

**System Priority: Mental Health and Mental Disorders  
Objective 1: Screening and Referral (Logic Model)**

**Long-term (2010) Subcommittee Outcome Objective:** By 2010, 80 percent of State-administered employee group health plans, Medicaid-funded programs, BadgerCare, and SSI managed care will, by contract, incorporate questions for mental health problems into their screening and referral processes.

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>Designated state staff to guide and develop the process.</p> <p>Partner system representatives: individuals knowledgeable about key mental health</p> <p>Issues and knowledgeable about screening processes in their systems and have authority to work towards the changes described in this document. These mental health priorities include: recovery-oriented services, culturally competent services, and trained professionals, and best practice services which eliminate stigma and recognize the importance of trauma and abuse.</p> <p>Fiscal support to develop and carry out the four mental health/mental disorders objectives</p>	<p><b>General</b> A mental health workgroup will be formed to oversee the implementation of all the Mental Health and Mental Disorders Subcommittee objectives.</p> <p>The mental health workgroup will meet at least 4-6 times to develop a Partnership Plan and oversee its implementation. The partnership plan will identify how the partner systems will work together to achieve the objectives.</p> <p><b>Screening</b> An expert panel will be convened to identify a variety of valid screening tools for mental disorders that can be utilized by the partner systems.</p> <p>The expert panel will have completed its work.</p> <p>Each partner system will have identified key personnel for instituting change.</p> <p>Pilot testing of preferred screening tools will occur in each partner system.</p>	<p>The Mental Health Workgroup will include representatives from the following systems/organizations that include diverse racial/ethnic groups:</p> <p>Consumers/Family members across the lifespan Education</p> <p>Corrections - jails/prisons</p> <p>Health Care - health maintenance organizations, primary care</p> <p>Social Services</p> <p>Child care and early childhood</p> <p>Local health departments</p> <p>Tribes</p>	<p>By June 1, 2003, a mental health screening workgroup will be established with the goal to engage partner systems in the change process and motivate partner systems towards commitment to collaborate in screening and referral for mental health disorders, with particular attention to the use of screening tools that meet standards of cultural competency.</p> <p><b>Budget/Policy</b> By April 2004, the mental health workgroup will be formed to oversee the implementation of all mental health and mental disorders subcommittee objectives and will provide recommendations for the 2005-2007 Biennial Budget on statutory language changes needed to start screening for mental disorders in partner systems.</p>	<p><b>Budget/Policy</b> By December 31, 2005, necessary statutory language changes or biennial budget items needed to implement universal and culturally competent mental health screening in educational, corrections, and primary care settings will have been approved by the legislature.</p> <p><b>Screening</b> By February 2005, each partner system will be committed to using the selected screening tools and processes.</p> <p>By May 2005, each partner system will have adopted use of mental health screening as a formal policy/practice.</p> <p>By November 1, 2005, appropriate partner system staff will have been trained and will be</p>	<p>By December 31, 2008, 100 percent of primary care providers (physicians/clinics), including those associated with health maintenance organizations, will have incorporated mental health screening into their routine procedures for health screening and assessment.</p> <p>By December 31, 2009, 100 percent of educational, child care and early childhood facilities will have incorporated mental health screening into their routine procedures for health screening and assessment.</p>

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<p>Investment of time and fiscal support of existing staff/experts to develop and carry out trainings identified in the objective.</p> <p>The time of all identified individuals to develop the partnerships that will be needed to achieve success.</p> <p>Fiscal support for needed materials such as training materials and data collection.</p> <p>Distance learning technologies to communicate with partners, including consumers/families across the life span, representatives from diverse racial/ethnic groups and cultures.</p> <p>Secure consultation, technical assistance, and resource support from all partner systems.</p>	<p>The results of the pilot testing will be evaluated.</p> <p>Each partner system will identify its training needs to ensure that appropriate staff can administer screening tools.</p> <p><b>Referrals</b> Each partner system will have a list of referral sources appropriate for its population.</p> <p>Each partner system will have developed or revised referral procedures.</p> <p>Appropriate staff in each partner system will have been trained on referral procedures.</p> <p><b>Professional Education/Training</b> A number of professional schools will have planned to incorporate mental health screening into their curricula.</p> <p><b>Wisconsin Department of Health and Family Services Contracts</b> Contract language will be added to new Wisconsin Department of Health and Family Services contracts requiring mental health screening.</p>	<p>Local mental health agencies and organizations</p> <p>County and other public organizations</p> <p>Wisconsin Department of Health and Family Services</p> <p>Legislature</p> <p>Statewide professional organizations (e.g., Wisconsin Health and Hospital Association, Wisconsin Primary Health Care Association, Wisconsin Nurses Association, Wisconsin Medical Society, Wisconsin Public Health Association)</p>	<p><b>Screening</b> By May 1, 2003, an expert panel will identify a variety of valid mental health screening tools that could be used by collaborating partner systems.</p> <p>By July 1, 2003, key partner system personnel will be identified and educated about the available screening tools identified by the expert panel.</p> <p>By November 1, 2003, each partner system will have selected one or more screening tools to address specific targeted population needs.</p> <p>By May 2004, key screening staff in each partner system will have been offered at least one training opportunity to increase their awareness about mental health screening and the prevalence of mental disorders in specific populations served.</p>	<p>knowledgeable and able to conduct mental health screenings.</p> <p>By December 31, 2006, 100 percent of individuals admitted to correctional facilities (e.g., jails, prisons, juvenile corrections) will be screened for mental disorders.</p> <p>By December 31, 2006, 100 percent of local health departments will have incorporated mental health screening into their routine procedures for health screening and assessment.</p> <p>By December 31, 2007, 100 percent of individuals entering social services will be screened for mental disorders.</p> <p>By December 31, 2007, 100 percent of individuals in identified programs for the elderly will be screened for mental disorders.</p>	

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			<p>By May 2004, the Mental Health Workgroup will obtain feedback on the viability of mental health screening in each partner system.</p> <p><b>Referrals</b> By June 2003, key personnel in each partner system will be familiar with referral sources for adults/children who may be in need of mental health assessment or treatment.</p> <p>By July 2003, each partner system will identify needed changes in referral procedures.</p> <p>By December 2003, each partner system will complete a list of referral sources for adults/children who may be in need of mental health assessment or treatment.</p> <p>By December 2003, referral procedures will have been developed or modified, as necessary.</p>	<p><b>Referrals</b> By November 1, 2005, all partner system professionals will have knowledge of referral sources and procedures pertinent to their system.</p> <p>By January 1, 2006, all partner system staff will utilize referral procedures when screening identifies possible presence of a mental disorder.</p> <p><b>Professional Education/Training</b> By September 2005, training on culturally competent mental health screening curriculum will be included in professional school curricula.</p> <p>By June 2006, health career students will become knowledgeable about use of mental health screening tools.</p> <p>By June 2007, students will use mental health</p>	

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			<p><b>Wisconsin Department of Health and Family Services Contractors</b> By July 2004, Wisconsin Department of Health and Family Services contractors will be informed and educated about new contract requirements for mental health screening. These will include: local health departments, Tribes, primary health care providers, Medicaid providers (fee-for-service and Medicaid health maintenance organizations), agencies covered under the state/county contract, and state grantee agencies.</p> <p>By July 2004, necessary changes will be made to administrative code to support required mental health screening (e.g., HFS 75).</p>	<p>screening tools when they attain professional status.</p> <p><b>Wisconsin Department of Health and Family Services Contractors</b> By January 2005, individuals of all ages entering programs covered by identified state contracts will be screened for mental disorders.</p>	