

**Health Priority: Alcohol and Other Substance Use and Addiction  
Objective 3: Improving Screening (Logic Model)**

**Long-term (2010) Subcommittee Outcome Objective:**

By 2010, 80 percent or more of providers of health and medical services and managed care plans under Medicaid, BadgerCare, Health Insurance Risk Sharing Plan (HIRSP), Community Options Program (COP-W), Community Integration Program (CIP II), Family Care, SSI managed care, other Medicaid waiver programs, and state employee group health plans, by contract, will provide screening and referral for alcohol and other drug use in order to increase the identification and provision of specialized services for persons with alcohol and drug use-related problems.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Screening methodologies for risky substance use</p> <p>Screening techniques for addiction</p> <p>State and community oversight of the critical need to track screening rates using patient record databases and/or surveys</p> <p>Consumers of undergraduate medical education</p> <p>Consumers of graduate medical education (residency programs)</p> <p>Consumers of continuing medical education activities</p> <p>Consumers of continuing education for</p>	<p>Request through the State Council on Alcohol and Other Drug Abuse for a Governor’s proclamation designating the month of April as the Wisconsin Physician and Health Care Provider Alcohol Screening Month.</p> <p>Provide resources to determine screening capacity and develop a uniform screening tool.</p> <p>Establish, by 2004, a baseline of health care and human services providers who receive education and training in alcohol, other drug use, addiction, and recovery in order to measure changes in training capacity in years 2005-2007.</p> <p>In partnership with the University of Wisconsin Department of Family Medicine, identify</p>	<p>Public policymakers (e.g., state, tribal, local elected officials)</p> <p>Community image makers (e.g., print/broadcast media, community leaders)</p> <p>Governor’s State Council on Alcohol and Other Drug Abuse</p> <p>State incentive grant and partners</p> <p>Local health departments and tribes</p> <p>Public Health Advisory Committee</p> <p>Wisconsin Association on Alcohol and Other Drug Abuse</p>	<p>By 2003, the Department of Health and Family Services (DHFS) will provide input toward legislation to screen for alcohol and other substance use and addiction, including use during pregnancy, and provide treatment for persons as an alternative to incarcerating convicted nonviolent offenders.</p> <p>By 2003, the DHFS Bureau of Mental Health and Substance Abuse Services will convene, support, and facilitate the work of a diverse leadership team of Wisconsin’s public health, health care, and human services professionals to identify infrastructure gaps/supports to increase screening.</p>	<p>By 2005, legislative action will be completed to secure repeal of the Uniform Accident and Sickness Policy Law that allows insurers to exclude coverage for medical conditions incurred by intoxicated drivers.</p> <p>By 2005, increase by 80 percent the provision of screening and treatment services to persons leaving correctional facilities in preparation for re-entry into community life.</p> <p>By 2005, DHFS, in collaboration with legislative leaders, the Department of Corrections, the State Court System, the Department of Justice, and prosecutor and public</p>	<p>By 2008, the DHFS Bureau of Mental Health and Substance Abuse Services and Division of Public Health will develop a comprehensive evaluation report that addresses the effectiveness of training on the screening tool and the extent that Wisconsin population was reached through screening for alcohol, tobacco, other drug use and addiction, including use during pregnancy, and report results to the State Council on Alcohol and Other Drug Abuse and the Public Health Advisory Committee.</p>

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<p>nonphysician health care providers and other public health and human services professionals</p> <p>Funding for training</p> <p>Wisconsin County Human Services Association</p> <p>Identification of a diverse leadership team to assess infrastructure capacity and readiness for screening and early identification of alcohol, other drug use, and addiction.</p> <p>Support for the diverse leadership team to develop a proposal leading to a consensus conference and an agreed-upon screening tool to be used by Wisconsin’s health care and human services providers.</p>	<p>training/curricular content needs, training resources, on-site and distance learning through computer-based applications, and train-the-trainer resources. Target health care and human services provider populations to be trained based on the information gained from the 2003 Infrastructure Review and the 2004 Consensus Conference.</p> <p>Develop a training and education “roll out” plan to improve access to education and training by health care and human services professionals to increase knowledge and practice to routinely provide alcohol and drug abuse screening services.</p> <p>Develop a pre-test/post-test on current level of screening of alcohol and other drug use and addiction, and breadth of current training in screening for substance use and addiction, including use during pregnancy. By January 1, 2004, begin this project. From January 1 to December 31, 2005, develop, mail, and compile survey.</p>	<p>Health care providers (e.g., physicians, social workers, nurses, psychologists, nutritionists, health educators)</p> <p>Wisconsin Health and Hospital Association</p> <p>Wisconsin Alcohol and Drug Treatment Providers Association</p> <p>University of Wisconsin Cooperative Extension</p> <p>Center for Urban Population Health</p> <p>UW Department of Family Medicine Family Empowerment Network</p> <p>Wisconsin Women’s Education Network on Education and Recovery</p> <p>Center for Addiction and Behavioral Health Research</p>	<p>By 2004, the leadership team (identified above) will develop a proposal for the State Council on Alcohol and Other Drug Abuse’s consideration that describes the process, elements, and best practices necessary to achieve consensus on a “uniform screening tool” to be routinely incorporated into the ongoing practice of Wisconsin’s public health, health care, child welfare, and human services providers to assure early identification of alcohol and other drug abuse, including substance use during pregnancy.</p> <p>By 2004, the leadership team (identified above) will propose to the State Council on Alcohol and Other Drug Abuse policy recommendations to close infrastructure gaps and expand statewide capacity for screening and early identification of alcohol and other drug use, including substance use during pregnancy.</p>	<p>defender systems, will seek to establish legislation to increase the capacity of professionals to identify persons who will benefit from treatment for alcohol and other drug use and addiction, including use during pregnancy, as an alternative to incarceration.</p> <p>By 2005, DHFS will provide input to proposed concepts and language in future legislation that will address reducing drug use through screening and treatment as an alternative to incarceration for persons convicted of nonviolent crimes involving alcohol and drug use.</p> <p>By 2007, increase by 50 percent the number of County 51.42 Boards and human services agencies that provide training to their staff and providers to improve their knowledge and practice.</p>	

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	<p>Develop training curriculum for various levels of medical and other health care and human services professional education. By April 2004, a peer-reviewed article will be submitted to the <i>Wisconsin Medical Journal</i> detailing progress on assessing and improving professional education on substance abuse.</p> <p>The Oversight Committee, working with state agencies, will assure that funding is available to include several survey questions in the Behavioral Risk Factor Survey. These questions will be designed by scientific input from the Oversight Committee with assistance from state agencies, community partners, and university experts. (Note: The Oversight Committee is discussed under the Evaluation and Measurement Section.)</p> <p>Incorporate into a new module of the Behavioral Risk Factor Survey several questions that pertain to screening for alcohol and drug abuse, and sustain fundings for the module for a</p>	<p>Center for Health Policy and Program Evaluation</p> <p>Wisconsin Association of Collegiate Schools of Nursing</p> <p>Criminal justice system (e.g., police, probation, parole, and public defenders)</p> <p>Wisconsin Medical Society</p> <p>Wisconsin Society of Addiction Medicine</p> <p>Wisconsin Association of Health Plans</p> <p>Wisconsin Public Health Association</p> <p>DHFS Divisions of Public Health and Disability and Elder Services scientific and statistical experts</p>	<p>By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services, in conjunction with the Division of Public Health and key State Council on Alcohol and Other Drug and Abuse representatives, will assess the potential capacity and opportunities for improving access to consistent prevention and screening services in Wisconsin's jails and prisons.</p> <p>By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services will develop a training and educational curriculum to improve knowledge and practice in screening for alcohol and other drug use disorders and addiction.</p> <p>By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services will develop a training and educational curriculum to improve knowledge and practice in screening for substance use during pregnancy.</p>	<p>By 2007, increase by 50 percent the number of local health departments and tribal clinics whose staff (e.g., public health nurses, health educators, nutritionists) receive training and education to enhance their ability to screen by improving their knowledge and practice.</p> <p>By 2007, increase by 50 percent the number of Wisconsin hospitals who provide training to physicians and nurses who receive formal training and education (e.g., through Medical Grand Rounds) to enhance their ability to screen by improving their knowledge and practice.</p> <p>By 2007, increase by 50 percent the number of physicians (e.g., primary care and emergency room physicians) who have received training and education through continuing medical</p>	

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	<p>minimum of four (e.g., 2003, 2005, 2007, 2009) modules in this decade.</p> <p>Within three months of DHFS verifying and releasing the module data from the Behavioral Risk Factor Survey module, an executive report will be produced each year by the Oversight Committee. The Oversight Committee will provide to the State Council on Alcohol and Drug Abuse the executive report that tracks statewide population trends in screening.</p> <p>Establish partnership with Wisconsin Institutions of Higher Education and Technical Colleges.</p> <p>Design implementation infrastructure to include diverse representation on subcommittees and workgroups to carry out the short-, medium-, and long-term outcome objectives.</p> <p>Design, conduct, and report survey data.</p>	<p>Department of Public Instruction</p> <p>Brighter Futures Initiative</p> <p>Department of Corrections</p> <p>Wisconsin County Human Services Association</p> <p>Wisconsin Counties Association</p> <p>County Human Services Boards (51.42 Boards)</p> <p>Wisconsin Certification Board</p> <p>Community coalitions</p> <p>Wisconsin Employee Assistance Professional Association Chapters</p> <p>Wisconsin Student Assistance Association</p>	<p>By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services will determine a baseline of public health, health care, and human services professionals who have been trained and educated to routinely screen for alcohol, tobacco, and other drug use and addiction, including alcohol, tobacco, and other drug use and addiction during pregnancy.</p> <p>By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services and Division of Public Health will develop, in collaboration with their partners, a strategy to increase the capacity among public health, health care, and human services providers to receive training and education so they will routinely screen for alcohol, tobacco, and other drug use and addiction, including alcohol, tobacco, and other drug use and addiction during pregnancy.</p>	<p>education for alcohol, tobacco, and other drug use and addiction, including use during pregnancy.</p> <p>By 2007, increase by 30 percent the number of middle school and high school nurses who have received this training.</p> <p>By 2007, the Wisconsin Association of Health Plans will have established a performance measure that requires screening for alcohol, tobacco, and other drug use and addiction, including use during pregnancy, in primary care and emergency room settings.</p>	

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	<p>Develop a comprehensive plan to evaluate the major products (e.g., social marketing campaign) and processes (e.g., how the partners work together) proposed in this objective. Assure that baseline data is tracked.</p>	<p>Wisconsin Clearinghouse</p> <p>Wisconsin’s professional schools, colleges, universities, and technical colleges (e.g., medicine, clinical psychology, counseling psychology, rehabilitation psychology, school psychology, social work, nursing, health education, nutrition, counseling, child and family studies, marriage and family therapy, dentists and dental hygienists, allied health professionals)</p> <p>Consumers and the general population</p> <p>Business and commerce communities</p>	<p>By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services will facilitate the development of a proposal to build capacity in general medical/primary care settings to conduct screening and brief interventions for alcohol and other drug use problems.</p>		

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		<p>Students and faculty in primary and secondary educational institutions (K-12)</p> <p>Students enrolled in colleges, universities, professional schools, and technical colleges</p> <p>The criminal justice system</p> <p>The juvenile justice system</p> <p>Faith-based communities</p> <p>Philanthropic organizations and individuals</p>			