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Wisconsin Department of Corrections	**Original Effective Date:** **Adopted:** 09/04/2018 **Published:** 08/30/2018	**New Effective Date:**
Program Treatment Standards	**Approval by:**  **DOC Deputy Secretary Stephanie Hove** 08/30/18	
	Units Affected:	
	☒ DAI Institutions ☒ DJC Facilities ☒ DCC Facilities ☒ WCCS Facilities ☒ Contracted Providers ☒ WRC	
Program: Substance Use Disorder (SUD) Treatment Standards		

I. References:

This section includes references to statutes and other related agency standards

ASAM Criteria· American Society of Addiction Medicine Criteria

Confidentiality: Restrictions against disclosure and/or re-release of personal information about an offender to other persons or institutions without the specific written consent of the offender. Alcohol and other drug abuse treatment information is strictly regulated by federal (42 CFR Part 2) and state rules and regulations.

DSM-V Diagnostic and Statistical Manual- Fifth Edition

ED 35: Confidentiality of Health Care Information relating to offenders

DHS 75· Department of Human Services Community Substance Abuse Service Standards

DSPS 160-168: Wisconsin Department of Safety and Professional Services

s. 302.05, Wis Stats· Earned Release Program (ERP)

Substance Abuse Certification/License. Possession of or eligibility to obtain a Certified Substance Abuse Counselor In Training, Certified Substance Abuse Counselor, Licensed Clinical Supervisor, or Licensed Clinical Substance Abuse Counselor; or Substance Abuse Specialty Authorization, which is a master's level license from the Wisconsin Department of Safety and Professional Services.

II. Definitions, Acronyms & References

Actuarial Risk Assessment Classification of the recidivism risk of offenders through the use of assessment protocols established by scientific research

Aftercare or Continuing Care Aftercare and Continuing Care are interchangeable terms and refer to treatment provided after the offender has completed the goals of a primary care program and no longer requires counseling at a primary care intensity level Aftercare is a less intensive treatment that tapers the treatment process in order to sustain and extend the offender's recovery by reinforcing concepts learned in the primary program

Adolescent Diagnostic Interview-Light (ADI-L): Criterion referenced structured interview for utilization with adolescent populations evaluates specific problems commonly associated with substance abuse along with psycho-social stressors, school and interpersonal functioning, and cognitive impairment

American Society of Addiction Medicine (ASAM) Criteria National set of criteria providing outcome-oriented and results-based care in the treatment of addiction The criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions include Acute Intoxication and/or Withdrawal Potential; Biomedical Conditions and Complications;

Emotional, Behavioral, or Cognitive Conditions and Complications, Readiness to Change, Relapse, Continued Use, or Continued Problem Potential; and Recovery/Living Environment

Assessment Instruments: Tools designed to measure the extent of an offender's level of risk to reoffend and treatment need

Clinical Assessment The purpose of the clinical assessment is to develop an individual treatment plan. It shall be conducted by qualified staff

Core Content. Components of the program that are provided to all participants and are considered central to the efficacy of the program.

Department or WIDOC: The Wisconsin Department of Corrections.

Discretionary Content Component modules not part of the program core content which may be provided to individual/group participants as determined by offenders' assessed need

Diagnostic Statistical Manual- Fifth Edition (DSM-V) Substance Related Disorders The DSM-V recognizes Substance-Related Disorders resulting from the use of ten separate classes of drugs alcohol, caffeine, cannabis, hallucinogens, other hallucinogens such as LSD, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants (including amphetamine-type substances, cocaine, and other stimulants), tobacco, and other or unknown substances

Identified Substance Abuse Treatment Need: A Substance Abuse treatment need that has been determined by using a validated assessment instrument approved by WIDOC.

Impaired Driver Assessment (IDA) Screening tool utilized to estimate risk level among those offenders convicted of an Operating a Motor Vehicle While Intoxicated (OWI) offense The IDA also informs potential service needs and assesses responsivity to intervention efforts

Individual Treatment Plan: A written, goal-directed, time-limited plan of intervention for an offender to accomplish within a treatment program. The treatment plan is based on the results of the offender's intake assessment and is reviewed at scheduled intervals The plan is developed and/or revised by program staff in collaboration with the offender.

Initial Intake Assessment The initial assessment is completed prior to the program to determine level of treatment It consists of determining the offender's current cognitive, emotional, alcohol and drug use history, behavioral functioning, amenability for treatment, and risk level for re-offending.

Offender: A term used to describe all persons, both adults and juveniles, under the care, custody, or supervision of the WIDOC

Screening: The process used to determine whether an offender has a Substance Abuse treatment need. This process provides the initial review of the case, utilizing file documentation, collateral information, the administration of approved screening tools, and offender interview.

Substance Use Disorder (SUD) Use of alcohol and/or another psychoactive substance, individually or in combination, in a manner that interferes with healthy functioning in any of the following areas of an individual's life: educational, vocational, physical health; mental health, financial, legal, personal relationships, role as caregiver or homemaker

Substance Use Disorder Assessment The ongoing process by which a counselor or service provider identifies and evaluates an individual's strengths, weaknesses, problems, and needs in order to develop the offender's individual treatment plan.

Substance Use Disorder Treatment A comprehensive set of planned educational and therapeutic experiences and interventions intended to reduce or eliminate the offender's abuse/dependence on alcohol and other drugs and to reduce his/her risk of criminal re-offense. Treatment is expected to achieve these outcomes by assisting offenders to develop the motivation, skills, and behaviors to exercise greater self-control and deal more effectively with life situations Treatment provided must be sensitive and responsive to an offender's age, disability, gender, and culture, and must be conducted under clinical supervision to assist the offender through the recovery process

III. Purpose and Scope of Service

The WIDOC Substance Abuse Treatment Programs provide the information and skills to guide offenders with an assessed Substance Abuse need to recognize the beliefs, thoughts, feelings, and actions that lead to their substance use and abuse. The interventions within WIDOC Substance Abuse programs teach skills to make a positive plan for change, as well as reduce recidivism

IV. Purpose of the Standards

Standards for substance abuse assessment and treatment are necessary to achieve the following objectives

- Increase the effectiveness and consistency of service delivery throughout WIDOC
- Carefully consider fiscal and human resources
- Identify subordinate goals, objectives, and outcomes to form the basis of a policy and procedure guide
- Guide curriculum development and implementation
- Identify offender risk, needs, and responsivity factors
- Maximize service benefit by ensuring a continuum of care
- Utilize evidence-based practices to continually improve program quality and effectiveness

V. Service Standards

Screening and Assessment Evidence-based practices shall be utilized for screening and assessing offenders for Substance Abuse treatment needs.

A. **Screening**: In correctional systems, the term "screening" is aligned with a determination of "eligibility "
   1 Criminogenic needs:
      a Assessed by qualified and trained DOC staff to detect criminogenic needs, including the potential presence of a Substance Abuse treatment need, using COMPAS, or other evidence-based tools which have been validated with offending populations.
      b Primary criminogenic needs include
         i. Antisocial cognition
         ii Antisocial companions
         iii Conduct Disorder/Antisocial personality or temperament
         iv Family and/or Marital problems
      c Secondary criminogenic needs areas include.
         i Substance abuse
         ii Employment
         iii Education
         iv Leisure/Recreation
   2 Level of risk
      a. Adult Male and Female Recidivism risk as measured by COMPAS or a similarly validated tool is sufficient for optimal placement of offenders with a Substance Abuse treatment need
      b Secondary or Ancillary Screening Tools may be utilized to refine risk to reoffend with targeted subpopulations, e g. The Impaired Driver Assessment (IDA) may be utilized to assess OWI recidivism risk with relevant adult male and female populations
      c. Juvenile Male and Female· Recidivism risk as measured by COMPAS Youth or a similarly validated tool is sufficient for optimal placement of juvenile offenders with a Substance Abuse treatment need.
   3 Screening for a potential Substance Abuse treatment need, minimum criteria

a Screening tools must be administered by appropriately trained staff
b Screening tools may only be used for designed purposes.
c Staff administration of screening tools is conducted in a uniform, objective fashion, in accordance with instructions provided by the tool publisher
d Screening for both alcohol and drug use/abuse.
e Identification of possible presence of a Substance Abuse treatment need
f. Determination of whether
    i The offender likely does not have a Substance Abuse treatment need.
    ii Further assessment is warranted to validate presence of a Substance Abuse treatment need
g If case information suggests a potential treatment need, but screening does not identify a potential treatment need, an assessment may be appropriate to further define or rule-out presence of a Substance Abuse treatment need

B. **Initial Intake Assessment** In correctional settings, the process of "assessment" is often equated with determining level of care. Substance Abuse assessment process, minimum criteria:
1 Determination if the offender has a Substance Abuse treatment need requiring intervention.
2 Certified Substance Abuse Professional review of previous pertinent offender/case materials and engagement with the offender utilizing standardized tools to gather key information
    a Substance use
        i Use history
        ii Motivation and desire for treatment
        iii. Severity and frequency of use
        iv. Detoxification needs
        v Treatment history
    b Criminal involvement/history
    c. Medical health
    d Mental health
    e. Additional responsivity considerations:
        i. Education level
        ii Reading level
        iii Language/cultural barriers
        iv. Learning disability
        v. Family issues
        vi. History of physical/sexual abuse or trauma
3 Use of the above information to
    a Develop a responsive case plan and identify appropriate treatment dosage and modality
    b. Provide referrals as necessary to permit treatment of unresolved medical, mental, or trauma- related issues and improve treatment outcomes

C. **Assessment of Treatment Progress Toward Discharge**
1 Use of In-Program Progress Report process to gather multidisciplinary input into the observed application of skills and behaviors taught within the treatment context
2 Use of Substance Abuse Urinalysis and Breath Tests as a measure of treatment compliance and security maintenance.
3. Comparison of pre-test and post-test scores on an instrument which measures attitudinal change. Staff observation of offender demonstration of knowledge gained through treatment and application of learned skills
4. Through use of skill practice and role-plays, demonstrate the knowledge and ability to generalize the skills taught in the program to day-to-day situations
5. Through formalized meetings with treatment staff, participants are able to verbalize the skills taught in the program and how they are utilizing them in their daily activities
6. Through the completion of an appropriate success plan along with an appropriate plan for the first year after the completion of the program.

D **Reassessment:** To be done in instances where new information is received (e g , conduct reports for substance use, possession of intoxicants, new drug charges, etc.) to determine if current Substance Abuse need/treatment is appropriate using the criteria of assessment above.

Substance Abuse Treatment. Provision of treatment programming shall utilize evidence-based treatment protocols, supporting the principles below

A **Risk Principle**

1. Focusing supervision and treatment resources on moderate to high risk offenders to the greatest extent possible
2. Avoiding provision of treatment by the criminal justice system to offenders with a low recidivism risk.
3. Avoiding mixing offenders within treatment who have varying risk levels
4. Use of validated assessment tools to guide treatment placement and completion decisions in conjunction with professional judgment

B **Criminogenic Need Principle**

1 Focus on the criminogenic needs defined above when developing a treatment plan to address the offender's top four needs for optimal risk reduction

C **Treatment Responsivity Principle.**

1 Cognitive-behavioral interventions need to be integrated into all treatment offerings
2 Enhance intrinsic motivation through use of techniques such as Motivational Interviewing
3. Research supports varying treatment intensities for offenders based on recidivism risk level (excluding sex offenders):

Risk	Dosage (Hours)*	Duration (Months)	Intensity (Per Week)
Low	N/A	Minimal	Minimal
Moderate	100	3-6	1
Moderate/High	200	6-9	2
High	300	9-18	3

*Dosage Hours defined as direct and structured cognitive-behavioral treatment provision.

D. **Directed Practice:**

1 Apply cognitive-behavioral interventions across all levels of treatment and incorporate skill-training, role-playing, and directed practice into treatment methods
2. Use at least a 4 1 ratio of positive reinforcements to punishers/sanctions

Levels of Service. Services shall utilize evidence-based/research-informed curriculums and interventions to address an offender's substance abuse need based on the outlined screening, assessment, and placement.

Division of Adult Institutions

Level of care shall be determined through examination of two primary factors:

- Substance Use Disorder Severity Index determined by using an evidence-based diagnostic assessment tool
- Risk of Recidivism (Low, Moderate or High)

Group dynamics are outlined below with ranges that apply across all levels of service

A. **Objective** Learn skills to restructure cognitions, regulate emotions, and apply problem solving to attain a life free from substance abuse and criminal behavior In terms of co-occurrence of mental health disorders gain effective coping skills in order to manage emotional dysregulation, receive psycho-education and experiential tools to better manage emotions and urges in more productive ways

B **Group Type.** Closed with ongoing evaluation of progress

C **Group Size:** 8-12 for solo facilitation and 13-15 for co-facilitation. Maximum group size is often dictated in part if not in full by the author(s) of preferred curriculum For example: the Cognitive-Behavioral

Intervention for Substance Abuse (CBI-SA) authored by the University of Cincinnati Corrections Institute (UCCI) recommends 10 participants

D. **Providers** Co-facilitation is ideal, but not mandatory

E. **Duration** SUD 1 – No structured group Apply case plan intervention
SUD 2 - Approximately 12 weeks (0-99 hours)
SUD 3 - Approximately 14 weeks (100-150 hours)
SUD 4 - Approximately 20 weeks (200-250 hours)
Co-occurrence of mental health disorders - Approximately 9 to 11 months

F. **Treatment Outcome** Reduction of risk factors, completion of success plan, abstinence verified by periodic urine testing and breath testing according to agency/division-specific procedures, and completion of all required tasks and activities identified in approved curriculum In terms of those facing co-occurrence of mental health disorders – increased understanding and application of effective coping strategies to manage mental health

G **Continued Care**

1 Aftercare - Ongoing care and support services provided upon successful completion of primary (SUD) Treatment for long term recovery maintenance with an emphasis on behavioral and lifestyle change The duration is approximately eight weeks at two hours per week The targeted population includes those that have experienced a significant amount of time of abstinence or experiences a relapse of their addiction symptoms lasting less than three months.

2 Relapse Prevention (Recurrence Management) - Ongoing care provided upon successful completion of primary (SUD) Treatment for long term recovery maintenance and prevention of relapse. The duration is approximately eight weeks at four hours per week. The targeted population includes those that have experienced a relapse of their addiction symptoms lasting three to twelve months after a period of an absence of those symptoms

Assessment Diagnosis	COMPAS Risk Level		
	Low Risk	**Moderate Risk**	**High Risk**
0 – No Diagnosis	No Treatment	No Treatment	No Treatment
1 – Mild SUD	No Treatment	SUD-2	SUD-4
2 – Moderate SUD	SUD-1	SUD-3	SUD-4
3 – Severe SUD	SUD-1	SUD-3	SUD-4

*Low risk inmates with liberty interest issues (parole or custody classification considerations) will receive a program designation of SUD-2

*Low risk inmates in prison due to repeat OWI offenses will receive a program designation of SUD-2

Minimizing the risk of treating low risk offenders, the following considerations shall be utilized:

- Treatment may be offered in the least restrictive custody setting
- All low risk groups will be grouped with only low risk offenders

Division of Community Corrections

The recommended level of care shall be established through an examination of the severity of the client's Substance Use Disorder

Objective Effectively place individuals who have a need for substance abuse treatment into the proper level of service. Provide treatment services which will allow individuals to learn skills to restructure cognitions, regulate emotions, and apply problem solving to attain and maintain a life free from substance abuse and criminal behavior. To accomplish this, an assessment of biopsychosocial severity and function will be completed to evaluate the client's needs and strengths. As required by ASAM criteria, this assessment will evaluate

- Acute Intoxication and/or Withdrawal Potential
- Biomedical Conditions/Complications

- Emotional, Behavioral, Cognitive (EBC) Conditions/Complications
- Readiness to Change
- Relapse, Continued Use, or Continued Problem Potential
- Recovery Environment

Evidence-based assessments that may be utilized include, but are not limited to TAAD-5, SUDDS-5, DAPPER-3, CONTINUUM, SBIRT Clinical Tools, and AUDIT. This list is non-exhaustive. Assessment(s) should evaluate for the six ASAM dimensions listed above.

Individualized continuum of care plan shall:

- Comply with the ASAM criteria guidelines for placement
- Utilize an evidence-based substance use disorder diagnostic assessment tool
- Include a mental health evaluation, if mental health symptoms are evident
- Include clinical case management
- Incorporate a contingency management system (i e rewards)
- Utilize random urinalysis screenings
- Coordinate with community resources (e.g, Medication Assisted Treatment, Community Support Meetings)

Group dynamics that apply across all levels of service

A. **Group type**: Open (or as required by author of curriculum) with ongoing evaluation of progress
B **Group size**: 8-10 for single facilitation, unless dictated by the proposed curriculum
C. **Providers**: Single facilitation
D **Duration** Individualized and based on the individual's progress towards meeting their treatment plan goals. Continuum of care includes.
    1. Intensive Outpatient
        a. Nine or more hours of service per week to treat multidimensional instability
        b. Cognitive-based curriculum determined by treatment provider
    2 Outpatient Services
        a. Less than nine hours of service per week for recovery or motivational enhancement therapies/strategies
        b. Cognitive-based curriculum determined by treatment provider
    3 Aftercare Treatment
        a Less than three hours of services per week for continued engagement and adherence to relapse prevention plan
        b. Cognitive-based curriculum determined by treatment provider
    4. Individual Sessions
        a As required by individual treatment plan

    NOTE It is recommended that the Cognitive-Behavioral Interventions-Substance Abuse (CBI-SA) curriculum be utilized within the continuum of care; however, utilization of this curriculum within the continuum is at the discretion of the provider.
E **Treatment Outcomes**:
    1 Completion of at least two of the identified goals on the individual's treatment plan
    2 Period of abstinence, which has been confirmed by urinalysis screenings
        - NOTE: If abstinence is not obtained at the time of group cycle completion, a recommendation should be made regarding level of care.
    3 Positive progress, as monitored through ongoing clinical case management
    4 Ability to demonstrate an understanding of skills taught through positive performance and pre- and post-test results
    5. Completion of appropriate success plan (relapse prevention)

Division of Juvenile Corrections

The recommended level of care shall be determined through the consideration of two primary factors:

1 Risk of Recidivism (Low, Moderate, or High)

2 Substance Use Disorder Severity Index as determined through the use of an evidence-based diagnostic assessment tool. As recommended by the American Society of Addiction Medicine (ASAM) criteria, this assessment will evaluate:
   - Acute Intoxication and/or Withdrawal Potential
   - Biomedical Conditions and Complications
   - Emotional, Behavioral, or Cognitive Conditions and Complications
   - Readiness to Change
   - Relapse, Continued Use, or Continued Problem Potential
   - Recovery/Living Environment

Objective Learn skills to restructure cognitions, regulate emotions, manage trauma symptoms, and apply problem-solving to attain and maintain a life free from substance abuse and criminal behavior

Group dynamics that apply across all levels of service

A **Group type:** Open with ongoing evaluation of progress
B **Group Size:** 6-8 youth
C **Providers:** Single facilitation
D **Duration:** Based on evidence-based program curriculum and the individual youth's progress towards meeting treatment plan goals

Community Supervision
Programming will utilize a cognitive-behavioral curriculum with skill building activities. Duration of the programming is individualized and based on the individual's progress towards meeting their treatment plan goals Cognitive-Behavioral programs include, but are not limited to, CBI-SA, MRT, DBT, A-CRA/ACC, and MET/CBT5

Levels of Care in the community:

- Individual Counseling
- Outpatient Services
- Residential Services
- Medically Managed Residential Services

Treatment outcomes:

1. Period of abstinence, which has been confirmed by urinalysis screenings
2 Positive progress as monitored through ongoing case management
3 Ability to demonstrate an understanding of skills taught through positive performance and pre- and post-test results
4. Completion of appropriate success plan for relapse prevention

VI. Staff Standards

Staff involved in the delivery of Substance Abuse treatment services shall have appropriate education, experience, and supervision. To ensure the quality and effectiveness of services, staff shall have education, supervision, and practice commensurate with their level of responsibility No staff will practice outside the scope of their competence Programs will have adequate staff to deliver the program Programs will also ensure that staff participates in appropriate ongoing training and education

A **Credentials**:
Treatment Providers [Minimal Expectations]:
1. The Wisconsin Department of Safety and Professional Services (DSPS) recognize several licenses for Substance Abuse counselors through DSPS 160-168 Each license has specific requirements regarding level of education, amount of experience, application exam, on-going training requirements and on-going clinical supervision. WIDOC Substance Abuse providers, including contracted service providers, must meet the requirements of DSPS 160-168 for the following:

a. Substance Abuse Counselor – In Training (SAC-IT)
b. Substance Abuse Counselor (SAC)
c. Clinical Substance Abuse Counselor (CSAC)
d. Substance Abuse Specialty Authorization which is on another master's level license: Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Marriage & Family Therapist (MFT)

2 Clinical Supervisors – Licensed

The Wisconsin Department of Safety and Professional Services (DSPS) mandate levels of clinical supervision in DSPS 160-168 DSPS also specifies requirements for clinical supervision Substance Abuse providers must meet the requirements of DSPS 160-168 for the following·

a Clinical Supervisor – In Training
b Intermediate Clinical Supervisor
c Independent Clinical Supervisor
d Physicians or psychologists may practice as a Substance Abuse Clinical Supervisor if they meet the requirements of DSPS 160-168
e Clinical Supervisors must hold a current certification as A Clinical Substance Abuse Counselor or a Professional Counselor, Marriage and Family Therapist or Social Worker holding a credential under Ch 457, Stats. at the master's level or higher with the specialty authorization of s MPSW 1.09
f. Clinical Supervisors must complete sufficient patient counseling experience per the current DSPS 160-168.
g Clinical Supervisors must complete education requirements per current DSPS 160-168
h. Clinical Supervisors must complete examination per current DSPS 160-168
i. Clinical Supervision will be delivered per DSPS 160-168
j. Clinical Supervision Hours will include: individual supervision, group supervision, observation of counselors actively engaged in group facilitation, and quality assurance case management review.

SUBSTANCE ABUSE COUNSELOR CERTIFICATION LEVEL AND REQUISITE CLINICAL SUPERVISION

Type of Certification	**Minimum Clinical Supervision Hours Required**
Substance Abuse Counselor in Training	2 Hours of Clinical Supervision for every 40 hours of work
Substance Abuse Counselor	2 Hours of Clinical Supervision for every 40 hours of counseling
Clinical Substance Abuse Counselor	1 Hour of Clinical Supervision for every 40 hours of counseling
One in person meeting each calendar month with a substance abuse counselor in training, substance abuse counselor, or clinical substance abuse counselor This meeting may fulfill a part of the requirements above	

David J. Powell, author of Research in Substance Abuse Treatment and the University of Cincinnati Corrections Institute Evidence-Based Correctional Program Checklist support clinical supervision ratios which allow the clinical supervisor to routinely facilitate groups and maintain a small caseload—thereby remaining in touch with the dynamics of the offender population and clinical service delivery.

VII. Quality Assurance Standards

A Substance abuse offender treatment programs shall maintain a program/curriculum manual which shall be updated a minimum of once every two years, or whenever these standards are amended or revised.

B Clinical supervisors shall document and ensure that staff meet and maintain educational, training and consultation requirements.

C. Program supervisor shall regularly observe and document the quality of service delivery using appropriate sections of the Corrections Program Checklist

D. Participant satisfaction surveys shall be gathered periodically throughout treatment and used to inform program delivery practices
E. Offender pre- and post-testing shall be conducted to measure knowledge acquisition, behavioral and attitudinal changes
F. Program supervisor shall regularly review documentation for quality and timeliness and record in their employees annual PPD
G Results of quality assurance efforts shall be maintained by the institution or region and made available to the CDT or other designated DOC body upon request