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STATE OF WISCONSIN

Department of Corrections



DIVISION OF COMMUNITY CORRECTIONS 2021: A Year in Review

FISCAL YEAR 2021

The Division of Community Corrections (DCC) enhances public safety through the management and reduction of client risk. DCC provides supervision and collaboration with community partners to assist clients to change their behavior and repair the harm they have done.

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State of Wisconsin

Department of Corrections

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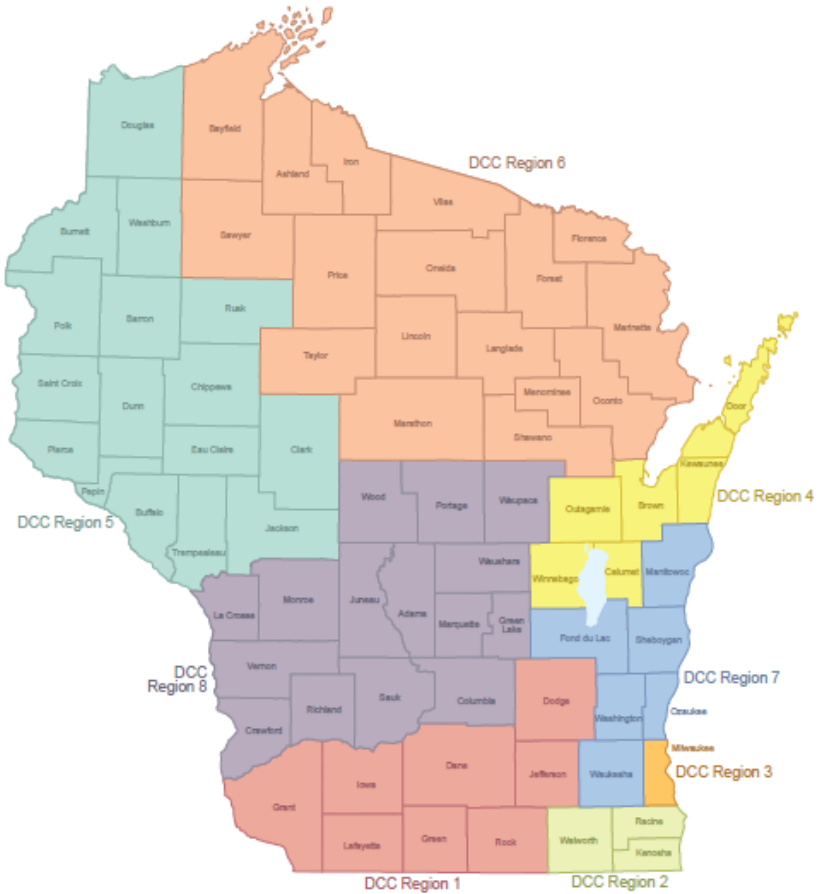
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Community Supervision

The Wisconsin Department of Corrections (DOC), Division of Community Corrections (DCC) supervises clients placed on probation, or released from prison on parole or extended supervision. Supervision is community-based to strengthen the family unit, encourage lawful behavior, and provide local treatment programs.

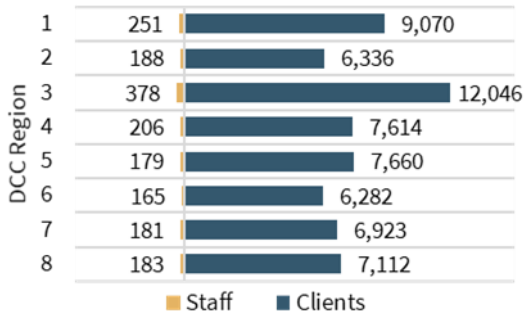
The probation and parole agents of DCC supervise clients in the community and aid in sentencing and reentry planning. In addition, they provide investigative services to the courts, to DOC’s Division of Adult Institutions, and to the Parole Commission. Under limited circumstances, agents supervise both juveniles released to aftercare programs and clients conditionally released from mental health facilities.

Regional Population

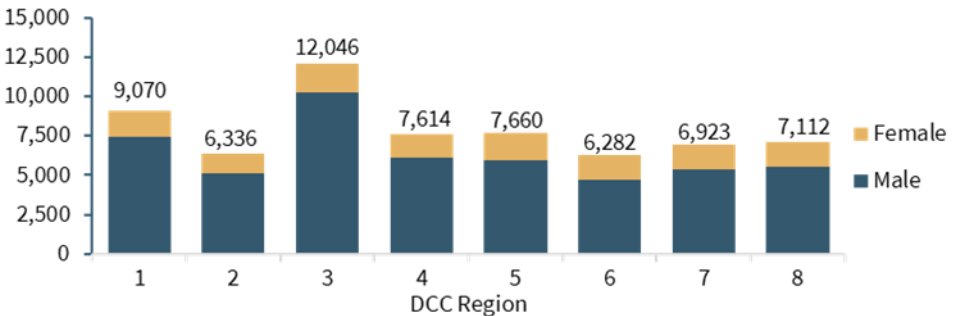
DCC is made up of eight regions, each led by a Regional Chief located at a regional office within that region. The overall client population, as of June 30, 2021, was **63,043**.

Total Number of Staff and Clients by Region

The DCC staff count includes *all* staff classifications, including supervisory and support staff. These numbers should not be used to infer client to staff ratios or to make other comparisons.



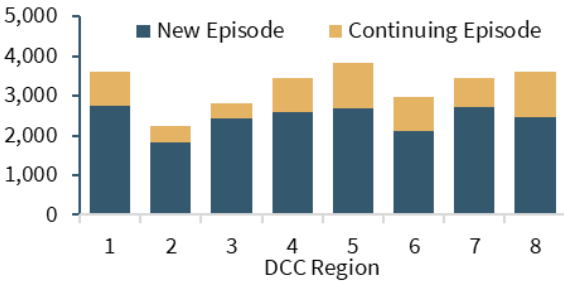
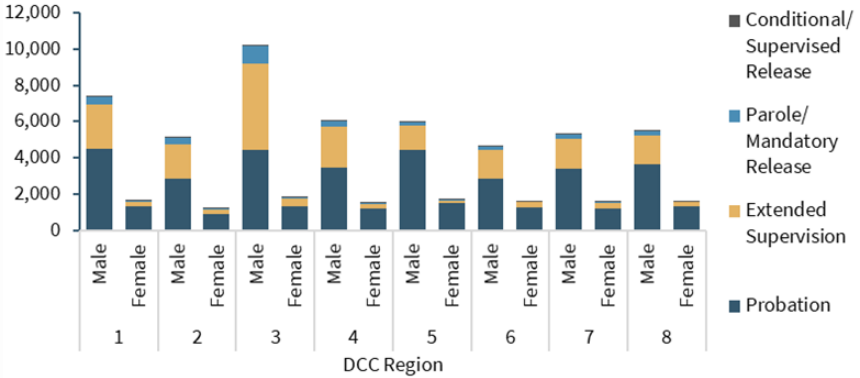
Client Population by Gender and Region



Community Supervision

Client Population by Region, Case Type, and Gender

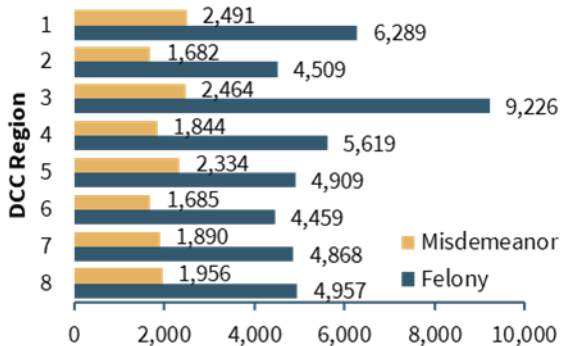
New Probation Case Count by Region



The total number of clients with probation cases that were ordered in fiscal year 2021 was 19,263, encompassing 25,291 probation cases. Of these, 15,611 clients started new episodes of supervision with DCC. Of these, 8,102 clients were new intakes (first time) with DCC.

Client Population by Region and Offense Severity

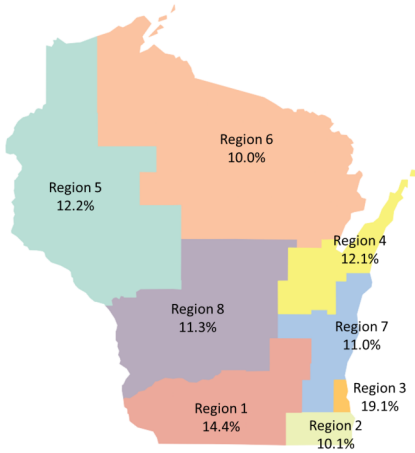
The total count of DCC clients with a felony in fiscal year 2021 was 44,836. The total count of DCC clients with a misdemeanor in fiscal year 2021 was 16,346. Not shown in this graph are 1,861 unknown offense severity cases (i.e. interstate compact, probation deferred, and supervised or conditional release type offenses).



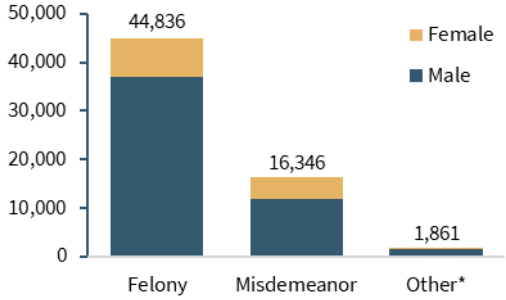
Statewide Population

On June 30, 2021, the overall population was **63,043** clients.

Population Breakdown in Percentages by Region

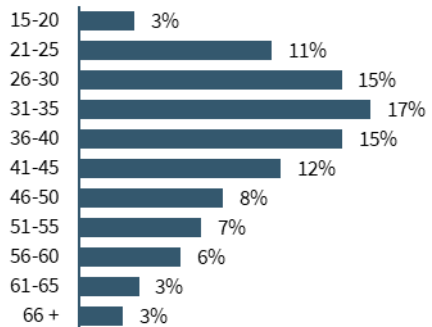


By Gender and Offense Severity

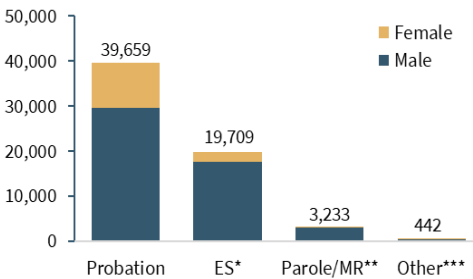


* Interstate compact, probation deferred, and supervised or conditional release

By Age



By Gender and Supervision Type



By Gender, Race, and Ethnicity

Category	Male	Female
Race		
White	66.8%	73.1%
Black	27.3%	17.8%
American Indian/Alaskan Native	3.9%	7.3%
Asian or Pacific Islander	1.5%	0.9%
No Data/Unknown	0.5%	0.8%
Ethnicity*		
Hispanic or Latino	8.3%	3.9%

* Clients in all race categories can identify themselves as Hispanic or Latino.

* Extended Supervision
 ** Mandatory Release
 *** Supervised and conditional release

Statewide Special Populations

Sex Offender Registry Program

The Sex Offender Registry Program (SORP) is responsible for monitoring and tracking clients convicted of sex crimes. In addition, they provide information to promote community awareness and increase public safety. The table below describes the SORP population as of June 30, 2021.

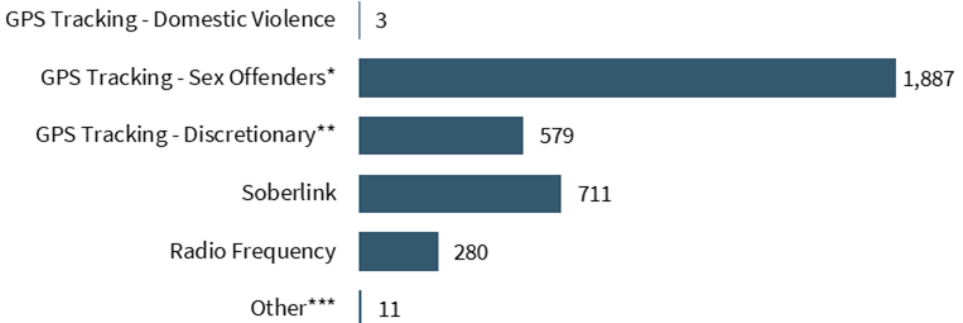
Description	Number of Registrants
<u>Type of Conviction</u>	
Adult	25,263
Juvenile Adjudication or Minor	620
Total	25,883
<u>Supervision Status</u>	
Incarcerated	5,593
Not Incarcerated (Total)	20,290
Active Community Supervision	6,288
Terminated from Community Supervision	14,002
Total	25,883

Client Monitoring Population

The DOC Electronic Monitoring Center provides centralized electronic monitoring for clients as an alternative to incarceration. The data below is current as of July 1, 2021.

* Includes juveniles

** Includes sex offenders and non-sex offenders



*** Includes Sobrieter, Radio Frequency paired with Sobrieter, and transdermal alcohol monitoring. Some older alcohol monitoring devices are being phased out and replaced by Soberlink, which uses facial recognition technology to confirm the identity of the client in each breath test and submit results in real-time.

Population Table by County of Supervision

DCC Region	County of Supervision Based on Assigned Agent	Probation		Extended Supervision		Parole/Mandatory Release		Conditional/ Supervised Release		Total by County
		Gender		Gender		Gender		Gender		
		Female	Male	Female	Male	Female	Male	Female	Male	
1	DANE	437	1,736	114	1,124	15	249	2	34	3,711
	DODGE	143	424	38	189	6	41	3	2	846
	GRANT	92	256	10	65	1	15	1	3	443
	GREEN	54	238	5	64	1	13	1	2	378
	IOWA	38	115	3	41	3	9	0	0	209
	JEFFERSON	139	420	22	215	2	47	2	15	862
	LAFAYETTE	32	79	2	34	0	7	0	0	154
	ROCK	366	1,216	82	694	11	86	0	12	2,467
TOTAL	1,301	4,484	276	2,426	39	467	9	68	9,070	
2	KENOSHA	344	1,100	88	760	12	121	0	6	2,431
	RACINE	392	1,129	130	866	16	193	5	14	2,745
	WALWORTH	172	605	35	295	7	40	0	6	1,160
	TOTAL	908	2,834	253	1,921	35	354	5	26	6,336
3	MILWAUKEE	1,344	4,411	407	4,803	61	941	22	57	12,046
4	BROWN	534	1,355	131	978	13	150	0	27	3,188
	CALUMET	19	87	3	36	1	7	0	0	153
	DOOR	55	130	12	71	4	11	1	0	284
	KEWAUNEE	28	100	0	45	1	3	0	0	177
	OUTAGAMIE	277	978	57	565	14	96	4	16	2,007
	WINNEBAGO	280	838	62	505	12	95	3	10	1,805
	TOTAL	1,193	3,488	265	2,200	45	362	8	53	7,614
5	BARRON	109	328	14	137	1	17	0	6	612
	BUFFALO	11	20	2	8	0	0	0	0	41
	BURNETT	74	167	3	43	1	2	0	0	290
	CHIPPEWA	143	427	11	147	0	15	0	5	748
	CLARK	34	116	3	35	1	2	0	3	194
	DOUGLAS	161	462	26	167	2	22	0	4	844
	DUNN	101	243	10	75	0	12	1	3	445
	EAU CLAIRE	257	779	43	285	5	34	2	8	1,413
	JACKSON	57	156	14	84	1	9	0	0	321
	PEPIN	13	45	0	8	0	0	0	1	67
	PIERCE	60	251	4	43	0	3	0	0	361
	POLK	115	349	10	94	1	11	0	0	580
	RUSK	32	106	2	40	1	8	1	2	192
	ST. CROIX	232	674	16	121	0	7	0	3	1,053
	TREMPEALEAU	35	179	5	33	0	7	0	2	261
WASHBURN	54	121	10	50	0	2	1	0	238	
TOTAL	1,488	4,423	173	1,370	13	151	5	37	7,660	

Population Table by County of Supervision

DCC Region	County of Supervision Based on Assigned Agent	Probation		Extended Supervision		Parole/Mandatory Release		Conditional/ Supervised Release/ Other		Total by County
		Gender		Gender		Gender		Gender		
		Female	Male	Female	Male	Female	Male	Female	Male	
6	ASHLAND/BAYFIELD/IRON	130	338	20	113	1	34	0	5	641
	FLORENCE	24	27	2	11	1	4	0	2	71
	FOREST	49	70	12	45	0	7	0	2	185
	LANGLADE	52	141	12	77	3	13	0	0	298
	LINCOLN	42	138	10	80	0	4	0	1	275
	MARATHON	279	712	81	489	2	28	2	13	1,606
	MARINETTE	115	277	51	194	2	25	0	5	669
	MENOMINEE	9	18	3	20	4	1	0	1	56
	OCONTO	69	181	17	104	3	15	0	2	391
	ONEIDA	77	225	13	93	1	18	0	0	427
	PRICE	29	78	2	25	0	6	0	0	140
	SAWYER	151	224	18	95	2	5	0	1	496
	TOTAL	1,287	2,878	285	1,576	25	191	2	38	6,282
7	FOND DU LAC	215	504	53	255	12	62	3	8	1,112
	MANITOWOC	184	411	40	195	3	41	1	9	884
	OZAUKEE	81	231	19	75	0	18	0	2	426
	SHEBOYGAN	297	770	57	356	9	53	4	9	1,555
	WASHINGTON	157	425	45	230	2	27	0	13	899
	WAUKESHA	299	1,054	89	520	2	62	8	13	2,047
	TOTAL	1,233	3,395	303	1,631	28	263	16	54	6,923
8	ADAMS	56	163	14	72	0	10	0	1	316
	COLUMBIA	119	421	32	170	4	30	2	2	780
	CRAWFORD	37	78	5	26	1	9	0	0	156
	GREEN LAKE	57	135	7	67	0	15	0	2	283
	JUNEAU	70	176	7	65	2	12	0	4	336
	LA CROSSE	161	459	35	266	1	39	2	3	966
	MARQUETTE	1	13	3	7	0	5	0	0	29
	MONROE	106	306	20	126	1	23	0	2	584
	PORTAGE	110	269	17	159	1	14	2	6	578
	RICHLAND	39	97	4	35	0	1	0	2	178
	SAUK	128	362	17	138	7	21	0	5	678
	VERNON	26	85	4	30	1	6	1	0	153
	WAUPACA	93	235	19	111	3	10	2	0	473
	WAUSHARA	69	203	8	83	0	11	0	3	377
TOTAL	1,346	3,646	230	1,590	22	236	9	33	7,112	

Programs and Education

Also known as Purchase of Offender Goods and Services (POGS), these funds are used to purchase products or services for the benefit of clients. This table gives, for each program type, its total cost in fiscal year 2021, and its proportion of the total POGS budget.

Description	Amount	%
Residential Services Programs*	\$ 14,926,571	49.8%
Transitional Housing	\$ 5,044,872	16.8%
Sex Offender Program Services	\$ 2,189,817	7.3%
Substance Use Disorder (SUD) Services	\$ 2,108,281	7.0%
Emergency Housing	\$ 1,195,007	4.0%
Day Report Centers	\$ 977,798	3.3%
Cognitive Behavioral Therapy	\$ 780,260	2.6%
OWI Courts	\$ 682,623	2.3%
Domestic Violence Services	\$ 581,879	1.9%
Community Reintegration Services	\$ 315,813	1.1%
Miscellaneous Client Goods & Services	\$ 291,040	1.0%
Employment/Community Service & Vocational Programs	\$ 245,795	0.8%
County Jail Alternative to Revocation Programs	\$ 211,260	0.7%
Medication Assisted Treatment (Formerly Vivitrol)	\$ 148,400	0.5%
Anger Management Services	\$ 119,656	0.4%
Urinalysis Screening	\$ 106,420	0.4%
Wisconsin Tribal Community Reintegration Program	\$ 50,000	0.2%
Total	\$ 29,995,492	100.0%

* Also includes Community and Residential Programs (CRPs)

Program Standards

Working with the Research and Policy Unit, DCC has improved its ability to appropriately allocate and evaluate programming. Also, the POGS Contract Specialist initiated monthly trainings with providers and field staff on its Program Data Collection System (PDCS). The trainings focus on software navigation, accurate use of fields and codes, understanding how the data is used, and the leveraging of reports to ensure accurate data and data entry. Additionally, DCC has initiated one-on-one trainings with specific providers, focusing on their unique areas of service and needs. Since October 2021, there have been ten PDCS trainings held with 38 DOC staff and 53 contracted provider staff. In January 2022, a PDCS Advisory Committee was established to address system-level processes as it pertains to PDCS utilization across all users, with the goal of improving data quality, process efficiencies, and inter- and intra-agency communication.

Budget, Revenue, and Expenses

Fiscal Year Budget

This table includes total General Purpose (GP) Revenue (i.e. tax dollars) allocated to DCC, as well as Program Revenue (such as client supervision fees) to support operations.

Description	GP Revenue*	Program Revenue*	Total
Total Budget	\$ 213.2 M	\$ 12.9 M	\$ 226.1 M
Client Daily Cost	\$ 9.18	\$ 0.20	\$ 9.38
Full Time Equivalency (Positions)	1,919.38	11.70	1,931.08

*Individual amounts may not add up to totals, due to rounding.

Payments Collected from Clients

Court Obligations

Any payment ordered by a court in connection with a criminal case is collected by either the court itself or by the DOC, and reissued as statutorily required. Some payments are held until a payee can be identified; other payments are used to cover administrative costs.

Type of Court Obligation	Amount Collected
Restitution	\$ 4,959,703
Court, Attorney Fees, Fines & Other Court Costs	\$ 2,960,494
Victim/Witness & DNA	\$ 1,891,071
Surcharge & General Funds	\$ 148,954
Total	\$ 9,960,222

Supervision Fee Payments

Clients are required to make regular monthly payments while under supervision. These funds are used (in lieu of tax dollars) to partially fund DCC operations.

Type of Payment	Amount Collected
Regular Monthly Payment	\$ 4,096,925
Tax Refund Intercept*	\$ 1,664,313
Total	\$ 5,761,238

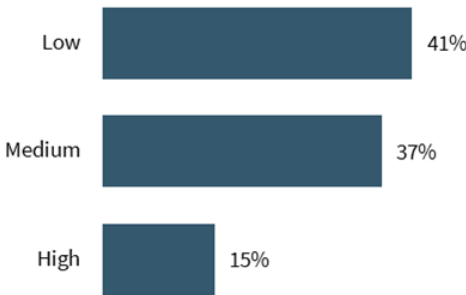
* Wisconsin tax refund and state lottery winnings intercepted from clients who did not make their regular payment.

Client Risk Level and Criminogenic Needs

The following graphs reflect the risk level and needs of those 63,043 clients that, as of June 30, 2021, had completed a risk-needs assessment. The DOC utilizes the COMPAS assessment, which is a research-based risk assessment tool that identifies clients' risk level and criminogenic needs to provide effective supervision and treatment.

Client Risk Level

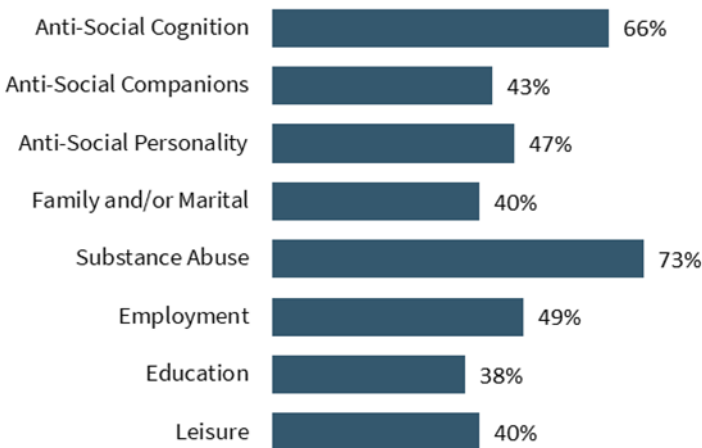
The client risk level represents a calculated risk to re-offend. It is used, in part, to determine how closely clients are supervised.



The total percentage is less than 100%, because some clients were missing a risk assessment at the time of the report (~7%).

Criminogenic Needs

Criminogenic needs are attributes of clients that are linked to criminal behavior. Effective correctional treatment targets these dynamic criminogenic needs through interventions and case plans.



Each percentage reflects the proportion of the total DCC population that has that criminogenic need.

Initiatives in Community Corrections

DCC Opioid Initiatives

Opioid use and overdoses remain a major concern in our communities. In FY2021, DCC had 964 reported client overdoses; 154 were fatal. As a result, DCC continues to combat the opioid crisis plaguing our communities, with the goal of assisting clients on their journey to recovery. The following are several examples of how DCC has responded to the Opioid Epidemic:

- Distributed Naloxone to agents across the state, to be utilized if they encounter a client experiencing an overdose
- Created and implemented a process for distributing Naloxone to at-risk clients on community supervision in Regions 4 and 7
- Created staff training videos explaining all three Medication-Assisted Treatment (MAT) options: Buprenorphine, methadone, and naltrexone.
- Expanded funding for MAT across the state, for all forms of MAT for DCC clients
- Created an Opioid Advisory Team to consult with agents on complicated cases
- Created a DOC Overdose Death Review Team that completes monthly reviews of overdose deaths
- Created a protocol that flags people in our care at risk of overdose both in prison and on community supervision, and developed a follow-up process to reduce risk over time
- Purchased Hazelden Core-12 App, which provides supportive resources for those suffering from opioid addiction for clients to use on their phones
- Created Overdose Response Teams in Regions 1 and 4 to offer services to clients that overdose a second time within a short timeframe of a prior overdose incident
- Trained and provided access to the Prescription Drug Monitoring Program to DCC staff
- Provided DOC representation on all county-based overdose fatality review teams
- Continued to support the Harm Reduction job aid to DCC staff, which outlines best practices for responding to the ongoing crisis



Initiatives in Community Corrections

Violation Response

In January, 2019, DOC Secretary Kevin Carr tasked DCC with evaluating the policies and procedures related to responses to rule violations, especially revocations. Special focus was placed on technical violations and behaviors unrelated to new criminal charges, as well as the procedures for detaining clients prior revocation initiation. The primary objective was to create a more effective and efficient violation response process, which reduced prison admissions related to a revocation. A primary recommendation to achieve this reduction was to balance an increase in programming and other positive interventions for clients, with a continued focus on DCC’s mission of supporting public safety.

		Risk Level			
		LOW	MEDIUM	HIGH	VERY HIGH
Severity of Violation	LOW	Low Response	Low Response	Medium Response	High Response
	MEDIUM	Low Response	Medium Response	High Response	Very High Response
	HIGH	Medium Response	High Response	Very High Response	Very High Response
	VERY HIGH	High Response	Very High Response	Very High Response	Very High Response

The initial evaluation revealed five main focus areas: (1) rules and after-hour holds; (2) programming and Alternatives to Revocation (ATRs); (3) responses to violations; (4) short term sanctions; and (5) the revocation process. DCC created work groups to review existing practices, and to recommend updates to policies and procedures. Each work group provided recommendations which were reviewed by the DCC Administrator and the DOC Secretary. The DCC Administrator then held virtual town halls with field staff and external stakeholders.

Implementation of the changes began in March 2020 (expedited in part due to the global COVID-19 pandemic), and policy changes were formally adopted in January 2021. Changes included:

1. **Rules of supervision.** DCC reduced the number of standard supervision rules from nineteen to nine. Agents can add additional rules if those rules rehabilitate the client, protect the public, are directly related to the clients offenses, or behaviors which would justify adding a rule. In addition, a number of special rules were developed which can be used based on the typology of the client’s underlying offense. Standardizing these special rules limits the total number of rules and eliminated unnecessary ones.
2. **After hours supervision holds.** Curfew violations without additional reasons for police contact are now reviewed by the agent on the following day to determine if detaining the client is necessary. Agents are now able to flag if a client should be detained in the event law enforcement contacts the monitoring center after hours regarding contact with a client. The flags are connected with specific special rules, and if violated, constitute a threat to public safety and warrant detention. Previously, standard operating procedures governed whether jail custody occurred, with curfew violations requiring custody.

Initiatives in Community Corrections

3. **System for recording and responding to violations.** DCC’s module for recording and responding to violations was modified for low-risk individuals and for low-severity violations (including certain violations stemming from a criminal charge). These modifications are toward alternative response options, such as short-term sanctions and community-based interventions. Examples range from treatment referrals to removal of revocation as a response option. Also, tailored responses follow from violation types and severity levels based on dynamic risk factors and specific typologies (such as violations that are sexually motivated).
4. **Short term sanctions.** Several policy changes have altered the short-term sanction process. Corrections Field Supervisors may now approve sanctions for 30 days or less. Previously, if a client had less than one year of time remaining on their sentence and was recommended for revocation, a sanction was required to be considered instead of revocation. Now, if there is one year or less of reincarceration time recommended as a result of revocation, a sanction must be considered. Recommended reincarceration time is often a percentage of the client’s remaining time on their sentence, but may be as much as 100% of time remaining. Clients will have a greater ability to receive programming while serving a sanction. Finally, sanctions for up to 90 days will require approval by the DCC Regional Chief.
5. **Alternative to Revocation.** DCC discontinued ATR programming at Milwaukee Secure Detention Facility, and increased use of community-based ATR programming (such as Telehealth and residential programs). Additional details are provided in *DCC Treatment Unit* on page 18 of this report.
6. **Prison time forfeiture recommendations for felony probation, extended supervision, and parole revocations.** DCC changed policies associated with modifications to and override criteria of penalty schedule severity levels. These included requiring short-term sanctions for clients with less than one year of recommended reconfinement time, and for low level, non-criminal violations.

The Department published and now maintains a monthly violation response dashboard on its public website. The dashboard quantifies a variety of statistics associated with supervision violations, including the responses to those violations, such as revocations, ATRs, and sanctions. The dashboard may be found by clicking “Data and Research” under the Department’s home page, then “Interactive Dashboards.”

Initiatives in Community Corrections

Increase in Community Based Programming

As part of the Division’s strategy to review responses to violations and reduce revocations, the Division expanded community-based Alternative to Revocation (ATR) programs and services. A new service model was developed and implemented to address stabilization factors for clients who may need addiction recovery services and support. In FY2021, the Division of Community Corrections spent \$622,083 to expand services and to include a new Supportive Housing Services (SHS) model that opened in two regions during Spring 2021. These services are reserved for individuals who are under Wisconsin DOC supervision, are experiencing residential instability or homelessness, and are able to regain stability with moderate treatment intervention within a 120-day period.



DCC currently has 44 SHS beds available: Turning Point in Janesville has 20 beds in Region 1, and Swigart House in Milwaukee has 24 beds in Region 3. In FY2022, DCC allocated \$818,040 to continue these services and increase the number of beds in other locations in the state.

In addition, the COVID-19 pandemic changed the landscape for programming delivery in DCC. Not only was there a need to expand virtual programming options for our clients, but needs for Domestic Violence programming increased as well. DCC successfully expanded virtual programs, including five additional groups for Domestic Violence Treatment and Substance Use Disorder treatment services.

Milwaukee Secure Detention Facility’s RESTORE Program

As an innovative way to expand Alternatives to Revocation (ATR) programming for clients in the Milwaukee Area, Region 3 implemented Responsibility Equals Sanction Time Opportunity Reduction Earned (RESTORE). Through the program, Treatment Specialists synthesize skill building and risk reduction strategies into practical applications. The program is voluntary and available to anyone in Region 3 serving a 60 or 90-day sanction at Milwaukee Secure Detention Facility. The 60-day program allows clients to work one-on-one with a Treatment Specialist, while the 90-day program allows clients to work both one-on-one and within a group setting with other interested clients. Clients who successfully complete the 60- or 90-day RESTORE program earn fifteen days off their sanction time, potentially shortening their total sanction time.

Initiatives in Community Corrections

Milwaukee Secure Detention Facility’s RESTORE Program, cont.

The 60-day program has twenty-five available beds, and the 90-day program has eight. RESTORE programming includes individual skill based programming, as well as programs on emotional regulation, problem solving, anger management, social skills, cognitive restructuring, and dialectical behavioral therapy . Skill based programming mirrors what probation and parole agents use in the field; that programming is part of “The 10 Steps to Risk Reduction,” which combines individualized case planning with COMPAS-based recommends for clients’ needs. During the RESTORE program, clients address the driver(s) of their behavior(s) that led to their current sanction.

The first RESTORE program participant began on April 26, 2021. To date, there have been thirty-six clients accepted into the 60-day program, thirty of which successfully completed the program. Relatedly, twenty-two of the accepted twenty-five clients successfully completed the 90-day program.

Monitoring Equipment Transition to a New Vendor

As the current contract for electronic monitoring equipment was due to expire in 2021, the Division began the legally-mandated competitive bidding process for a vendor at the end of 2020. The contract was awarded to Attenti, and required all clients monitored by GPS, alcohol monitoring, or radio frequency to be converted to Attenti equipment. This also affected terminated sex offender registrants who were required by law to participate in lifetime GPS monitoring. The Department is confident that this suite of monitoring technology provides the greatest public safety for tax payers at the lowest available cost.

To date, 2,397 clients have been converted to new GPS units, and 280 clients have been converted to new radio frequency units. There remain nine terminated sex offender registrants who have yet to be converted. A phased approach was implemented in early July 2021 to ensure a smooth transition. Both training and the exchange of new equipment was done in a phased approach on a regional basis, taking about eight weeks. DCC will re-initiate this approach in January 2022, to convert equipment over for roughly 650 clients on alcohol monitoring. All Monitoring Center staff and most field staff have completed associated training; training is also given during Agent Basic Training, and updated trainings are offered to every region.

Initiatives in Community Corrections

DCC Treatment Unit

DCC created a new Treatment Unit to expand the availability of community-based treatment options for DCC clients. When the institution-based Alternative to Revocation program at Milwaukee Secure Detention Facility was closed, DCC reallocated positions from that program to create the Treatment Unit, which is the first of its kind in DCC. The unit consists of seven full-time Treatment Specialists and one full-time Corrections Services Supervisor. The mission of the DCC Treatment Unit is to support successful reentry by providing evidenced-based correctional programming in the primary need areas of Substance Use, Cognitive Behavioral Treatment, Anger Management, and Domestic Violence. Suitable clients include those struggling to find applicable treatment in their area, those who cannot receive telehealth, those who were unsuccessful with a community provider, and/or those in need of more structured collaboration between the provider and agent due to complicating factors.

Work to create the unit and plan service delivery occurred during FY2021, and they will receive their first clients during FY2022. The DCC Treatment Unit plans to collaborate with the University of Cincinnati Corrections Institute (UCCI) to pilot the new Cognitive Behavioral Interventions for Substance Use Open Enrollment Curriculum (CBI-SUO). DCC will be the first to use this new curriculum, and will have the opportunity to provide input on its development. This pilot may significantly impact how programming is delivered in the community, since it will allow clients to be immediately enrolled when there is an opening, rather than wait until the end of a group cycle. Utilizing CBI-SUO can reduce wait times for clients to be placed, ultimately assisting clients in a more timely manner. This pilot and collaboration will also include coaching, observations, and feedback from both parties, which will increase program fidelity and outcome evaluation.

DCC is excited for the Treatment Unit and the services it can provide, especially its potential for additional options for clients in the community.



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