Program: Wisconsin Opioid Addiction Treatment Pilot Program Logic Model

Situation: A July 2014 National Household Survey on Drug Use and Health shows 4.3% of Wisconsin adults report using heroin or another opiate in the past year. This represented 163,300 Wisconsin adults, a dramatic increase over the past 10 years. When compared to the national average of 0.9%, heroin use in Wisconsin (among adults age 18 and over) is over four times greater than the national average. DOC is responding to this public health crisis.

Inputs
- EB research
- AODA Curriculum
- Wisconsin Act 55 funding
- Contract Providers
- DAI, DCC Training
- DHS
- DOJ
- Other Active Vivitrol Programming
- MAT instrudy

Activities
- Potential participants are identified for further processing
- Training is delivered to DOC staff
- Tx Provider standards incorporated in DOC contracts
- DOC collects program Outcome Measures (including ACE scores)

Participation
- Offenders screened per DAI and DCC criteria.
- EB AODA programming delivered to pilot participants by qualified Tx providers, consistent with DOC policy
- Engagement by offender’s family and/or support network
- Participants awareness of medical assisted treatment
- DOC has research-based knowledge of program outcomes

Outputs
- DAI AODA participants releasing to region 4
- DCC Offenders with an assessed need located in region 4
- Deficit AODA participants
- Pilot participants acquire tools including medication to abstain from opiate use
- Tx Provider standards incorporated in DOC contracts
- DOC data managers

Outcomes
- Fewer crimes; Reduced recidivism; Greater success on supervision
- Decrease overdose

Assumptions
This logic model is based on the pilot program
MAT helps aid in successful recovery from opiate use
Current AODA treatment is appropriate for participants
MAT reduces recidivism
Needs assessments are standardized and validated tools
Geographic location provides enough pilot participants and medical providers

External Factors
- Pilot group may be expanded based on resources and continued funding