

**COMMUNITY SUBSTANCE ABUSE SERVICE (CSAS) PREVENTION SERVICE  
INITIAL CERTIFICATION APPLICATION**

**Chapter DHS 75.04**

**Initial Certification**

- **Initial certification must meet all requirements, including staffing requirements (hired and in place) before services begin.**
- **This document paraphrases the rule language for application purposes.**
- **Applicants for a new outpatient service must demonstrate preparedness to comply with all Chapter DHS 75.04 standards.** Applicants will have completed all required policies, including Chapter DHS 94 (Patient Rights). Use the check boxes (  ) to affirm readiness to meet standards.
- **ATTENTION: The clinic must contact the regional Health Services Specialist to arrange a site visit following the submission of fee and this application.**

**Chapter DHS 75.01(1) Authority and Purpose**

This application is promulgated under the authority of ss. 46.973(2)(c), 51.42(7)(b), and 51.45(8) and (9), Wis. Stats., to establish standards for community substance abuse prevention and treatment services under ss. 51.42 and 51.45, Wis. Stats. Sections 51.42(1) and 51.45(1) and (7) provide that a full continuum of substance abuse services be available to Wisconsin citizens from county departments of community programs, either directly or through written agreements or contracts that document the availability of services. This application provides that service recommendations for initial placement, continued stay, level of care transfer, and discharge of a patient be made through the use of Wisconsin uniform placement criteria (WI-UPC), American Society of Addiction Medicine (ASAM) placement criteria, or similar placement criteria that may be approved by the department.

Use of approved placement criteria services as a contributor to the process of obtaining prior authorization from the treatment services funding source. It does not establish funding eligibility regardless of the funding source. The results yielded by application of these criteria serve as a starting point for further consultations among the provider, patient, and payer as to an initial recommendation for the type and amount of services that may be medically necessary and appropriate in the particular case. Use of WI-UPS or any other department-approved placement criteria does not replace and need to do a complete assessment and diagnosis of a patient in accordance with DSM-IV.

**Chapter DHS 75.01(2) Applicability**

This application applies to each substance abuse service that receives funds under Chapter DHS 51, Wis. Stats., is approved by the state methadone authority, is funded through the department as the federally designated single state agency for substance abuse services, receives substance abuse prevention and treatment funding or other funding specifically designated for providing services under ss. 75.04 or 75.16, or is a service operated by a private agency that requests certification.

**By completing and submitting this form, the clinic indicates that it is in compliance with the program standards as required by state statutes.**

Name – Facility					
Address – Physical		City	State	Zip Code	County
Telephone Number		E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory</i>			
Fax Number		Internet Address <input type="checkbox"/> <i>May be published in Provider Directory</i>			
Name – Contact Person	Telephone Number	E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory</i>			
Name – Person Who Completed this Form	Telephone Number	E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory</i>			

**I hereby attest that all statements made in this application and any attachments are correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing alcohol and other drug abuse intervention services.**

<b>FULL SIGNATURE</b> – Director	Date Signed	Full Name – Director ( <i>Print or type.</i> )
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Yes  No**Chapter DHS 75.04(1) Service Description**

This service is equivalent to the service description as listed below and in DHS 75.04(1).

A prevention service makes use of universal, selective, and indicated prevention measures described in **Chapter DHS 75 Appendix A**. Preventive interventions may be focused on reducing behaviors and actions that increase the risk of abusing substances or being affected by another person's substance abuse.

 Yes  No**Chapter DHS 75.04(2) Requirements**

This prevention service complies with all requirements included in s. DHS 75.03 that apply to a prevention service, as shown in **Table Chapter DHS 75.03** (See DQA form F-00523.) and, in addition, this prevention service complies with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. DHS 75.03, the requirement in this section shall be followed.

 Yes  No**Chapter DHS 75.04(3) Required Personnel**

(a) A professional employed by this service is knowledgeable and skilled in all areas of substance abuse prevention domains as required by the Department of Safety and Professional Services (DSPS).

 Yes  No

(b) Paraprofessional personnel are knowledgeable and skilled in the areas of substance abuse prevention domains, as required by the Department of Safety and Professional Services (DSPS).

 Yes  No

(c) Staff without previous experience in substance abuse prevention receive in-service training and are supervised in performing work activities identified in sub. (4) by a professional qualified under par. (a).

 Yes  No**Chapter DHS 75.04(4) Operation of the Prevention Service**

(a) *Strategies*

This prevention service utilizes all of the following strategies in seeking to prevent substance abuse and its effects.

1. **Information dissemination.** This strategy aims at providing awareness and knowledge of the nature and extent of the identified problem and providing knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience. Examples of activities that may be conducted and methods used in carrying out this strategy include the following:

- a. Operation of an information clearinghouse
- b. Development and distribution of a resource directory
- c. Media campaigns
- d. Development and distribution of brochures
- e. Radio and TV public service announcements
- f. Speaking engagements
- g. Participation in health fairs and other health promotion activities.

 Yes  No

2. **Education.** This strategy involves two-way communication and is distinguished from the information dissemination strategy by interaction between the educator or facilitator and the participants. Activities under this strategy are directed at affecting critical life and social skills, including decision-making, refusal skills, critical analysis, for instance of media messages, and systematic judgment abilities. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:

- a. Classroom or small group sessions
- b. Parenting and family management classes
- c. Peer leader or helper programs
- d. Education programs for youth groups
- e. Children of substance abuser groups

 Yes  No

3. **Promotion of health activities.** This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use or promote activities that lend themselves to the building of resiliency among youth and families. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs that may be fulfilled by alcohol, tobacco, and other drugs. Alternative activities also provide a means of character building and may promote healthy relationships between youth and adults in that participants may internalize the values and attitudes of the individuals involved in establishing the prevention services objectives. Examples of healthy activities that may be promoted or conducted under this strategy may include the following:

- a. Drug free dances and parties
- b. Youth or adult leadership activities
- c. After-school activities such as participation in athletic activities, music lessons, art clubs, or school newspaper
- d. Community drop-in centers
- e. Community service activities

- Yes  No
4. **Problem identification and referral.** This strategy is to identify individuals who have demonstrated at-risk behavior, such as indulging in illegal or age-inappropriate use of tobacco or alcohol or indulging in the first use of illicit drugs, to determine if their behavior can be reversed through education. This strategy does not include activities designed to determine if a person is in need of treatment. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:
- Employee assistance programs
  - Student assistance programs
  - Educational programs for individuals charged with driving while under the influence or driving while intoxicated.
- Yes  No
5. **Environmental.** This strategy aims at establishing written or unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of at-risk behavior in the general population. This strategy distinguishes between activities that center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:
- Promoting the establishment and review of policies for schools related to the use of alcohol, tobacco, and drugs
  - Providing technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco, and other drug use
  - Modifying alcohol and tobacco advertising practices
  - Supporting local enforcement procedures to limit violent behavior
  - Establishing policies that create opportunities for youth to become involved in their communities
- Yes  No
6. **Community-based process.** This strategy seeks to enhance the ability of the community to more effectively provide prevention, remediation, and treatment services for behaviors that lead to intensive services. Activities under this strategy include organizing, planning, enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:
- Community and volunteer training, such as neighborhood action training and training of key people in the system
  - Systematic planning in the above areas
  - Multi-agency coordination and collaboration
  - Facilitating access to services and funding
  - Community team-building
- Yes  No (b) *Goals and objectives.*  
This prevention service has written operational goals and objectives and specifies in writing the methods by which they will be achieved and the target populations.
- Yes  No (c) *Documentation of coordination.*  
This prevention service provides written documentation of coordination with other human service agencies, organizations, or services that share similar goals.
- Yes  No (d) *Records.*  
This prevention service maintains records on the number of individuals serviced by implementation of each prevention strategy and retains records as necessary for meeting certification and funding.

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#### Chapter DHS 75.04(5) Prevention Service Evaluation

- Yes  No (a) This prevention service has an evaluation process that measures the outcomes of the services provided.
- Yes  No (b) This prevention service evaluates the views of consumers about the service as they are provided and adjusts goals and objectives accordingly.
- Yes  No (c) This prevention service has a written policy and defined process to provide individuals with the opportunity to express opinions regarding ongoing services, staff, and the methods by which individual prevention activities are offered.
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## CHAPTER DHS 75

## APPENDIX A

## Preventive Interventions Classification System

Category	Description	Examples	Cost Considerations
<b>Universal Measures</b>	Interventions that can be advocated confidently for the general public and which, in many cases, can be applied without professional advice or assistance.	Adequate diet, dental hygiene, use of seat belts in automobiles, lead awareness and removal, smoking cessation, and many forms of immunization.	<p>By serving everyone, there may be costs that are incurred for families and individuals who do not need help.</p> <p>Cost of intervention per family or individual can be low because the intervention is less intensive.</p>
<b>Selective Measures</b>	Subgroups who share common general risk factors, which are distinguished by age, sex, occupation, or other obvious characteristic.	Avoidance of alcohol and many drugs by pregnant women, parenting skill improvement for parents who were raised in abusive households.	<p>Costs are focused on families or persons in subgroups of the general population who may need extra help.</p> <p>Costs are increased by targeting high-risk populations.</p> <p>Intervention may be more expensive because of the need to address the specific risks of participants.</p>
<b>Indicated Measures</b>	<p>Interventions that are advisable only for persons who, on examination or screening, are found to manifest a risk factor, condition, or abnormality that identifies them, individually, as being at sufficiently high risk to require the preventive intervention.</p> <p>The majority of these interventions have been called secondary under the classical scheme.</p>	Control of hypertension, provide parents and families with sustained therapeutic counseling, therapeutically focused parent or family skills training, provide extensive opportunity for families to integrate new behavior patterns and skills.	<p>Cost is targeted to those most in need.</p> <p>Cost per individual or family is high because the intervention requires sustained, intensive efforts.</p>