

**Health Priority: Mental Health and Mental Disorders  
Objective 4: Access to Care (Logic Model)**

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

**2a:** By 2010, Wisconsin’s public mental health clients who have access to "Best Practice" mental health treatments will increase by 10 percent.

**2b:** By 2010, Wisconsin's public mental health clients who have access to "Evidence-based" mental health treatments will increase by 10 percent.

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
Designated state staff to guide and develop the process  Bureau of Community Mental Health/Division of Supportive Living  Division of Public Health  Wisconsin Medicaid – Division of Health Care Financing, Department of Health and Family Services  Office of the Commissioner of Insurance  Fiscal support to convene a mental health workgroup that will consist of identified leaders in the mental health field	Coalitions will be established/joined for enacting parity, enacting legislation to control health insurance costs for small businesses, and addressing other barriers to insurance.  Uninsured populations will be identified.  Reasons for lack of insurance will be identified.  Solutions to lack of insurance will be identified.  Strategies to implement solutions to lack of insurance will be put in place.  Key parties (e.g., businesses, health insurers, legislators) will be contacted and educated.  Public education will be provided through the media.	Healthcare and HMOs  Primary care  Education  Corrections - jails/prisons  Social services  Aging-including - area agencies on aging  Child care and early childhood  Local health departments  Tribes  Local mental health agencies and organizations	By 2003, there will be an increase, as measured by standard polling, in the percentage of the population that supports increased access to health insurance coverage.  By 2003, citizens and policymakers will be aware of the hidden costs in failing to provide health insurance coverage to all persons.  By 2003, changes that reduce insurance costs for small businesses will be identified.  By December 2003, key stakeholders (e.g., providers, insurers, policymakers) will “buy-in” to best practice guidelines.  By 2004, parity legislation will be passed in Wisconsin.  By 2004, major state healthcare contracts (e.g.,	By 2005, policy changes will expand access to insurance through Wisconsin Medicaid and BadgerCare.  By April 2005, legislators will have a clearer understanding of what they are “buying” when funding public mental health services and will therefore be more willing to do so.  By 2005, legislation will implement small business health insurance reform that will reduce health insurance costs for small businesses and increase access to insurance for employees.  By 2005, all commercial group health insurance policies in Wisconsin will implement the parity provisions.	By 2010, reduce by 10 percent the proportions of the population that reports difficulties, delays, or the inability to receive "Best Practice" mental health treatment.  By 2010, increase the number of people with a mental health need to have timely access to evidence-based treatment.

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<p>to oversee the implementation of the four Mental Health/Mental Disorders Subcommittee objectives.</p> <p>Fiscal support to develop and disseminate training materials on best-practice and evidence-based treatment.</p> <p>Distance learning technology to provide consultation on best-practice and evidence-based treatment.</p> <p>Partner systems with the needed expertise to achieve the identified objectives:</p> <ul style="list-style-type: none"> <li>• Business owners and their representatives</li> <li>• Insurance carriers</li> <li>• Legislators</li> <li>• Mental health professionals</li> <li>• Representatives from professional training schools</li> </ul>	<p>Legislators and businesses will be educated about true costs and benefits of parity.</p> <p>Citizens and stakeholders will be informed about parity and mobilized to advocate with legislators.</p> <p>Stories will be presented in media to educate the general population about the need for and value of mental healthcare as part of treating the whole person.</p> <p>Model guidelines will be issued for access to treatment that identify timeliness standards, assessment and evaluation, treatment planning, and best practice or evidenced-based treatments.</p> <p>Proposed changes will be made to program standards, policies, and statutes.</p> <p>Informational hearings will be conducted to inform a wide audience of proposals and receive feedback.</p> <p>Model guidelines will be disseminated for access to</p>	<p>Public and county organizations</p> <p>Wisconsin Department of Health and Family Services</p> <p>Legislature</p> <p>Statewide professional organizations, public health system disciplines and partners:</p> <ul style="list-style-type: none"> <li>• Wisconsin Health and Hospital Association</li> <li>• Wisconsin Primary Health Care Association</li> <li>• Wisconsin Nurses Association</li> <li>• Wisconsin Medical Society</li> </ul>	<p>Medicaid/BadgerCare) will incorporate requirements for use of identified best practice guidelines.</p> <p>By June 2003, the public, legislators, and policymakers will have an increased awareness that serious mental illness is treatable and that recovery is possible.</p> <p>By December 2004, preliminary data from current projects will improve the knowledge base for making decisions about funding for mental health services.</p> <p>By 2004, three professional training schools for non-mental health specialists will agree to enhance their curricula to ensure that their professionals are better able to identify and respond to mental health disorders.</p> <p>By 2004, one new project involving technology to provide mental health treatment or consultation services to an underserved area will be implemented.</p>	<p>By 2005, citizens will be knowledgeable about their right to mental health services through their insurance companies.</p> <p>By 2005, insured individuals will receive medically necessary mental healthcare.</p> <p>By 2005, changes to program standards, policies, and statutes will be implemented that support use of best practice guidelines.</p> <p>By 2005, policies and practices that are barriers to access will be eliminated.</p> <p>By 2005, insurers and providers will be using best practice guidelines for persons in need of mental health services.</p> <p>By 2005, procedures will be in place for evaluating whether guidelines are being implemented properly.</p>	

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<ul style="list-style-type: none"> <li>● Representatives from county human services</li> <li>● Tribes</li> <li>● Local health departments</li> </ul> <p>Investment of time from all identified individuals.</p>	<p>treatment and best practice or evidence-based treatment.</p> <p>Ongoing monitoring of research will be conducted to identify potential revisions to guidelines over time.</p> <p>The Mental Health/Alcohol and Other Drug Abuse (AODA) Redesign Initiative will be implemented in four sites. Outcome and cost data will be determined.</p> <p>Proposals will be developed for best ways for state and county to share funding for public mental health services.</p> <p>Impact of recovery-oriented practices and prevention/early intervention practices will be documented and disseminated.</p> <p>Public awareness campaign will be implemented.</p> <p>Legislators will receive written information and face-to-face meetings educating them about efficacy of treatment and budget needs.</p>	<ul style="list-style-type: none"> <li>● Wisconsin Public Health Association</li> </ul>		<p>By 2005-2007, biennium funding for public mental health services will be based on number of persons needing services and better knowledge of the actual cost to provide services. Outcome indicators will guide funding decisions. (The actual level of funding may or may not increase based on the increase in the number of people served by the private sector, the use of more efficient services under managed care, etc.).</p> <p>By 2005-2007, biennium statutory changes will implement changes to state/county funding that result in adequate and equitable public funding statewide for mental healthcare.</p> <p>By 2007, two additional professional training programs for non-mental health specialists will enhance their training curricula.</p>	

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	<p>Number and type of mental health professionals serving the state will be identified.</p> <p>Enhanced training and education of allied professionals to provide mental health services will be planned.</p> <p>Expanded use of technology to provide mental health services or consultation to underserved areas will be planned.</p>			<p>By 2007, two additional projects will use technology to provide mental health treatment or consultation services to underserved areas.</p>	