention) upon which to focus their efforts; establishes a baseline for the problem (e.g., 20 no-shows/per week), and formulates a measurable target objective (e.g., reduce the number of no-shows in a week by 25%). One common technique in deciding how to approach the problem is the *walk-through*, in which someone walks through (as if they were a client) and maps the processes that the client goes through during intake, orientation, assessment, treatment, change in level of care, etc., in an effort to identify barriers to target in a specific plan for change. Interviews and focus groups of clients and staff also inform the process. The change team selects one specific part of the process to focus on, and implements the change on a small scale (D); one that can be evaluated (S) within 30 days or less (rapid cycling). Based on the results, the change is then either implemented permanently or adjusted (A), and a new cycle is begun. NIATx has demonstrated the success of this process in projects with SAMHSA and NIDA. One of NIATx's current projects is SAMHSA's Strengthening Treatment Access and Retention-State Implementation (STAR-SI), which Wisconsin is one of seven participating states.

NIATx will work with WIser Choice to identify some key issues within the system to target through process improvement. It is likely that one of these areas will be Wisconsin's goal to conduct GPRA six-month follow-up interviews for 80% of clients admitted to WIser Choice. NIATx will assist WIser Choice to build protocols for key "hand-offs" within the voucher system. Hand-offs are transition events that are high-risk for treatment drop-out; (e.g., first-phone call to intake; intake to the first appointment; change in level of care or provider; or discharge from treatment to six-month GPRA interview). In the process of hands-on coaching to target specific objectives, NIATx will be helping WIser Choice develop process improvement capacity, so that a sustainable mechanism to address system objectives is put in place. (See NIATx Letter of Commitment).

Establishing and Implementing Standards. During ATR-1, standards were developed for all clinical treatment and RSS. These standards are published in the WIser Choice Provider Network RFA/Application (see p. 18). All current providers have documented that they have met these standards for their particular services, as required by WIser Choice policies as part of the application process prior to being admitted to the network. Standards common to all WIser Choice providers are defined within the Milwaukee County Voucher Agreement (p. 18).

Screening, Assessment and Issuing of Vouchers. WIser Choice has current capability, by virtue of tested processes, to conduct screening and assessment and issue vouchers for clinical treatment and RSS based on established criteria. The CIU conducts a Comprehensive Screen (p. 15) to assess need for AODA treatment, identify problems and strengths in multiple life domains in order to match clinical and RSS needs to provider and determine appropriate level of care through application of the ASAM PPC-2R. After a clinical treatment provider and RSC agency is chosen, the CIU enters the request for issuance of a voucher to pay for the services.

Issuing List of Eligible Providers. The CIU presents clients with a directory of clinical treatment providers, which includes a Provider Profile for each provider that contains such information as location, hours of operation, treatment programming, description of services, cultural and language capabilities, specialty populations served, etc. The client also reviews a list of RSC agencies from which to choose. The Provider Directory is also available to RSC agencies to use with clients when requesting a change in level of care, transfer of provider, or a RSS.

Anticipated Problems and Solutions

Six-month follow-up GPRA interviews. Wisconsin's greatest concern for ATR-2 is the new requirement to collect six-month follow-up GPRA interviews for 80% of admitted clients. Wisconsin understands and supports the need for accountability in the expenditure of taxpayer dollars. The challenge is to maintain contact with the large majority of clients who depart treatment prior to six months. Wisconsin has come up with a plan (p. 31) involving client and provider incentives; and the process improvement partnership with NIATx, that it believes will succeed. Aside from that particular issue, Wisconsin is proud that it has risen to all the challenges posed in participating as a pioneering member of ATR-1, meeting all ATR goals and receiving strong performance reviews from SAMHSA administration. At this point, the WIser Choice team feels confident and more than ready to take on the new challenges of ATR-2.

Partners and their Roles. The major partners in WIser Choice are Governor Jim Doyle, DHFS DHMSAS, DOC, Milwaukee County Executive Scott Walker, MCCC Chief Judge Kitty Brennan, Milwaukee Mayor Tom Barrett, BHD, the WIser Choice Faith Community Advisory Council, the Milwaukee Behavior Health Providers Group, and the Alliance for Recovery Advocates. These partners have committed to work together to ensure the success of WIser Choice in helping participants move into recovery from substance abuse and participate fully and productively in the life of the community (See **Joint Letter of Commitment**).

State of Wisconsin

The **Office of the Governor (OG)**, as the applicant, is the responsible party charged with implementation of WIser Choice, has the overall responsibility for ensuring compliance with all federal grant requirements, and will provide oversight for the grant

The **Department of Health and Family Services (DHFS)**, through its Division of Mental Health and Substance Abuse Services (DMHSAS), will continue to work closely with the OG to administer the program. DMHSAS, with its wealth of experience overseeing SAMHSA-funded projects as the Wisconsin Single State Agency, and its three years experience with WIser Choice, provides much of the hands-on fiscal, administrative and programmatic oversight of and support to the project management agency, BHD.

The **Department of Corrections (DOC)** collaborates closely with DHFS and BHD to address the AODA treatment needs of persons involved in the CJ system with the overall goal of reducing the number of people in prison. DOC and BHD established linkages and processes during ATR-1 to assure that functions such as identification of participants, assessment, care plan development, service access, and monitoring of outcomes were closely coordinated. These linkages will provide the foundation for the expansion of the CJ target population.

Milwaukee County

The **Office of the County Executive** will oversee BHD, the project management agency.

The **Behavioral Health Division (BHD)** will continue to serve as the contracted project management agency for WIser Choice. Responsibilities include: 1) administration of the expanded voucher system; 2) preparation of all SAMHSA-required fiscal and programmatic information; 3) maintenance and modification (as appropriate) of the existing information systems to provide voucher administration and tracking capabilities; 4) maintenance of the management structures and linkages necessary to serve DOC-referred clients, including the expansion population; 5) develop and maintain all provider agreements; 6) ensure the continued provision of all necessary outreach and technical assistance to new treatment and recovery support providers, and F/CBOs; 7) ensure the collection of SAMHSA-required outcomes as described in the approved proposal and 8) develop and maintain the relationship with NIATx.

The **Chief Judge,** who presides over 47 courts (including three drug courts) will work with

BHD and DOC to establish mechanisms to implement the WIser Choice CJ population expansion.

City of Milwaukee

The addition of the City of Milwaukee to the WIser Choice management team means that all three governmental jurisdictions have a stake in the project's success. Linkages will be developed to maximize the contribution of City capabilities and resources to WIser Choice.

Milwaukee Community Organizations

The **WIser Choice Faith Community Advisory Council (FCAC)** has 12 members representing a range of local congregations/organizations and denominations. Among its self-identified purposes are to serve in an advisory role to the State and BHD; identify, conduct outreach to, recruit, and support faith-based WIser Choice providers; inform congregations about the availability of services and cultivate mechanisms by which they can help residents access recovery services; connect FBOs to technical assistance; and ensure implementation of best practice guidelines and standards for faith-based providers.

The **Milwaukee Behavioral Health Providers Group (BHPG)** offers a provider perspective on WIser Choice operations, helps educate community providers and clients about the project, and participates in the development of "Best Practice" training and TA to providers.

The **Alliance for Recovery Advocates (AFRA)** is a new addition to the WIser Choice management team and will represent the voice of consumers.

Word of Hope Ministries (WOHM) is a local FBO that is the local grantee for the U.S. Department of Labor's Prisoner Re-Entry Initiative (PRI), and the local sub-grantee for DOC's associated U.S. Department of Justice PRI grant. WOHM and WIser Choice have formed a partnership to leverage ATR and PRI resources for the benefit of the prisoner re-entry target population they share. WOHM and WIser Choice staff conducts joint orientations in the prisons for potential participants. WOHM has joined the WIser Choice network as a provider of clinical and RSS, thus effectively multiplying the effect of ATR funds with PRI funds and services. In turn, the large percentage of PRI participants struggling with substance abuse are able to take advantage of the wide array of clinical and RSS available through WIser Choice.

Section E: Management, Staffing and Controlling Costs

Management of the Voucher Program

As the applicant the OG assumes overall accountability for grant implementation and oversight. The Governor delegates day-to-day oversight to the Wisconsin Single State Agency (SSA), DHMSAS, which manages the contract with BHD. BHD manages the voucher system and will collaborate with DOC on the expansion of the WIser Choice criminal justice population.

Ensuring Quality of Care; Prevention of Waste, Fraud, Abuse and Supplantation of Funds

State of Wisconsin. The DHFS contract with BHD includes language requiring the County to hire an independent auditor or conduct a single audit pursuant to OMB Circular No A-133, Department of Administration (DOA) single audit guidelines and audit guidelines established by DHFS. Contracts are monitored by DHMSAS contract administrators. This includes review of Community Aids Reporting System documents and client information submitted to the Human Services Reporting System. Treatment agencies are certified by the DHFS Office of Quality Assurance. Surveyors conduct site visits to ensure quality and compliance with administrative code HFS 75 certification standards. Contract administrators conduct site visits to interview staff and review clinical files to ensure proper assessment, diagnosis and treatment planning.

Milwaukee County. QA mechanisms used to ensure quality of care and prevent waste, fraud and abuse are discussed on p. 22. BHD also relies on Utilization Review (UR) to perform this

function. UR protocol embodies three steps: 1) Setting the expected compliance CRITERIA; 2) MONITORING for adherence to the expected criteria and 3) RESPONSE to unusual events.

Criteria. 1) Programmatic and fiscal criteria that must be met are set forth in an application that potential providers must complete to be considered. The application describes the services to be purchased with a voucher, all rules and regulations that apply to clinical or RSS, all fiscal requirements that must be met, personnel policies, grievance procedures, etc. 2) Assessment functions use ASAM and ASI instruments. These tools have demonstrated accuracy for eliciting the information needed to make accurate level of care decisions. This step, using best practices, prevents waste and abuse by accurately identifying the level of care needed. 3) Each SCCP must be developed by the RSC and approved by the RSC Supervisor. The SCCP, along with a Service Authorization Request is submitted to the BHD Administrative Coordinator (AC) for approval of any services. The AC verifies level of care indicators and RSS needs as identified by the CIU and RSC, in partnership with the client. The AC, as part of the system management, authorizes and re-authorizes care and services for clients. 4) The key criteria established are frequency and duration of the authorized service. The AC will authorize services based on client need as well as adherence to an Authorized Service Combination Table (ASCT), which limits the number of units authorized for a client and identifies a specific time period that the services are authorized. Reasonable adherence to a criterion can be thought of as a "planned event."

Monitoring. 1) For monitoring purposes, threshold limits are built into the MIS that follow the pre-established ASCT and are sensitive to "unplanned events," (i.e., either too much or too little frequency or duration). Alerts are generated in the MIS for any (unplanned) event that exceeds the number of units authorized, or submitted for reimbursement beyond the authorization period. These reports are monitored on a regular basis by QA/MIS staff. 2) The alert would signal the QA staff to take a closer look and try to discern the meaning of the unplanned event. For example, if the client was showing up less often than planned, it might indicate readiness to move to a lower level of care; that there was a relapse; or perhaps that the client had gone out of town. In any event, the fact that under-utilization might have clinical consequences or result in waste (due to unnecessary encumbering of funds) is reason to investigate. In the case where the threshold is exceeded, it might indicate that the client had a crisis which was rapidly stabilized or it could indicate need for a higher level of care. Over-utilization could also be an indicator of abuse (a greater than clinically indicated frequency of visit to generate higher billings) or even fraud (billing without service delivery taking place).

Response. BHD conducts agency audit/reviews on a regular and random basis as part of the QA process. An audit or review can also be conducted for cause (i.e., suspected fraud or abuse), when a report has been received regarding an agency, and most typically will compare billings against chart documentation of reported service delivery.

Prevention of Supplantation

The State's contract with the County incorporates the following standard language:

The County must use funds provided under this contract to supplement, and not supplant, what it would otherwise spend on the program. The County must have records showing an increase in level of services in proportion to the amount of funding provided through this contract. All expenditures supporting this requirement must meet the standards for allowability in the Allowable Cost Policy Manual and be supported by the Provider's records.

The BHD MIS can track expenditures of each funding stream. The State auditor has the authority to examine the County's records to assure existing funds are not supplanted. The past three years have seen consequential budget cuts throughout the County, including DHHS, but the

State/County non-supplantation requirement kept all substance abuse services funding intact.

Project Resources.

The WIser Choice program braids and manages all of its voucher funds, regardless of source, (e.g., ATR, TANF, AODA Block Grant, and local tax levy), through the use of an algorithm that, upon determination of client eligibility for funding, electronically assigns the cost of the service to one or more of the funding sources for which the client is eligible. This assures that as many clients in the County substance abuse system as possible are able to benefit from the array of service delivery benefits afforded by ATR. WIser Choice endeavors to take maximum advantage of other existing community funding that is available for such services as housing, employment support, child care, etc. The RSC process prioritizes accessing resources from low/no cost community programs as well as from the client's natural supports (family, friends, clergy, etc.).

Allocation of Resources throughout the Year. The redesigned MIS has provided BHD the ability to develop reliable projections of rates of actual expenditures to commitments of dollars through vouchers. The MIS offers current information, permitting BHD to monitor voucher expenditures on a daily basis and make adjustments as needed. WIser Choice vouchers must be redeemed within 45 days of service provision, so dollars are not encumbered unnecessarily. Actions that BHD may take to assure that funding is available on a consistent basis over a year's time include slowing down the rate of issuance of new vouchers, rationing or stopping the issuance of vouchers for specific services, and/or restricting the issuance of vouchers to only a specific priority population (e.g., pregnant women) for a limited period of time.

Plan to Achieve Improved Efficiencies. Plans for improved efficiencies include:

1) Redesign of Recovery Support Coordination services (see p. 16) is expected to generate savings of **$2,084,820** on an annual basis, $**6,254,460** over the three-year grant period.

2) Benefits Coordination. Specific policies and processes will be developed to address exhaustion of clinical treatment benefits for individuals with Medicaid or private insurance before eligibility and enrollment in WIser Choice. Increased effort will be made to have the CIU verify eligibility in other public funded systems (e.g., child welfare, TANF) and inform the RSC agency so they may incorporate this information when accessing services identified within the client's care plan. The issue of repeated CIU screen intakes for a given client will be examined as to causative factors and then addressed in a way that recognizes the potential chronic nature of substance use disorders and importance of readiness to change, yet reinforces engagement in recovery for enrolled individuals and provides access opportunities for those newly seeking services. Minimum time frames will be established for re-screening. To assist those individuals who may exceed the allowable number of intake screenings within a certain period of time, the CIU will expand its current role to provide such time-limited services as needs inventory, recovery planning, referral to community resources and psychoeducational support groups.

3) BHD will increase the amount braided from other funding streams with ATR dollars in order to provide access for more clients to the holistic services provided by WIser Choice.

4) BHD expects that one of the biggest payoffs to be realized from its partnership with NIATx will be the realization of systemic efficiencies as a result of process improvement. For example, by improving retention, a higher percentage of treatment will be successful, resources will be conserved and more people will be able to access treatment, an outcome of great necessity given Milwaukee's status as the city with the highest rate of SUDs in the U.S. (p. 4).

5) BHD will expand online capability for system providers to enter and access: SCCPs; authorization request/approvals; service capture and payment processing for clinical and RSS. Currently these processes are handled via paper, phone, fax and mail. An inordinate amount of

time is spent on phone communication among service providers, RSCs and BHD staff who are trying to track the status of authorization requests and payments. Online capability will generate substantial administrative efficiencies, freeing up resources for service provision.

How the Lead Agency will work with Other Entities

An Executive Council oversees the grant, with one representative each from the OG (Chair), DOC, DHMSAS, County Executive, Chief Judge, Mayor, BHD, FCAC, BHPG and AFRA. The Council's role is to assure there is policy coordination among the various entities, that a unified vision and direction informs project operations and that the project is being implemented as intended. BHD hosts a local Executive Operations Committee with representatives of all sectors of the system: BHD staff; CIU; RSCs; clinical treatment and RSS providers; providers specializing in serving target criminal justice and families with children populations; F/CBOs; and consumers. This committee assists BHD to design and implement operational processes for WIser Choice, and to assure project implementation stays on track.

Addressing Provider Performance

Eligibility. Providers who want to join the provider network are required to respond to a RFA, which details service-specific requirements that providers must meet. (See p. 18). The RFA is a critical management tool as it sets the criteria against which performance is measured.

Quality and Performance Review involves reporting and evaluation in four areas:

1) Each agency receives an annual desk review by the Contract Services Coordinator for compliance with standards. Agencies could also receive either an announced or unannounced site visit, which would include administration of client satisfaction surveys, a review of clinical record documentation, and a review of program specific indicators relative to the program area.

2) Results of client satisfaction surveys for each agency will be collected and analyzed.

3) The most relevant Process Indicators reflecting fidelity to system design will be selected in partnership with provider agencies from among those monitored on a regular basis. These indicators will be self-assessed by each provider and shared with other agencies to facilitate QI, with technical assistance offered to providers as needed to address areas of concern.

4) Client Outcomes will be measured for each individual client and attributed to each provider that was involved with service delivery. Results of both program outcomes and client satisfaction will be entered into a Provider Scorecard that will be used to evaluate agency's performance, the renewal of Fee for Service agreements and become part of the Provider Profile (see p. 32), to foster informed client choice.

Experience Managing Other Voucher-Type Programs

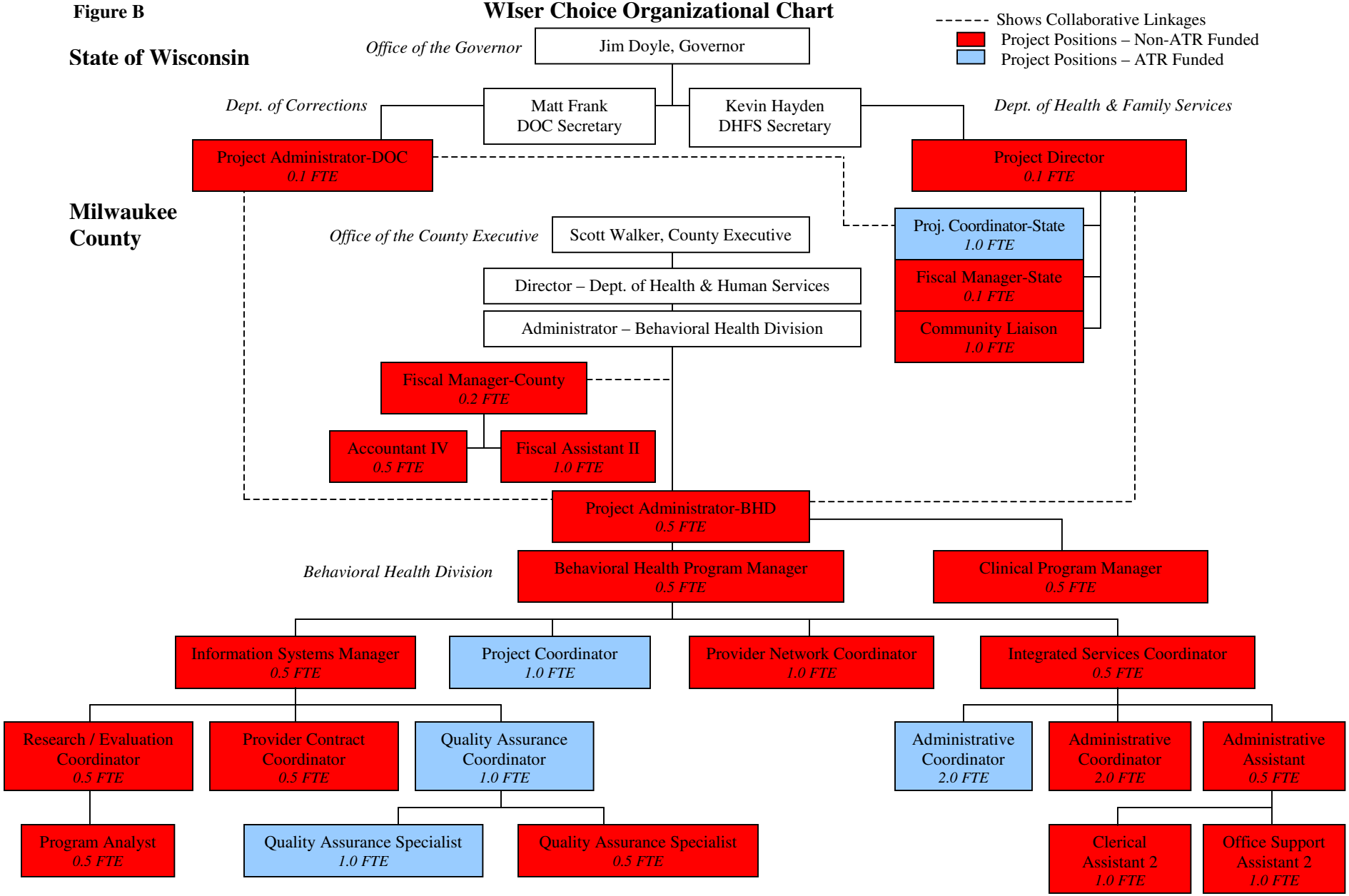
BHD has administered an AODA services voucher system since 1992; WIser Choice since 2004.

Qualifications of Key Staff

WIser Choice's highly qualified and seasoned key project staff have all served in their positions since WIser Choice's inception. Only major key staff is listed below. See Section H for biographical sketches for all key project staff, and job descriptions for all SAMHSA- and non-SAMHSA-funded WIser Choice positions. See Figure B for overview of entire staffing pattern. John Easterday, Ph.D. is WIser Choice **Project Director** and Interim Administrator of DHFS DHMSAS, Wisconsin's Single State Agency. He oversees programs with budgets of $300 million including the Substance Abuse Block Grant. As Project Director, Dr. Easterday is responsible to the OG for assuring compliance with SAMHSA administrative, programmatic and fiscal requirements. See p. 8 for **Community Liaison** Rev. Shawn Green-Smith's qualifications/ accomplishments. Anthony Streveler, MSSW, **Project Administrator-DOC**, has over 22 years of clinical forensic and corrections administration experience and is Policy Advisor, Office of the

Figure B

WIser Choice Organizational Chart



Secretary, where he is responsible for major departmental initiatives that have substantial and politically sensitive impact on the agency and those that it serves. He will be responsible for coordinating DOC's participation in the implementation of the ATR-2 criminal justice population expansion.

Paul Radomski, MSW, continues to serve as **Project Administrator-BHD**. In this capacity he has the primary responsibility for management of the project. Having overseen the County's AODA delivery-system since it moved to BHD from another division in 2002 pre-WIser Choice, Mr. Radomski likely has more experience managing a voucher-based public sector AODA treatment system than anyone in the country. With 32 years of experience in the field, Mr. Radomski has been Director of BHD Adult Community Services since 1996, and oversees all community-based behavioral health services, both mental health and substance abuse.

Mary Kay Luzi, Ph.D. (Clinical Psychology), with BHD since 1982, is **Clinical Program Manager** for WIser Choice. In this capacity, Dr. Luzi provides clinical oversight to the project, and offers clinical and program consultation to WIser Choice staff and clinical providers including evaluations, risk assessment and treatment planning. She is responsible for development and implementation of critical pathways for level of care determination for centralized intake to WIser Choice substance abuse services, and provides clinical assistance in design of quality improvement, outcome evaluation and prior authorization processes.

Michael Nunley, Ph.D, is **Research and Evaluation Coordinator** for the project. Before coming to DHHS in 2005, Dr. Nunley served on the faculties of Central Michigan University, the University of Oklahoma, West Virginia University, and Marquette University. Dr. Nunley designed and implemented the GPRA data collection protocols for WIser Choice.

Lillian Radivojevich, MA, as **Fiscal Manager-State**, is responsible for financial management of the project. She has worked 18 years in the field of public policy, finance, and administration specializing in policy development/analysis and budget design, implementation and monitoring. Ms. Radivojevich is also responsible for fiscal oversight of Wisconsin's Substance Abuse Prevention and Treatment Block Grant.

Ability/Plan for Data Collection and Reporting

BHD's MIS (See p. 82 for screen shots) provides the capability to collect all data, including financial and outcome, via a browser-enabled application that can be accessed over the Internet. **Outcome Data.** A unique identification number identifies each client in the MIS. The information system has the ability to capture multiple enrollments over time and to tie them to the same unique client identifier. (An enrollment is defined as the time spanning admission to the first service through discharge from services.) Similarly, multiple episodes of care for the client can be captured. *While enrollments represent a continuum of care, episodes capture the information about what level of care was received from what provider during what time period.* Thus, there can be one or more episodes associated with an enrollment. Since enrollments and episodes are tied to the client identifier, forms and reports are available to show the enrollment and episode history for a specific client. The MIS is flexible enough to allow for collection of additional data elements at any point. The system is designed so that data necessary to track outcomes can be captured at the service level, the episode of care (provider) level, the enrollment level or the client level. Once the data elements and points of collection are defined, the MIS functions to capture and report the data can be put into place with relatively little effort. This capability provides a powerful tool for BHD managers, as both financial and performance outcomes can be monitored for selected units of analyses and adjustments to the program can be made. For example, BHD is able to monitor for trends involving points in time at which events

critical to retention most frequently occur. NIATx-assisted peer network QI groups (p. 22) will be able to utilize such data to identify issues and develop responses. Other issues whose response can be informed by data include setting of benchmarks for performance outcomes, rates for services, and projection of appropriate duration/intensity of authorizations.

The five GPRA domains related to client-specific outcomes will be collected for each client at the beginning of an enrollment, at six months post enrollment, and at enrollment end. Wisconsin uses the enrollment as the organizing unit for data collection to make data collection both more meaningful and manageable. Because RSCs have consistent contact with their clients from the beginning to the end of an enrollment, they will be responsible for the GPRA data collection for all clients for whom care coordination is required. Since one of the lessons learned from our previous ATR experience is that not all clients need care coordination to support their recovery, responsibility for GPRA data collection for clients for whom care coordination is not required will be assigned to Evaluation Specialists who will provide this service through a voucher. Limiting GPRA collection to one individual per client simplifies the monitoring of data collection by BHD and serves to assure the timely reporting of data to SAMHSA. The GPRA information is entered into the MIS and then uploaded to the GPRA upload area at SAMHSA.

Data are collected and entered into BHD's MIS to track access/capacity of the voucher system, consumer entry and exit from any service provided during an enrollment period, and retention in the service system. The MIS also captures actual services and service dates, providing the information for the sixth and seventh GPRA domains. This information will allow the MIS to report on: 1) time between intake screen and first appointment; 2) retention rates; 3) length of treatment; 4) frequency and type of service; and 5) recidivism.

Another of the **lessons learned** from Wisconsin's experience with ATR is that there needs to be a new approach to collect GPRA data, as efforts to date have not yielded acceptable completion rates in Wisconsin or nationally, and the challenge will be even more formidable with 80% rates required for six-month GPRA rates in ATR-2. WIser Choice will determine the most effective and fiscally efficient incentives to encourage clients to participate in GPRA outcomes collection, offering up to the maximum allowable SAMHSA rate of $20.00. RSCs will not begin receiving payment for their care coordination services for a particular client until the intake GPRA is submitted, helping them to focus on the fact that GPRA collection is part and parcel of the service for which they are being paid. Evaluation Specialists, whose only job is to collect data for clients without RSCs, will receive payment for each GPRA collected, and incentives will be structured for RSCs to collect the disenrollment and six-month follow-ups. Cost of incentives has been budgeted into per client cost projections. Contact information will be collected at intake for each client, and updated on a monthly basis by the RSC to enable tracking clients for the six-month follow-up. GPRA collection will be one of the priorities for the process improvement work with NIATx. Wisconsin will develop a plan to collect six-month post-disenrollment data from a representative sample of 10% of the served population during Year 3.

Cost Data. Once identified as ATR-eligible, the MIS then assigns the ATR funding source to all ATR-funded services for the client. This allows us to track exactly how ATR dollars and other braided funds for which the client is eligible are spent. The MIS captures services at a detailed level. All billable services include a fee, which reflects the cost of that service, and a funding source, which reflects the revenue stream that will pay for the service. Services, and therefore fee information, can be aggregated at a number of levels. For example, Wisconsin is able to report the cost of providing services by client, by service, by program or level of care, by provider, and by time period. It is also able to report costs by funding source in order to show how each

funding stream is spent during a specified time period. Wisconsin tracks reimbursement rates for each service in the MIS and can provide an updated report as frequently as SAMHSA requires. The MIS collects all voucher data and reports this data to SAMHSA using the GPRA Voucher Information Tool and the Voucher Transaction Tool.

Outcomes Monitoring

The WIser Choice Executive Council will be responsible for tracking implementation against the plan and timeline in Appendix 5. Data to measure outcomes for all six goals (which encompasses cost as well as performance) in the ATR-2 three year plan will be collected, entered into the MIS and reported on a regular basis per the implementation plan. NIATx will facilitate a process improvement/QI project with WIser Choice (p. 22-23). Their staff will help WIser Choice staff and providers target specific outcomes (e.g., abstinence, retention, six-month GPRAs); establish benchmarks; collect baseline data; implement PDSA change cycles that apply best practices; and, based on outcome data, fine tune the change implementation.

Provider Performance Incentives

Wisconsin will implement two categories of performance-based incentives for providers:

1. **GPRA Incentives.** Wisconsin will require RSCs to submit the GPRA intake data before providing reimbursement for delivery of any care coordination services. Evaluation Specialists, whose only job is to collect data for clients without RSC's, will receive payment for each GPRA collected, and incentives will be structured for RSCs to collect the disenrollment and six-month follow-ups. WIser Choice will also determine the most effective and fiscally efficient incentives to encourage clients to participate in GPRA outcomes collection.
2. **Client Outcome Incentives.** Wisconsin will reward the providers who attain benchmarks for the targeted outcomes identified through the NIATx QI process. As embodied in WIser Choice Goal #5 (p. 10), **abstinence** at disenrollment will be the single most important outcome in assessing provider performance. Incentivizing Performance through Client Choice. The objective of the incentive system is to link compensation to performance, thus improving outcomes. Wisconsin proposes to do this by harnessing informed client choice to exert a powerful incentivizing force on provider performance (Join Together, 2003). The MIS will produce "real-time" reports of individual provider performance on the NIATx-identified outcomes and client satisfaction ratings. These ratings will be integrated as a "Provider Score Card" onto the web-based provider profiles and be made available to clients either directly from the computer, CIU worker or the RSC. The assumption is that high-performing providers will be chosen more frequently by clients, thus providing a tangible financial reward for performance.

Reimbursement Rates

The process for establishing reimbursements is explained in response to an identical item on p. 21.

Reasonable Costs

Thanks to the MIS enhancements funded by ATR-1, WIser Choice now has the ability to monitor costs per person served at the clinical, RSS and RSC service levels, which it used to project it voucher services budget for ATR-2. The average costs to SAMHSA of an episode of care for the following treatment levels of care are: **1) residential treatment (including for women with children)**: **$5,986**; **2) intensive outpatient: $826**; **3) outpatient**: **$709**. There are also clients who will have clinical treatment paid for by non-ATR sources, while receiving **ATR-funded RSS** at an average cost of **$513**, which includes the cost of incentives for capturing GPRA data. All these amounts fall well within SAMHSA cost bands (RFA, Appendix H). These estimated ATR-2 costs are based on historical costs from ATR-1 as well as projections of efficiencies expected to be realized from lessons learned over the past three years (p. 27).

Section F – Literature Citations

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Section G – Budget Justification, Existing Resources, Other Support

Section H – Biographical Sketches and Job Descriptions

Section I – Confidentiality and SAMHSA Participant Protection

Section I: Confidentiality and Participant Protection

- **Risks Associated with Participation in the Project and Evaluation.**

Clients may be exposed to communicable diseases. Although not common, occasionally clients are exposed to physical threat and actual assault. In addition, the substance use treatment process engages individuals in self-reflection in the context of abstinence, which may trigger emotional reactions of various degrees. Individuals participating in the evaluation will be asked to answer the questions on the GPRA. This asks personal questions which may bring up uncomfortable feelings.

Minimization of Risk

Providers will be advised that they should train staff in procedures to contain the spread of disease and to diffuse conflict and threat. Prior to admission to the WIser Choice provider network, applicants to provide clinical treatment are asked to submit a program description that describes how the agency will deal with adverse reactions to treatment. Recovery Support Coordinators are trained to anticipate the possibility of adverse reactions to the interview and to respond as described in the next item.

- **Response to Adverse Effects to Participants**

Providers are expected to adhere to the procedures (above) described in their program descriptions in the event that a client experiences an adverse reaction to treatment. If the client experiences serious emotional stress at the time of the GPRA interview, Recovery Support Coordinators are instructed to refer this matter to the clinical provider, and to request a voucher for any services necessary to address the reaction. All network providers are required to file an incident report to BHD following adverse treatment/service-related incidents. An internal BHD QA committee reviews the reports, investigates if necessary and works with the provider on any corrective action required.

- **The Target Population**

The target population receiving vouchers is the general population of people in Milwaukee County age18 - 59, seeking abuse treatment, those re-entering the community from prison and those receiving services as an alternative to revocation. Therefore, it is expected that those served will be adults from both genders who are primarily African American (as well as those who are White, Hispanic, Native American and Asian) who may be homeless, and have co-occurring mental and physical health diagnoses.

Since this program targets people with substance use disorders the population will be vulnerable to HIV/AIDS.

Inclusion/Exclusion Criteria

All residents of Milwaukee County who are eighteen years of age or older, who meet DSM-IV-TR Axis I diagnostic criteria for a substance use disorder (American Psychiatric Association, 2000) and are determined to be in need of substance abuse treatment through the application of the American Society of Addiction Medicine Patient Placement Criteria, 2nd Edition (ASAM PPC-2R)(ASAM, 2001) will be eligible for services in WIser Choice. Notwithstanding the above, priority placement will be extended to pregnant females regardless of age, and individuals age 60 and over who meet Family Care eligibility shall be referred to the County Department responsible for provision of services. Individuals receiving services from the WIser Choice system shall be liable for payment of said services in accordance with Administrative Code

HFS1, Uniform Fee System. The criminal justice population will be referred based on priority criteria determined by the Department of Corrections. A key element for any referral will be the determination that the services provided will address the offender's risk to the community by addressing treatment needs directly associated with criminal behavior.

Recruitment/Selection

All participants that are eligible for the WIser Choice program will be selected and offered the opportunity to participate. As discussed in the narrative section, the Central Intake Unit is the system's point of access for all individuals seeking admission into WIser Choice.

- **Absence of Coercion**

Voluntary or Required

Generally, participation in treatment, recovery support services and evaluation and follow-up interviews will be voluntary. However, since a portion of the population will come from the Department of Corrections (DOC), which has the responsibility for public safety, participation in the WIser Choice program will become part of the supervision rules and contract for those inmates that are re-entering the community. The rules of supervision and the contract will not stipulate participation in the evaluation. Similarly, child welfare agencies have the responsibility to protect children and may initiate court actions on behalf of the children of clients in the program. The court may set conditions for mothers wishing to retain or regain custody of their children. One of these conditions may be satisfactory participation in substance use treatment and recovery support services. Similar coercive situations may occur when people are referred from the TANF agencies. Participation in the evaluation is not included in these stipulations.

The informed consent materials for participation in the project and evaluation clearly state that participation is voluntary. Individuals that are not voluntary participants (referrals from DOC) in the project will be informed that there may be consequences to their choice to not participate. Information about their choice, whether to participate or not, will only be released if it complies with CFR 42(2) and HIPAA. Participants are made aware that evaluation is completely independent of treatment. Not participating or withdrawing from participation in the evaluation will not affect the services provided by the treatment program. There will be no penalty for not providing any or all of the information requested. Also, clients are assured that they are free to refuse to answer any specific question, to ask questions at any time during interviews, and to withdraw from interviews at any time.

Genuine Independent Choice when required to participate

The circumstances under which clients are referred to the WIser Choice program, i.e., involuntary or voluntary, does not affect the ability to choose providers. The services needed will be determined by thorough assessment. Although clients may be required to participate in the WIser Choice program under the rules of supervision or their contract to avoid revocation, clients will have a genuine and independent choice of providers from which to receive their services.

Remuneration

WIser Choice will determine the most effective and fiscally efficient incentives to encourage clients to participate in GPRA outcomes collection, offering up to the maximum allowable SAMHSA rate of $20.00 per interview.

- **Data Collection**

Data are collected and entered into the Behavioral Health Division's Clinical Management Information System (MIS) to track access/capacity of the AODA service and recovery support system, consumer entry and exit from any service provided during an enrollment period, and retention in the service system. Central Intake Unit (CIU) staff utilize interview procedures and administer a **Comprehensive Screen** (assessment) to determine if there is a need for substance abuse treatment and, if so, the most appropriate clinical level of care. Client data from the Comprehensive Screen is entered into the CMHC MIS in real time and updated as necessary. WIser Choice utilizes a Comprehensive Screen (Appendix 2, p. 137) that blends aspects of *screening* – identification of substance abuse problems and determination of need for treatment; and *assessment* – identification of problems and strengths across multiple life domains (e.g, employment, legal, educational, family and social relationships) to match **clinical and recovery support** needs to provider, and to decide optimal level of care at which the individual will begin enrollment in WIser Choice, as well as to highlight RSS needs. The Comprehensive Screen uses the *Addiction Severity Index (ASI)* (McLellan et al, 1980) as the core measure, which has been enhanced with a set of required supplementary items constructed to provide additional information relevant for placement decision and covering such areas as readiness to change, mental health stability and nuances specific to gender, culture, ethnicity and religion/spiritual concerns. The Comprehensive Screen is performed online with information entered in the MIS.

The five GPRA domains related to client-specific outcomes will be collected for each client at the beginning of an enrollment, at six months post enrollment, and at enrollment end. Wisconsin uses the enrollment as the organizing unit for data collection to make data collection both more meaningful and manageable. Because RSCs have consistent contact with their clients from the beginning to the end of an enrollment, they will be responsible for the GPRA data collection for all clients for whom care coordination is required. Since one of the lessons learned from our previous ATR experience is that not all clients need care coordination to support their recovery, responsibility for GPRA data collection for clients for whom care coordination is not required will be assigned to Evaluation Specialists who will provide this service through a voucher. Limiting GPRA collection to one individual per client simplifies the monitoring of data collection by BHD and serves to assure the timely reporting of data to SAMHSA. The GPRA information is entered into the MIS and then uploaded to the GPRA upload area at SAMHSA.

Data Collection Instruments/Interview Protocols

Appendix 2 includes all data collection instruments and MIS screens of basic demographic/descriptive data obtained at intake.

The MIS will capture information regarding the ASAM-determined level of care and the client's choice of treatment provider. The MIS will also capture actual services and service dates. This information will allow the MIS to report on:

- Time between intake screen and first appointment
- Retention rates
- Length of treatment
- Frequency of service
- Recidivism

Specimens such as urine or blood will not be collected.

- **Privacy and Confidentiality**
  Collection of Data

The consent form described below (Adequate Consent Procedures) assures clients that the feedback and information they provide as part of the GPRA evaluation is entirely confidential, i.e., no one will see the evaluation other than those individuals who require access to the information in order to make treatment decisions or evaluate the outcomes of the program. All information from the evaluation program will be grouped. Grouped information will not identify which clients participated in the personal interviews and which did not. The purpose of the grouped data is to describe how clients are doing in key areas of their lives.

CIU Intake Workers, RSCs and Evaluation Specialists (for clients who don't require an RSC) collect all client information for use in both the WIser Choice program and evaluation. GPRA data will be collected at the beginning of an enrollment, at six months post enrollment, and at enrollment end by a RSC or Evaluation Specialist that is assigned to each client. Since GPRA data is collected independent of the service providers, this information may be collected at the site of a service provider, in the person's home or anywhere in the community.

These staff follow the policies and procedures described below:

- All alcohol and drug abuse client records are maintained in accordance with the provisions of HIPAA and Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).
- Policies and procedures the CIU's, RSC agencies and treatment providers follow these provisions:
  a) The confidentiality of alcohol and drug abuse client records maintained is protected by Federal law and regulations.
  b) Generally, employees and volunteers may not disclose to any person that a client has inquired about or received services, or disclose any information identifying a client as an alcohol or drug abuser unless:
     1) the client consents in writing; or
     2) the disclosure is allowed by court order; or
     3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation; or
     4) the client commits or threatens to commit a crime either at the program or against any person who works for the program.
  c) employee signatures indicate that they are aware that the violation of the Federal law and regulations of a program is a crime and that violations may be reported to the United States Attorney.
  d) employees are also aware that Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Data will be stored on an enterprise server that is located in a locked room. Only system administrators have access to the room. Visitors are required to identify themselves to security personnel.

All users will need to enter a sign-on and a password in order to access any data that is stored in the management information system (MIS). The sign-on will be created by a system administrator and the users will be required to change their passwords regularly. Sign-ons will be removed or inactivated by the system administrator whenever a staff person who has access to the MIS leaves or end his/her employment.

Data in the MIS is accessed via the Internet. In addition to password protection, the system uses Secure Socket Layer (SSL) technology. This technology encrypts the client data and prevents interception of any data by unauthorized users.

The MIS incorporates role-based security. Once signed in, a user will only have access to business functions that are appropriate for his or her role. Similarly, a user will only be able to access clients and specific client data that are relevant to his or her role. For example, Central Intake Unit (CIU) staff will need access to all clients but providers will only have access to clients that are currently active with their agency. A CIU receptionist might only have access to client identifying information while a CIU intake worker would have access to all intake-related information for a client.

When exporting data from the system for any reason (for example, analysis by the program evaluator or reporting to the State), we will always have the capability to de-identify the data.

- **Adequate Consent Procedures**

The consent to participate in the WIser Choice program will be obtained by the CIU Intake Worker at the time that the first voucher is issued. Since individuals are not required to participate in the GPRA follow-up evaluation to receive service a separate consent form will be used. To avoid coercion, consent for the evaluation will be obtained by the RSC or Evaluation Specialist subsequent to the intake at CIU. All clients will receive the following information:

- They have the right to a genuine, free and independent choice among eligible providers, including their right to an alternative provider to which they have no religious objection even if their participation is not voluntary.
- They have the right to leave the WIser Choice program at any time. If their participation is not voluntary, they will be made aware of the potential consequences.
- There may be risks involved in receiving treatment, RSS and participating in an evaluation including: exposure to communicable diseases if a group setting is used; and although not common, exposure to physical threat and actual assault from other clients. Because the substance use treatment process engages individuals in self-reflection in the context of abstinence, it may trigger emotional reactions of various degrees. In addition, individuals participating in the evaluation will be asked to answer questions on the GRPA which may bring up uncomfortable feelings.
- Clients will be informed that agencies in the provider network have been advised to receive training in and take precautions against the spread of communicable diseases. They have also been advised to be trained on how to diffuse conflict and threat.
- Clients providing personal information for the evaluation will be advised that:
  - The data to be collected will reflect their substance use and other areas in their lives such as employment, housing, crime and criminal justice history, family and living conditions and social supports.
  - Their treatment is funded at least in part by SAMHSA to provide them with a voucher and an opportunity for free and independent choice among providers of clinical treatment and RSS free.
  - The information will be used to monitor outcomes of the WIser Choice program, informing Milwaukee County and the State of Wisconsin about whether the program is effective in helping people remain abstinent from alcohol and drugs. The information will also be provided to SAMHSA, where it will be combined with information from other states.

- The information will only be seen by those individuals who require access to the information in order to make treatment decisions or evaluate the outcomes of the program. This includes but is not limited to screeners, RSCs, treatment providers and data entry staff.
- In cases where de-identified information is sufficient, no identifying information will be on the form. Data will be aggregated with information from many other people making it impossible to trace back to individuals.

Non-English Speaking, Low Literacy and difficult reading /Informed Consent

Since many of the people to be served have limited education and sometimes do not admit that they have difficulty reading, all consent forms will be read to the client. Consents are translated into additional languages as necessary (see Spanish CIU Advisement form, p. 209. All consent forms are translated into Spanish) or translation services will be used. In addition, each client will be given a copy of the consent forms for future reference (See Appendix 3).

- **Risk/Benefit Discussion**

The benefits of substance use treatment and recovery support services are well documented. However, this population tends to have compromised health and this may pose an elevated risk of spreading disease among each other. In addition, the population will include people with poor impulse control, which may pose a threat to others. During treatment it is not unusual to have disturbing feelings, especially when issues of sexual abuse and other forms of violence are discussed. If medication is being taken, there may be side effects.

In contrast, involvement in the evaluation portion of the project has few risks. The knowledge gained through use of the GPRA will be useful for program planning, funding allocation decisions and public policy.

APPENDICES

Appendix 1: Letters of Commitment

Appendix 2: Data Collection Instruments/Interview Protocols

Addiction Severity Index Adults

General Information

Consent Form signed?
☐ No ☐ Yes

Assessment Date ____/_____/____

G 2. Social Security Number _____

G 3. Program Number _

2037 – WCS
2057 – IMPACT, Inc.
2058 – M & S

G 4. Date of Admission ____/___/_____

G 6. Time Begun ___

G 7. Time Ended ___

G 8. Class
☐ Intake
☐ Follow-up

G 9. Contact Code
☐ In Person
☐ Phone

G10. Gender _____

Female	Male
Other (specify)	Transgender

G12. Special
☐ Patient terminated
☐ Patient refused
☐ Patient unable to respond
☐ Normal assessment

G13. Geographic code ____ (*Ignore*) _____

G14. How long have you lived at this address? _____

_____

Years Months

Gl5. Is this residence owned by you or your family?
☐ Yes
☐ No

G16. Date of Birth ____/___/_____

Addiction Severity Index Adults

G17. Race _____

Asian
African American
Native American
Other
Native Hawaiian/Pacific Island

G18. Religious Preference _____

Protestant
Catholic
Jewish
Islamic
Other

G19. Have you been in a controlled environment in the past 30 days?

- ☐ No
- ☐ Jail
- ☐ Alcohol or Drug Treatment
- ☐ Medical Treatment
- ☐ Psychiatric Treatment
- ☐ Other

G20. (If yes to question G19) How many days? _____

Additional Test Results

G21. Shipley C.Q. _____

G22. Shipley I.Q. _____

G23. Beck Total Score __

G24. SCL-90 Total _____

G25. MAST _____

Addiction Severity Index Adults

Medical Status_____

M l. How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.) _____ Times

M 2. How long ago was your last hospitalization for a physical problem? _____ Years _____ Months

M 3. Do you have any chronic medical problems which continue to interfere with your life? ☐ Yes ☐ No

M 4. Are you taking any prescribed medication on a regular basis for a physical problem? ☐ Yes ☐ No

M 5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.) ☐ Yes ☐ No

M 6. How many days have you experienced medical problems in the past 30? _____ Days

M 7. How troubled or bothered have you been by these medical problems in the past 30 days? _____

Not at all	Considerably
Slightly	Extremely
Moderately	

M 8. How important to you now is treatment for these medical problems? (See options above.) _____

M 9. How would you rate the patient's need for medical treatment? (No Problem, 1, 2, 3, 4, 5, 6, 7, 8, Extreme Problem) _____

Is the above information significantly distorted by:

M10. Patient's misrepresentation? ☐ Yes ☐ No

M11. Patient's inability to understand? ☐ Yes ☐ No

Medical Status Comments

Addiction Severity Index Adults

A. Employment/Support Status

E 1. Education completed (GED = 12 years) _____ Years _____ Months

E 2. Training or technical education completed _____ Months

E 3. Do you have a profession, trade or skill? ☐ Yes ☐ No

E 4. Do you have a valid driver's license? ☐ Yes ☐ No

E 5. Do you have an automobile available for use? (Answer "No" if no valid driver's license.) ☐ Yes ☐ No

E 6. How long was your longest full-time job? _____ Years _____ Months

E 7. Usual (or last) occupation _____

E 8. Does someone contribute to your support in any way? ☐ Yes ☐ No

E 9. (If client answered yes to question 9) Does this constitute the majority of your support? ☐ Yes ☐ No

E10. Usual employment pattern, past 3 years. _____

Employed full time	Service
Employed part time (reg. hours)	Retired / Disability
Employed part time (irreg. hours)	Unemployment
Student	In controlled environment

E11. How many days were you paid for working in the past 30? (Include "under the table" work.) _____ Days

How much money (In dollars~) did you receive from the following sources in the past 30 days?

E12. Employment (net income) $ _____

E13. Unemployment compensation $ _____

E14. DPA $ _____

E15. Pension, benefits or social security $ _____

E16. Mate, family or friends (money for personal expenses). $ _____

E17. Illegal $ _____

E18. How many people depend on you for the majority of their food, shelter, etc.? _____

E19. How many days have you experienced employment problems in the past 30? _____ Days

Addiction Severity Index Adults

E20. How troubled or bothered have you been by these employment problems in the past 30 days? _____

Not at all	Considerably
Slightly	Extremely
Moderately	

E21. How important to you now is counseling for these employment problems? (See options above.) _____

E22. How would you rate the patient's need for employment counseling? (No Problem, 1, 2, 3, 4, 5, 6, 7, 8, Extreme Problem) _____

Is the above information significantly distorted by:

E23. Patient's misrepresentation? ☐ Yes ☐ No

E24. Patient's inability to understand? ☐ Yes ☐ No

Employment/Support Status Comments

Addiction Severity Index Adults

Drug/Alcohol Use

	# Days in Past 30	# Years Used in Lifetime	Route of Administration →

N/A	Oral	Injection	Smoking
Non IV			

D l.	_____	_____	_____	Alcohol-Any use at all
D 2.	_____	_____	_____	Alcohol-To Intoxication
D 3.	_____	_____	_____	Heroin
D 4.	_____	_____	_____	Methadone
D 5.	_____	_____	_____	Other opiates/analgesics
D 6.	_____	_____	_____	Barbiturates
D 7.	_____	_____	_____	Other sed/hyp/tranq.
D 8.	_____	_____	_____	Cocaine
D 9.	_____	_____	_____	Amphetamines
D10.	_____	_____	_____	Cannabis
Dl1.	_____	_____	_____	Hallucinogens
D12.	_____	_____	_____	Inhalants
D13.	_____	_____		More than one substance per day (including alcohol).

Dl4. Which substance is the major problem? _____

00	No problem	07	Barbiturates	11	Hallucinogens
01	Alcohol	08	Cocaine	12	Inhalants
03	Heroin	09	Amphetamines	15	Acohol and Drug (Dual Addiction)
04	Methadone	10	Cannabis	16	Polydrug
05	Other Opiates / Analgesics				

D15. How long was your last period of voluntary abstinence from this major substance? (00 - never abstinent) _____ Months

D16. How many months ago did this abstinence end? (00 - still abstinent) _____

How many times have you:

D17. Had Alcohol d.t.'s? _____

D18. Overdosed on drugs? _____

How many times in your life have you been treated for:

Addiction Severity Index Adults

D19. Alcohol Abuse? _____
D20. Drug Abuse? _____

How many of these were detox only?

D21. Alcohol _____
D22. Drug _____

How much would you say you spent (in dollars) during the past 30 days on:

D23. Alcohol? _____
D24. Drugs? _____

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA.) _____

How many days in the past 30 have you experienced:

D26. Alcohol Problems? _____
D27. Drug Problems? _____

How troubled or bothered have you been in the past 30 days by these?

Not at all Considerably
Slightly Extremely
Moderately

D28. Alcohol Problems _____
D29. Drug Problems _____

How important to you now is treatment for these?

Not at all Considerably
Slightly Extremely
Moderately

D30. Alcohol Problems _____
D31. Drug Problems _____

How would you rate the patient need for treatment for:

D32. Alcohol Abuse? (No Problem, 1, 2, 3, 4, 5, 6, 7, 8, Extreme Problem) _____
D33. Drug Abuse? (No Problem, 1, 2, 3, 4, 5, 6, 7, 8, Extreme Problem) _____

Is the above information significantly distorted by:

D34. Patient's misrepresentation? ☐ Yes ☐ No
D35. Patient's inability to understand? ☐ Yes ☐ No

Drug/Alcohol Use Comments

Addiction Severity Index Adults

Legal Status

L 1. Was this admission prompted or suggested by the criminal justice system? (judge, probation/parole officer, etc.) ☐ Yes ☐ No

L 2. Are you on probation or parole? ☐ Yes ☐ No

How many times in your life have you been arrested and charged with the following?

L 3. shoplifting/vandalism _____

L 4. parole/probation violations _____

L 5. drug charges _____

L 6. forgery _____

L 7. weapons offense _____

L 8. burglary, larceny, B & E _____

L 9. robbery _____

L10. assault _____

L11. arson _____

L12. rape _____

L13. homicide, manslaughter _____

L14. prostitution _____

L15. contempt of court _____

L16. other _____

L17. How many of these charges resulted in convictions? _____

How many times in your life have you been charged with the following?

L18. Disorderly conduct, vagrancy, public intoxication _____

L19. Driving while intoxicated _____

L20. Major driving violations (reckless driving, speeding, no license, etc.) _____

L21. How many months were you incarcerated in your life? _____ Months

L22. How long was your last incarceration? _____ Months

Addiction Severity Index Adults

L23. What was it for? (If multiple charges, choose most severe.) _____

L24. Are you presently awaiting charges, trial, or sentence? _____

L25. What for? (If multiple charges choose most severe.) _____

L26. How many days in the past 30 were you detained or incarcerated? _____

L27. How many days in the past 30 have you engaged in illegal activities for profit? _____

L28. How serious do you feel your present legal problems are? (Exclude civil problems.) _____

L29. How important to you now is counseling or referral for these legal problems? _____

L30. How would you rate the patient's need for legal services or counseling? _____

Is the above information significantly distorted by:

L31. Patient's misrepresentation? ☐ Yes ☐ No

L32. Patient's inability to understand? ☐ Yes ☐ No

Legal Status Comments

Addiction Severity Index Adults

Family History

Have any of your relatives had what you would call a significant drinking, drug use or psych problem - one that did or should have led to treatment?

For the following relationships choose one of the following four options:
Clearly No - No one in that relative category has had the problem.
Clearly Yes - Someone in that relative category has had the problem.
I Don't Know - I do not know, or my answer would be uncertain.
Never/None - I never had a relative in that relative category ('no aunts/uncles/brothers/sisters).

When multiple relatives have existed in a relative category, code the most problematic.

Mother's Side		Alcohol	Drug	Psych
H 1.	Grandmother			
H 2.	Grandfather			
H 3.	Mother			
H 4.	Aunt			
H 5.	Uncle			

Father's Side		Alcohol	Drug	Psych
H 6.	Grandmother			
H 7.	Grandfather			
H 8.	Father			
H 9.	Aunt			
H 10.	Uncle			

Siblings		Alcohol	Drug	Psych
H11.	Brother			
H12.	Sister			

Family History Comments

Addiction Severity Index Adults

Family/Social Relationships

F 1. Marital Status _____

F 2. How long have you been in this marital status? (If never married, since age 18.) _____ Years _____ Months

F 3. Are you satisfied with this situation? ☐ Yes ☐ Indifferent ☐ No

F 4. Usual living arrangements (past 3 years.) _____

F 5. How long have you lived in these arrangements? (If with parents or family, since age 18.) _____ Years _____ Months

F 6. Are you satisfied with these living arrangements? ☐ Yes ☐ Indifferent ☐ No

Do you live with anyone who:

F 7. Has a current alcohol problem? ☐ Yes ☐ No

F 8. Uses non-prescribed drugs? ☐ Yes ☐ No

F 9. With whom do you spend most of your free time? ☐ Family ☐ Friends ☐ Alone

F10. Are you satisfied with spending your free time this way? ☐ Yes ☐ Indifferent ☐ No

F11. How many close friends do you have? _____

For the following relationships (F12-F17) choose one of the following four options:
Clearly No - No one in that relative category has had the problem.
Clearly Yes - Someone in that relative category has had the problem.
I Don't Know - I do not know, or my answer would be uncertain.
Never/None - I never had a relative in that relative category ('no aunts/uncles/brothers/sisters).

When multiple relatives have existed in a relative category, code the most problematic.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

F12. Mother _____

F13. Father _____

F14. Brothers/Sisters _____

F15. Sexual Partner/Spouse _____

F16. Children _____

F17. Friends _____

Addiction Severity Index Adults

Have you had significant periods in which you have experienced serious problems getting along with:

	PAST 30 DAYS	IN YOUR LIFE
F18. Mother	☐ Yes ☐ No	☐ Yes ☐ No
F19. Father	☐ Yes ☐ No	☐ Yes ☐ No
F20. Brothers/Sisters	☐ Yes ☐ No	☐ Yes ☐ No
F21. Sexual Partner/Spouse	☐ Yes ☐ No	☐ Yes ☐ No
F22. Children	☐ Yes ☐ No	☐ Yes ☐ No
F23. Other significant family	☐ Yes ☐ No	☐ Yes ☐ No
F24. Close friends	☐ Yes ☐ No	☐ Yes ☐ No
F25. Neighbors	☐ Yes ☐ No	☐ Yes ☐ No
F26. Co-Workers	☐ Yes ☐ No	☐ Yes ☐ No

Did any of these people (F18-F 26) abuse you:	PAST 30 DAYS	IN YOUR LIFE
F27. Emotionally (make you feel bad through harsh words)?	☐ Yes ☐ No	☐ Yes ☐ No
F28. Physically (cause you physical harm)?	☐ Yes ☐ No	☐ Yes ☐ No
F29. Sexually (force sexual advances or sexual acts)?	☐ Yes ☐ No	☐ Yes ☐ No

How many days in the past 30 have you had serious conflicts:

F30. With your family? _____

F31. With other people? (excluding family) _____

How troubled or bothered have you been in the past 30 days by these?

F32. Family problems _____

F33. Social problems _____

Addiction Severity Index Adults

How important to you now is treatment or counseling for these?

F34. Family problems _____

F35. Social problems _____

F36. How would you rate the patient's need for family and/or social counseling? _____

Is the above information significantly distorted by:

F37. Patient's misrepresentation? ☐ Yes ☐ No

F38. Patient's inability to understand? ☐ Yes ☐ No

Family/Social Relationships Comments

Addiction Severity Index Adults

Psychiatric Status

How many times have you been treated for any psychological or emotional problems?

P 1. In a hospital _____

P 2. As an Outpatient or Private patient _____

P 3. Do you receive a pension for a psychiatric disability? ☐ Yes ☐ No

Have you had a significant period (that was not a direct result of drug/alcohol use), in which you have:

		Past 30 Days	In Your Life
P 4.	Experienced serious depression?	☐ Yes ☐ No	☐ Yes ☐ No
P 5.	Experienced serious anxiety or tension?	☐ Yes ☐ No	☐ Yes ☐ No
P 6.	Experienced hallucinations?	☐ Yes ☐ No	☐ Yes ☐ No
P 7.	Experienced trouble understanding, concentrating or remembering?	☐ Yes ☐ No	☐ Yes ☐ No
P 8.	Experienced trouble controlling violent behavior?	☐ Yes ☐ No	☐ Yes ☐ No
P 9.	Experienced serious thoughts of suicide?	☐ Yes ☐ No	☐ Yes ☐ No
P10.	Attempted suicide?	☐ Yes ☐ No	☐ Yes ☐ No
P11.	Been prescribed medication for any psychological emotional problems?	☐ Yes ☐ No	☐ Yes ☐ No
P12.	How many days in the past 30 have you experienced these psychological or emotional problems?	☐ Yes ☐ No	☐ Yes ☐ No
P13.	How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?	☐ Yes ☐ No	☐ Yes ☐ No
P14.	How important to you now is treatment for these psychological problems?	☐ Yes ☐ No	☐ Yes ☐ No
At the time of interview, is patient:			
P15.	Obviously depressed/withdrawn?		☐ Yes ☐ No
P16.	Obviously hostile?		☐ Yes ☐ No
P17.	Obviously anxious/nervous?		☐ Yes ☐ No
P18.	Having trouble with reality testing, thought disorders, paranoid thinking?		☐ Yes ☐ No
P19.	Having trouble comprehending, concentrating, and remembering?		☐ Yes ☐ No
P20.	Having suicidal thoughts?		☐ Yes ☐ No
P21.	How would you rate the patient's need for psychiatric/psychological treatment?		☐ Yes ☐ No
Is the above information significantly distorted by:			
P22.	Patient's misrepresentation?		☐ Yes ☐ No
P23.	Patient's inability to understand?		☐ Yes ☐ No

Addiction Severity Index Adults

Psychiatric Status Comments

Staff Name	Credentials	Staff ID
Signature	Date\	

MCHC ASI Supplemental Questions
General Information (G9)

Assessment Date (should match assessment date on the ASI) __/_____/_____

G9a. According to interviewer, what is client's primary characteristic?_____

G9b. According to interviewer, what is client's secondary characteristic, if applicable?_____

Alcohol Client	DD - Brain Trauma	Dementia
Drug Client	DD - Cerebral Palsy	Blind/Visually Impaired
Alcohol and Other Drug Client	DD - Autism	Hearing Impaired
Intoxicated Driver	DD - Mental Retardation	Phys. Disability/Mobility Imp.
Mental Illness (excl. SPMI)	DD - Epilepsy	Handicap Other
Serious/Persistant Mental Illness	DD - Other/Unknown	

Comments

Addiction Severity Index Adults

General Information (G15)

G15a. What language do you usually speak?_____

English	Spanish	Laotian
Hmong	Russian	Cambodian
Vietnamese	French	American Sign Language
Polish	Serbo-Croatian	Other
German		

G15b. Do you require the services of an interpreter?

☐ No
☐ Yes

Comments

Addiction Severity Index Adults

Medical Status (M5)

(This does not need to be completed if the client is a male)

Earlier you indicated that you are **not pregnant**. Is this correct?

☐ No
☐ Yes

OR

Earlier you indicated that you are **pregnant**. Is this correct?

☐ No
☐ Yes

If Pregnant, ask:

M5a. Do you know the due date?

☐ No
☐ Yes, What is the due date? ____/____/____

M5b. Have you seen a doctor or nurse for prenatal care?

☐ No
☐ Yes

Ask all female clients:

M5c. How many times have you been pregnant in the past? __

M5d. How many times have you actually given birth?_____

Comments

Addiction Severity Index Adults

Employment/Support Status (E1)

E1a. What is the highest degree you have?

_____

GED	Bachelors
High School	Advanced

Addiction Severity Index Adults

Employment/Support Status (E10)

E1Oa. What is your current employment status? _____

- ☐ Full time (35+ hrs/week)
- ☐ Part time (<35 hrs/week)
- ☐ Unemployed - retired
- ☐ Unemployed - disability
- ☐ Unemployed - full time student
- ☐ Unemployed - homemaker
- ☐ Unemployed - institutionalized
- ☐ Unemployed

Comments

Comprehensive Screen

Drug/Alcohol Use (D14)

Primary Problem

According to the interviewer, which substance is the major problem? (Should match question D14 on the ASI unless 'Other')_____

How long since you last used this drug? ____ ____
Days Hours

How frequently do you use this drug?_____

No use in the past month	1-2 days per week
1-3 days in the past month	3-6 days per week

Is client using multiple substances in the same drug class? (y/n)

Age of First Use_____

Secondary Problem

Secondary Problem _____

Days Used in Past 30 _____

Usual Route of Administration _____

Oral	Smoking
Inhalation	Injection
Other	

How long since you last used this drug? ____ ____
Days Hours

How frequently do you use this drug?_____

No use in the past month	1-2 days per week
1-3 days in the past month	3-6 days per week

Is client using multiple substances in the same drug class? (y/n)

Age of First Use_____

No Problem
Alcohol
Heroin
Methadone, Specify: Presc. OR Non-Presc.)
Other Opiates / Analgesics, Specify:
- Dilaudid/Hydromorphone
- Other Opiates/Synthetics
- Over-the-counter Cough Syrup)

Barbiturates, Specify:
- Benzodiazepines
- Other Tranquilizers
- Other Sedatives/Hypnotics
- Over-the-counter Sleep Aids

Sedatives / Hypnotics / Tranqlzrs
Cocaine
Amphetamines, Specify:
- Methamphetamine/Ice
- Other Amphetamines
- Other Stimulants
- Methcathinone/Cat
- Over-the-cntr Diet/Alert Aids
- Ecstasy & Other Club Drugs

Cannabis
Hallucinogens, Specify:
- PCP
- LSD
- Other Hallucinogens
- Ketamine

Inhalants
Other (Specify)

(Tertiary Problem – see next page)

(Page 2)
Comprehensive Screen
Drug/Alcohol Use (D14)

Tertiary Problem

Tertiary Problem_____

Days Used in Past 30 _____

Usual Route of Administration _____

Oral	Smoking
Inhalation	Injection
Other	

How long since you last used this drug? _____ _____
Days Hours

How frequently do you use this drug?_____

Is client using multiple substances in the same drug class?_ (y/n)

Age of First Use_____

Comments

Addiction Severity Index Adults

Family/Social Relationships (F3)

F3a. Do you have any biological children?

☐ No
☐ Yes

(If Yes) How many biological children do you have, in total? _____
For Each child, specify their age and who they live with:

Child 1: _____
Child 2: _____
Child 3: _____
Child 4: _____
Child 5: _____

F3b. How many other children are living with you now that you take care of (e.g. foster care, stepchildren, relatives/extended family)?

_____

F3c. Do you have access to childcare?

☐ No
☐ Yes
☐ Not Applicable

F3d. In the past 30 days, where have you been living most of the time?

Own apartment or home	Rooming/boarding house, hotel	Homeless shelter/street
Someone else's apt./home-perm	Group quarters	Institution
Someone else's apt./home-temp		

Comments

Addiction Severity Index Adults

Family/Social Relationships (F29)

F29a. In the past 30 days, to what degree were you bothered by past experiences involving physical, emotional, or sexual abuse?

_____

Not at all	Considerably
Slightly	Extremely
Moderately	

F29b. According to interviewer, which best describes overall family relationships?

- ☐ Very frequent, positive
- ☐ Occasional, sometimes positive
- ☐ Frequent, usually positive
- ☐ Usually negative
- ☐ Little or no contact

F29c. How much do you feel cared about, liked or loved by significant people in your life (such as family members, friends, etc.)?

_

Not at all	Considerably
Slightly	Extremely
Moderately	

F29d. To what degree do you feel you need more emotional support?_____

Not at all	Considerably
Slightly	Extremely
Moderately	

F29e. How strongly do you identify with your ethnic/racial/cultural/religious group?

_____

Not at all	Considerably
Slightly	Extremely
Moderately	

F29f. How strongly do you prefer to interact mainly with members of your own ethnic/racial/cultural/religious group?

_____

Not at all	Considerably
Slightly	Extremely
Moderately	

F29g. Do you have any concerns or issues related to your sexuality or sexual orientation?

- ☐ No
- ☐ Yes

Comments

Addiction Severity Index Adults

Psychiatric Status (P7)

P7a. Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have experienced anorexia, bulimia, or other eating disorders...

...in the past 30 days?

- ☐ No
- ☐ Yes

...in your lifetime?

- ☐ No
- ☐ Yes

Comments

Client Satisfaction Survey: Milwaukee WIser Choice Intake Process

In order to provide the best possible services, we would like to know what you think about the screening process by which you were enrolled in the Milwaukee County WIser Choice Program. There is space at the end of the survey for comments.

Your name will not be connected with this survey and your answers will be kept confidential. If you have questions or would like any help with filling out this survey, please call 414-257-5724.

Please indicate the most recent Central Intake Unit (CIU) where you went to be screened (check one):

☐ **IMPACT** (611 W. National Ave.)

☐ **M&S Clinical Services** (2821 N. 4th St.)

☐ **WCS**

☐ **Genesis Detox** (2835 N. 32nd St.)

☐ **Silver Spring Neighborhood Center** (5460 N. 64th St.)

☐ **United Community Center** (1028 S. 9thSt.)

☐ **Behavioral Health Division** (9201 W. Watertown Plank Rd.)

Please mark whether you agree or disagree with the following statements by circling the number that best represents your opinion, or circle 9 if the question does not apply.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Does Not Apply
Regarding Services I Received from the Central Intake Unit (CIU):						
1. The Central Intake Unit location was good for me.	1	2	3	4	5	9
2. Screening was available at times that were good for me.	1	2	3	4	5	9
3. I was satisfied with the waiting time between first asking to be seen and when I was actually screened.	1	2	3	4	5	9
4. I was treated with respect by the staff.	1	2	3	4	5	9
	Strongly Agree	**Agree**	**I am Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
5. The staff clearly explained the Milwaukee WIser Choice Program and the choices I could make.	1	2	3	4	5	9
6. The staff was sensitive	1	2	3	4	5	9

to my cultural, ethnic, and religious background and needs.						
7. I felt comfortable asking questions about my screening and recommended treatment.	1	2	3	4	5	9
8. I was given enough information to make a good choice about which treatment provider to use.	1	2	3	4	5	9
9. I was given a choice of Recovery Support Coordination (RSC) agencies to work with.	1	2	3	4	5	9
10. Overall, I was satisfied with my experience at the Central Intake Unit.	1	2	3	4	5	9
11. Please use this space to provide any additional comments about the Intake Process.						

12. Including this time, how many times have you been to a Central Intake Unit (CIU) in the last year ?

- ☐ This was my first and only time at a CIU.
- ☐ 2 times
- ☐ 3 or more times

13. Were you required to go to the CIU to meet a legal condition (probation or parole requirement, court order regarding a criminal case or child custody, etc.)?

- ☐ Yes
- ☐ No

Please provide the following additional information about yourself.

14. ☐ Male ☐ Female

15. Age _____

16. Race/Ethnicity: (check one):

☐ African-American/Black ☐ Asian

☐ Caucasian/White ☐ Latino/Hispanic

☐ Native-American ☐ Other (specify) _____

17. Have you been diagnosed with a mental illness?: ☐Yes ☐ No

If Yes, what was/is the illness? _____

18. What drug(s) do you want to recover from?:

_____

_____

If you expressed some concerns on this survey and would like to report a complaint, please feel free to call Milwaukee County Quality Assurance at 414- 257-7331. We want to hear from you.

If you had a good experience at the CIU, would you like to give anyone in particular special recognition?

☐ Yes ☐ No

*If **Yes**, please indicate who you think deserves special recognition and why.*

Name of person who deserves special recognition: _____

Why?_____

_____

Thank you for your time and opinion!

Client Satisfaction Survey: Milwaukee WIser Choice Alcohol and Other Drug Abuse (AODA) Clinical Treatment Providers

In order to provide the best possible services, we need to know what you think about the services you received during the period of time you were involved in the Milwaukee Wiser Choice Program, the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers.

Your name will not be connected with this survey and your answers will be kept confidential. If you have questions or would like any help with filling out this survey, please call 414-257-5724.

Please indicate your agreement or disagreement with each of the statements below regarding your **Alcohol or Drug Abuse Treatment Provider** by circling the number that best represents your opinion. If the question is about something you have not experienced, circle the number 9 to indicate that this item does not apply to you. You may be asked about other parts of the Milwaukee WIser Choice Program (Central Intake Units and Recovery Support Coordinators) in a separate survey at a later date.

Alcohol or Drug Abuse Treatment Provider Agency Name:_____

Level of Care:

- ☐ Outpatient
- ☐ Intensive Outpatient
- ☐ Day Treatment
- ☐ Transitional Residential
- ☐ Medically Monitored Residential
- ☐ Co-occurring Biomedically Enhanced Residential
- ☐ Methadone

	Strongly Agree	**Agree**	**I am Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply to Me**
Regarding the Alcohol or Drug Abuse Treatment Services I Received at the Agency Listed Above:						
1. I like the services that I receive at this agency.	1	2	3	4	5	9
2. The location of the services is good for me.	1	2	3	4	5	9
3. Staff are available when I need them.	1	2	3	4	5	9
	Strongly Agree	**Agree**	**I am Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply to Me**
4. Staff at this agency believe that I can grow, change, and recover.	1	2	3	4	5	9
5. I feel comfortable asking questions about my treatment.	1	2	3	4	5	9
6. I, not staff, decide my own	1	2	3	4	5	9

treatment goals.						
7. Staff are sensitive to my cultural, ethnic, and religious background and needs.	1	2	3	4	5	9
8. Services provided at this agency address my individual needs.	1	2	3	4	5	9
As a Direct Result of the Alcohol or Drug Abuse Treatment Services I Received at this Agency:						
9. I deal more effectively with my daily problems.	1	2	3	4	5	9
10. I am better able to deal with crisis.	1	2	3	4	5	9
11. I am making progress in reaching my life goals.	1	2	3	4	5	9
12. I am getting along better with people I care about.	1	2	3	4	5	9
13. I believe I have the ability and resources to stay clean and sober.	1	2	3	4	5	9

Please feel free to use the space below to comment on any of your answers or provide additional thoughts regarding your satisfaction with your alcohol or drug abuse treatment provider.

Comments:_____

_____

_____

_____

_____

Please provide the following additional information about yourself.

14. ☐ Male ☐ Female

15. Age _____

16. Race/Ethnicity: (check one):

☐ African-American/Black ☐ Asian

☐ Caucasian/White ☐ Latino/Hispanic

☐ Native-American ☐ Other (specify) _____

17. Are you required to go to drug or alcohol treatment to meet a legal condition (probation or parole requirement, court order regarding a criminal case or child custody, etc.)?

☐Yes ☐ No

18. Have you been diagnosed with a mental illness?

☐Yes ☐ No

*If **Yes**,* what was/is the illness? _____

19. What drug(s) do you want to recover from?

_____
_____

If you expressed some concerns on this survey and would like to report a complaint, please feel free to call Milwaukee County Quality Assurance at 414-257-7331. We want to hear from you.

If you had a good experience with your treatment provider, would you like to give anyone in particular special recognition?

☐ Yes ☐ No

*If **Yes**, please indicate who you think deserves special recognition and why.*

Name of person who deserves special recognition: _____

Why?_____
_____

Thank you for your time and opinion

Client Satisfaction Survey: Milwaukee WIser Choice Recovery Support Coordinators

This survey is about how satisfied you are with your **Recovery Support Coordinator (RSC)**. It is not about your AODA counselor. Please indicate your agreement or disagreement with each of the statements below regarding your **Recovery Support Coordinator** by circling the number that best represents your opinion. If the question is about something you have not experienced, circle the number 9 to show this item does not apply to you. If you do not have a **Recovery Support Coordinator**, do not fill out a survey. Do not put your name on the survey. Please put completed surveys in the envelope or box provided by your AODA counselor.

Recovery Support Coordinator (RSC) Agency:

- ☐ ATTIC
- ☐ Aurora
- ☐ Genesis
- ☐ Milwaukee Women's Center
- ☐ My Home, Your Home
- ☐ St. Charles
- ☐ United Community Center (UCC)
- ☐ Wisconsin Community Services (WCS)

Recovery Support Coordinator (RSC) Name: _____

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I am satisfied with the amount of contact I have with my RSC.	1	2	3	4	5	9
2. My RSC is sensitive to my cultural, ethnic, and religious background and needs.	1	2	3	4	5	9
3. My RSC helped me develop an effective relapse plan.	1	2	3	4	5	9
4. My RSC works well with my AODA treatment provider.	1	2	3	4	5	9
5. My RSC treats me with respect.	1	2	3	4	5	9
6. My RSC follows through on what she/he says she/he will do.	1	2	3	4	5	9
7. My RSC believes I can grow, change, and recover.	1	2	3	4	5	9
8. My RSC is an important part of my recovery.	1	2	3	4	5	9
9. I am able to get all the services I need.	1	2	3	4	5	9
10. I receive services that are compatible with my religious, ethnic, and cultural needs.	1	2	3	4	5	9
11. I feel free to complain about problems I have in the WIser Choice Program.	1	2	3	4	5	9
12. I decide my own treatment goals and how to achieve them.	1	2	3	4	5	9
13. I choose who I want to come to my Recovery Support Team meetings.	1	2	3	4	5	9
14. My Recovery Support Team meetings are a good use of time.	1	2	3	4	5	9
15. I am satisfied with the WIser Choice Program.	1	2	3	4	5	9

16. Are there services in the list below that you think would help with your recovery? If 'yes', please place a check next to each service that you think would help in your recovery that you are **not** currently receiving.

I am not currently receiving this service, but believe it would be helpful in my recovery.

(√)
- ☐ Daily living or life skills
- ☐ Parenting skills and assistance
- ☐ Employment services
- ☐ Funds to help with food/clothing/other expenses

- ☐ Child care/after school services for children
- ☐ Transportation or bus passes
- ☐ Funds for housing
- ☐ Assistance to find or maintain housing
- ☐ Domestic Violence services (batterer or victim)
- ☐ Education/academic skills development
- ☐ Spiritual support or faith-focused counseling

Other: _____

* Did your RSC tell you that it may be possible to receive these services through Milwaukee WIser Choice? ☐ Yes ☐ No

17. **Please feel free to use this space to comment on any of your answers or to provide additional feedback on your experience with your RSC or the Milwaukee WIser Choice Program in general.** _____

_____

_____

Please provide the following additional information about yourself.

18. ☐ Male ☐ Female **19.** Age _____

20. Race/Ethnicity: (check one):
- ☐ African-American/Black
- ☐ Asian
- ☐ Caucasian/White
- ☐ Latino/Hispanic
- ☐ Native-American
- ☐ Other (specify): _____

21. What type of AODA treatment services are you currently receiving?
☐ Outpatient/Day Treatment ☐ Residential

22. Are you required to attend drug or alcohol treatment to meet a legal condition (probation or parole requirement, court order regarding a criminal case or child custody, etc.)? ☐ Yes ☐ No

23. Have you been diagnosed with a mental illness? ☐ Yes ☐ No
*If **Yes**,* what was/is the illness? _____

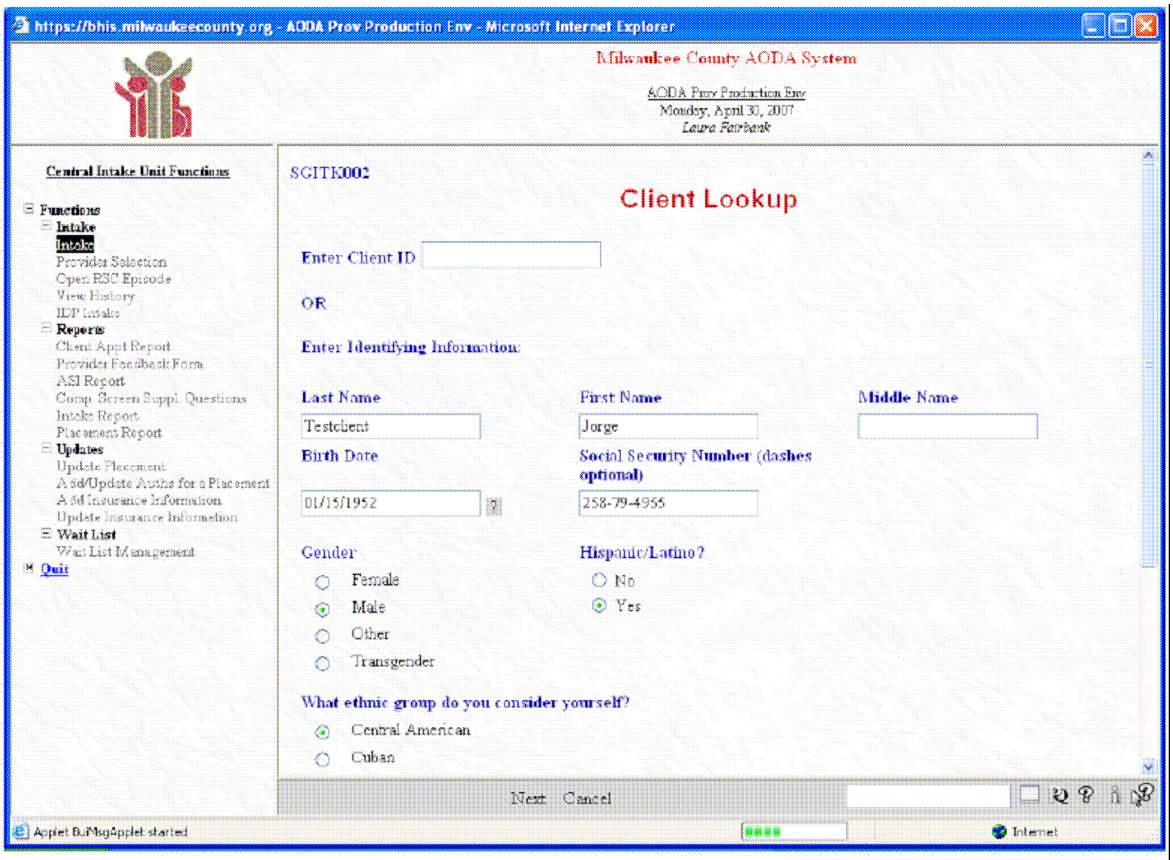
24. What drug(s) do you want to recover from? _____

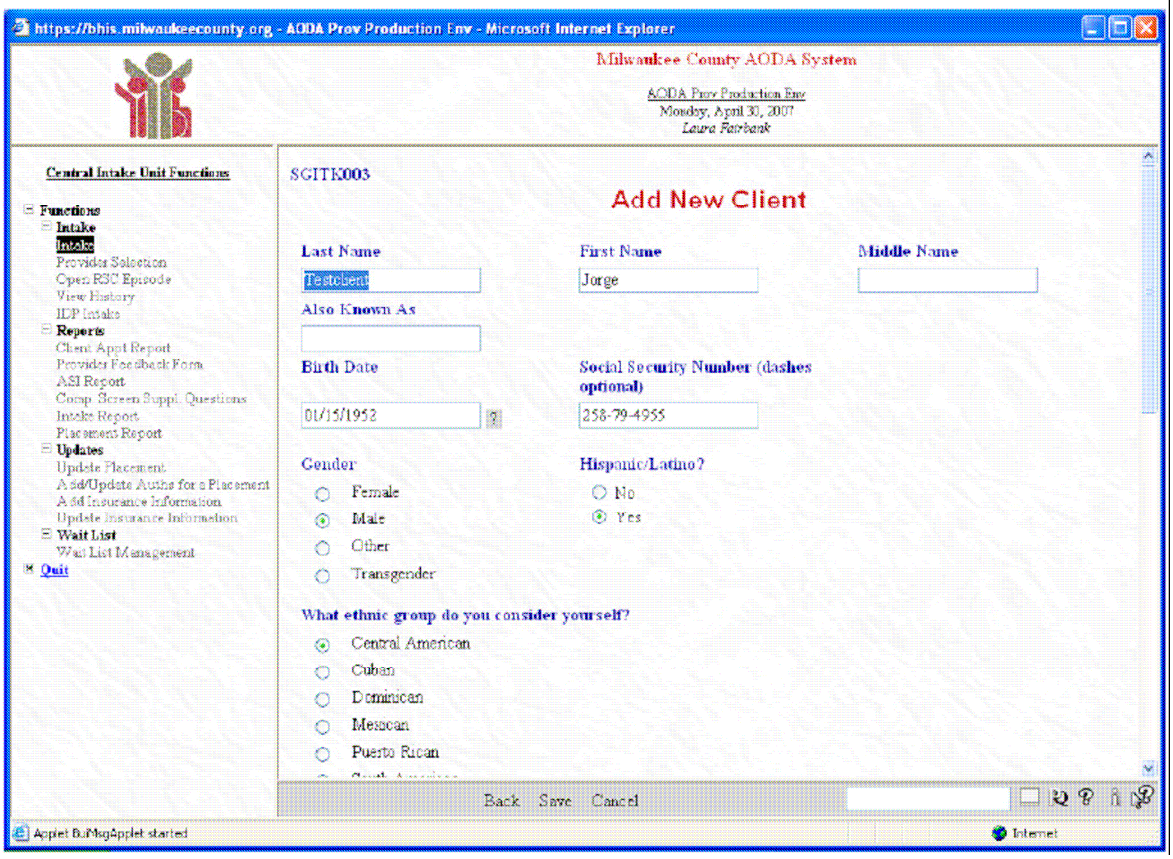
_____

If you expressed concerns on this survey and would like to report a complaint, please call Milwaukee County Quality Assurance at 414- 257-7331. We want to hear from you.

If you had a good experience with your RSC, would you like to give him or her special recognition?
☐ Yes ☐ No *If **Yes**, please indicate the name of the RSC:* _____
Why does he/she deserve special recognition? _____

Thank you for your time and opinion!


https://bhis.milwaukeecounty.org - AODA Prov Production Env - Microsoft Internet Explorer
Milwaukee County AODA System
AODA Prov Production Env
Monday, April 30, 2007
Laura Fairbank
Central Intake Unit Functions
Functions
Intake
Intake
Provider Selection
Open RSC Episode
View History
IDP Intake
Reports
Client Appt Report
Provider Feedback Form
ASI Report
Comp. Screen Suppl. Questions
Intake Report
Placement Report
Updates
Update Placement
Add/Update Auths for a Placement
Add Insurance Information
Update Insurance Information
Wait List
Wait List Management
Quit
SGITK002
Client Lookup
Enter Client ID
OR
Enter Identifying Information:
Last Name
Testclient
First Name
Jorge
Middle Name
Birth Date
01/15/1952
Social Security Number (dashes optional)
258-79-4955
Gender
Female
Male
Other
Transgender
Hispanic/Latino?
No
Yes
What ethnic group do you consider yourself?
Central American
Cuban
Next
Cancel
Applet BuMsgApplet started
Internet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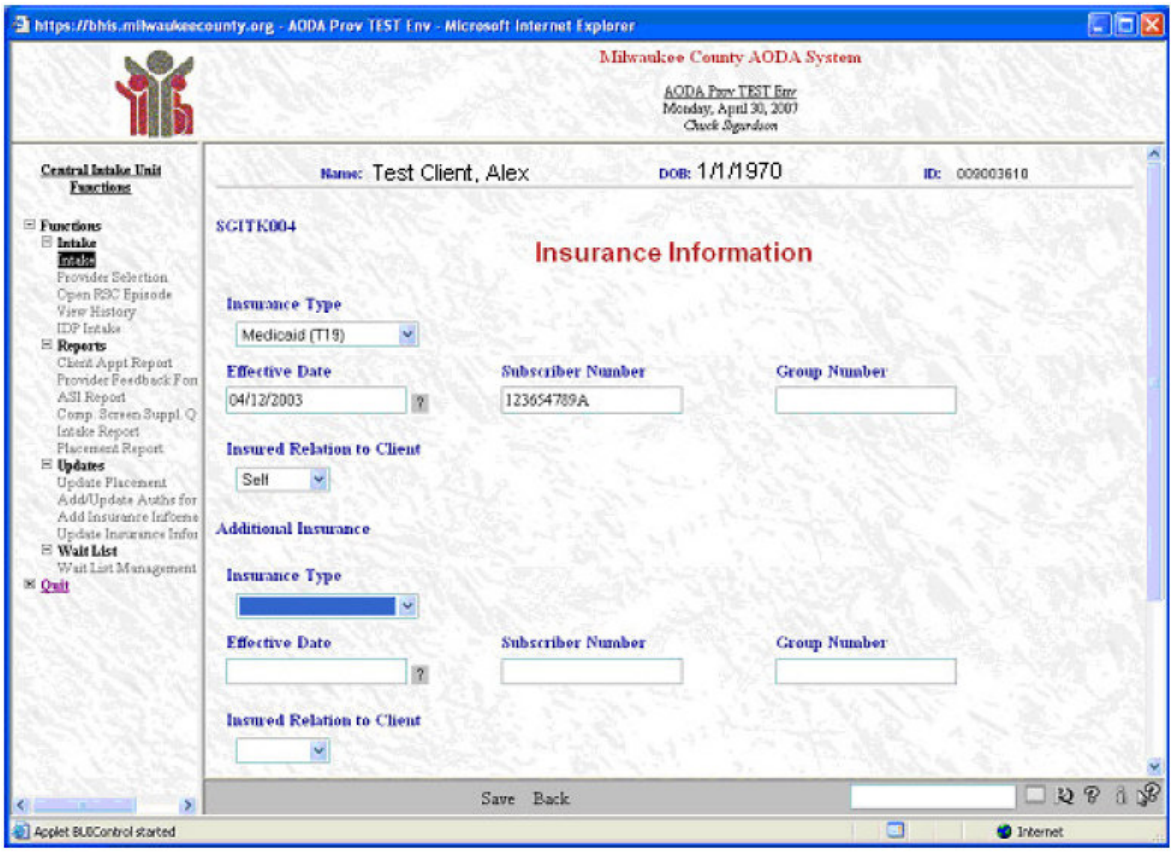
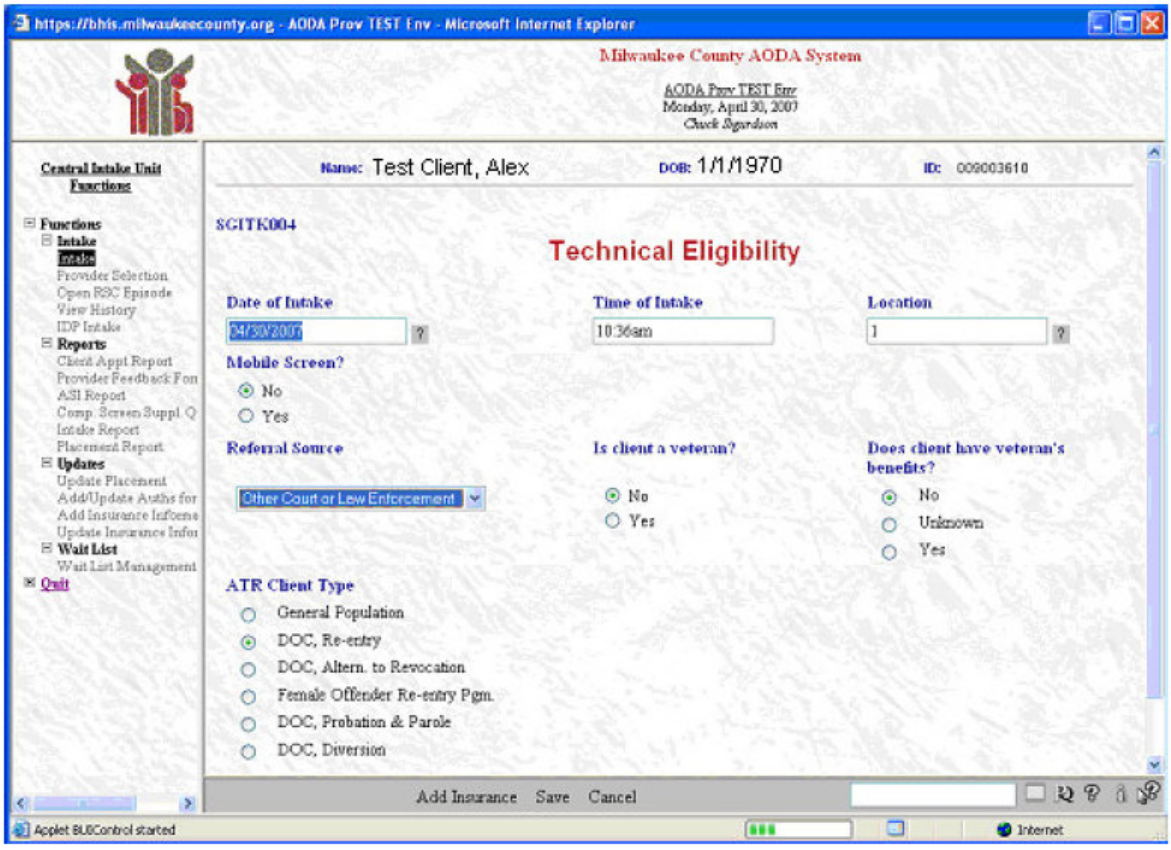
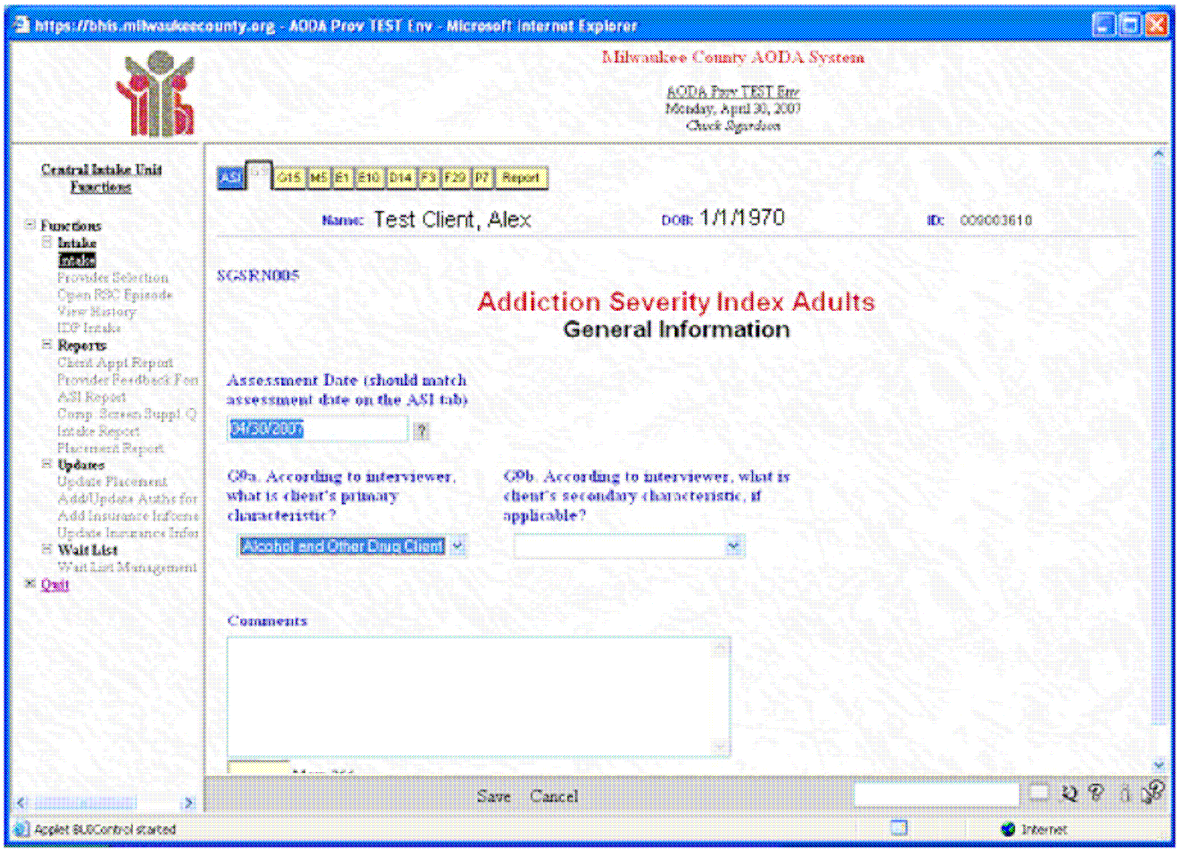
Milwaukee County AODA System
AODA Prov Production Env
Monday, April 30, 2007
Laura Fairbank
Central Intake Unit Functions
Functions
Intake
Intake
Provider Selection
Open RSC Episode
View History
IDP Intake
Reports
Client Appt Report
Provider Feedback Form
ASI Report
Comp. Screen Suppl. Questions
Intake Report
Placement Report
Updates
Update Placement
Add/Update Auths for a Placement
Add Insurance Information
Update Insurance Information
Wait List
Wait List Management
Quit
SGITK003
Add New Client
Last Name
Testclient
First Name
Jorge
Middle Name
Also Known As
Birth Date
01/15/1952
Social Security Number (dashes optional)
258-79-4955
Gender
Female
Male
Other
Transgender
Hispanic/Latino?
No
Yes
What ethnic group do you consider yourself?
Central American
Cuban
Dominican
Mexican
Puerto Rican
Back
Save
Cancel
Applet BuMsgApplet started
Internet


https://bhis.milwaukeecounty.org - AODA Prov TEST Env - Microsoft Internet Explorer
Milwaukee County AODA System
AODA Prov TEST Env
Monday, April 30, 2007
Chuck Sigurdson
Central Intake Unit Functions
Name: Test Client, Alex
DOB: 1/1/1970
ID: 009003610
SCITK004
Insurance Information
Insurance Type
Medicaid (T19)
Effective Date
04/12/2003
Subscriber Number
123654789A
Group Number
Insured Relation to Client
Self
Additional Insurance
Insurance Type
Effective Date
Subscriber Number
Group Number
Insured Relation to Client
Save Back
Applet BUSControl started
Internet


https://bhis.milwaukeecounty.org - AODA Prov TEST Env - Microsoft Internet Explorer
Milwaukee County AODA System
AODA Prov TEST Env
Monday, April 30, 2007
Chuck Sigurdson
Central Intake Unit Functions
Name: Test Client, Alex
DOB: 1/1/1970
ID: 009003610
SCITK004
Technical Eligibility
Date of Intake
04/30/2007
Time of Intake
10:36am
Location
1
Mobile Screen?
No
Yes
Referral Source
Other Court or Law Enforcement
Is client a veteran?
No
Yes
Does client have veteran's benefits?
No
Unknown
Yes
ATR Client Type
General Population
DOC, Re-entry
DOC, Altern. to Revocation
Female Offender Re-entry Pgm.
DOC, Probation & Parole
DOC, Diversion
Add Insurance Save Cancel
Applet BUSControl started
Internet


https://bhis.milwaukeecounty.org - AODA Prov TEST Env - Microsoft Internet Explorer
Milwaukee County AODA System
AODA Prov TEST Env
Monday, April 30, 2007
Chuck Sgarlata
Central Intake Unit Functions
Functions
Intake
Intake
Provider Selection
Open ROC Episode
View History
IDP Intake
Reports
Client Appt Report
Provider Feedback For
ASI Report
Comp. Screen Suppl. Q
Intake Report
Placement Report
Updates
Update Placement
Add/Update Auths for
Add Insurance Informa
Update Insurance Infor
Wait List
Wait List Management
Quit
ASI
G15
M5
E1
E10
D14
F3
F20
R7
Report
Name: Test Client, Alex
DOB: 1/1/1970
ID: 009003610
SGSRN005
Addiction Severity Index Adults
General Information
Assessment Date (should match assessment date on the ASI tab)
04/30/2007
G9a. According to interviewer, what is client's primary characteristic?
Alcohol and Other Drug Client
G9b. According to interviewer, what is client's secondary characteristic, if applicable?
Comments
Save
Cancel
Applet BUIControl started
Internet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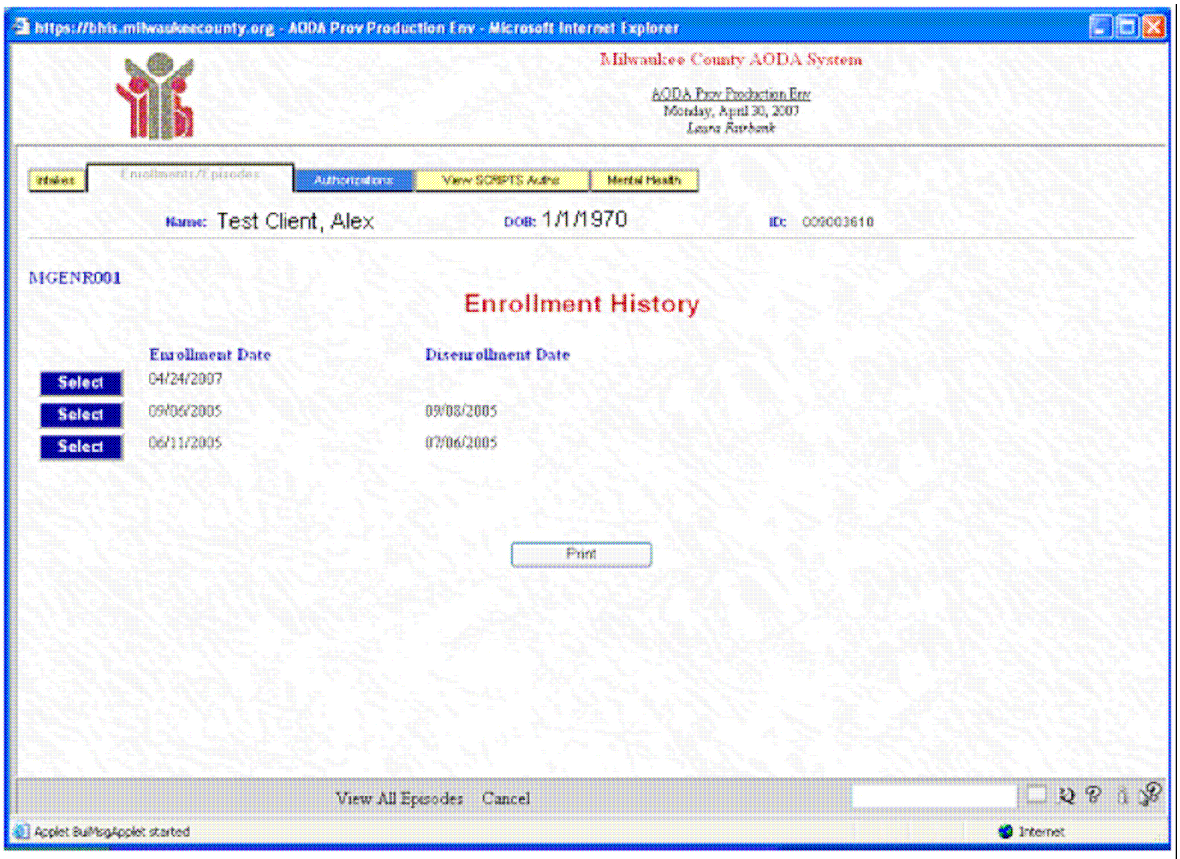
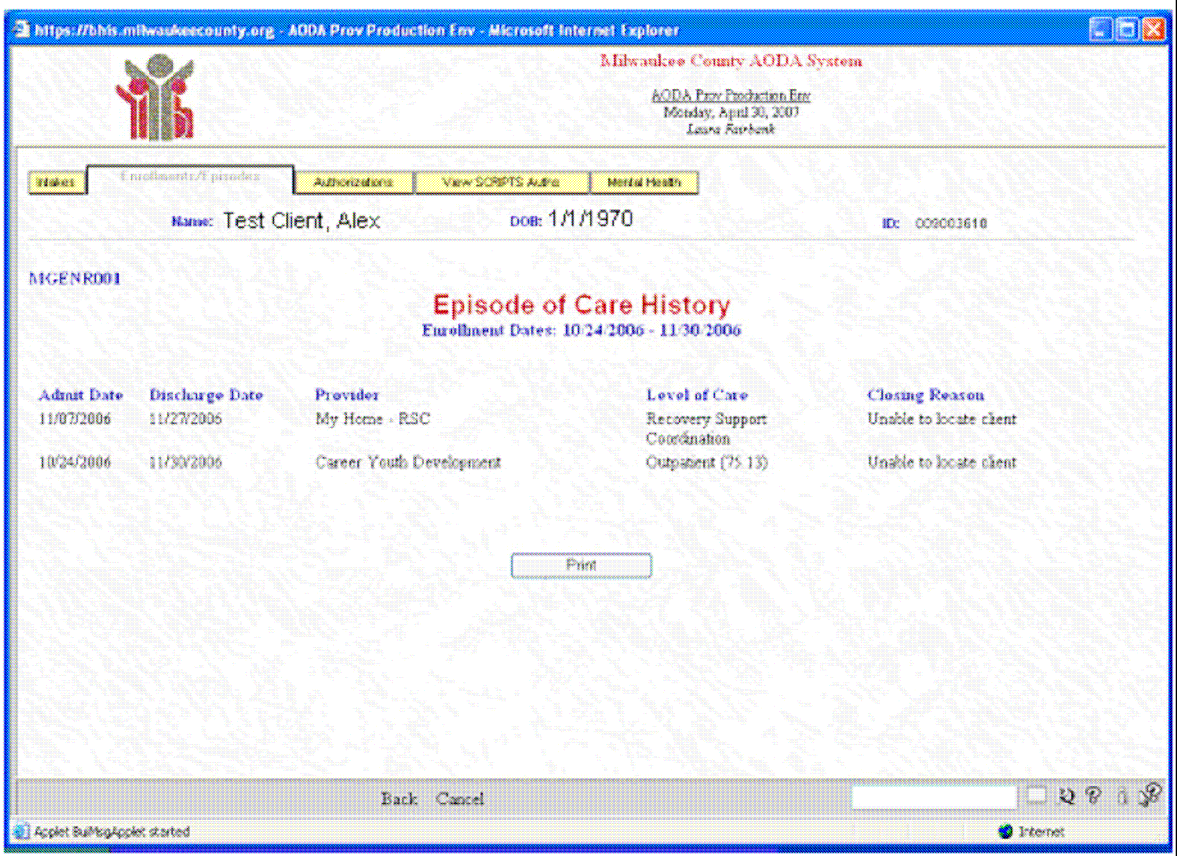
Milwaukee County AODA System
AODA Prov Production Env
Monday, April 30, 2007
Laura Fairbank
SGPLC015
Provider Selection Criteria
Chosen Level of Care
Day Treatment (75.12)
Appointment Hours Preferences (check all that apply):
Daytime Hours
Evening Hours
Saturday Hours
Sunday Hours
Prefer Provider Serving Gender:
Both
Female only
Male only
Language Spoken (fill in only if not English)
Select all below that are desirable features of a Provider:
Sign Language Interpreted
Wheelchair Accessible
Handicap Parking Needed
Near Public Transportation
Dual Diagnosis Certified
Offers Co-occurring Services
Next
Cancel
Applet BuMsgApplet started
Internet


https://bhis.milwaukeecounty.org - AODA Prov Production Env - Microsoft Internet Explorer
Milwaukee County AODA System
AODA Prov Production Env
Monday, April 30, 2007
Laura Rathbun
Authorizations
View SCRIPTS Authz
Mental Health
Name: Test Client, Alex
DOB: 1/1/1970
ID: 009003610
MGENR001
Enrollment History
Enrollment Date
Disenrollment Date
Select
04/24/2007
Select
09/06/2005
09/08/2005
Select
06/11/2005
07/06/2005
Print
View All Episodes
Cancel
Applet BulMsgApplet started
Internet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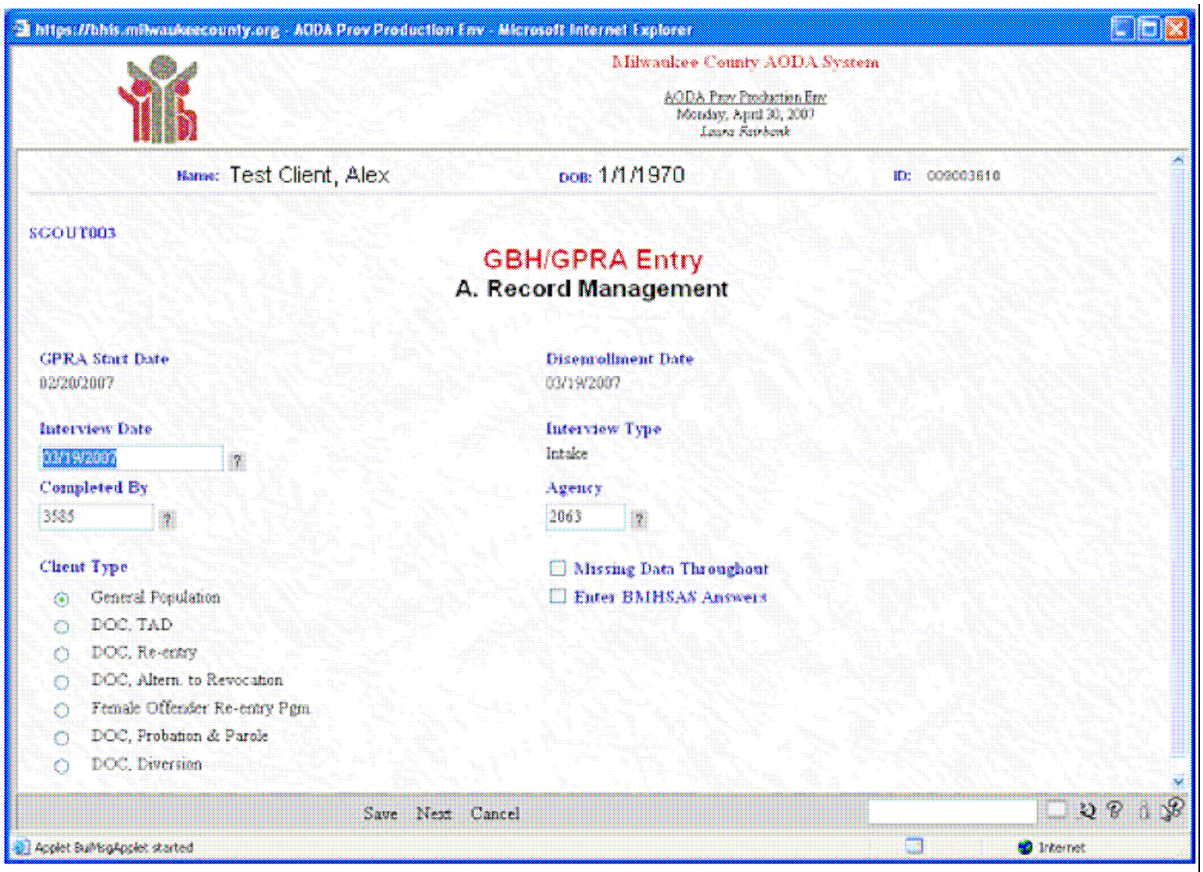
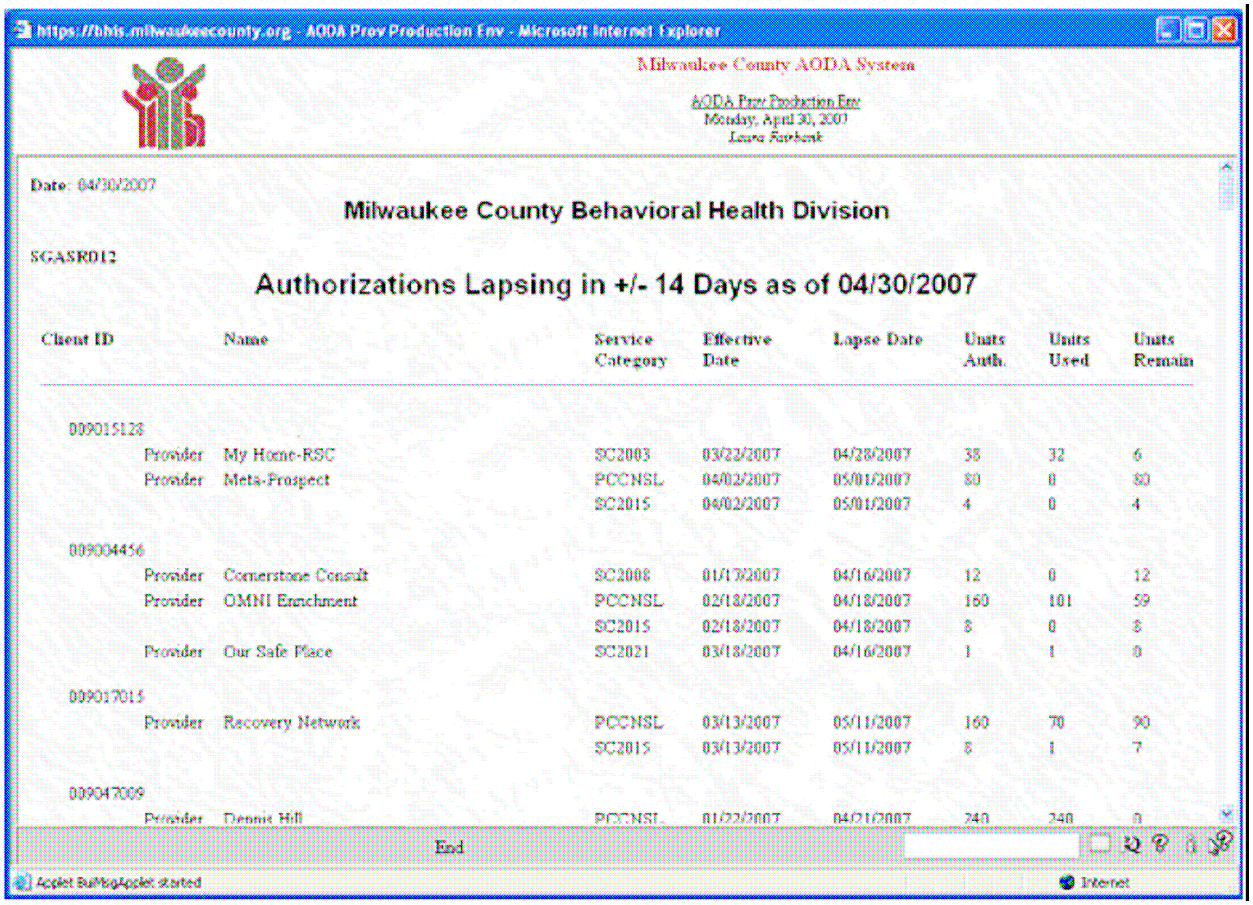
Milwaukee County AODA System
AODA Prov Production Env
Monday, April 30, 2007
Laura Rathbun
Authorizations
View SCRIPTS Authz
Mental Health
Name: Test Client, Alex
DOB: 1/1/1970
ID: 009003610
MGENR001
Episode of Care History
Enrollment Dates: 10/24/2006 - 11/30/2006
Admit Date
Discharge Date
Provider
Level of Care
Closing Reason
11/07/2006
11/27/2006
My Home - RSC
Recovery Support Coordination
Unable to locate client
10/24/2006
11/30/2006
Career Youth Development
Outpatient (75.13)
Unable to locate client
Print
Back
Cancel
Applet BulMsgApplet started
Internet


https://bhis.milwaukeecounty.org - AODA Prov Production Env - Microsoft Internet Explorer
Milwaukee County AODA System
AODA Prov Production Env
Monday, April 30, 2007
Laura Fairbank
Name: Test Client, Alex
DOB: 1/1/1970
ID: 009003610
SGOUT003
GBH/GPRA Entry
A. Record Management
GPRA Start Date
02/20/2007
Disenrollment Date
03/19/2007
Interview Date
03/19/2007
Interview Type
Intake
Completed By
3585
Agency
2063
Client Type
General Population
DOC, TAD
DOC, Re-entry
DOC, Altern. to Revocation
Female Offender Re-entry Pgm
DOC, Probation & Parole
DOC, Diversion
Missing Data Throughout
Enter BMHSAS Answers
Save Next Cancel
Applet BulMsgApplet started
Internet


https://bhis.milwaukeecounty.org - AODA Prov Production Env - Microsoft Internet Explorer
Milwaukee County AODA System
AODA Prov Production Env
Wednesday, May 02, 2007
Laura Fairbank
Name: Test Client, Alex
DOB: 1/1/1970
ID: 009003610
SGEVT006
Case Note Entry
Event Information
Date
Time
Service
Units
03/06/2007
11:00am
SC2040 - Develop/Maintain SCCP
5
Note Entry Date
03/06/2007
Note Entered By
Kimberlee Kunichika
Case Notes
RSC met with Mr. Stumbaugh. He appeared to be anxious due to numerous stress-related issues that he is dealing with. He expressed that he feels like leaving the facility and is having a difficult time coping with his external issues.
Case Notes Addendum
Max: 1024
Back Save Cancel
Applet BulMsgApplet started
Internet



https://bhis.milwaukeecounty.org - AODA Prov Production Env - Microsoft Internet Explorer

Milwaukee County AODA System

AODA Prov Production Env
Monday, April 30, 2007
Laura Fairbank

Date: 04/30/2007

Milwaukee County Behavioral Health Division

SGASR012

Authorizations Lapsing in +/- 14 Days as of 04/30/2007

Client ID		Name	Service Category	Effective Date	Lapse Date	Units Auth.	Units Used	Units Remain
000015128								
	Provider	My Home-RSC	SC2003	03/22/2007	04/28/2007	38	32	6
	Provider	Meta-Prospect	PCCNSL	04/02/2007	05/01/2007	80	0	80
			SC2015	04/02/2007	05/01/2007	4	0	4
000004456								
	Provider	Cornerstone Consult	SC2008	01/17/2007	04/16/2007	12	0	12
	Provider	OMNI Enrichment	PCCNSL	02/18/2007	04/18/2007	160	101	59
			SC2015	02/18/2007	04/18/2007	8	0	8
	Provider	Our Safe Place	SC2021	03/18/2007	04/16/2007	1	1	0
000017015								
	Provider	Recovery Network	PCCNSL	03/13/2007	05/11/2007	160	70	90
			SC2015	03/13/2007	05/11/2007	8	1	7
000047009								
	Provider	Dennis Hill	PCCNSL	01/22/2007	04/21/2007	240	240	0

End

Applet BulletApplet started

Internet

Appendix 3: Sample Consent Forms

INFORMED CONSENT FOR PARTICIPATION IN FOLLOW-UP RESEARCH

I, _____, consent to participate in alcohol and other drug abuse treatment follow-up research for the Milwaukee WIser Choice system. For this purpose, I will be contacted about six months after I begin treatment for a follow-up interview. Even if I decide to leave treatment for any reason, I will still be contacted to participate in the follow-up interview. During the follow-up interview I will be asked questions about how I am doing and my progress on treatment related issues. Information obtained from these interviews will be kept in a locked, secure location and shared only among BHD staff and agencies contracted to conduct this research. Information will be used to prepare statistical reports. The information that I provide during the interviews will be grouped with answers from other people so that I cannot be identified. My name will not be used on any public research report nor shared with any outside agency.

I understand that my participation in the follow-up interview is voluntary and completely independent of treatment and recovery support services, and that if I choose not to participate or decide later to withdraw from participation, I will still be able to receive services. I also understand that I am free to refuse to answer any specific question, to ask questions at any time during the interview, and to withdraw from the interview at any time.

This research is not designed to benefit me directly, but will be used to improve services for others with alcohol and other drug abuse issues. However, some consumers may benefit from having the opportunity to discuss their progress after their treatment has been completed. Risks to me are not greater than those already associated with having been in treatment for alcohol or other drug abuse.

Any names, addresses and phone numbers of others that I provide during the intake process for use in helping to locate me will be used only to determine my whereabouts. Nothing about my treatment or condition or the fact that I was in treatment will be disclosed to anyone, and specifically not to those individuals contacted to find out where I am.

This authorization to be contacted for follow-up research is effective for one (1) year after the date on which I am enrolled in the Milwaukee WIser Choice system of recovery support services. A photocopy or facsimile of this authorization shall be as valid as the original. I may revoke this consent at any time with WRITTEN NOTIFICATION. However I understand that if I do revoke my consent, the revocation will not apply to any information released before I revoked the consent

_____ _____

Client Signature Date

_____ _____

Witness Date

To the client: If you would like a copy of this Authorization and haven't already been offered one, please ask your intake worker. By law, the intake agency is obligated to provide you with this information.

Milwaukee County Behavioral Health Division
WIser Choice

Client Advisement

(1) Confidentiality

Your registration and treatment records are confidential and protected by the provisions of State and Federal law. The release of any treatment information must be executed pursuant to these laws. You will be advised of these rights by clinic staff at the time of admission to the treatment program.

(2) Patient Rights

Wisconsin State law protects a person's legal and civil rights while in treatment. You will be advised of these rights by clinic staff at the time of admission to the treatment program. Additionally, you have the right to file a grievance without fear of retaliation if your protected rights are violated. You may file the grievance with the treatment provider, your Recovery Support Coordinator, or with the Milwaukee County Behavioral Health Division by calling 257-8095.

(3) Recovery Support Coordination

You will be assigned to a Recovery Support Coordination agency upon enrollment into the substance use treatment service system (except for individuals receiving only Methadone services). If you choose not to receive recovery support coordination services, then you will not be enrolled into the substance use treatment service system. You must make contact with your assigned Recovery Support Coordination agency within ***14 days*** from the date your assigned Recovery Support Coordination agency initiates contact with you. Failure to make contact with your designated agency within 14 days will automatically disenroll you from the substance use treatment service system, even if you have already begun clinical treatment. *It is imperative that you provide accurate contact information where you can be reached to the Central Intake Unit staff.*

Be advised that you WILL NOT receive any type of monetary voucher for any service. ALL services must be coordinated through your designated Recovery Support Coordination agency, and approved by Milwaukee County Behavioral Health Division.

(4) Non-compliance

If you are absent from treatment for 14 days after admission to a treatment program, then you will be automatically disenrolled from the substance use treatment service system, *regardless of the reason for missing treatment.* Also be advised that your treatment provider may discharge you from treatment if you do not comply with your treatment recommendations, and this would constitute disenrollment from the substance use treatment service system.

(5) Liability for Payment

You will be charged for clinical services you receive, and you will be billed based on your family's ability to pay. This means you may not be responsible for all or part of your bill depending on your family's ability to pay based upon Wisconsin Administrative Code, Chapter HFS 1, Uniform Fee Schedule. Your clinical treatment provider will explain to you how much you will be billed and arrange a payment schedule with you, if applicable.

The signature below indicates that I have read this ADVISEMENT, or a Central Intake Unit staff has read this ADVISEMENT to me, and I have had the opportunity to ask questions about these provisions from the Central Intake Unit staff.

CLIENT SIGNATURE:_____ date:_____

STAFF SIGNATURE:_____ date:_____

Division de Salud Mental del Condado de Milwaukee
Sistema de Servicios de Tratamiento para Pacientes con Abuso de Alcohol y Substancias Controladas

AVISO PARA EL CLIENTE (CLIENT ADVISEMENT)

(1) Confidencialidad

Sus expedientes de inscripción y tratamiento son confidenciales y están protegidos por las leyes Estatales y Federales. La divulgación de cualquier información acerca de su tratamiento debe ser ejecutada siguiendo estas leyes. Un empleado de la clínica le informará acerca de estos derechos al momento en que usted sea admitido al programa de tratamiento.

(2) Derechos de los Pacientes

La ley Estatal de Wisconsin protege los derechos legales y civiles de los pacientes mientras estén recibiendo tratamiento. Un empleado de la clínica le informará acerca de estos derechos al momento en que usted sea admitido al programa de tratamiento. Usted también tiene el derecho a presentar una queja sin miedo a retaliación si sus derechos protegidos han sido violados. Le puede presentar su queja al Proveedor de Tratamiento, su Coordinador de Servicios de Recuperación o a La División de Salud Mental del Condado de Milwaukee llamando al número 257-8095.

(3) Coordinación de Apoyo para la Recuperación

Al ser usted inscrito en el Sistema de Servicios de Tratamiento para Pacientes con Abuso de Alcohol y Substancias Controladas se le asignará una agencia de Coordinación de Apoyo para la Recuperación (con la excepción de individuos que solamente reciben servicios de Metadona). Si usted escoge no recibir servicios de coordinación de apoyo para la recuperación, no se le inscribirá en el sistema de servicio de tratamiento para personas que usan alcohol o substancias controladas. Usted debe de ponerse en contacto con la agencia designada de coordinación de apoyo para la recuperación dentro de los primeros ***14 días*** a partir de la fecha en que la agencia inicie contacto con usted. Si usted no contacta a su agencia designada dentro de los 14 días, será automáticamente expulsado del sistema de servicio de tratamiento para pacientes con problemas de uso de alcohol y de substancias controladas, aunque usted ya haya empezado el tratamiento clínico. *Es imperativo que usted provea información veraz de donde pueda ser contactado por los empleados de la Unidad Central de Ingreso.*

Usted NO RECIBIRÁ ningún vale monetario por ningún servicio. TODOS los servicios deben de ser coordinados a través de su agencia designada de Coordinación de Apoyo para la Recuperación y debe ser aprobada por la División de Salud Mental de Condado de Milwaukee.

(4) Incumplimiento

Si usted está ausente por 14 días después de ser admitido a un programa de tratamiento, se le expulsará automáticamente del sistema de servicio de tratamiento, *sin importar la razón por la que usted no acudió al tratamiento.* Su proveedor de tratamiento puede expulsarle del tratamiento si usted no cumple con las recomendaciones del mismo, y esto constituiría su expulsión del sistema de servicio de tratamiento.

(5) Obligación de Pago

Se le cobrará por los servicios clínicos que usted reciba, y será facturado según la cantidad de dinero que su familia pueda pagar. Esto significa que pueda que no se le cobre todo o parte de su factura dependiendo de la habilidad de su familia de poder pagar basado según el Código Administrativo de Wisconsin, Capítulo HFS 1, Tabla Uniforme de Honorarios. Su proveedor de tratamiento clínico le explicará cuánto se le cobrará y arreglará un plan de pagos con usted, si corresponde.

Mi firma abajo indica que leí este AVISO, o que la Unidad Central de Admisión me leyó el AVISO, y que he tenido la oportunidad de hacerle preguntas acerca de estas provisiones a empleados de la Unidad Central de Admisión.

FIRMA DEL CLIENTE:_____ Fecha:_____

FIRMA DEL EMPLEADO:_____ Fecha:_____

Client Intake Sheet

I, _____ agree to participate in the screening interview with an Intake Specialist at the Milwaukee County Central Intake Unit. I agree to follow the recommendations established by the Intake Specialist and to sign the necessary consent forms. I also understand that verbal contact between the Intake specialist and the referring agencies will occur at the time of the interview as part of the referral process.

_____ _____ _____ _____

Client Signature: *Date* *Witness Signature* *Date*

Last Name: _____ Birth Date: _____

First Name: _____ Social Security #: _____

Middle Name: _____ Gender: ☐ Female ☐ Male

Also Known As: _____ ☐ Other: _____ ☐ Transgender

Hispanic/Latino? ☐ No ☐ Yes

If so, what ethnic group do you consider yourself?

- ☐ Central American
- ☐ Cuban
- ☐ Dominican
- ☐ Mexican
- ☐ Puerto Rican
- ☐ South American
- ☐ Other: _____

Ethnicity:

- ☐ Asian
- ☐ African American
- ☐ Native American
- ☐ Other: _____
- ☐ Native Hawaiian/Pacific Island
- ☐ White / Caucasian

Address: _____ Phone Number: _____

_____ Phone Type: ☐ home ☐ work ☐ mobile

City: _____ Zip: _____ Alternate Phone Number: _____

County: ☐ Milwaukee ☐ Other: _____ Phone Type: ☐ home ☐ work ☐ mobile

Reason for No Address: ☐ Homeless ☐ Unknown ☐ Not Applicable

Who referred you here? (Choose ONE):

- ☐ Self
- ☐ Family, Friend, or Guardian
- ☐ AODA Program
- ☐ Hosp, Clinic, Physician, Health Agency
- ☐ School, College
- ☐ Probation & Parole
- ☐ Other Court or Law Enforcement
- ☐ Employer, EAP
- ☐ County Social Services
- ☐ IV Drug Outreach Worker
- ☐ Other Social / Community Agency

Are you a veteran? ☐ No ☐ Yes

Do you have veteran's benefits? ☐ No ☐ Unknown ☐ Yes

To recipient of information: This information has been disclosed to you from records whose confidentiality is protected by state and federal law. These laws prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for release of medical or other information may not be sufficient.

INFORMED CONSENT FOR DISCLOSURE OF CLIENT INFORMATION

I, _____, authorize _____
Name Central Intake Unit

at _____ to make disclosure of the specific information
Address of Central Intake Unit

listed in this document to:

_____, and to
(Individual or Agency to provide treatment)

_____, and I
(Agency providing Recovery Support Coordination)

further authorize these two agencies to communicate with and disclose to one another.

The purpose or need for this disclosure is: **To set up the recovery support services that will contribute to my AODA treatment and to monitor my treatment progress. This disclosure will be made both verbally and in writing.** The specific information to be disclosed is: **information obtained from the intake interview and the Milwaukee County SAIL/AODA Comprehensive Screen.**

I understand that if I do not sign this authorization, I will not be denied treatment; however, I will lose the benefit of my treatment provider knowing about the information I have given during intake, and a Recovery Support Coordinator will not be able to assist me in identifying and arranging for needed support services.

I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Other Drug Abuse Patient Records, 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act (HIPPA), 45 C.F.R. Pts. 160 & 164, and Wis. Adm. Code section HFS 92.05 and 92.06, and cannot be disclosed without my written consent. I may inspect and receive a copy of any material that is disclosed if I request it. I may revoke this consent at any time with WRITTEN NOTIFICATION, except to the extent that action has been taken in reliance on it.

I also consent to participate in alcohol and other drug abuse treatment, research, evaluation, and follow-up. I understand the Recovery Support Coordination agency listed above will interview me for these purposes during my time in treatment and I will be contacted after I finish treatment to be asked about my progress.

Any names, addresses and phone numbers of others that I provide during the intake process for use in helping to locate me will be used only to determine my whereabouts. Nothing about my treatment or condition or the fact that I was in treatment will be disclosed to these people nor to anyone else.

This authorization for disclosure of information is effective for one (1) year after the date on which I am disenrolled from Milwaukee County SAIL/AODA recovery support services. A photocopy or facsimile of this authorization shall be as valid as the original.

_____ _____
Client Signature Date

_____ _____
Witness Date

To the client: If you would like a copy of this Authorization and haven't already been offered one, please ask your intake worker. By law, the intake agency is obligated to provide you with this

Milwaukee County Behavioral Health Division

Behavioral Health Division
of Milwaukee County

Service Access to Independent Living

Confirmation of Free Choice

By signing this, I declare that:

- I have freely chosen to participate in the Milwaukee WIser Choice system for recovery from alcohol and other drug addictions;
- I have been given a free choice of which Recovery Support Coordination (RSC) agency in the Milwaukee WIser Choice network I want to provide my RSC services;
- I have been given a free choice of which clinical treatment provider in the Milwaukee WIser Choice provider network I want to provide my recovery support treatment from among those that offer the level of care determined to be appropriate for my needs;
- I was given the opportunity to review the provider profiles that described specific agencies/programs;
- For both the RSC agency and the clinical treatment provider, the choices included at least one agency to which I had no religious objection;
- For both the RSC agency and the clinical treatment provider, I was not forced nor pressured to choose one agency rather than another, nor threatened with the loss of any benefits to which I would otherwise be entitled;
- If my preferred choice(s) for the RSC agency or clinical treatment provider had no openings available for new clients, I was offered a free choice from among those remaining agencies that did have openings available.

Final choices:

RECOVERY SUPPORT COORDINATION AGENCY: _____

CLINICAL TREATMENT PROVIDER AGENCY: _____

I have reviewed this agency's provider profile: _____
(Initials)

I am entitled to have a copy of this form. If I think my right to free choice in the Milwaukee WIser Choice system may have been violated, I may call Jena Scherer at 414-257-6901 and request a review of my case.

CLIENT NAME: _____
(Please print)

SIGNATURE: _____

To recipient of information: This information has been disclosed to you from records whose confidentiality is protected by state and federal law. These laws prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for release of medical or other information may not be sufficient.

INFORMED CONSENT FOR DISCLOSURE OF SPECIFIC CLIENT INFORMATION

I, _____, authorize _____
Name Central Intake Unit

at _____ to make disclosure of the specific information
Address of Central Intake Unit

listed in this document to: _____
(Individual or Agency)

_____
(Address)

The purpose for this disclosure is to:

____ Coordinate AODA treatment and recovery support services
____ Other (specify) _____

This disclosure may be made either verbally or in writing.

The specific and relevant information I wish to disclose is:

____ Comprehensive Screen recommendations and Placement result
____ WIser Choice Comprehensive Screen
____ Other (specify) _____

For the intake period of (list date) _____

I understand that if I do not sign this authorization, I will not be denied treatment. However, I will lose the benefit of other persons or providers involved in my recovery knowing about the outcome of my Comprehensive Screen intake and placement results and being able to assist me and my Recovery Support Coordinator and treatment provider in coordination of my care.

I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Other Drug Abuse Patient Records, 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act (HIPPA), 45 C.F.R. Pts. 160 & 164, and Wis. Adm. Code section HFS 92.05 and 92.06, and cannot be disclosed without my written consent. I may inspect and receive a copy of any material that is disclosed if I request it. I may revoke this consent at any time with WRITTEN NOTIFICATION, except to the extent that action has been taken in reliance on it.

Any names, addresses and phone numbers of others that I provide during the intake process for use in helping to locate me will be used only to determine my whereabouts. Nothing about my treatment or condition or the fact that I was in treatment will be disclosed to these people nor to anyone else.

This authorization for disclosure of information is effective for one (1) year after the date on which I am disenrolled from Milwaukee County WIser Choice services. A photocopy or facsimile of this authorization shall be as valid as the original.

_____ _____
Client Signature Date

_____ _____
Witness Date

To the client: If you would like a copy of this Authorization and haven't already been offered one, please ask your intake worker. By law, the intake agency is obligated to provide you with this information.

Milwaukee County Behavioral Health Division

To recipient of information: This information has been disclosed to you from records whose confidentiality is protected by state and federal law. These laws prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for release of medical or other information may not be sufficient.

INFORMED CONSENT TO OBTAIN CLIENT INFORMATION

I, _____, _____,
Name Date of Birth

authorize _____ at _____
Central Intake Unit Address of Central Intake Unit

to obtain the specific information listed in this document from:

Milwaukee County Behavioral Health Division
9455 Watertown Plank Road, Milwaukee, WI 53226

The purpose or need for this disclosure is: **To review my mental health/AODA history to aid in the setup of Recovery Support Services. I understand that this information will be obtained from the Behavioral Health Division (BHD) computerized files and to include my episode of care dates and diagnosis. I understand that this information may include information related to physical illness, mental disorders, alcohol or drug abuse, and HIV test results and/or AIDS-related diagnosis. It is further understand that this information may be incorporated into other reports/information to be further used by other agencies that I may be referred to for treatment.**

I understand that if I do not sign this authorization, I will not be denied treatment; however, I will lose the benefit of my treatment provider knowing about the treatment I have been provided at BHD and that the Recovery Support Coordinator may be less able to help me in identifying and arranging for needed support services.

I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Other Drug Abuse Patient Records, 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act (HIPPA), 45 C.F.R. Pts. 160 & 164, and Wis. Adm. Code section HFS 92.05 and 92.06, and WI State Statute 51.30, and cannot be disclosed without my written consent, other than in specific circumstances allowable by law. I may inspect and receive a copy of any material that is disclosed if I request it. I may revoke this consent at any time with WRITTEN NOTIFICATION, except to the extent that action has been taken in reliance on it.

This authorization for disclosure of information is effective for one (1) year after the date on which I am disenrolled from Milwaukee County SAIL/AODA recovery support services. A photocopy or facsimile of this authorization shall be as valid as the original.

_____ _____
Client Signature Date

_____ _____
Witness Date

To the client: If you would like a copy of this Authorization and haven't already been offered one, please ask your intake worker. By law, the intake agency is obligated to provide you with this information.

Milwaukee County Behavioral Health Division

Name: _____ DOB: ___/___/_____ Gender: _____

Discharge & Follow up Info

Date of Discharge: _____/___/_____

Closing Reason:

- ☐ 1 Completed Service / Treatment
- ☐ 2 Referred-Nonalcohol/Drug Pgm
- ☐ 3 Terminated-Rule Violation
- ☐ 4 Withdrew Against Staff Advice
- ☐ 5 Funding/Authorization Expired
- ☐ 6 Incarcerated
- ☐ 7 Death
- ☐ 8 Transfer/Referral-AODA Program
- ☐ 9 Transfer to IDP Funding

Level of Improvement

- ☐ 1 Major Improvement
- ☐ 2 Moderate Improvement
- ☐ 3 Unchanged
- ☐ 4 Worsened
- ☐ 9 Unknown

Follow-up Client Contact Information

Last Name: _____

First Name: _____ Middle Name: _____

Relationship to Client: _____ (See below for code.)

01	Self	17	Uncle
02	Spouse	18	Friend
03	Natural Mother	19	Guardian
04	Step Mother	20	Employer
05	Foster Mother	21	Foster Care Manager
06	Natural Father	22	Case Manager
07	Step Father	23	Natural Child, Client is Father
08	Foster Father	24	Step Child, Client is Father
09	Natural Child, Client is Mother	25	Foster Child, Client is Father
10	Step Child, Client is Mother	26	Grandchild
11	Foster Child, Client is Mother	27	Parent or Guard of Handicap Dep.
12	Brother	28	Insurer of Sponsored Dependent
13	Sister	29	Grandparent when Parent under 18
14	Grandmother	30	Significant Other
15	Grandfather	98	Other
16	Aunt	99	Unknown

Address: _____

_____

City: _____ Zip: _____

Phone Number: _____

Type (circle): home (1) work (2) mobile (3)

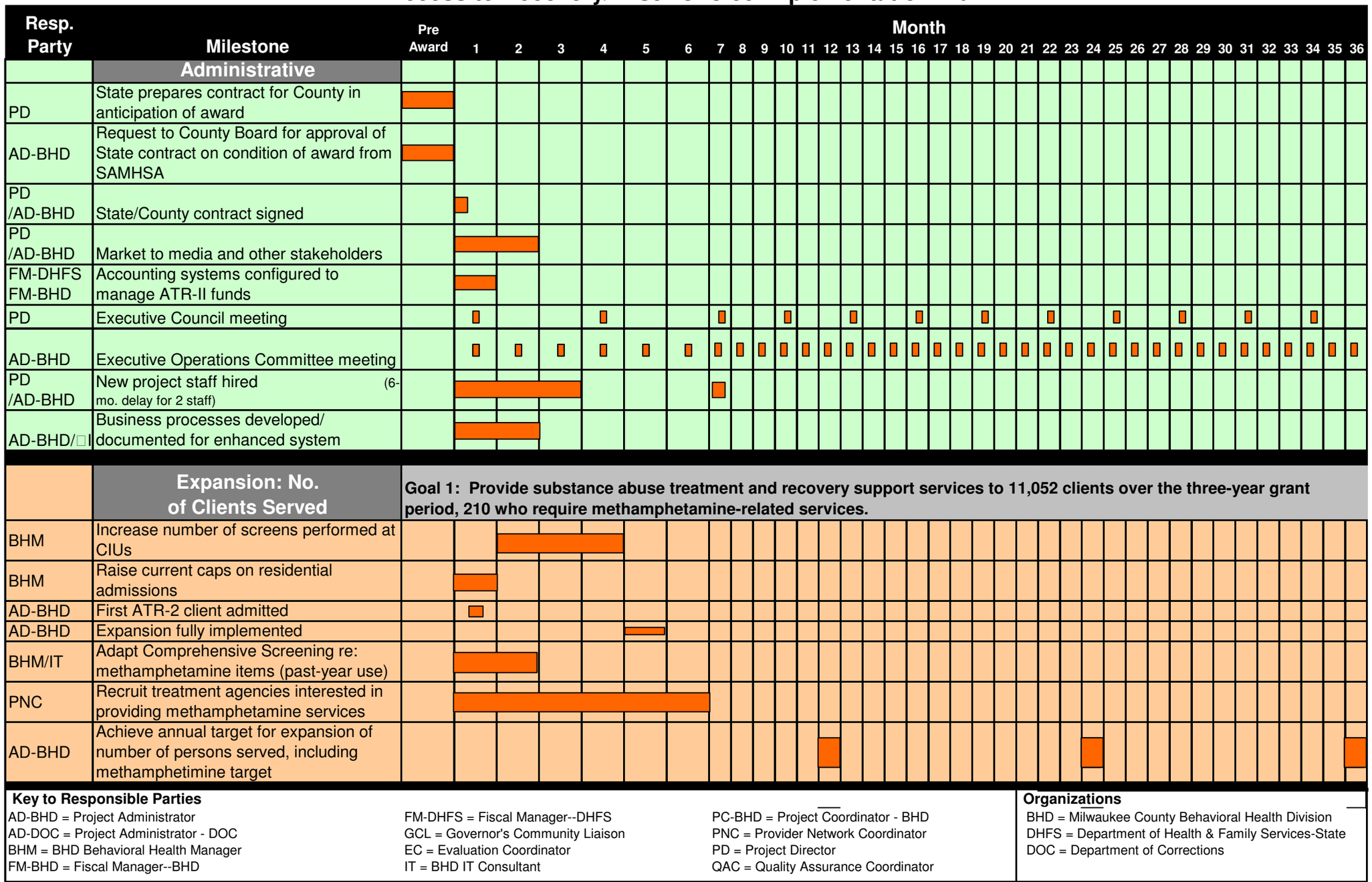
Alternate Phone Number: _____

Type (circle): home (1) work (2) mobile (3)

Appendix 4: Non-Supplantation Letter

Appendix 5: Implementation Plan

Access to Recovery/WIser Choice Implementation Plan



Key to Responsible Parties

AD-BHD = Project Administrator
AD-DOC = Project Administrator - DOC
BHM = BHD Behavioral Health Manager
FM-BHD = Fiscal Manager--BHD
FM-DHFS = Fiscal Manager--DHFS
GCL = Governor's Community Liaison
EC = Evaluation Coordinator
IT = BHD IT Consultant
PC-BHD = Project Coordinator - BHD
PNC = Provider Network Coordinator
PD = Project Director
QAC = Quality Assurance Coordinator

Organizations

BHD = Milwaukee County Behavioral Health Division
DHFS = Department of Health & Family Services-State
DOC = Department of Corrections

Resp. Party	Milestone	Pre Award	Month 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
	Expansion: Criminal Justice Population	**Goal 2: Expand the criminal justice target population by 500 clients annually to include individuals considered for pre-charging diversion, deferred prosecution and deferred sentencing options; persons reentering the Milwaukee community from a term of jail confinement; and those involved in the Milwaukee County felony drug court alternative to prison**																																				
IT	Configure MIS to track expansion criminal justice population																																					
AD-DOC AD-BHD	Develop formal case referral procedures for the House of corrections (jail),																																					
AD-DOC AD-BHD	Develop formal case referral procedures for the felony court alternative to prison program																																					
AD-DOC AD-BHD	Develop formal case referral procedures for the pre-trial diversion programs																																					
AD-DOC AD-BHD	Reach-in services begin at jail																																					
AD-BHD	Expansion fully implemented																																					
AD-DOC AD-BHD	Reach monthly service capacity for targeted annual outcome																																					
AD-BHD	Achieve annual target for number of persons served in expansion criminal justice population																																					
	Increase F/CBO Capacity	**Goal 3: 75% of WIser Choice grassroots F/CBOs setting an organizational capacity-building goal will achieve their objective by the end of the three-year grant period, as measured by the Capacity Assessment Tool.**																																				
GCL	Implementation of Compassion Capital Fund (CCF) project (if awarded)																																					
PNC	Regular operational meetings with all Recovery Support Service providers (procedural review, information dissemination, etc)																																					
QAC GCL	Focused individual technical assistance to F/CBOs with history of low utilization (low volume of service requests, voucher redemption, etc.)																																					
PNC GCL	Plan and implement provider mentoring partnerships, with interested participants.																																					
EC	Report of Outcomes																																					
AD-BHD	Annual outcome target achieved																																					

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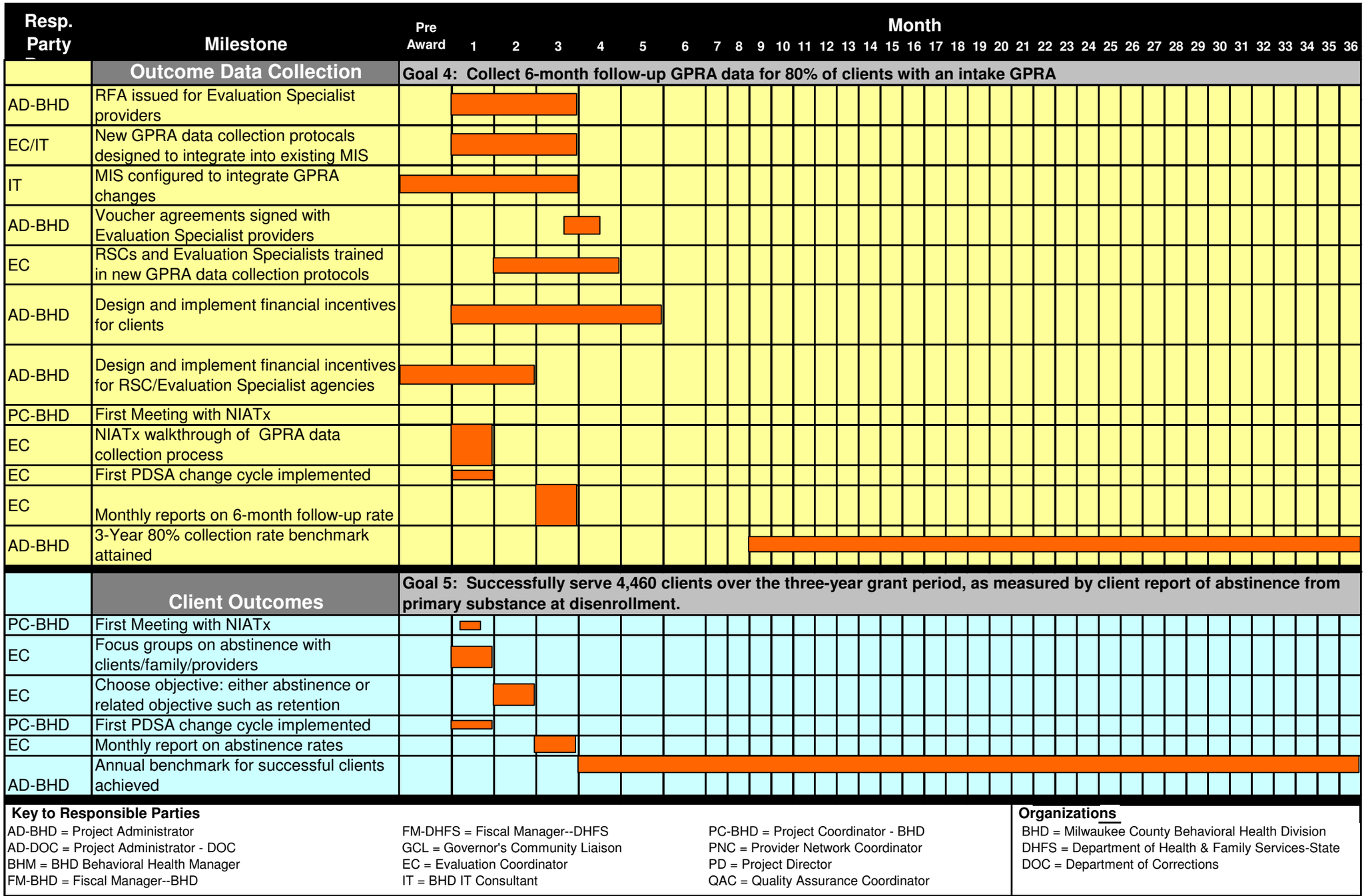
Resp. Party
Milestone
Pre Award
Month
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36
Outcome Data Collection
Goal 4: Collect 6-month follow-up GPRA data for 80% of clients with an intake GPRA
AD-BHD
RFA issued for Evaluation Specialist providers
EC/IT
New GPRA data collection protocals designed to integrate into existing MIS
IT
MIS configured to integrate GPRA changes
AD-BHD
Voucher agreements signed with Evaluation Specialist providers
EC
RSCs and Evaluation Specialists trained in new GPRA data collection protocols
AD-BHD
Design and implement financial incentives for clients
AD-BHD
Design and implement financial incentives for RSC/Evaluation Specialist agencies
PC-BHD
First Meeting with NIATx
EC
NIATx walkthrough of GPRA data collection process
EC
First PDSA change cycle implemented
EC
Monthly reports on 6-month follow-up rate
AD-BHD
3-Year 80% collection rate benchmark attained
Client Outcomes
Goal 5: Successfully serve 4,460 clients over the three-year grant period, as measured by client report of abstinence from primary substance at disenrollment.
PC-BHD
First Meeting with NIATx
EC
Focus groups on abstinence with clients/family/providers
EC
Choose objective: either abstinence or related objective such as retention
PC-BHD
First PDSA change cycle implemented
EC
Monthly report on abstinence rates
AD-BHD
Annual benchmark for successful clients achieved
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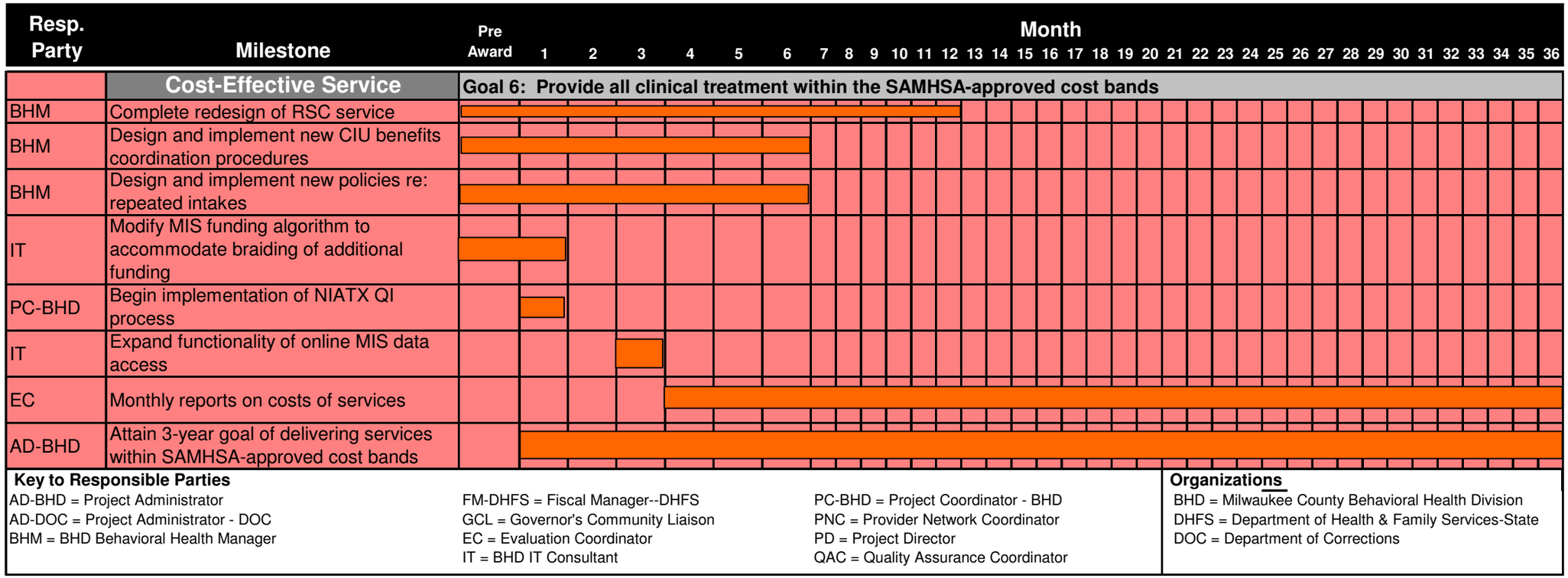
Resp. Party
Milestone
Pre Award
Month
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36
Cost-Effective Service
Goal 6: Provide all clinical treatment within the SAMHSA-approved cost bands
BHM
Complete redesign of RSC service
BHM
Design and implement new CIU benefits coordination procedures
BHM
Design and implement new policies re: repeated intakes
IT
Modify MIS funding algorithm to accommodate braiding of additional funding
PC-BHD
Begin implementation of NIATX QI process
IT
Expand functionality of online MIS data access
EC
Monthly reports on costs of services
AD-BHD
Attain 3-year goal of delivering services within SAMHSA-approved cost bands
Key to Responsible Parties
AD-BHD = Project Administrator
AD-DOC = Project Administrator - DOC
BHM = BHD Behavioral Health Manager
FM-DHFS = Fiscal Manager--DHFS
GCL = Governor's Community Liaison
EC = Evaluation Coordinator
IT = BHD IT Consultant
PC-BHD = Project Coordinator - BHD
PNC = Provider Network Coordinator
PD = Project Director
QAC = Quality Assurance Coordinator
Organizations
BHD = Milwaukee County Behavioral Health Division
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Assurances

Certifications

Disclosure of Lobbying Activities

Checklist