

Health Priority: Alcohol and Other Substance Use and Addiction
Objective 4: Closing the Treatment Gap (Logic Model)

Long-term (2010) Subcommittee Outcome Objective:

By 2010, annual state/federal aids and grants and Medicaid admissions for alcohol and other drug use disorder treatment will increase by 10 percent or more over the 5-year average of admissions between 2001 and 2005 in order to increase access to treatment and close the gap between those receiving treatment and those needing treatment.

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>Accessible, effective treatment capacity for problematic use and/or addiction to, alcohol and other substances</p> <p>Substance use and addiction treatment agencies</p> <p>Qualified professionals to treat substance use and addiction</p> <p>Mental health treatment professionals</p> <p>Training for treatment providers</p> <p>The public</p> <p>Substance users and persons with addictions</p> <p>Special population groups</p>	<p>Collaboration with partners to assure infrastructure support to achieve the short-term outcome objectives.</p> <p>Baseline data to determine service capacity.</p> <p>Baseline data to determine the treatment gap.</p> <p>Baseline data to determine the provider gap.</p> <p>Appropriate treatment is defined through revised treatment regimens.</p> <p>A comprehensive report will be completed and disseminated.</p> <p>Policy recommendations based on the comprehensive report will be implemented.</p>		<p>By 2003, the State Council on Alcohol and Other Drug Abuse will appoint a committee to define the alcohol and other drug use and addiction treatment needs of special population groups to include women, pregnant women, incarcerated youth and adults, ethnic/racial minorities, American Indians, youth, and the elderly.</p> <p>By 2003, DHFS will collaborate with key stakeholders to determine the baseline of private and public sector treatment services being provided to Wisconsin residents.</p> <p>By 2003, DHFS, Division of Disability and Elder Services, Bureau of Quality Assurance will determine the baseline of the capacity of the service delivery system to treat</p>	<p>By 2005, the recommendations of the State Council on Alcohol and Other Drug Abuse will be incorporated into the strategic planning objectives of the Department of Health and Family Services, and its appropriate Divisions.</p> <p>By 2006, DHFS will collaborate with key stakeholders to prepare and present a comprehensive report that defines and interprets the baseline data and service delivery needs pertaining to closing the treatment gap and the provider gap in Wisconsin.</p> <p>By 2006, DHFS will collaborate with key stakeholders to prepare policy recommendations that will be applied in closing the treatment gap</p>	<p>The following long-term outcome objectives may be adjusted based upon the findings and recommendations described in the medium-term outcome objectives. These long-term outcome objectives include the following.</p> <p>By 2008, there will be a significant increase among those who seek and receive treatment for substance use or addiction.</p> <p>By 2008, the service delivery system capacity gap will be significantly reduced.</p> <p>By 2008, there will be a significant increase in accessibility of appropriate alcohol and other.</p>

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<p>Health and Substance Abuse Services</p> <p>Wisconsin State Council on Alcohol and Other Drug Abuse</p> <p>DHFS Division of Public Health epidemiologists</p> <p>Heller Center Institute for Health Policy (Brandeis) Legislative Initiatives</p> <p>Employers and employer-based health insurers</p> <p>Funding for treatment</p> <p>Wisconsin County Human Services Association</p> <p>Tribal agencies</p>	<p>Cross connections with mental health are defined and included in the structure.</p> <p>The extent of treatment need is defined.</p> <p>Categories of persons who need special approaches are defined.</p> <p>Pre-test/post-test on efficacy of treatment will be given.</p>	<p>Public policymakers (e.g., state, tribal, and 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>Health care providers (e.g., physicians, social workers, nurses, psychologists, nutritionists, health educators)</p>	<p>alcohol and other drug use and addiction health issues.</p> <p>By 2003, DHFS will collaborate with its key stakeholders to determine the baseline of the population(s) of persons needing treatment services for problematic use and/or addiction to alcohol and other drug abuse.</p> <p>By 2004, DHFS will collaborate with key stakeholders to determine the baseline of workforce needs, “the provider gap” between the current supply of health care providers and the numbers and types of trained professionals needed for the treatment of persons with problematic use and/or addiction to alcohol or other drugs.</p> <p>By 2004, DHFS will collaborate with key stakeholders to determine the baseline on the shortage of services (the treatment gap) between the treatment</p>	<p>and the provider gap in Wisconsin.</p>	<p>substance use and addiction treatment</p> <p>By 2008, treatment regimes will be developed to meet the needs of special population groups.</p> <p>By 2008, there will be a significant reduction in the treatment gap.</p> <p>By 2009, there will be a continued significant reduction in the treatment gap.</p>

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		Wisconsin Health and Hospital Association Wisconsin Alcohol and Drug Treatment Providers Association University of Wisconsin Cooperative Extension Center for Urban Population Health UW Department of Family Medicine Family Empowerment Network Wisconsin Women's Education Network on Education and Recovery Center for Addiction and Behavioral Health Research Center for Health Policy and Program Evaluation	currently provided and the amount and type of treatment that need to be provided to meet the needs of all relevant populations of problem users and persons with addiction.		

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	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
		Wisconsin Association of Collegiate Schools of Nursing Criminal justice system, including police, probation, parole, and public defenders Wisconsin Medical Society Wisconsin Society of Addiction Medicine Wisconsin Association of Health Plans Wisconsin Public Health Association DHFS Divisions of Public Health and Disability and Elder Services scientific and statistical experts Department of Public Instruction			

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		Brighter Futures Initiative Department of Corrections Wisconsin County Human Services Association Wisconsin Counties Association County Human Services Boards (51.42 Boards) Wisconsin Certification Board Community coalitions Wisconsin Employee Assistance Professional Association Chapters Wisconsin Student Assistance Association Wisconsin Clearinghouse			

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		<p>Wisconsin's professional schools, colleges, universities, and technical colleges (Including 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, and allied health professionals)</p> <p>Consumers and the general population Business and commerce communities</p> <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>			

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		The criminal justice system The juvenile justice system Faith-based communities Philanthropic organizations and individuals			