


Wisconsin Department of Corrections		Page 1 of 7
Program Standards	Original Effective Date: March 22, 2021	New Effective Date: March 22, 2021
	Supersedes: N/A	
	Units Affected:	
	<input checked="" type="checkbox"/> DAI Institutions <input checked="" type="checkbox"/> DJC Facilities <input checked="" type="checkbox"/> DCC Facilities <input checked="" type="checkbox"/> WCCS Facilities <input checked="" type="checkbox"/> Contracted Providers <input checked="" type="checkbox"/> WRC	
Program: Virtual Program Delivery Standards		
Deputy Secretary Signature: 		Date: 03-05-2021

I. Definitions and Acronyms:

Cognitive-Behavioral Program (CBP): An evidence-based program that teaches specific strategies or techniques to enable participants to (1) identify the specific thoughts that support criminal behavior (self-observation); (2) recognize the pattern and consequences of thinking; (3) utilize reasoning, problem-solving, self-talk, and social interaction skills as a means of controlling and changing thinking; (4) recognize and evaluate potential choices and make a conscious decision to change or not to change a behavior. This program combines two types of cognitive interventions: cognitive restructuring (changing the thinking patterns, attitudes, and beliefs that lead persons to offend) and cognitive skills training (learning and practicing reasoning, problem-solving, and social skills).

Core Content: Required components of a program that must be provided to all participants and are considered fundamental to program fidelity.

Criminogenic Needs: Aspects defined by the DOC COMPAS assessments that are identified as an area of risk for re-offending due to criminal/problematic areas in an individual’s life.

Dosage: The total accumulation of programming hours received via groups, individual sessions, and targeted intervention tools in alignment with risk level.

Executive Directive 84 (ED 84): Evidence-Based Program Standards

Education Program: An authorized course or series of courses from accredited institutions of higher education designed to teach academic and vocational skills for people in our care. Programs are formally endorsed by the Office of Program Services and are instructed either via DOC teaching staff under the accreditation of the Higher Learning Commission by contract via the local community college or as a contracted service with institutions of higher education instructors.

Employment Program: An employment-based correctional program designed to increase employability and employment of participants. Effective employment programs target several criminogenic factors and teach participants to recognize and manage problem scenarios through the rehearsal and implementation of prosocial responses.

Final Participant Evaluation: An evaluation based on the participant’s performance completed by staff. Each program may have their own standard measurements, including participant self-evaluation, as defined by program guidelines.

Participant: A person, adult, or juvenile, under the care, custody, or supervision of the Wisconsin DOC who is receiving program services.

Program Facilitator: An individual who delivers programming and evaluates participant performance.

Program Site Manager: A staff member with supervisory designation who will provide programmatic supervision to ensure program integrity and a professional level of practice by program facilitators.

Sex Offender Treatment (SOT): A program for individuals who are assessed as having a sexual offender treatment (SOT) need that targets individual risk factors, enhances protective factors, and that has the primary goal of reducing an offender's risk of sexual and sexually-related offending.

Substance Use Disorder (SUD) Treatment: A comprehensive set of planned educational and therapeutic experiences and interventions intended to reduce or eliminate the participant'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 participants 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 a participant's age, disability, gender, and culture, and must be conducted under clinical supervision to assist the participant through the recovery process.

Virtual Program Delivery: A live program group or session where one or more of the participants are not in the same room as the facilitator and content is delivered over a web-based conferencing tools such as Zoom or Microsoft Teams.

WIDOC: Wisconsin Department of Corrections.

II. Introduction and Rationale for Virtual Protocols

In December 2017, Executive Directive 84 was approved to provide the parameters for applicable interventions, programs, and services delivered by both WIDOC and contracted agencies to address criminogenic needs. As of March 2020, evidence-based program standards were implemented for cognitive-behavioral programs, substance use disorder (SUD) treatment, sex offender treatment (SOT), and employment. Furthermore, program standards for the areas of domestic violence and anger management were in development.

In Spring 2020, the COVID-19 pandemic forced WIDOC to move to a virtual delivery for services. As this was unprecedented, consistent standards and policies were not yet in place. In Summer 2020, the Reentry Executive Team (RET) approved the development of a cross-divisional workgroup to draft consistent standards for the delivery of virtual program services.

Overall, program and treatment services shall be conducted in-person when possible, and shall be conducted in a virtual format when in-person sessions are not possible unless approved through DOC policy or supervisor approval. The following standards outlines virtual program delivery processes for primary program areas across DAI, DCC, and DJC. For certain services, such as health, mental health, substance abuse, and sex offender treatment, additional protocols and privacy guidelines are required for virtual delivery. Policies and business process related to operating procedures for telehealth and telepsych services provided by DAI BHS or DCC and DJC Psychological Services and Health Services are outlined in a separate document. It is understood that these standards will need to be re-visited over time, as technology and expectations are ever changing.

III. Site Assessment and Required Equipment

Before offering virtual program services, providers and/or institution staff must conduct their own assessment of physical space and technology. The following checklist will assist providers in identifying areas to address before delivering virtual program services. Location of services will vary by division but may include DCC Field Office conference rooms, institution group rooms, etc.

Checklist of Requirements		
Identify the Location of the Room		
-Is this space accessible to external individuals (i.e. clients, contracted providers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-Is this a permanent space? -If temporary, ensure that a TV cart is accessible for use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-Is this a leased location? -If yes, please work with landlord and contractor to wall mount TV (Note: WIDOC BTM does not mount TVs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess Furniture in the Room		
-Do you need additional conference tables and chairs (please keep in mind social distance requirements, video viewing)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	# of Tables:	
	# of Chairs:	
-What is the maximum amount of people that can be in this space?	# of People:	
Identify Location for Mounting TV		
-Are power outlets on the same wall and in close proximity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-Is there an internet and network connection on the same wall and in close proximity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The following options are recommended for potential delivery options. It is understood that the equipment recommendations below are best practice options and there may be site-specific limitations due to space, staffing, etc.

If provider/facilitator is utilizing a WIDOC space, the following options are available through BTM to ensure a smooth transition to virtual program offerings.

a. Option A

Facilitator: DOC Staff or Contracted Provider
Space: DOC Space such as DOC Field Office, DOC Conference Room, Institution Group Room
Equipment: Facilitator provides their own computer to hook up to PolyCom system. Facilitator direct dials to Zoom, Microsoft Teams, or other Web Conferencing using PolyCom. No connection to the DOC network is required.
Supervision: Onsite DOC staff is not required to supervise provider, as there is no DOC network connection through the PolyCom system.

Equipment*
VIZIO V505-G9 50" LED TV
Peerless SmartMount Universal Flat Wall Mount SF650
Peerless Single AV Wall Shelf ESHV20-S1 Mounting Kit
PolyCom RP310 HD

*Equipment listed is a sample of equipment based on current availability and use, as of January 2021. Exact equipment model numbers may change over time, but should be consistent with the listed equipment functionality.

b. Option B

Facilitator: DOC Staff or Contracted Provider
Space: DOC Space such as DOC Field Office, DOC Conference Room, Institution Group Room

Equipment: Facilitator does not need to provide their equipment. Facilitator uses a DOC-provided computer and equipment with a direct connection to internet and the DOC network. Facilitator direct dials to Zoom, Microsoft Teams, or other Web Conferencing using PC installed software.

Supervision: Onsite DOC staff is required to supervise non-DOC providers, as there is a DOC network connection (Executive Directive 50).

Equipment*
VIZIO V505-G9 50" LED TV
Peerless SmartMount Universal Flat Wall Mount SF650
Peerless Single AV Wall Shelf ESHV20-S1 Mounting Kit
Standard PC provided by BTM
Logitech HD Webcam C930e
Jabra SPEAK 510 USB VoIP Speaker Phone for UC
Logitech MK345 Wireless Keyboard & Mouse, Black (920-006481)

*Equipment listed is a sample of equipment based on current availability and use, as of January 2021. Exact equipment model numbers may change over time, but should be consistent with the listed equipment functionality.

c. Option C

Facilitator: DOC Staff or Contracted Provider
 Space: External non-DOC location
 Equipment: Facilitator provides their own computer and equipment.
 Supervision: Does not apply, as facilitator is not on DOC property.

Provider must have the following equipment and capabilities:

- PC or Smart Phone with camera and microphone with the ability to display any required PowerPoints, handouts, worksheets, and related working documents for the curriculum.
- Physical space and equipment compliant with WI DHS Forward Health Update from March 2020 available here: <https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf>.
- Use of a WIDOC-approved web application with all required privacy settings under all WI DOC Executive Directive and policies for confidentiality and privacy of information. Web-based platforms may include, but is not limited to: Zoom, Microsoft Teams, Skype, WebEx, GoToMeeting. Platforms must meet HIPAA compliance for program delivery, including having a signed Business Associate Agreement (BAA) or Qualified Service Organization Agreement (QSO) where required.
- Ability to deliver core content of the curriculum including modeling skills, conducting role plays, providing feedback, etc. to participating group members, as if the group was in-person.
- Participants and providers may be required to install an application to connect to the meeting.

For more information, please refer to the WI DHS Forward Health Update dated March 2020: <https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf>.

IV. Services Eligible for Virtual Program Delivery and Delivery Considerations

During development of the standards, a current state analysis was conducted to determine the current business process and outline future business process for the following program areas: anger management, cognitive-behavioral programs (CBP), domestic violence, education/vocational education, employment, sex offender treatment (SOT), and substance use disorder (SUD) treatment. Through this analysis, it was determined that multiple program areas would benefit from a virtual delivery model. For primary program areas, programs

utilizing curricula with a cognitive-based approach (i.e. targeting thoughts, attitudes, values, beliefs through the teaching and modeling of new skills, practice, and feedback) are generally considered acceptable for a virtual format. However, there are several considerations that are essential in service delivery.

- Virtual sessions shall abide by all training lesson plans, exercises, procedures, and class size to maintain fidelity. Curricula must deliver all core content and be delivered to fidelity. The curricula may not be shortened or adjusted from in-person delivery. This includes homework checks, selling the new skill, teaching of the skill, modeling skill steps, role plays for all participants, providing feedback, and allowing for graduated practice.
- All lessons must be delivered, as outlined in the curriculum. It is understood that multiple groups/sessions may be necessary to deliver a lesson and curriculum delivery may exceed the length of typical in-person delivery. Dosage hours for each curricula will be credited for the same amount as in-person groups.
- The virtual format shall allow for real-time audio, video, and computer content sharing between all participants (facilitators/providers and participants), who are logged in at the same time and are able to communicate directly with each other.
- Participants shall be WIDOC staff, contracted staff, and/or individuals under WIDOC supervision and shall participate and interact, as if they are attending an in-person group.
- Materials required by the curriculum (e.g. handouts, skill cards, workbooks) should be distributed to participants prior to each group or available onsite where the participant is located (e.g. DCC Field Office).
- A consistent mechanism for submitting homework assignments will be established prior to the first day of the program group and communicated to the participants.
- Group expectations should be established on the first day of the program group. These expectations should be consistent with in-person group expectations. However, facilitators should communicate additional group expectations unique to a virtual setting. This may include muting microphones, keeping the video feed on, raising hands, or using chat functionality, etc.
- Breakout rooms may be used while participants are preparing their role plays. When there are two facilitators present, breakout rooms may be used for participants to deliver their role plays with at least one facilitator present in each room.
- Facilitators and participants must disclose to all participants on the virtual platform if there are other individuals present in the room who are outside of the facilitator or participant role.
- When there are technical issues and the facilitator's virtual equipment fails, the session shall be rescheduled to another date/time when all requirements can be met for the session and the issue has been resolved. Consistent with in-person programming, schedule changes shall be communicated to the contract manager or supervisor.
- Recording of the session or group content is prohibited by all parties.
- PREA language shall be included in all contracts for services provided within a residential setting.

V. Staff/Facilitator Standards

To ensure the quality and effectiveness of services, staff delivering virtual services shall have necessary training, licensure, and supervision required per the curriculum specifications. Facilitators must have successfully completed the approved curriculum-specific facilitator training prior to conducting group sessions. Staff/facilitator standards will remain consistent with in-person training and certification requirements. Additionally, facilitators and their agencies must abide by all requirements noted in the WI DHS Forward Health Update published in March 2020. As noted in Section II. Site Assessment and Required Equipment, additional information may be found here: <https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf>.

VI. Contract Language Examples

In order to assist contract managers, the following examples may be used to outline virtual program delivery standards in service contracts. Please note the below language is in addition to previous approved language under each section for program contracts and is only a guideline for future addendums and new contracts.

Contract Section	Example Language
Definition	The use of telecommunication equipment to link the contractor staff and persons in our care (PIOC) and clients in different locations.
Description	Providing in person treatment services is the WIDOC's preferred method for delivering group and one-on-one services. However, virtual program services may be needed in locations where it is difficult to get enough referrals to hold a group or where it is difficult to find qualified lead facilitators to provide services. Virtual program services may also be required when in-person sessions are not possible due to the health and safety of the participants (e.g., stay-at-home order, social distancing).
Service Delivery	Current virtual program groups are provided as follows: <ul style="list-style-type: none"> • The facilitator is in one location and correctional clients are in multiple locations within the community using a secure web-based video platform; or • The facilitator is in one location and correctional clients are in a separate satellite location that will be monitored by DOC staff; or • The facilitator and some correctional clients are at one location and some correctional clients are at another satellite location that will be monitored by DOC staff; or • The facilitator and some correctional clients are at one location and some correctional clients are at multiple satellite locations that will be monitored by DOC staff.
DOC Location Set-Up	Virtual program delivery services are requested for locations that have conference rooms containing virtual program equipment. The DOC office staff, space, and virtual program equipment are available at no cost to the Contractor when PIOC are receiving services and when facilitators are providing services. DOC office equipment use is limited to that required to provide the virtual program delivery service. The Contractor shall contact the appropriate DOC Contract Administrator to coordinate scheduling the virtual program service times and conference rooms.
Provider Set-Up	If the Contractor is providing services via a virtual program delivery method then the facility must include virtual program equipment and the Contractor is required to abide by all WI DHS requirements. The Contractor is responsible for all contractor owned virtual program equipment, equipment maintenance, equipment replacement, software, and internet service. Virtual program equipment and connection shall abide by all requirements outlined in the WI DHS Forward Health Update.
Confidentiality	When virtual program delivery services are being utilized, the Contractor shall only use video software that is HIPAA compliant.
Staff Qualifications	Contracted staff shall abide by the guidelines outlined in the WI DHS Forward Health Update published in March 2020 https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf

VII. Quality Assurance Requirements

Consistent with in-person services, the following quality assurance standards shall also apply to virtual services:

- A. Programs shall maintain a program/curriculum manual which shall be reviewed and updated (as necessary) a minimum of once every two years, or whenever these standards are amended or revised.
- B. Program supervisors shall document and ensure that staff meet and maintain educational, training and professional development, and client staffing requirements.
- C. Programs shall be regularly observed and documentation shall reflect the quality of service delivery using standardized observation tools to assist in program consultation.

- D. Participant satisfaction surveys shall be administered periodically throughout programming and used to inform program delivery practices.
- E. Pre- and post-testing shall be conducted to measure knowledge acquisition, behavioral, and attitudinal changes, and skill application.
- F. Regular collection of data and review of documentation for quality will be conducted.
- G. Results of quality assurance efforts shall be maintained by the institution or region and made available to the Evidence-Based Program Oversight Committee or other designated DOC body upon request.
- H. Approval of new programs shall follow the division-specific process which will include a review of program proposal and pilot before implementation. As these division-specific processes are implemented, the Evidence-Based Program Manager will provide oversight consistent with current research on effective interventions.