

Spotlight on...Waukesha County Health and Human Services

Each year at the STAR-QI Annual Learning Session, Wisconsin Behavioral Health Treatment Providers are asked which Process Improvement Focus Areas they would like to work on for the next Program Year. Last year, Waukesha County Health and Human Services (HHS), along with a dozen of their STAR-QI peers, chose to work on Outcomes-Informed Care. The goal of the Outcomes-Informed Care group was to utilize the NIATx Process Improvement model, through the support of the STAR-QI Program, to improve client clinical outcomes by 5 percentage points. This goal would be accomplished by implementing an electronic clinical outcomes tracking, feedback, and benchmarking approach for at least one Counselor/Therapist and at least thirty clients.

Waukesha County HHS's Process Improvement Change Project is under the leadership of John Kettler, MS, CSAC, LPC, ICS, Senior Substance Abuse Counselor. The change team has progressed well with their project and has used information learned in the project, to improve services. The change team members did this by being actively engaged in formulating rapid cycle change ideas, implementing the changes, and then using data from outcome measures and client surveys to inform decision making for subsequent rapid improvement cycles.

Regarding the outcome measure, first a script was developed to introduce the outcome form to clients. The script served an important function of providing a consistent process across clinicians. The agency asked clients, involved in outpatient groups, to fill out the outcome form at admission and then every 30 days thereafter. Clients completed the form during the last session of the month, and by the primary counselor of the patient, to ensure that all patients would be surveyed only once. Spreadsheets were also created to organize the data that was being collected.

The outcome survey form contained questions covering eight of the suggested dimensions in state rule DHS 75.03 (20) including substance use, support system contact, employment status, health insurance, living situation, recovery motivation, family relationships and contact with the criminal justice system. By implementing the outcomes measures and the client surveys, it was expected that services could be improved and tailored to patient needs, while patients were still actively involved in treatment.

The change team was able to draw the following conclusions from the preliminary data. There was a low percentage of patients that reported having insurance, a high percentage of relapses involving alcohol, and a high percentage of persons reporting good contact w/ support system.

Based on this data, the Change Team is addressing support system discrepancies. For example, clients reported good progress on the outcomes form but not during groups. Therefore, the team's next rapid cycle will focus on relapse prevention training during groups and will look into health insurance marketplace information to inform clients about how to get information and sign up for insurance.

In summary, the team is learning how valuable in-treatment feedback from the client is, by being responsive to the client's needs in treatment. Future data analysis will evaluate how this responsiveness impacts clients' treatment continuation and completion.