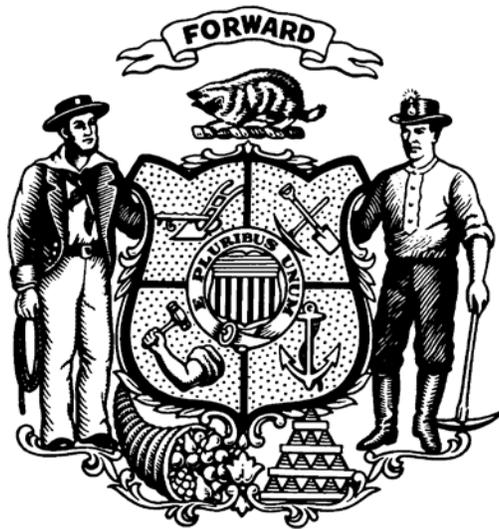


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



June 3, 2016
MEETING

Duncan ShROUT
Chairperson

SCOTT WALKER
Governor

State Council on Alcohol and Other Drug Abuse (SCAODA)

Strategic Plan July 2014 – June 2018

SCAODA GOALS:

1. Provide leadership and direction on AODA issues in Wisconsin by serving as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues and promote collaboration across multiple sectors to advance progress on SCAODA goals.
2. Change Wisconsin's cultural norms to transform the state's AODA problems into healthy behavioral outcomes.
3. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance abuse.
4. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.
5. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.

SCAODA PRIORITIES for 2015-16

1. Expand substance use disorder workforce capacity
2. Address population-specific needs
3. Reduce harmful alcohol consumption
4. Inform the public about substance use disorder-related consequences
5. Increase the use of evidence-based practices in prevention, treatment, and recovery
6. Address emerging substance use disorder trends



Tobacco-Free Environment

American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

- Use of tobacco products is prohibited in all interior and exterior spaces, including inside your vehicle while on company-property and in parking ramps and parking lots.
- We ask that you refrain from using tobacco products while using our facility.

Thank you for your cooperation. We welcome you and look forward to serving you!



SCAODA 2016 Meeting Dates

March 4, 2016

June 3, 2016

September 9, 2016

December 9, 2016

**American Family Insurance Conference Center
6000 American Parkway
Madison, WI
Building A, Room 3141**

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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

June 3, 2016

MEETING AGENDA

9:30 a.m.

American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783
Building A, Room 3141

American Family General Information: (608) 242-4100 ext. 31555 or ext. 30300

Please call Kris Moelter at (608) 267-7704 or email kristina.moelter@wisconsin.gov if you or your designee will not attend the meeting.

9:30 a.m. Welcome and introductions – Duncan ShROUT

9:35 a.m. Approval of March 4, 2016, meeting minutes – Duncan ShROUT....pp. 16-18

Public input (maximum five minutes per person)

Members of the public who wish to comment

should fill out a hearing slip available from Kris Moelter.

9:40 a.m. Marijuana report – Scott Stokes....pp. 19-24

MOTION: Review comments and adopt the Marijuana Ad-hoc Committee's report *Marijuana in Wisconsin; Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana*.

10:25 a.m. Nicotine resolution presentation – David “Mac” Macmaster, Michael Miller, Jim Wrich....pp. 25-34

Nicotine resolution – Janet Bewley....pp. 35-36

MOTION: SCAODA supports a policy that Wisconsin residents seeking treatment for primary Tobacco Use Disorders shall have access to the same range of treatment services as those offered for the treatment of other substance use disorders by removing language "excluding nicotine dependence" from the Wis. Admin. Code ch. DHS 75 definition that reads, "Substance use disorder means the existence of 'substance dependence' or 'substance abuse' listed in DSM-IV, excluding nicotine dependence."

- 11:45 a.m. Lunch
- 12:15 p.m. AODA funding report – Joyce O’Donnell/Todd Campbell....pp. 37-43
MOTION: Adopt the report on substance use disorder funding in Wisconsin.
- 12:45 p.m. Committee reports
- Executive Committee – Duncan Shrout
 - SCAODA representative to the Department of Transportation OWI work group
 - Nominating Committee
 - Budget initiatives
 - Diversity Committee – Tina Virgil....pp. 44-49
 - Intervention and Treatment Committee – Norman Briggs and Roger Frings...pp. 51-66
 - Planning and Funding Committee – Joyce O’Donnell....pp. 67-71
 - Prevention Committee – Scott Stokes....pp. 72
- 1:15 p.m. Agency reports
- Department of Revenue – Matthew Sweeney
 - Department of Health Services – Tom Engels
 - Department of Public Instruction – Steven Fernan
 - WTC – Katie Roberts
 - Wisconsin Medical Society – David Galbis-Reig
- 1:45 p.m. Wisconsin Council on Mental Health Criminal Justice Committee update - Norman Briggs
- 1:50 p.m. Secretary’s Council and Child Welfare update – Norman Briggs
- 1:55 p.m. Agenda items for next meeting
- 2 p.m. Announcements – Joyce Allen
- 2:15 p.m. Adjourn

Next meeting: September 9, 2016

Scott Walker
Governor



Duncan ShROUT
Chairperson

Scott Stokes
Vice Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES

December 11, 2015

9:30 a.m.

American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Sen. Janet Bewley, Norman Briggs, Douglas Englebert, Tom Engels, Roger Frings, Craig Harper (Jennifer Fyock), Rep. Devin LeMahieu (Luke Petrovich), Joyce O'Donnell, Sue Shemanski, Duncan ShROUT, Scott Stokes, Tina Virgil, Michael Waupoose

Members absent: Jill Billings, Steve Fernan, Sandie Hardy, Charlotte Ramussen, Mary Rasmussen

Ex-officio members present: Mike Ayers, Jamie Elder, Randall Glysch, Anne Hoffman, Matt Sweeney

Ex-officio members absent: Michelle O'Shasky, Linda Preysz, Katie Roberts

Staff: Joyce Allen, Beth Collier, A.J. Ernst, Lorie Goeser, Andrea Jacobson, Ellie Jarvie, Bernestine Jeffers, Rose Kleman, Paul Krupski, Cody Michels, Kris Moelter, Christy Niemuth, Mai Zong Vue, Alex Wright

Guests: Todd Campbell, David Hoppe, Sarah Johnson, Krista Lysdahl, David MacMaster, Nancy Michaud, Jim Moeser, Joseph Muchka, Emanuel Scarbrough, Chris Wardlow, Will Williams

Duncan ShROUT called the meeting to order at 9:30 a.m.

Introductions – Meeting attendees introduced themselves.

Approval of September 11, 2015, minutes – Michael Waupoose moved (Norman Briggs second) to approve the September 11, 2015, meeting minutes. The motion passed unanimously.

Public input – Jim Moeser from the Wisconsin Council on Children and Families asked to speak on the Marijuana ad hoc Committee report as he had another meeting to attend. He supports Recommendation Number 7 in the report to modify how small amounts of marijuana possession are treated because of the collateral consequences related to employment, financial aid, etc. He said a criminal response for adults or juveniles does not solve the problem, but instead creates

more problems. He also spoke to the disparate treatment of this issue. He said if society wanted to crackdown on marijuana it would arrest people at universities because that is where marijuana is used, but that is not where the arrests are occurring. He said people are often stopped for other reasons and receive additional criminal charges because of marijuana.

Synar Report – Nancy Michaud from the Department of Health Services’ Division of Public Health presented the 2016 Synar Report. The underage tobacco compliance check violation rate was 6.8 percent for 2015, up from 6.4 percent in 2014, but down from 7.3 percent in 2013. The national average is 10 percent and the federal law requires states have a noncompliance rate of less than 20 percent in order to receive the full share of the Substance Abuse Block Grant. She said that youth cigarette use is down, but the use of other, smokeless tobacco products is not declining. For 2016 the compliance checks will include e-cigarettes.

Committee reports

- **Executive Committee** – Mr. Shroul introduced Mike Ayers, the new Department of Veterans Affairs representative. Joyce Allen introduced the new DHS staff members. A.J. Ernst is the new Substance Abuse Section Chief and Beth Collier is the new State Opioid Treatment Authority.
- **Diversity Committee** –Tina Virgil reported that the Diversity Committee favors expanding SCAODA’s membership but wants to look for members that represent underserved populations. The committee held a panel discussion on diversity at the annual Mental Health and Substance Abuse Conference that was held in Wisconsin Dells in October.

Ms. Virgil (Joyce O’Donnell second) made the following motion: **DMHSAS add a requirement in all contracts with counties, tribes, and agencies that requires them to begin active implementation of the enhanced National CLAS standards and document their progress toward meeting each of the 15 standards.**

Tom Engels moved to amend the motion to say, **“Request DMHSAS add a requirement in all future contracts with counties, tribes, and agencies that requires them to begin active implementation of the enhanced National CLAS standards.”**

Ms. Virgil and Ms. O’Donnell accepted the amendment.

Ms. Allen explained that DMHSAS could include the requirement in future contracts, but it would be difficult to monitor all 15 CLAS standards. However, contractees and grantees will be required to report on their implementation of the CLAS standards in future contracts and the DMHSAS contract administrators can monitor for implementation.

The amended motion passed—12 yes, 0 no, 1 abstain (Petrovich)

- **Intervention and Treatment Committee**

Norman Briggs (Janet Bewley second) made the following motion: **SCAODA accepts the report of the ad hoc Workforce Development Committee and endorses the committee's recommendations.**

Mr. Briggs explained that the Workforce Development ad hoc Committee was formed because the substance use disorder workforce was dwindling. More people were retiring than were entering the system. The report recommendations include (1) requesting the Department of Safety and Professional Services create a committee to review substance use disorder counselor certification standards; (2) requesting DHS create a full-time position to assist with certification; and (3) increasing Medicaid reimbursement rates. Ms. Bewley said the Medicaid rate issue is very serious. Minnesota has higher Medicaid reimbursement rates and it makes it difficult for Wisconsin's border communities to keep substance use disorder counselors. Mr. Waupoose said he is not aware of any other profession that has a full-time position assigned at the state level to help with the professional certification process. He agreed that the certification process can be confusing, but the answer is to help DSPS develop a better system. He also does not support holding current substance use disorder counselors harmless from future education requirements. Ms. Bewley said that DSPS should be responsible for helping people with the certification process, not DHS.

Mr. Briggs withdrew the motion.

Mr. Briggs (Ms. Bewley second) made the following motion: **SCAODA supports a policy that Wisconsin residents seeking treatment for primary Tobacco Use Disorders shall have access to the same range of treatment services as those offered for the treatment of other substance use disorders by removing language "excluding nicotine dependence" from the Wis. Admin. Code ch. DHS 75 definition that reads, "Substance use disorder means the existence of 'substance dependence' or 'substance abuse' listed in DSM-IV, excluding nicotine dependence."**

Mr. Waupoose said he supported the motion but wants more information on the potential impact of a change in the administrative code on other agencies, such as the Office of the Insurance Commissioner. Other SCAODA members agreed that they needed more information about the potential consequences of changing the administrative code.

The motion failed—0 yes, 8 no, 5 abstain (Engels, Frings, Petrovich, O'Donnell, Virgil).

Mr. Briggs (Mr. Waupoose second) made the following motion: **SCAODA shall solicit from the Wisconsin Chapter of the American Society for Addiction Medicine an addictionologist to serve, once appointed by a majority vote of the council, as an ex-officio member of the council in accordance with Section 2.4 of Article II of the council's by-laws.**

The motion passed – 13 yes, 0 no

- **Planning and Funding Committee** – Ms. O’Donnell reported that the Funding ad hoc Committee report will have a report ready for the March SCAODA meeting. She asked about the status of the lawsuit for drug testing for recipients of certain public benefits. Mr. Engels said that the drug testing requirements lawsuit for the FSET program in DHS is working its way through the court process. Ms. O’Donnell also reported that the committee’s listening session at the annual Mental Health and Substance Abuse Conference was well attended. The issues raised by the attendees included the need for more substance use disorder assistance within the Hmong community and the needs of people in recovery.
- **Prevention Committee** – Scott Stokes reported that the “Parents Who Host Lose the Most” project is accepting applications for the next campaign.

Marijuana ad hoc Committee report – Members of the Marijuana ad hoc Committee gave a powerpoint presentation on the report and recommendations (the powerpoint is attached). After the presentation SCAODA members, ex officio members, and members of the public asked various questions about the report.

Mr. Stokes (Sue Shemanski second) made the following motion: **Review comments and adopt the Marijuana Ad-hoc Committee's report; Marijuana in Wisconsin; Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana.**

There was a lengthy discussion among the SCAODA members about the motion. Most of the discussion centered on Recommendation #7—the partial decriminalization of marijuana. Ms. O’Donnell was concerned that the amount to be decriminalized (10 grams or less for personal use) was too much. The ad hoc committee members present explained that 10 grams is the lowest amount set by other states that have decriminalized personal possession of marijuana. Most states set it at about 28 grams, or one ounce. They also talked about the adverse consequences of having a criminal conviction, such as the inability to obtain some professional licenses, the inability to obtain financial aid for higher education, immigration consequences, and the inability to obtain some publicly-funded housing. Committee members explained that some on the committee were also concerned about the impact on children if a parent has a criminal conviction for marijuana. Having an incarcerated parent is an adverse childhood experience that can have long-term, negative consequences for the child. Criminalizing marijuana possession has also led to racial disparities in the criminal justice system, and disparities are a large problem in Wisconsin.

Mr. Engels said he did not support Recommendations 7-9. He said these recommendations were outside of SCAODA’s scope and could better be addressed by the legislature and/or the Criminal Justice Coordinating Council. He said marijuana is still a Schedule 1 drug as determined by the federal government. The ad hoc committee members said that while no national or state medical advocacy group has supported legalization of marijuana, almost every such organization has recommended decriminalization as a tool to treat addiction. The committee said incarcerating

people does not change behavior. Often treatment in the criminal justice system does not conform to SAMHSA standards or those of any other medical body.

Mr. Briggs asked about the use of drug diversion courts. The committee said that often non-felony-level drug offenders are not offered the option to have their cases diverted to drug court. That is why one of the recommendations in the report is that low-level drug offenders be afforded the opportunity to be diverted to drug court.

Ms. Bewley asked if SCAODA could have more time to review the recommendations and maybe have the motion heard at a future SCAODA meeting.

Mr. Engels moved (Ms. Virgil second) to **remove Recommendations 7, 8, and 9 from the report. The motion failed—4 yes (Engels, Frings, O'Donnell, Virgil), 6 no (Bewley, Briggs, Fyock, Shemanski, Stokes, Waupoose), 2 abstain (Englebert and Petrovich)**

Ms. Bewley moved (Mr. Briggs second) to **accept the report without the recommendations. The motion failed—4 yes (Bewley, Briggs, Frings, O'Donnell), 6 no (Engels, Fyock, Shemanski, Stokes, Virgil, Waupoose), 2 abstain (Englebert and Petrovich)**

SCAODA then voted on the motion. **The motion to accept the report and recommendations failed—5 yes (Fyock, Shrout, Stokes, Shemanski, Waupoose), 6 no (Bewley, Briggs, Engels, Frings, O'Donnell, Virgil), 2 abstain (Engelbert and Petrovich)**

Mr. Waupoose asked that the report be changed to reflect that the information about one-third of the treatment admissions being for marijuana be changed to reflect that number is the number of publicly-funded admissions.

Mr. Shrout said that although the report was not approved by SCAODA, it is a Prevention Committee report so it can be used and made public. The cover needs to be changed to indicate it is a Prevention Committee report and it is pending, and the word “draft” will remain on all pages. The Prevention Committee may bring the report back for consideration at the June, 2016 meeting.

SCAODA statutory changes – Mr. Stokes (Ms. O'Donnell second) made the following motion: Change the SCAODA statute to add six individuals or representatives from private for profit or not for profit agencies located in each of the five DHS Area Administration geographic regions to the SCAODA membership. Any new representatives should have lived experience or be a family member of someone with lived experience, and they should reflect Wisconsin's racial and cultural diversity. Members of the Executive Committee should work with the SCAODA legislative representatives to introduce legislation to change the SCAODA statute.

There was discussion about whether all the new members could be provider members. Mr. Waupoose asked that at least 50 percent of the new members be citizen members.

Mr. Waupoose moved (Ms. Bewley second) to **amend the motion to provide that the provider organizations must be an agency that provides substance use disorder prevention, treatment, and/or recovery services. The motion passed—11 yes, 0 no, 2 abstain (DHS and Petrovich)**

Mr. Waupoose moved (Ms. Bewley second) to **amend the motion to require that no more than 50 percent of any new members can be representatives of providers. The motion passed—7 yes, 1 no (Briggs), 4 abstain (Fyock, DHS, Engelbert, Petrovich).**

SCAODA then voted on the amended motion, which read: **Change the SCAODA statute to add six individuals or representatives from private for profit or not for profit agencies that provide substance use disorder prevention, treatment, and/or recovery services, located in each of the five DHS Area Administration geographic regions to the SCAODA membership. No more than 50 percent of the new members can be provider representatives and any new representatives should reflect Wisconsin’s racial and cultural diversity. Members of the Executive Committee should work with the SCAODA legislative representatives to introduce legislation to change the SCAODA statute.**

The motion passed—7 yes, 0 no, 4 abstain (DHS, Engelbert, Frings, Petrovich)

State agency reports

- **Department of Justice** – Ms. Virgil said that DOJ received a grant to address heroin and opiate investigations. DOJ recently held a drug take back collection that was very successful. The Dose of Reality campaign has been launched.
- **Department of Revenue** – Matt Sweeney reported on the excise tax collections for the first quarter of SFY16. Cigarette excise tax collections were down 1.2 percent; tobacco taxes were up 7.9 percent; the beer tax was up 4.8 percent; and the overall excise taxes were down 1.8 percent.
- **Department of Health Services** – Ms. Allen reported that DHS is working to reduce the impact of opioid addiction. DHS has partnered with DOJ on the Dose of Reality campaign. DHS was part of the National Governors’ Association effort to address opioid issues and is forming a committee within the department to make sure the department addresses prescription drug abuse from all aspects. Some of the ongoing treatment efforts include the three opioid treatment programs operating the rural, underserved areas, and the program to fund medication-assisted treatment in Columbia, Richland, and Sauk Counties.
- **UW Systems** – Anne Hoffman reported that the UW System AODA coordinators are experiencing the statewide budget cuts. Most prevention staff have added responsibilities related to prevention, specifically with regard to mental health and interpersonal violence. While all areas are linked, the amount of work has stalled any growth in prevention work and, for most, has interrupted their existing prevention work. Regarding students self-report of marijuana use, AODA coordinators have noticed trends among those who have been sanctioned for services—these are students who have violated the university policy. The sanctioned students are a small sub-group of students who self-report their use. The trends are these: approximately one-third of

the sanctioned students have stopped using entirely and another third of the sub-group reports using occasionally and is open to reducing use. The final third of the sanctioned students are found to be more regular users, some daily, and are in need of services beyond our limited prevention services. This group in particular is also unique in that they started using around age 14.

Wisconsin Council on Mental Health Criminal Justice Committee update – Mr. Briggs reported that the committee had a presentation from a committee member whose family had criminal justice involvement and AODA issues. Lorie Goeser attended the most recent committee meeting. She reported that there is now an LCO representative and they are looking at adding another tribal representative and getting more peer or family members.

Secretary's Council on Child Welfare update – Mr. Briggs reported that there was a presentation from group of young people who had been in foster care system and the pros and cons of the foster care system. There was also a presentation on CHIPs system cases. Only 13 percent of cases brought are actually admitted into system, while 87 percent are diverted somewhere else. Substance use disorders were a significant factor in cases that were screened out. Mr. Briggs has asked to be on agenda to give a presentation on having mandatory screening for AODA/mental health for those referred to CPS system.

Substance Abuse Block Grant annual report – Kris Moelter reported that the annual report was filed. Wisconsin met most of its goals. It could not determine if it met the goal of referring 98 percent of people to tuberculosis treatment due to a lack of data. The goal for serving women was partially met. It could not be fully met due to staff turnover within the grantee agencies and within DMHSAS.

Agenda items for the March 4, 2016, meeting

- Dose of Reality Campaign presentation

Announcements – A.J. Ernst reported that DHS has brought stakeholders into opioid discussions. There will be a conference March 8 – 10 at Lac du Flambeau to address the culture of alcohol and drug abuse in Indian Country.

Adjourn –The meeting adjourned at 1:55 p.m.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES

March 4, 2016

9:30 a.m.

American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Sen. Janet Bewley, Rep. Jill Billings, Norman Briggs, Tom Engels, Steve Fernan, Susan Hackworthy, Sandy Hardie, Craig Harper (Jennifer Fyock), Sen. Devin LeMahieu (Luke Petrovich), Joyce O'Donnell, Mary Rasmussen, Sue Shemanski, Scott Stokes, Kristi Sullivan, Tina Virgil, Michael Waupoose

Members excused: Douglas Englebert, Roger Frings, Duncan ShROUT

Ex-officio members present: Mike Ayers, Randall Glysch, Matt Sweeney

Ex-officio members excused: Jamie Elder, Anne Hoffman, Mishelle O'Shasky, Linda Preysz, Katie Roberts

Staff: Joyce Allen, Beth Collier, Lee Ann Cooper, A.J. Ernst, Raina Haralampopolous, Bernestine Jeffers, Paul Krupski, Kris Moelter, Dustin Mullett, Christy Niemuth, Mai Zong Vue, Alex Wright

Guests: Lauri Badura, Denise Johnson, David MacMaster, Joseph Muchka, Tera Cater Vorpahl, Michelle Wick

Scott Stokes called the meeting to order at 9:32 a.m.

Introductions – Meeting attendees introduced themselves.

Approval of December 11, 2015, minutes – Norman Briggs moved (Michael Waupoose second) to approve the December 11, 2015, meeting minutes. The motion passed unanimously.

Public input – Lauri Badura spoke on opioid abuse and the importance of state action to address treatment.

Committee reports

- **Diversity Committee** – Tina Virgil reported that the Diversity Committee met with Duncan ShROUT to talk about his vision for SCAODA and how the Diversity Committee can support that vision. The committee is also working on implementing the CLAS standards and providing education around those standards.

- **Intervention and Treatment Committee** – Mr. Briggs reported that ITC is reviewing the marijuana report and may make suggested changes to the Prevention Committee. The committee is also working on the Substance Abuse Workforce report. The committee has recently increased its membership and is trying to have a membership that reflects the SCAODA membership, including getting more citizen members.
- **Planning and Funding Committee** – Joyce O'Donnell reported that the committee is working on the AODA funding report. Todd Campbell will present the report at the June SCAODA meeting. The report will be sent to the other SCAODA committees for input before its gets presented in June. The committee also discussed the marijuana report and will send any recommendations it may have to the Prevention Committee.
- **Prevention Committee** – Mr. Stokes reported that the Parents Who Host Lose the Most materials are being distributed. The state has convened stakeholders to work on a prevention logic model, and that model was presented for modification to the Prevention Committee. The committee will present the final logic model at the June SCAODA meeting. The committee discussed the marijuana report at its January meeting. It decided to keep the report intact and bring it back before SCAODA in June. There was discussion about the implications of the elimination of the Prevention Specialist in Training certification. There should be little impact on the workforce. The elimination will allow people who are working toward the Prevention Specialist certification to start counting hours toward the certification without first being a Prevention Specialist in Training.

Dose of Reality Campaign – Anne Schwartz from the Department of Justice presented on the Dose of Reality Campaign and how the campaign uses social marketing. The campaign includes public service announcements. All of the PSAs are based on real stories from parents. The powerpoint is attached to these meeting minutes. One of the goals of the campaign is to create awareness of a problem and a call to action.

State agency reports

- **Department of Revenue** – Matt Sweeney reported on the excise tax collections for the fiscal year through January. Cigarette excise tax collections were up 2.4 percent; tobacco taxes were up 6.7 percent; liquor and wine taxes were up 2.8 percent; the beer tax was up 4.6 percent; and the overall excise taxes were up 2.9 percent.
- **Department of Health Services** – Tom Engels reported that the DMHSAS 2015 report has been released. Some of the highlights include that three peer run respite sites are operating in the state, and three opioid treatment centers have opened. Recently, the Joint Finance Committee approved funding for DHS to implement an electronic health records system at the state hospitals. Those hospitals currently do not have electronic health records. A concept paper for Family Care 2.0 has been released. Public hearings will be announced soon. Joyce Allen reported that the federal Mental Health Block Grant was increased, but there is a 10 percent set aside to address evidence-based early intervention for first episode psychosis. The funding will go to increasing the number of sites that offer first episode psychosis services. A request for application will be released soon. Mr. Engels reported that a lawsuit brought by the City of Madison against DHS has been dismissed. The lawsuit was to allow Madison to bring people who have been civilly committed to the Mendota Mental Health Institute instead of the Winnebago Mental Health Institute as DHS requires because Winnebago treats the civilly committed.

- **Department of Public Instruction** – Steve Fernan reported that DPI has received a number of federal grants related to improving school safety, school climate, and student mental health. DPI has launched a school mental health initiative working with 54 schools around adopting a school mental health framework that is a multi-level system of support. The schools are provided intensive training on trauma-sensitive schools and coaching to implement the mental health framework. DPI also will be receiving a federal block grant under the Every Student Succeeds Act. The funds will allow schools to implement drug and violence prevention programs, including mental health programs. The funds likely will be available for the 2017-18 school year. DPI is working with the Division of Public Health to coordinate the next Youth Risk Behavior Survey and the statewide youth tobacco survey so the surveys will not be burdensome to the schools. The goal is to get enough participation so the state will have weighted data.
- **Department of Veterans Affairs** – Mike Ayers reported on Veterans Outreach and Recovery Program. The program is funded with a three-year grant. The goal is to bring mental health services to homeless veterans and veterans at risk of being homeless. There are about 2,000 veterans who are homeless or at risk of homelessness in Wisconsin. DVA has hired six recovery specialists who are placed throughout Wisconsin who do outreach and contact homeless and at risk of being homeless veterans. To date about 250 veterans have been contacted. The recovery specialists also connect those veterans to services.

Wisconsin Council on Mental Health Criminal Justice Committee update – Mr. Briggs reported that the council is struggling with membership.

Secretary's Council on Child Welfare update – Mr. Briggs reported that he is hoping to be on the agenda to discuss women in the child welfare system and substance abuse. The council is addressing issues related to child abuse and neglect and substance-abusing mothers.

Agenda items for the June 3, 2016, meeting

- Marijuana report
- AODA funding report
- Substance Use Disorder Workforce report
- Nicotine treatment resolution

Announcements – A.J. Ernst reported that DMHSAS is organizing CLAS standards training and implementing those standards into the DMHSAS contracts. DMHSAS is also working on the 2016 Epidemiological Report. The report should be completed this fall. Ms. Allen reported that SAMHSA will be auditing the Substance Abuse and Mental Health Block Grants the week of August 15. The Planning and Funding Committee will be presenting its AODA funding report at the June meeting. Members are asked to review the report's recommendations and be prepared to discuss them.

Adjourn –The meeting adjourned at 11:46 a.m.

SCAODA Motion Introduction

Committee Introducing Motion: Prevention
Motion: Review comments and adopt the Marijuana Ad-hoc Committee's report; Marijuana in Wisconsin; Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana.
Related SCAODA Goal: Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
<p>Background: Throughout the research process for both the SCAODA Controlled Substances report and Heroin Epidemic report, the consistent theme heard from individuals with substance use disorders and professionals who treat them, was that they did not start with heroin or prescription drugs. The answer was more times than not marijuana and/or alcohol. Heightening this need is the nationwide marijuana movement, in which some States have decriminalized marijuana possession, legalized marijuana for medicinal use, as well as legalized marijuana for recreational use. The Marijuana Ad-hoc Committee was charged with researching, evaluating and developing recommendations that best serve the public health and safety of all Wisconsin residents</p> <ul style="list-style-type: none">• Positive impact: This report provides expert input on research findings related to marijuana's impact on health, safety and economics. The evidence gathered is presented to address myths related to marijuana's benefits as a legal drug for consumption.• Potential Opposition: Recommendation 7, while not recommending broad decriminalization of marijuana does suggest changes in current statute that would lessen the penalties for simple marijuana possession. This stance may be viewed as counterintuitive to prevention.
Rationale for Supporting Motion: Marijuana is the most commonly used illicit drug in the United States (SAMHSA, 2014). Its use is widespread among young people, yet marijuana causes short-term and long-term effects on the brain, as well as physical and mental health effects. Marijuana use continues to exceed cigarette use within 8 th , 10 th and 12 th grade levels surveyed. In 2014, 21.2 percent of high school seniors had used marijuana in the past 30 days, whereas only 13.6 percent had smoked cigarettes. With movements around the country aimed at reducing the perception of risk and increasing the acceptability of marijuana use there is a clear need for the substance abuse field to take a stance against commonly held myths by using clear research-based evidence to support a new way of thinking about marijuana.

Executive Summary

For 12 months, the Marijuana Ad-hoc Committee examined the scope of marijuana use and problems associated with use that face Wisconsin and its citizens. The Committee developed recommendations to reduce the public health and safety consequences related to marijuana use.

In researching this broad topic, the Committee quickly recognized the need to not only focus on prevention efforts by reducing the initiation of marijuana use, but also how marijuana use affects individuals, families, and larger systems within the general public. It was agreed upon by Committee Members to break into Workgroups to capture all of these issues, including identification of vulnerable members of the population. The Workgroups included:

- 1) **Cannabinoid Research**
- 2) **Legalities and Regulations**
- 3) **Prevention**
- 4) **Treatment and Recovery**

This report provides recommendations specific to each of the four Workgroup sections. The recommendations include comprehensive approaches for addressing the prevention of marijuana use and other substance use disorders at the individual, family, organizational, community, municipality, county, tribal and state levels.

The Marijuana Ad Hoc Committee would like to thank the following individuals and organizations for their assistance, guidance and expertise in developing these recommendations: Norman Briggs (ARC), Derek Iverson (Marshfield Police Department), Andrea Jacobson (Wisconsin Department of Health Services), Robert Kovar (Marshfield Clinic Center for Community Outreach), Lucas Moore (Wisconsin Department of Health Services), and Nick Oleszak (Constructive Analytics).

Summary of Recommendations

	Recommendation	Related Workgroups			
		C	LR	P	TR
Recommended in: Cannabinoid Research Workgroup	Recommendation 1: Cannabis, cannabinoid pharmaceuticals and cannabis/cannabinoid delivery systems should be subject to the same rigorous standards for approval that are applicable to other prescription medications and medical devices and should not be available for use by patients until such a time as they have been approved by the Food and Drug Administration (FDA).	✓	✓		
	Recommendation 2: The State and Federal government should encourage and promote further research and development focused on the study of specific pharmaceutical grade cannabinoid compounds and preparations (including whole plant preparations) for various clinical applications.	✓			
	Recommendation 3: Smoked cannabis is not a safe delivery system for cannabinoids, and should not be legalized in any form since it appears to have similar clinical efficacy via inhalation (vaporized route), sublingual, and oral routes which are safer, and that may have decreased abuse potential.	✓			
	Recommendation 4: Non-pharmaceutical grade oral formulations (“edibles”) and oral formulations are not approved by the FDA and should not be permitted. There is significant variability in dosing between samples, inconsistent distribution of cannabinoids and there are current FDA approved oral cannabinoids by prescription, in the form of Dronabinol (Marinol®) and Nabilone (Cesament®).	✓			
	Recommendation 5: Cannabis and cannabis extract(s) for use in individuals younger than age 21 should not be legalized in any form unless specifically FDA approved. A growing body of evidence links early cannabis exposure with neurobiological brain abnormalities, an increased risk of addiction, potential to be a gateway drug leading to other drug abuse, permanent neurocognitive decline, lower school performance and compromised lifetime achievement.	✓			
Legalities and Regulations Workgroup	Recommendation 6: Marijuana should not be legalized for personal, recreational use in the State of Wisconsin.		✓		
	Recommendation 7: Broad decriminalization of marijuana is not recommended. Instead, Wisconsin statute should be amended as follows: A) possession of marijuana (any resin extracted from the plant cannabis that contains THC) for personal use (up to 10 grams) and/or possession of marijuana paraphernalia in the absence of any other non-drug related charge will be a <u>civil offense</u> (including first and subsequent offenses); B) marijuana possession (up to 10 grams) and/or possession of marijuana paraphernalia in presence of another non-drug related charge will be a <u>misdemeanor or an enhancer</u> to the underlining charge (including first and subsequent offenses), without any potential for incarceration in adults 18 and over. This would decrease inequality in the enforcement of the law of minority populations, minimize long term negative consequences due to incarceration for marijuana-possession offenders, and to utilize cost-savings to increase access to prevention programs and treatment for substance use disorders.		✓		
	Recommendation 8: Wisconsin should implement a more detailed and accurate tracking system to properly codify criminal and civil consequences for all marijuana (and other drug) related crimes within the CCAP database. At a minimum, the system should include a comparison of the time sentenced to the actual amount of time served in jail for a marijuana related crime, in order to produce meaningful data and track the associated costs. It also should be used to track ethnic, socioeconomic, or other conditions potentially related to arrests and sentencing, in order to identify and address possible disparities.			✓	
	Recommendation 9: Wisconsin courts should develop a system of support for offenders currently charged and convicted of marijuana possession.			✓	
	Recommendation 10: All employers should follow the United States Department of Labor’s Drug-Free Workplace Act of 1988.			✓	

Prevention Workgroup	Recommendation 11: Community groups, organizations and coalitions should implement evidence based prevention strategies that address known risk and protective factors for marijuana use.	✓		
	Recommendation 12: Support coalitions as the vehicle through which communities will successfully prevent and reduce marijuana use.	✓		
	Recommendation 13: Work to foster an environment locally that empowers young people not to use marijuana.	✓		
	Recommendation 14: Provide information to employers, and especially supervisors, regarding signs, symptoms and consequences of marijuana use, as well as local resources for obtaining help for cannabis use disorders.	✓		
	Recommendation 15: Make drugged driving prevention and enforcement a priority statewide.	✓		
	Recommendation 16: Incorporate SBIRT (Screening, Brief Intervention and Referral to Treatment) as a tool for helping clients who may be experiencing problems resulting from marijuana or other substance use.	✓	✓	
Treatment and Recovery Workgroup	Recommendation 17: Expand adolescent substance use disorders treatment and recovery options across the state to allow timely access of appropriate level of care for all youth and young adults.			✓
	Recommendation 18: Expand adult substance use disorders treatment and recovery options across the state to allow timely access of appropriate level of care for all residents.			✓
	Recommendation 19: Substance use disorders treatment and recovery services for pregnant women should promote abstinence from marijuana during and after pregnancy to protect unborn and developing children and prevent drug-affected newborns and nursing infants.			✓
	Recommendation 20: Research, evaluate and implement promising alternative diversion programs including substance use disorders treatment within the legal system.			✓
	Recommendation 21: Provide substance use disorders treatment for persons while incarcerated and develop better linkages to improve the integration of services between criminal justice, primary medical care and treatment and recovery providers to ensure continuing care.	✓	✓	✓
	Recommendation 22: Provide continuing educational opportunities for treatment and recovery providers in an effort to increase understanding of developing science with regard to cannabis use disorders including (but not limited to): <ul style="list-style-type: none"> Evidence-based treatment options and promising research, Research findings regarding pharmacotherapies to assist in treatment, Clinical innovations to use in the management of withdrawal symptoms, The effect of marijuana use on the developing brain, The impact of adverse childhood experiences and treatment approaches that reflect best practice in trauma-informed care. Emerging research of best practices for adolescent and young adult specific recovery and support programs.			✓



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

As part of the motion made and passed at the SCAODA Prevention Committee meeting on 10/15/15, a document capturing discussion around Recommendation #7 in the Marijuana Ad-hoc Committee Report was to be provided to SCAODA members for review and to take into consideration. This document captures that discussion.

The recommendation in question reads:

'Broad decriminalization of marijuana is not recommended. Instead, Wisconsin statute should be amended as follows: a) possession of marijuana (any resin extracted from the plant cannabis that contains THC) for personal use (up to 10 grams) and/or possession of marijuana paraphernalia in the absence of any other non-drug related charge should be a state civil offense (including first and subsequent offenses); b) marijuana possession (up to 10 grams) and/or possession of marijuana paraphernalia in the presence of another non-drug related charge should be a misdemeanor or an enhancer to the underlining charge (including first and subsequent offenses), without any potential for incarceration in adults 18 and over.'

Several committee members voiced their concerns about this recommendation, stating that decriminalization is criminal justice issue more so than a prevention issue. Some concerns included;

- The title of this report, Marijuana in Wisconsin: Research-Based Review and Recommendation for Reducing the Public Health Impact of Marijuana, establishes the intent to reduce and prevent marijuana use. A recommendation lessening the offense of an illegal drug, discredits this intent. The decriminalization recommendation is implying that some use of marijuana is alright, which is contrary to the overall message of prevention.
- Does medical evidence support that 10 grams of marijuana is clinically appropriate? The recommendation implies that it is ok to have some marijuana, just not a lot. Does this rationale open the door to the same thinking for other drugs, such as cocaine, heroin, etc.?
- Any change in current Wisconsin Statute related to marijuana has the potential to reduce people's perception of risk. Perception of risk has an evidence-based association with increased use of substances.
- There is a need for more research as to reasonable consequences for marijuana use – one that adequately discourages use while not disproportionately affecting lower-income users.
- Racial and Socio/economic disparities are seen throughout the criminal justice system. Focusing on these disparities for one type of crime is outside the scope of a prevention committee report. In addition, decriminalization of marijuana has not been shown to

reduce these disparities. A prevention report is not the place to address racial disparities, the criminal justice system needs to carry that responsibility.

- Vulnerable populations, youth in particular, are most susceptible to price points when making decisions about use, which makes lowering fines counterintuitive to a preventative approach.
- The research in the narrative of this report does not provide sufficient evidence either for or against decriminalization, making it difficult to justify including it in the report.

The MAC members of the Prevention Committee shared the majority thoughts of the Ad-hoc committee regarding how and why this recommendation came about:

- ASAM's public policy statement emphasizes that marijuana dependent persons should be offered treatment rather than punishment of their illness.
- Some of the evidence from states where marijuana was decriminalized and other countries show adolescent use did not increase.
- There are harms associated with criminalization which often affect vulnerable populations the most. Sending non-violent offenders to prison over marijuana possession can break up families, keep the offender from getting scholarships or jobs, cause youth in the family to turn to substance use, and unintentionally perpetuate marijuana usage.
- Currently, municipalities have the ability to set their own fines.



Tobacco Equity Resolution

Michael Miller, M.D., FASAM, FAPA, Medical Director Herrington Center
 Jim Wrich, Lead Author "A Time To Lead", EAP pioneer
 David "Mac" Macmaster, WINTIP Managing Consultant

SCAODA Quarterly Meeting
 Friday, June 3rd 2016

Please Refer to Relevant Documents

- (Tobacco) Equity Resolution full text
- SCAODA Motion Format
- WINTIP/ITC – Equity Resolution (Compelling Reasons for Support)
- WINTIP Tobacco Integration Supporters

Current Governing Rule

- *DHS 75.02 WISCONSIN ADMINISTRATIVE CODE (02) (86) "Substance use disorder" means the existence of a diagnosis of "substance dependence" or "substance abuse," listed in DSM-IV, excluding nicotine dependence.

Why Should We Support it?

Annual Wisconsin Substance Use Disorder Mortality

Deaths from Elicit Drugs – 633
 Deaths from Alcohol – 1,822
Deaths from Tobacco - 7,356
(43% have SUD and/or mental health disorders)

We will reduce tobacco related deaths as a Wisconsin public health and AODA priority

(Mortality Data from 2012 reports)

Tobacco Equity Resolution

- *Be it resolved that ...*
- In order for the State of Wisconsin to be consistent with its own law pertaining to the treatment of substance use disorders in ch. 51 (51.001), SCAODA strongly urges the removal of the words "... excluding nicotine dependence" from the definition of "substance use disorder ..." as contained in Wisconsin Administrative Code ch DHS 75-86, and thereby afford Wisconsin residents seeking treatment for a primary Tobacco Use Disorder the same access to an evidence based range of treatment services such as those offered for the treatment of other mental health and substance use disorders.

We Can Do It

- Wisconsin has statewide AODA services and a skilled workforce in place capable of including evidence-based tobacco use disorder treatment in the existing AODA system
- A WINTIP study reported 92% of AODA and mental health clinicians surveyed agreed they now believe they are ethically and clinically responsible for providing evidence based nicotine dependence treatment in their AODA and mental health services

Past SCAODA Support For Tobacco Integration Recommendations Are Paving the Way Forward

- The ITC Tobacco Equity Resolution seeks to continue SCAODA support for recommendations that advance Wisconsin tobacco integration into our state AODA and mental health services, and supports our SCAODA Treatment and Intervention Committee strategic plan
- SCAODA supported the first WINTIP/ITC motion to encourage policies leading to tobacco integration into Wisconsin's AODA and mental health services
- SCAODA endorsed the WINTIP/UW-CTRI Tobacco Integration Guidelines developed to provide a path to tobacco integrated systems and programs



Our Presenters

- **Michael Miller, M.D., FASAM, FAPA**, Past President of American Society of Addiction Medicine (ASAM) and Medical Director of Rogers Memorial Hospital Herrington Recovery Center, served as Managing Editor for the 2013 edition of the ASAM Criteria, the most widely accepted manual of the utilization criteria for addiction care; currently chairs the Action Group within ASAM that produces Standards of Care for the Addiction Specialist Physician



Closing a Gap

- The Equity Resolution addresses a gap in current AODA treatment services, that when closed, will increase access for those with tobacco use disorders eligible for medically and clinically appropriate addiction treatment services
- Apparently there is no equivalent, accessible health care system in Wisconsin comparable to the comprehensive range of addiction treatment services specifically created to treat substance use disorders



Our Presenters

Jim Wrich, BA, A pioneer in the field of Employee Assistance Programs (EAP) and a former director of the Minnesota single state agency on Chemical Dependence; President of Parkside EAP, Director of EAP services at United Airlines, the founding President of the Employee Assistance Society of North America and the recipient of several industry awards, researcher and presenter on managed care accountability with 50 years experience in business, government, politics, community activism and recovery advocacy



Tobacco Integration Resolution What's Next?

- SCAODA adoption of the WINTIP/ UW-CTRI/ ITC Tobacco Integration Resolution is a crucial step toward implementation of this public health/AODA policy and advances our strategic plan
- **This is an issue to be resolved by our Wisconsin legislature within the process they determine is appropriate for eventual implementation**
- Continuing advocacy will be provided by WINTIP-UW-CTRI and other stakeholders invested in this public health/behavioral health challenge



Our Presenters

- **David Macmaster, CSAC, TTS**, Managing Consultant and Co-founder of Wisconsin Nicotine Treatment Integration Project, developed the tobacco integration resolution that became state and national tobacco policy, participated in the creation of the Wisconsin tobacco integration guidelines, experienced in the application of recovery oriented systems of care (ROSC) for substance use and mental health disorder clinicians, managers, consumers and allies



Contact Information

- UW-Center for Tobacco Research & Intervention behavioral health information:

www.helpusquit.org

Wisconsin Nicotine Integration Project

WINTiP

(608)393-1556

creativerep@mac.com



WINTIP/ITC – Equity Resolution (ER) Re-considered

THE ISSUE – ELIMINATE NICOTINE EXCLUSION IN WISCONSIN SUBSTANCE USE DISORDER TREATMENT RULES

*DHS 75.02 WISCONSIN ADMINISTRATIVE CODE (02) **(86)** “Substance use disorder” means the existence of a diagnosis of “substance dependence” or “substance abuse,” listed in DSM–IV, **excluding nicotine dependence.**

COMPELLING REASONS FOR SUPPORT

- Wisconsin SCAODA has previously supported WINTIP/ITC tobacco integration resolutions and motions including the initial tobacco integration motion, adopted unanimously as requested by Chair, Senator Carol Roessler:

Be it resolved that:

The Wisconsin Governors State Council on Alcohol and Other Drug Abuse encourages policies that lead to the integration of evidence-based nicotine dependence treatment into Dane County substance abuse and mental health services.

- **SCAODA later endorsed the Guidelines for Tobacco Integration developed by UW-CTRI and WINTIP that addressed the intent of the first WINTIP/ITC resolution to encourage such policies by actually developing them**
- The American Society of Addiction Medicine (ASAM) is on record confirming their supports for our WINTIP/SCAODA/ITC Equity Resolution as being consistent with their Tobacco Use Disorder recommendations in the most current ASAM Criteria. ASAM Criteria is the international manual for determining level of care placement for adults and adolescents with Substance Use Disorders
- ASAM has provided WINTIP case studies of individuals with tobacco use disorders that may qualify for admission to various levels of AODA care using ASAM admission and placement criteria

Current Eligible Substance Use Disorders for all levels of approved AODA treatment, as listed in the Diagnostic & Statistical Manual IV 4 R

- Alcohol – Dependence - 303.90
- Amphetamine Dependence – 304.40
- Cannabis Dependence – 304.30
- Cocaine Dependence – 304.20
- Hallucinogen Dependence – 304.50
- Inhalant Dependence – 304.60
- **Nicotine Dependence – 305.1**

- Opioid Dependence – 304.0
- Phencyclidine Dependence – 304.60
- Sedative Hypnotic Dependence – 304.10
- Polysubstance Dependence – 304.90

Note: All but nicotine dependence are eligible for treatment in Wisconsin’s AODA treatment services as primary substance use disorders

These are the treatment options for those with substance use disorders. Only tobacco use disorders are excluded from this comprehensive range of services and levels of care:

- Individual and group counseling
- Inpatient and residential treatment
- Intensive outpatient treatment
- Partial hospital programs
- Case or care management
- Medication
- Recovery support services
- 12-Step fellowship
- Peer supports

More Compelling Reasons For Support

- Outcomes studies from the Mayo Nicotine Dependence Program and St Helena Hospital report patients with high severity tobacco use disorders had better outcomes when treated in residential programs than in outpatient programs
- Wisconsin addiction treatment providers have demonstrated they can effectively treat tobacco and nicotine dependence disorders concurrently with other SUD’s. If they can treat tobacco concurrently in tobacco-integrated programs it is reasonable to conclude they can treat nicotine dependence as a primary disorder
- Providers will use the same evidence-based treatment practices for tobacco use disorders we are using to treat all the other SUD’s eligible for addiction treatment. Addiction treatment providers have a long history of including new substance dependence disorders and drugs of abuse and dependence in our comprehensive addiction treatments offered
- The leaders of the two agencies responsible for tobacco prevention and control and mental health and substance use disorder services have been informed of WINTIP advocacy for this Equity Resolution and have raised no objection. Those agencies are the Division of Public Health Tobacco Prevention and Control Program and the Division of Mental Health and Substance Use Bureau of Prevention, Treatment and Recovery

- WINTIP's tobacco integration mission has been included in both Wisconsin's AODA strategic plan and the Wisconsin Tobacco Prevention and Control strategic plan for addressing tobacco population disparities
- AODA/Mental Health and tobacco government agencies serve on the WINTIP Steering Committee as primary stakeholder partners and participate in all WINTIP planning and projects, so they have decision-making and oversight leadership in tobacco/AODA/Mental Health joint ventures and mission development.
- WINTIP/UW-Center for Tobacco Research and Intervention and SCAODA/ITC have done the research that provides compelling evidence that tobacco use/nicotine dependence can be effectively treated in Wisconsin, New York and other states' addiction programs without significant costs and policy complications
- Video from the Canadian residential program in Port Colborne, Ontario documenting treating nicotine dependence as a primary SUD was successfully implemented is available on UW-CTRI www.helpusquit.org website
- After receiving tobacco/nicotine education from WINTIP and UW-CTRI, Wisconsin AODA and mental health provider surveys determined 92% of clinicians came to believe they are clinically and ethically responsible for treating nicotine dependence with the evidence-based practices they are now using in their scopes of practice
- Our SCAODA Intervention and Treatment Committee supported the Equity Resolution after more than 3 years of study, research and background investigation in the USA and Canada establishing a strong commitment to the case for advancing this Equity Resolution to the full SCAODA as an important step to having this issue considered by the Governor, legislature and DHS
- WINTIP's health insurance and cost expert reported there in no compelling cost reasons for not implementing the Equity Resolution
- Potential legal risk issues for continuing to discriminate against those with nicotine dependence in the current DSM environment deserve attention

CONCLUSIONS:

Patients with primary tobacco use disorders that need and deserve addiction treatment at appropriate levels of care should have treatment access comparable to those with other primary SUD's

By including tobacco use disorders as concurrent and primary substance use disorders eligible for substance use disorders treatment much-needed new revenue for addiction treatment providers will result.

There is no need to add a new work force to implement the treatment of primary or concurrent nicotine dependence in our addiction services because a skilled addiction treatment workforce is available and training can be incorporated into existing AODA training resources. Mental health providers also have a highly trained professional work force capable of addressing nicotine and tobacco effectively.

Wisconsin's established county-based Chapter 51 AODA and mental health services provide statewide access to AODA and mental health services and can accommodate tobacco integration with appropriate training and policy development.

Health insurance providers do not currently discriminate among substance use disorders eligible for addiction treatment reimbursement

For example; they reimburse for the treatment of both cocaine and alcohol use disorders when treated together and not separately, so they can reimburse for alcohol or other substance use and tobacco use disorders treatment concurrently without paying for them separately

Health insurance providers treat all the other substance use disorders as primary disorders. They do not require that AODA providers must have a second or other substance use disorders to treat an alcohol use disorder or other substance use disorders as primary disorders.

Therefore, AODA providers can treat primary tobacco use disorders/nicotine dependence with the same treatment practices and protocols they are currently using to treat other primary substance use disorders in the already established AODA treatment system.

Elimination of the “excluding nicotine dependence” barrier in DHS75 02 86, will open the door for those suffering from primary tobacco use disorders to receive the comprehensive services they need and deserve in the Wisconsin public health system designed to treat addiction/substance use disorders.

Respectfully Submitted By:
David “Mac” Macmaster, CSAC, PTTS
WINTIP Managing Consultant / Member: SCAODA Intervention & Treatment Committee

Wisconsin Tobacco Integration Project (WINTIP)

Mission: “Savings Wisconsin lives by encouraging policies that lead to the integration of evidence-based nicotine dependence treatment into the Wisconsin AODA and mental health services”

WINTIP Tobacco Integration Supporters Wisconsin Supporters

Wisconsin Governors State Council on Alcohol and Other Drug Abuse (SCAODA) – included in SCAODA Strategic Plan
SCAODA Intervention and Treatment Committee
Wisconsin Alcohol and Drug Treatment Providers (WADTPA)
Sauk County Tobacco Free Coalition
Wisconsin Division of Public Health – Tobacco Prevention and Control Program – included in TPCP strategic plan for disparities
Wisconsin Division of Mental Health and Substance Use – Bureau of Prevention, Treatment and Recovery
Senator Carol Roessler – past SCAODA Chair
Recovery and Addiction Professionals for Wisconsin
Dane County Chemical Dependency Consortium
Recovery Coalition of Dane County
UW-School of Medicine Center for Tobacco Research and Intervention
Wisconsin Association on Alcohol and Other Drug Abuse
Wisconsin Recovery Community Organization
Wisconsin County Human Services Association/Behavioral Health
Dane County Board of Supervisors

National and Other Supporters

American Society of Addiction Medicine
(Michael Miller, M.D. Past President and David Mee- Lee, M.D. ASAM Criteria Chief Editor)
National Conference on Tobacco or Health – National tobacco policy
National Association for Addiction Professionals (NADAAC)
National Tobacco Integration Advocacy Committee
Association for the Treatment of Tobacco Use and Dependence
Mayo Clinic Nicotine Dependence Treatment Program

(See attached NATIAC member list from A Time To Lead project for additional national and other state tobacco integration supporters)

PROPOSED SCAOTA EQUITY RESOLUTION TO ENABLE TREATMENT OF THOSE WITH A PRIMARY OR SOLE TOBACCO USE DISORDER

Whereas, 540,000 Americans die annually from tobacco related illnesses, more than the number who perished in all modern US wars combined (WWII, Korea, Vietnam, IRAQ, and Afghanistan), and

Whereas, tobacco related deaths are five times greater than the number of deaths from alcohol and all other drugs combined, and

Whereas, more than 20 million Americans have died from tobacco related illnesses since the first Surgeon General's Report on Tobacco was published in 1964, and,

Whereas, national tobacco related illnesses and productivity losses total \$289 billion annually (\$133 billion in medical care and \$156 billion in lost productivity), and

Whereas, applying national statistics indicates that more than 7,300 Wisconsinites die annually from tobacco related illnesses, and

Whereas, this data also indicates that the estimated annual cost to Wisconsin is more than \$5.3 billion in tobacco related illnesses and productivity losses, and

Whereas, there is a strong desire among smokers to quit as evidenced by research showing that 67% of smokers would like to quit but, on their own, have not been able to do so, and

Whereas, nicotine dependence (305.1) is listed in the Diagnostic Statistical Manual 5 (DSM-5) as a treatable substance use disorder, and

Whereas, several effective evidence based practices have been developed to treat nicotine addiction, both in Wisconsin and nationally, and,

Whereas, the current community based system that is available to treat other substance use, medical, and mental disorders as well as those with a comorbid nicotine and other substance use disorder, can adapt to treat those with a sole or primary nicotine disorder, and

Whereas, Wisconsin Statutes ch. 51 (51.001) calls for a “...full range of treatment and rehabilitation services in the state for all mental and developmental disabilities ... alcoholism and *other drug abuse*” (*Italics ours*), and

Whereas, nicotine addiction is the sole or primary substance use disorder among a majority of those who use tobacco products, and

Whereas, those individuals with nicotine dependence as their sole substance use disorder are excluded per Wis. Admin Code ch DHS 75 and do not have equal access to Wisconsin’s full continuum of treatment services, and,

Whereas, benefit to cost estimates indicate significant advantages of treatment to the individual, his/her employer, and the general public, and

Whereas, SCAODA has previously adopted WINTIP’S Tobacco Integration Resolution encouraging policies that lead to integrating evidence-based nicotine treatment into AODA and mental health services, now therefore,

Be it resolved that ...

In order for the State of Wisconsin to be consistent with its own law pertaining to the treatment of substance use disorders in ch. 51 (51.001), SCAOTA strongly urges the removal of the words “...excluding nicotine dependence” from the definition of “substance use disorder ...” as contained in Wisconsin Administrative Code ch DHS 75-86, and thereby afford Wisconsin residents seeking treatment for a primary Tobacco Use Disorder the same access to an evidence based range of treatment services such as those offered for the treatment of other mental health and substance use disorders.

SCAODA Motion Introduction

Committee Introducing Motion: N/A

Motion: In order for the State of Wisconsin to be consistent with its own law pertaining to the treatment of substance use disorders in ch. 51 (51.001), SCAODA strongly urges the removal of the words "...excluding nicotine dependence" from the definition of "substance use disorder ..." as contained in Wisconsin Administrative Code DHS 75.02 (86), and thereby afford Wisconsin residents seeking treatment for a primary Tobacco Use Disorder the same access to an evidence based range of treatment services such as those offered for the treatment of other mental health and substance use disorders.

Related SCAODA Goal: 4: Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.

Background:

Although nicotine dependence (305.10) is listed in the Diagnostic Statistical Manual 5 (DSM-5) as a treatable substance use disorder, those individuals with nicotine dependence as their sole substance use disorder are excluded per administrative rule DHS 75.02 (86) and do not have equal access to Wisconsin's full continuum of treatment services. WINTIP, an ITC member, has advocated for increased access and treatment for this population and believes that this is an area critical for equality.

Previously SCAODA adopted WINTIP'S Tobacco Integration Resolution encouraging policies that lead to integrating evidence-based nicotine treatment into AODA and mental health services. This additional equity resolution is regarded by ITC as being a philosophical policy position that supports access to the state's AODA services for nicotine dependence as a drug of equal concern to alcohol and other drugs.

- Positive impact: This resolution provides those individuals with nicotine dependence, as a sole disorder, access to the full continuum of treatment services similar to those with other substance use disorders. It most likely will lead to substance use providers enhancing their services and training to clinicians in order to more robustly address nicotine disorders in general. It demonstrates consistency with the high ethical and clinical standards which Wisconsin wishes to promote. It will save lives and improve the quality of life for individuals and their families who are experiencing nicotine addiction.
- Potential Opposition: Treatment providers will have to require appropriate training and system change support to be prepared to address nicotine disorders as the sole disorder. The population of persons with nicotine use disorder, as their sole substance use disorder, is not expected to be large, however there would be a financial impact associated with the provision of these treatment services. The extent of that impact is unknown. Also unknown is the extent to which current payers will recognize the utilization of the full continuum of care as legitimate, clinically appropriate treatment modalities for a tobacco use disorder and therefore subject to reimbursement.
-

Rationale for Supporting Motion: Nicotine dependence leads to diseases which take the lives of more than 3,000 Wisconsin tobacco users a year with AODA and mental health disorders. These

deaths affect the lives of approximately 12,000 family members. Tobacco deaths are responsible for more deaths than from alcohol and other drugs combined. Wisconsin already has substance use disorder services and programs in place, along with a workforce which is trained in the skills necessary to support recovery (abstinence and harm reduction). The administrative rule already allows for clinicians to treat nicotine dependence when other substance use disorders are primary. This motion would simply allow the equity of those persons with a sole substance use disorder with nicotine, who are in need of various levels of care, to access this much needed treatment. This motion could also promote further professional development by our workforce to enhance the evidence based treatment practices for nicotine use disorders.

FUNDING AD-HOC COMMITTEE REPORT – May 23, 2016

Introduction

The State Council on Alcohol and Other Drug Abuse (SCAODA) provides expertise to the state on substance use issues that impact the health, welfare, and well-being of Wisconsin's citizens. This expertise includes reviewing alcohol and other drug use legislation, serving as a statewide resource on alcohol and other drug use matters, and advocating for effective substance use disorder policies.

One of the issues for which SCAODA has long advocated is adequate substance use disorder prevention, treatment, and recovery funding. Sustainable sources of funding must be available so substance use disorder prevention, treatment, and recovery needs can be effectively addressed. Current funding levels may be inadequate to effectively implement prevention efforts, to effectively treat people with substance use disorders, and to sustain recovery. Further, there is a need to educate policymakers on how funds are being spent and how an effective substance use disorder prevention, treatment, and recovery system could be adequately funded. To that end, the Planning and Funding Committee presents this "snapshot in time" report on the current state of prevention and treatment funding and makes some recommendations on how adequate funding can make Wisconsin's substance use disorder system more effective.

CURRENT FUNDING

About \$98 million is available to fund the cost of prevention and treatment in Wisconsin. While this seems like a lot of money, the cost of substance use disorder treatment far exceeds this amount and does not address prevention or recovery efforts. The funding originates from a number of different sources as detailed in the following table.

Source	Amount	Percent
General Purpose Revenue and Program Revenue	\$47,157,130	48%
Substance Abuse Block Grant (federal)	\$27,116,412	28%
County Tax Levy	\$15,893,260	16%
Other federal funds	\$4,838,281	5%
County Revenue Medicaid	\$2,569,437	3%
TOTAL	\$97,574,520	

Approximately 10 percent of the General Purpose Revenue substance use disorder funds is spent on prevention activities. (See chart below). Of the Substance Abuse Block Grant funds that come to Wisconsin from the federal government, approximately 25 percent of those funds are spent on prevention activities. By separating out alcohol and drug prevention activities from funding for treatment activities, these sources of revenue yield about \$11 million for prevention activities and \$87 million for treatment of substance use disorders in publicly-supported programs.

FUNDING AD-HOC COMMITTEE REPORT – May 23, 2016

Source	Amount	Prevention Spending	Treatment Spending
General Purpose Revenue/Program Revenue	\$47,157,130	\$4,515,713	\$42,641,417
Substance Abuse Block Grant (federal)	\$27,116,412	\$6,779,103	\$20,337,309
County Tax Levy	\$15,893,260		\$15,893,260
Other federal funds	\$4,838,281		\$4,838,281
County Revenue Medicaid	\$2,569,437		\$2,569,437
TOTAL	\$97,574,520	\$11,294,816	\$86,279,704

The funds available to provide treatment (\$87 million) can be compared to the amount needed to adequately fund treatment, which, as set forth below, is between \$187 million and \$226 million. This means that for those who need treatment the funds available to provide adequate treatment for the population needing the publicly financed system is less than half of what is needed to provide adequate treatment.

Local organizations may receive additional funding for substance use disorder prevention and treatment. For example, in FFY2015 the federal government awarded Drug Free Communities Support Program Grants to 21 agencies in Wisconsin, totaling about \$2.6 million.

THE COST OF PREVENTION

Wisconsin spends less than \$12 million in prevention each year, yet prevention is more cost-effective than treatment. Each dollar invested in substance use disorder prevention yields an average benefit of \$7.65 in reduced health care and social services costs, reduced public assistance, reduced crime costs, and increased potential earnings. (DHS Needs Assessment, 2014, p. 79).

Using the continued data and research centered on substance use disorder prevention, DHS has moved towards funding evidence-based prevention strategies focused on community change. This includes evidence based environmental, community and educational strategies, programs, and activities. Counties continue to receive more training and technical assistance in an effort to move all of their Substance Abuse Block Grant prevention funds towards these efforts. A communitywide approach to prevention is necessary, because when children only receive school –based prevention programming, they then head back out into communities where the substance use disorder problems and issues still exist.

Due to the nature of substance use disorder prevention, many prevention efforts target school-age children and are school-based programs. Previously, federal funding was available for school-based prevention efforts. From 1985 until 2009, public school districts received formula grants to support drug and violence prevention efforts, including all 425 school districts in Wisconsin. The formula grants exceeded \$4 million annually. However, in 2009 that funding was eliminated. With no federal funding, Wisconsin public schools were left to rely upon state-

FUNDING AD-HOC COMMITTEE REPORT – May 23, 2016

appropriated and administered grants to help support their substance use disorder prevention efforts.

Two separate state appropriations , one from program revenue (fines and forfeitures for OWI convictions), and the other from General Purpose Revenue, provided a total of \$8,829,048 in competitive grants for Wisconsin school districts to use in support of AODA prevention during the 2009-11 biennium. These funds were awarded to 95 school districts, and resulted in 272,451 students receiving classroom instruction and early intervention and support services, specific to AODA. For the 2011-13 biennium, the larger of the two appropriations was eliminated, leaving just \$1,880,400 to be distributed to 52 school districts, over the two year spending period. These grants impacted a total of 116,764 Wisconsin students during that time.

In 2009, Wisconsin schools shared in a pool of state and federal categorical funds specifically targeted at supporting school-based AODA prevention programs that totaled almost \$17 million over that biennium. By 2012, that total pool of available funds had been reduced to less than \$2 million, over the same two year spending period. With a total reduction of almost 90 percent of the funds that had been available to all 425 public school districts statewide, only 52 Wisconsin districts had access to such funding.

THE COST OF TREATMENT

When substance use disorders are treated, each dollar spent results in a \$6.35 return to Wisconsin in increased earnings, reduced health care costs, and reduced crime costs. (DHS Need Assessment, 2014). Calculating a general cost of treatment is difficult. Treatment should be designed to meet the needs of an individual. An individual's personal and family history, the length of time their use has been out of control, how much the individual is using, and the relative success of previous attempts at quitting are all factors that can affect the kind of treatment they may need, as well as how much a treatment episode can cost.

DHS estimates that in 2013 approximately 47,300 (in 2014 that number dropped to about 37,000, likely due to the ACA) individuals received treatment that was publicly funded through Medicaid or through other public funds such as the Substance Abuse Prevention and Treatment Block Grant, local county revenues, or other public revenue sources. In addition to those who received publicly-funded treatment, some were placed on a waiting list prior to receiving treatment and some were turned away completely. In 2013 there were 1,660 people placed on a waiting list due to a lack of resources. Another 530 people were turned away because the service they needed was not available due to a lack of funding.¹

The importance of making treatment available to people near the time of the request cannot be underestimated. This point is made in a publication of the National Institute on Drug Abuse, "Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential

¹ Wisconsin Mental Health and Substance Abuse Needs Assessment, Department of Health Services, 2015.

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patients can be lost if treatment is not immediately available or readily accessible.”² To represent the demand for publicly-funded alcohol and drug treatment, those who were documented to have been placed on a waiting list or turned away from receiving service should be added to those who did receive treatment. This means alcohol and drug treatment is required within the publicly funded treatment system for 59,190 people annually.

Based on reporting from Wisconsin counties on spending of the Substance Abuse Block Grant, DHS has estimated that the average per person treatment cost for a substance use disorder is \$2,614 per person. That cost does not include the cost of medication-assisted treatment (MAT) for opioid addiction. The national rate of participation in MAT is 14 percent of persons having an illicit drug addiction. The cost per person/per month of MAT ranges from \$450 to \$1,000, depending on the medication used.

To begin to adequately fund treatment, those 59,190 individuals would require an average of \$8,014 be spent for treatment for 14 percent of that population, while \$2,614 is spent on the remaining 86 percent, producing a weighted average cost of \$3,370 per person per year. This estimate assumes 14 percent of those in treatment are there seeking assistance with opiate dependence and are in need of MAT. The lowest cost option for medication is available for approximately \$450 per person, per month (\$5,400 per year). Using these figures provides a total that is nearly \$200 million (\$199,470,300). The highest cost medication that is available costs approximately \$1,000 per person, per month (\$12,000 per year). If this higher cost of MAT is used for 14 percent of the population, then the total cost of adequate evidence-based treatment in Wisconsin is \$254,191,860.

THE AVAILABILITY OF PREVENTION AND TREATMENT

Substance abuse counseling is a specialty area of the counseling profession that provides treatment to people with alcohol and other drug use disorders. In Wisconsin there are 1,880 certified substance abuse counselors and substance abuse counselors as of March 2015.³ In order to serve the 448,000 estimated to need treatment in Wisconsin, each substance abuse counselor would need to provide service to an average of 238 people per year. There are 593 certified substance abuse treatment programs in Wisconsin. This translates into an average of 3.1 counselors available to each certified substance abuse treatment program. In order to serve the estimated number of people needing treatment, each certified clinic would need to provide treatment to 755.5 individuals per year.

The need for prevention specialists is even greater. In Wisconsin there are only 34 certified prevention specialists and 31 prevention specialists in training according to the Department of Safety and Professional Services. At a minimum, every county should have a certified prevention specialist to even begin to adequately address substance use disorder prevention, and larger counties should have more.

² Principles of Drug Addiction Treatment: A Research Based Guide (Third Edition), National Institute on Drug Abuse; December 2012.

³ Wisconsin Department of Safety and Professional Services list of approximate number of credential holders

DRUG COURTS

The key to having effective treatment is assuring that there is a comprehensive system of evidence-based treatment in place that can respond to an individual's recovery needs. The publicly available funds do not necessarily guarantee that this kind of system of care is available to Wisconsin residents. For example, three million of the \$87 million available, a little more than three percent, is dedicated to drug treatment courts. Is this a sufficient amount of funding? The annual per person cost to support the services provided to drug court participants can vary widely depending on many factors that can include the structure and jurisdiction of the court. Based on a national survey of drug courts published in 2011, the estimated average cost of the drug court is \$7,594 per person per year. This is more than double the cost of adequate treatment discussed above. At this cost, the \$3 million available for drug courts in Wisconsin can serve 395 drug court participants. There are 54 problem-solving courts listed on the Wisconsin Association of Treatment Court Professionals website. It may be true that some counties use other resources such as county tax levy or their share of the substance abuse block grant to fund drug court services. Whether drug courts are supported by a portion of these other sources is not distinctly reported to any entity. Most drug courts offer alternatives to incarceration for individuals who are arrested for crimes that are an outgrowth of an individual's addiction. One method for determining the possible level of need for drug courts is to look at statewide arrest data. According to 2012 statistics available from the Department of Justice, 19,135 arrested for possession in 2012. Of those arrests, 5,682 were for possession for drugs other than marijuana.

RECOMMENDATIONS

The Planning and Funding Committee recommends SCAODA support the recommendations set forth below. These are general recommendations based on the data above and are meant to provide guidance for SCAODA committees and other key stakeholders to further explore how Wisconsin can adequately fund substance use disorder prevention, treatment, and recovery efforts.

- 1. Dedicate a portion of the excise tax collections to substance use disorder prevention, treatment, and recovery practices and programs.** As the excise tax on fermented malt beverages has not been increased since 1969 and is currently the second lowest rate of taxation on fermented malt beverages among all states, it is recommended that the excise tax be increased to the average of all states and further that 75 percent of this revenue be dedicated to substance use disorder prevention, treatment, and recovery practices and programs. Currently, excise taxes go into the General Purpose Revenue fund and are not dedicated to addressing substance use disorder issues. The Wisconsin Department of Revenue reports that in state fiscal year 2015, \$57.6 million was collected from the excise tax on beer, wine, and distilled spirits. Excessive alcohol use costs Wisconsin about \$6.8

FUNDING AD-HOC COMMITTEE REPORT – May 23, 2016

billion a year.⁴ And, Wisconsin continues to lead the nation in the prevalence of binge drinking among adults.⁵ Increasing the amount of the tax on alcohol and dedicating a portion of that revenue specifically to addressing the problem will help close the gap between what is currently available and the demonstrated need.

2. **Examine the availability of prevention specialists, substance use disorder counselors, certified peer specialists, and certified programs by geographic region and address barriers to entry into the profession.** Not everyone who seeks treatment receives it. More research is needed to determine the extent to which the lack of treatment is tied to lack of treatment availability. More research is also needed to determine how many prevention specialists serve Wisconsin communities and any barriers to entry into the prevention field.
3. **Invest in the prevention of substance use disorders.** Prevention efforts are most effective when tailored to the local communities. Wisconsin should devote additional funds to supporting the regional Alliance for Wisconsin Youth coalitions and the Department of Public Instruction to expand the use of evidence based environmental, community and educational prevention strategies, programs, and activities.
4. **Implement Screening, Brief Intervention, Referral to Treatment (SBIRT) across systems.** SBIRT can be a cost-effective way to provide people with the right treatment and the right time. Screening and brief intervention can address issues and prevent people from developing more severe substance use disorders needing more intensive treatment. It also identifies people who need treatment and can help them access appropriate treatment. It may decrease the number of people needing treatment by providing early identification and treatment before the problem is exacerbated. It could also increase the number of people needing treatment.
5. **Expand the use of drug treatment courts and other alternatives to incarceration, ensuring the criteria for admission makes the programs accessible to everyone.** Wisconsin currently devotes state funds to the Treatment Alternatives and Diversion and drug treatment courts programs. An evaluation of TAD showed it was a cost-effective way of addressing substance use disorders. Expanding those programs beyond the 34 currently-existing programs may get more people effective treatment, thus decrease future substance use disorder expenditures. Both state and federal funds could be used for this expansion.

⁴ *The Burden of Excessive Alcohol Use in Wisconsin* report, March, 2013

⁵ *Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014*

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Adopt the report on substance use disorder funding in Wisconsin.
Related SCAODA Goal: Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need
Background: The Planning and Funding Committee formed an ad hoc committee to review the current state of Wisconsin's substance use disorder system funding. This report is the result of that committee's work. <ul style="list-style-type: none">• Positive impact: The report provides information on how Wisconsin's substance use disorder system is funded and makes recommendations for increasing the effectiveness of the system. Those recommendations provide a starting point for committees and other stakeholders to address the issues.• Potential Opposition: Some may oppose certain recommendations.
Rationale for Supporting Motion: The purpose of the report is to provide a snapshot of current AODA funding. The report is meant to be used by SCAODA committees and others to address more in depth issues raised in the report to make Wisconsin's substance use disorder system more effective.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

Diversity Committee meeting minutes

February 19, 2016

3810 Milwaukee Street, Madison, WI

Members present: Denise Johnson, Sandy Hardie, Danise Doudna

Members attend by phone: Thai Vue, Gail Kinney, and Tish Minor

Guests/Staff: Duncan, AJ Ernst, Kris Moelter, Mai Zong Vue and 2 interpreters

Call Meeting to Order: Sandy called the meeting to order at 10:08 a.m. and welcomed everyone. A brief self-introduction was done by all members.

Approval of Meeting Minutes: A motion made by Denise to approve the January 22 meeting minutes as amended and seconded by Gail Kinney.

SCAODA Chair Discussion: Sandy welcomed and thanked the SCAODA Chair, Mr. Duncan Shrout, for coming to engage in a dialogue with members of the Diversity Committee. Mr. Shrout shared that he has three agenda items as the new chair of SCAODA that he would like to focus on.

1. Increase in the SCAODA membership. This issue was initiated by the previous chair, Michael Waupoose, to increase civilian representation on the Council—to add five additional people. The motion in December changed the initial intent. Per committee suggestions, it has expanded to include lived experience and recovery and diverse representations. When the language is completed, a bill will be introduced in the assembly. The suggestions of having culturally competent members are important because we will benefit from greater racial representation. We also need to be cognitive of disability issues.
2. Expand outreach beyond legislator. The work of SCAODA is very important and SCAODA needs to create and be a safe place for people to speak comfortably. Therefore, the Council membership needs to be beyond just state staff and legislators.
3. Workforce Report. The Workforce Report was voted down at the last Council meeting. However, it is important to look at how we can move the report forward because of many valuable reasons, including the certification of counselors and the field of experts that DSPS can benefit from.

The Committee asked Mr. ShROUT many questions and they include:

What is the status of the Minority Training Program (MTP), peer counselor models currently being used in the field (a growing field), and workforce concerns (are we aligning mental health more with alcohol issues?)? The Minority Training Project was supposed to be funded by the state according to state statute. Is it still a standing project? Are there funding for it? Sandy shared that there may be some funding left and the idea of issuing a Request for Proposal was talked about but nothing happened. -Tish

Duncan shared that members of Diversity Committee should direct their questions about the Workforce Report to Bernestine, Roger or Norm. The Workforce Report was voted down by the Council at the December meeting. It may come up again in June as a topic of discussion. A brief discussion was held regarding the question of: "Where do we go with this?" The discussion included how peer counseling model is being used in local agencies to advocate for cultural competent. It was suggested that Faith would be a good person to speak with the Diversity Committee regarding peer counseling. It was agreed that Faith be invited to come and share with the Diversity Committee regarding the status and implementation of the peer counseling program.

Gail shared that technical colleges are exploring the idea of offering a peer counseling certificate program. Thai gave a background of the 50,000 Hmong in Wisconsin and how Hmong agency's partnerships with local providers reduced the high unemployment rates and moved many Hmong out of poverty in the 1980s and 1990s but today "we also have a national problem—suicide." "Please put us on your radar screen," said Thai. Mr. ShROUT replied that he will be happy to meet with Thai to discuss the issue.

Sandy asked about the status of the four chair meeting—is it true that there are no longer meetings between the four committee chairs? Kris explained that a few of the meetings did not happen as scheduled. Often it was not the best use of everyone's time because the reported motions were just the same as in committee meetings. Mr. ShROUT shared that as the Council goes forward with efforts to increase Council members, it is important to have good commitment from all chairs. Mr. ShROUT suggested that a meeting between the executive committee, committee chairs and staff be held prior to council meeting.

After members of the Diversity got a chance to ask their questions, Sandy asked, "in general, what would you like to see from the Diversity Committee?" Mr. ShROUT explained and talked genuinely about the population shift in the community and encouraged the Diversity Committee to continue its advocacy work. A few key questions were asked of the Diversity: As the community population is changing where the white will be the minority and the minority groups become majority, what does this cultural shift mean for Wisconsin? What are the assets of any given culture and how can they benefit from our work? Mr. ShROUT expressed that the more the Diversity Committee can do to help the Council focus on building a diverse workforce the better. The excellent advocacy from the Diversity Committee to the Council is critical and good for the Council, including difficult conversations.

Website Page Update:

A revised copy of the Diversity Guidelines and Goals/Mission with the Diversity logo was handed out to everyone. If there are any logo placement preferences on the letterhead, please let DMHSAS staff know. Staff have updated documents on the Diversity Committee page on SCAODA website to include the Diversity logo.

A good conversation took place about what resources should be posted on the Diversity page. Questions about the roles of Diversity Committee and who is who within SCAODA were raised. Should the Diversity Committee page be a diversity “machine” that hosts resources, be a voice, and be a recruitment tool for more diverse faces for all committee within DHS? It was suggested that the Diversity Committee page be used to represent more diversity issues within the state in order to bring more visibility to the diversity issue, including identifying diversity gaps.

DMHSAS Updates:

The Tribal Prevention Conference will be March 8-10 at Lake of the Torches. Thai shared that two people will attend from his agency—Wisconsin United Coalition of Mutual Assistance Associations. Tish asked if there would be any training travel for the Diversity committee members if they can attend the conference.

Emerging Leaders Training: DMHSAS is planning to coordinate another training for the underserved populations next year. More information is forthcoming.

Diversity Reception: A discussion was held to discuss whether or not a Diversity event should be held at the upcoming October 26 & 27 MH/SA Conference. After much discussion, the Committee agreed to host a Diversity event at the Conference. The details of when, where and how will be discussed in future meetings. Some concerns raised include: What is the role of the diversity? Are we doing something that we don’t have the time to do? Some thoughts were: event purpose should be for networking and duties of Diversity members should be to facilitate the discussion. The more simple event the better, for everyone has limited time to organize.

Diversity Workshop Feedbacks: To help improve the next Diversity workshop at the October meeting, a great evaluation discussion took place. General feedbacks include: there were too many people presenting, which did not allow enough time per presenter. Participants like the activities conducted by Denise.

Going forward: next year’s Diversity workshop: Limit the number of panelists—3 people or less. Denise will do a separate workshop focusing on “in my culture activity” which the participants do role play as the provider and deaf clients who are coming to seek services. This activity involves blind folding and giving instructions. Gail suggested that the workshop title need to be changed in order to attract the audience.

Diversity Issues at MH/SAS Conference – a brief discussion was held about diversity issues at the conference. For example, do we have data on LGBT, disability and others. It was suggested that staff ask Wayne to see who has not been cover and Diversity can fill in the gap.

Next agenda

- Diversity application
- CLAS implementation
- Conference workshop
- Diversity event
- Data discussion

Scott Walker
Governor



Duncan ShROUT
Chairperson

Scott Stokes
Vice Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

DIVERSITY COMMITTEE MEETING

April 22, 2016; 10 a.m. – 2 p.m.

Health Education Center Room 117

Note: Park on lot P10, enter the building at door #5, room HEC 117 will be the first room on your left after the entry vestibule.

Eau Claire, WI 53703; Phone: 715-833-6482

Please call Mai Zong Vue at (608) 266-9218 or e-mail maizong2.vue@wisconsin.gov if you cannot attend.

Call in telephone number: 1-720-279-0026 or 1-877-820-7831
Participant Passcode is 408162

- | | |
|------------|--|
| 10 a.m. | Call to Order & Introduction – Gail Kinney
Public Comments
Approval of February meeting minutes |
| 10:15 a.m. | Website updates
DMHSAS updates
MH/SA Conf—Diversity Workshop & Reception
Diversity draft application package - Gail/Sandy/Denise? |
| 12 noon | Lunch |
| 1:00 p.m. | CLAS Standard Implementation Discussion
Data Discussion |
| 1:50 p.m. | Agenda items for next meeting |
| 2:00 p.m. | Adjourn |

NOTE: Next SCAODA meeting is June 3, 2016; American Family Insurance, Madison
Next Diversity Meeting: May 20, 2016, La Crosse

Diversity Mission Statement:

To enhance and honor the lives of Diverse Populations of Wisconsin by providing access to culturally intelligent substance use related services.

SCAODA Mission Statement:

To enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

DIVERSITY COMMITTEE MEETING

May 20, 2016; 10 a.m. – 2 p.m.

Kajsiab House

3518 Memorial Dr. #4 (Mendota Mental Health Institute)—see attached map

Madison, WI 53704; **Phone: 608-469-4370** (mai zong work cell)

Please call Mai Zong Vue at (608) 266-9218 or e-mail maizong2.vue@wisconsin.gov if you cannot attend.

**Call in telephone number: 1-720-279-0026 or 1-877-820-7831
Participant Passcode is 408162**

- | | |
|------------|--|
| 10 a.m. | Call to Order & Introduction – Thai Vue
Public Comments
Approval of April meeting minutes |
| 10:15 a.m. | Funding Committee – Scott Stokes
Website updates
DMHSAS updates
MH/SA Conf—Diversity Workshop & Video
Diversity draft application package - Gail/Sandy/Denise? |
| 12 noon | Lunch |
| 1:00 p.m. | CLAS Standard Implementation Discussion
Data Discussion
Peer Specialist – Faith? |
| 1:50 p.m. | Agenda items for next meeting |
| 2:00 p.m. | Adjourn |

**NOTE: Next SCAODA meeting is June 3, 2016; American Family Insurance, Madison
Next Diversity Meeting: July 22, 2016, Milwaukee**

Diversity Mission Statement:

To enhance and honor the lives of Diverse Populations of Wisconsin by providing access to culturally intelligent substance use related services.

SCAODA Mission Statement:

To enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, November 10th, 2015

10:00am – 2:30pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

MINUTES

Present: Norman Briggs, Roger Frings, Dave Macmaster, Alan Frank, Tamara Feest, Anthony “AJ” Ernst (guest), Bernestine Jeffers and Andrea Jacobson (staff).

By Phone: Lori Cross Schotten, Steve Dakai and Lucas Moore.

Absent: None

Welcome, Introductions – Mr. Briggs called the meeting to order at 10:20 a.m.

Public Comment – None

Review of Workforce Report – Mrs. Jeffers presented the workforce report to committee members. In developing the report, many resources which were reviewed for the report:

- An Action Plan for Behavioral Health Workforce Development – a Framework for Discussion
- ATTC Vital Signs – Taking the Pulse of the Addiction Treatment Profession
- National Health Services Corp – a program by which education can be paid for and/or loan forgiveness if the professional agrees to work in a federal low manpower or underserved area. (Ms. Jeffers is working with some of the Northern rural areas to obtain workforce through these programs.)
- Specific to the Native American communities: Native American Center for Health Professions and Triumph which allows employees to rotate through training in order to be prepared to practice with this population.

The key areas of the report were reviewed:

- Recruitment is a key as only 15% the workforce are under 35 years old
- Rates of reimbursement for WI are much lower than the surrounding states. This leads to lower salaries which makes recruitment to the field challenging.

- Importance of leadership in order to mentor a skilled workforce.
- Importance of ITC considering this area for the 2016 goal setting.
- Another area of concern is the turnover rates as employees tend to leave employment after only a few years.

Discussion:

- Mr. Macmaster is interested in analyzing the workforce data in regards to ability to treat co-occurring disorders. Ms. Jeffers shared that the last DHS annual report identified individuals in the public sector which have received mental health, substance use disorder and/or co-occurring care. Mental health billing reimbursement is higher and the number of employees with a substance use provider MA billing number has been going down.
- Per Mr. Ernst in 2011 a national meeting was held in regards to the substance abuse workforce and the Annapolis coalition was developed to provide guidance on strategic planning for workforce development (the Action Plan document listed above is from this group). He recommends performing an environmental scan with inclusive strategic planning (schools, and other stakeholders). He highlighted the importance of inclusion of persons who identify as being in recovery.
- Per Ms. Feest, the history of past certification board and process for mentoring and licensing the workforce had benefits of being inclusionary and offering support. The end of the certification board has been a loss to the development of the workforce.
- The committee also identified curiosity about the workforce of Independent Clinical Supervisors (ICS's) as apparently there are only 6 in Dane County and a lack of any available ICS's in some regions of the state.
- Concern was expressed about clinics who are struggling to meet DHS 75 codes as an outcome of the workforce shortage. Per Ms. Jeffers, ITC could possibly consult with DQA to determine how many variances have been provided across the state. It is unclear how many agencies are even aware that the ability to apply for a variance.
- Mr. Briggs is wondering if the workforce strategic plans being developed nationwide include incentives. This is not included in this report but would make sense to be considered as ITC moves forward in addressing workforce issues.
- Some discussion of the DSPS requirements and the recent revisions (allowing for all on-line training and potential for decreased training requirements).
- Ms. Feest would like to consider a request from this committee to the WHSCA committee to consider the workforce issue. Another option is to create a motion to SCAODA to raise this issue in order to highlight how the workforce is critical to provision of effective treatment services. DOC is struggling to hire both clinicians and supervisors for the correctional system and wonder about ways to advocate.
- Mr. Frings brought up the potential for universities and educational systems to promote individuals in recovery who are interested in working in the field. Per Mr. Ernst, Aaron's Sober Living home in Madison has teamed with the University of WI Madison to combat the culture of binge use and develop collegiate recovery support groups. There are meetings which include the Dane County higher education leaders in which exploring incentives for promotion of the workforce may be possible.

- Ms. Cross-Shotten highlighted how challenging it may be for individuals in recovery to be able to afford college. Mr. Briggs noted the additional barrier of legal charges which prevent licensure and ability to work in the field. Mr. Frings wondered about fine forgiveness as another aid for increasing pathways for those in recovery wanting to work in the field. There is a statute that governs factors for agencies reviewing rehabilitation of individuals (HFS 12.12).
- MATC is currently offering scholarships to individuals living at Aaron's house.
- Mr. Macmaster addressed the need to be master's level training which presents financial barriers but at the same time peer specialist certification is being developed with a potential to increase the workforce. Mr. Ernst highlighted that the CCS program allows for "rehab workers" which does not have as many educational and certification requirements.
- Ms. Feest wondered if Voices and Faces of recovery could be helpful in advocating on the workforce issues.
- Per Mr. Briggs, in order to be able to narrow the scope for this committee the plan is to focus on public sector workforce vs. private sector.
- DWD issues a workforce report annually however it does not necessarily break-down mental health and substance abuse workforce separately.
- Mr. Frank commented about DOC's current offerings to inmates of job development programs and wonders about substance abuse counseling being a new option. Mr. Macmaster brought up the need to have mentoring in order to offer those individuals who have lost credibility a means to re-building their credibility.

Next steps: for ITC members to provide feedback on the report in the next week and send to Ms. Jeffers who will make revisions and send back out for final approval, with a plan to share the report at the full SCAODA meeting in December. ITC may consider a charge to the Division of Mental Health and Substance Abuse Services (DMHSAS), Bureau of Prevention Treatment and Recovery (BPTR) to perform an environmental scan and proactively address the workforce issues. Another option is to develop another committee to continue to address workforce issues.

A motion was made to take the report to SCAODA along with a request to propose a charge to the BPTR to proceed with an environmental scan and to proactively address the workforce issues. Mr. Macmaster made motion and Ms. Cross-Schotten seconded, with all approving with no oppositions and abstentions.

Introduction of new DMHSAS Bureau of Prevention, Treatment and Recovery Section Chief, Mr. Anthony "AJ" Ernst.

Mr. Ernst shared his background of being a person in recovery who has worked in the substance abuse field at the community, state and federal level. He feels that workforce is a critical issue for Wisconsin and supports the work of this committee.

Section updates

- **Children, Youth, and Families (Lucas Moore; 12:45 call-in)**

The committee has been obtaining input from all of the members about participation expectations and what adolescent specific issues exist throughout the state. They are developing performance measurement goals and continuing to seek out representation from specific areas such as criminal justice. At this time, some of the issues they have identified are:

 - Need for greater communication and cross-training with schools – on disease model of addiction to decrease stigma, differences between adolescents and adults, ensure that college curriculums include information on working with adolescents. One goal is dispersing training and technical assistance.
 - Importance of parental/guardian involvement not only providing permission but also involved during treatment
 - Exploring having Department of Public Instruction representation on the committee
 - Police and school collaboration
 - Need to learn more about Comprehensive Community Services programs and smart phone applications.
 - WI Family Ties provides updates on public sector treatment programs but unsure how to determine private sector treatment resource guides.
- **Treatment for Women and their Children (Norman Briggs)**
 - No updates to report.
- **Heroin/Opiate Update (Andrea Jacobson interim SOTA)**
 - New State Opioid Treatment Authority (SOTA) Elizabeth “Beth” Collier has been hired and has been invited to be a member of ITC

A. Thomas McLellan article “Stopping Opioid Overdose Deaths and Addictions: Finally, a Sensible Plan for Action”. The committee reviewed the article and briefly discussed. Committee members found it interesting to consider a higher rate of reimbursement for agencies offering the full continuum of treatment services. Discussion occurred regarding considering a motion jointly with the planning and funding committee to look at a more effective way of providing services.

Review of October minutes:

Mr. Feest made a motion to approve the October meeting minutes; Mr. Macmaster seconded. No one opposed. Motion approved with a few noted revisions.

Review of the Mental Health/Substance Abuse conference SCAODA public forum feedback At the conference a concern was brought up regarding a SCAODA lack of emphasis on recovery. Jesse Heffernan who is a recovery coach challenged SCAODA to develop stronger focus on recovery. Outreach is occurring to attempt to gather his feedback directly for the benefit of ITC as well as recruitment for representation from a Peer Specialist on the committee.

ITC Recruitment updates

Several individuals are being sought out as new members to represent specific perspectives.

Motions

- 1) **Addictionologist** – ITC is recommending a motion to include an addictionologist as an ex-officio member of SCAODA. Mr. Briggs cited the 2008 memo regarding an executive committee conference as background. He will write up the formal motion. The motion to move forward with this motion to SCAODA was unanimously approved.
- 2) **Follow up re: SCOADA revision to the statute** - ITC reviewed a motion to move forward the motion recommending that the language be changed to indicate that “six representatives who are individuals or agency reps private for-profit or not for profit, located in each region of the state and should reflect WI’s racial and cultural diversity”. The motion was approved unanimously.
- 3) **Nicotine Resolution** – Mr. Macmaster provided an update on his tobacco equity motion. He has not received a response from the Secretary’s office in regards to his letter regarding removing the language in DHS 75 about excluding tobacco from the other substances included for treatment. In response to concerns about the financial burdens of adding treatment for nicotine use disorder as a sole disorder, Mr. Macmaster has checked in with providers in other states and they are not seeing an increase in costs. Mr. Frank reminded the committee that there are also costs to society for not providing treatment. The ASAM organization has found that individuals with nicotine addiction as a primary diagnosis are not offered levels of care beyond outpatient services. There are \$800,000 Tobacco smokers in WI currently and 18% die from tobacco use, and he believes some could be saved if they were able to access intensive addiction treatment. Mr. Macmaster shared that with the high rate of deaths it seems negligent to not provide the same levels of care offered to those of other alcohol and drug addictions.

Ms. Feest shared that WHSCA has not share any concerns or feedback regarding the motion. Ms. Feest shared that she would like to be able to review other areas of DHS 75 in addition to the language in which nicotine is excluded. Mr. Briggs shared being conflicted about the motions as one of the arguments to remove the exclusion is that Mr. Macmaster does not feel that anyone would need/want to access intensive level services. Mr. Macmaster wonders if there would be individuals who need more intensive services if they were available. Mr. Briggs suggested that encouraging agencies to blend in tobacco cessation as a more effective means of increasing the offering of services. Mr. Frank believes the ITC’s goal of bringing attention to the lack of inclusion and offering of services for treating tobacco is our ITC mission. Mr. Frank made the motion for ITC to approve and submit the motion to the full SCAODA.

A vote was held and the motion passed. Those who approved included: Ms. Feest, Mr. Frank, Mr. Macmaster, Ms. Cross Schotten, and Mr. Dakai. Those opposed included Mr. Briggs, Mr. Frings.

Future agenda items

Consider a presentation on Peer Specialist certification and seek out data on the current number of certified Peer Specialists in the state.

The meeting was then adjourned. Next meeting is scheduled for January 12th, 2016.

Scott Walker
Governor



Duncan ShROUT
Chairperson

Scott Stokes
Vice-Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday

February 9th, 2016

10 a.m. – 2:30 pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

MINUTES

Present: Norman Briggs, Roger Frings, Elizabeth Gilbert, David MacMaster, Alan Frank, Kris Moelter, Bill Lauer, Tamara Feest, Lori Cross Schotten, Lucas Moore, Beth Collier, Steve Dakai and Andrea Jacobson (DHS staff).

Guests in Attendance: Paul Krupski (DMHSAS), Autumn Lacy (DOC), Joe Muchka (Addiction Resource Council), Joan Hader and Lisa Walz (Waukesha Technical College).

Welcome, introductions, and public comment

Called to order at 10:07 a.m.. No public comment.

Review of minutes – November 2015 minutes were tabled until the April meeting for staff to review. Reviewed the January minutes and Mr. MacMaster made a motion to approve and Roger seconded, Tamara abstained and all others approved.

Marijuana Report: Paul Krupski, a prevention services coordinator with the Department of Health, Division of Mental Health and Substance Abuse Services, introduced himself and briefly explained the process that the SCAODA Prevention Committee's, Marijuana Ad-Hoc committee undertook in developing the Marijuana in Wisconsin report and recommendations. The committee wrapped up in August of 2015. They had four workgroups: research, legality and regulations, prevention, and treatment and recovery. A letter was included as a preface to the report which outlined the committee's thinking regarding potential areas of controversy. In December the report was shared at the full SCAODA meeting and after discussion about recommendations related to de-penalization, the motion to approve did not pass. The final vote was: 5 in favor, 6 against and 2 abstained. Some members expressed needing additional time to review and/or to take back to the agencies they represent to determine appropriate position on accepting all of the recommendations in the report. The Prevention Committee plans to take the report back to SCAODA in June. ITC members discussed recommendations seven, eight and nine, and it was highlighted that these recommendations are primarily looking at de-penalization vs. decriminalization for marijuana possession as a strategy for combatting disparities in our state. These

recommendations were in response to seeking ways to reduce racial disparities in Wisconsin. Per Mr. Muchka, the committee understood that this would be a polarizing report, but felt strongly about a responsibility to the state of Wisconsin to address this controversial issue. They developed an evidence based report using nationwide information and firmly landed on a need to decriminalize marijuana possession. It is planned for ITC members to further review the report and discuss in the next ITC meeting.

Section updates

Children, Youth, and Families (Lucas Moore) – Mr. Moore provided a summary of recent sub-committee meeting minutes. The sub-committee is continuing to develop strategic plans and enhancing the current list of goals/objectives. They are seeking another co-chair as well as a committee member to attend and report out to ITC. They have been discussing technology geared towards youth including a smart phone application for suicide prevention. There is at least one current crisis phone line which accepts texting as a mode of communication. The committee feels it would be helpful to have an application which readily provides resources for youth in need of substance abuse services, including public and private providers. Per Mr. Briggs, ARC is working with NIATx regarding developing a women’s specific phone application service which include GPS and relapse prevention alerts. He recommends that the sub-committee contact Dave Gustafson at NIATx to explore if any adolescent specific applications are available or being considered.

The sub-committee is attempting to identify any youth specific resources in Wisconsin, however it is difficult to determine which agencies not only accept youth, but also provide robust adolescent specific services. Mr. Moore reported that youth specific advocacy is occurring through collaboration of groups in areas of the state. Mr. Briggs commented that he would like the committee to explore ways to promote increased services for adolescents due to trend of agencies that served adolescents closing. Mr. Moore noted that the sub-committee is consulting with the Division of Health Care Access and Accountability and Comprehensive Community Services coordinator to explore reimbursement options for adolescent services. The sub-committee has identified a lack of higher intensity treatment services for youth in Wisconsin (intensive outpatient, inpatient and/or residential care). Mr. Moore noted how embracing a Recovery Oriented Services of Care (ROSC) approach with youth would be beneficial and allow dollars to more efficiently work towards successful recovery. Discussion of inability to obtain reimbursement for recovery coaches and/or inadequate reimbursement rates for treatment services which impact youth services. He shared that Washington State is currently providing reimbursement for recovery coaching which is not a Wisconsin Medicaid covered benefit.

- **Treatment for Women and their Children (Norman Briggs).** Mr. Briggs began a brief discussion of women’s treatment services related to Neonatal Abstinence Syndrome (NAS) and importance of treating the family not just the newborn. ARC has developed strong collaboration with the local neonatal intensive care units. He highlighted the challenges of placing women in treatment with their infants and some women are dropping out of treatment due to inability to keep mother and infant/children together.
- **Heroin/Opiate Update (Elizabeth “Beth” Collier)** - Ms. Collier shared the recent article from the Clinton Foundation providing Naloxone to all high schools in the

United States (2 each of the nasal sprays). States Department of Public Instruction was not aware of this and they are meeting to explore what would need to be in place for this to occur.

Presentation by Joe Muchka, Joan Hader, Lisa Walz from Waukesha County.

Mr. Muchka is the Executive Director for the Addiction Resource Council (ARC), Inc. and prior to his current position he was in private practice providing co-occurring treatment services employed as a hospital provider. He learned of ITC's efforts to explore workforce challenges in Wisconsin and wanted to meet with ITC as his community has been experiencing issues related to workforce. His agency provides AODA assessments for impaired driving and underage drinking. While attending Waukesha's impaired driving (IPID) committee he learned how the workforce is shrinking and they have fewer agencies able to provide treatment services to Waukesha's impaired drivers. He provided outreach to the Tech school in order to explore ways to develop a stronger workforce. In addition, Waukesha has a Heroin Task Force and he is a member of the Prevention Committee. ARC has seen a 10% or greater reduction in agencies/providers for treatment each year, with a 20% drop in 2014-2015. He is seeing individuals either going onto wait lists or seeking services outside of the county. They currently have less than 25 licensed providers/agencies to refer clients to (in a community of 390,000 people and 18,000 families). Per Impact 211 which maintains a listing of available treatment providers, there are 12 or less agencies.

Joan and Lisa shared the perspective of substance use educators with Waukesha Technical College. There are 16 Technical colleges in Wisconsin and approximately 50% offer Addiction Studies. She believes that there is a high interest in the program and a lack of placement opportunities. In Waukesha County they are seeing few master's level persons (LCSW's, LPC's or LMFT's) enrolling in AODA education in order to obtain substance abuse certification. Typically they see individuals in the associate degree track, followed by bachelor's individuals working in corrections, human services fields, and then very few master's level individuals. There are very few agencies with staff able to provide supervision to SAC-IT's (only 4 organizations have field placement sites at this time). There are very few Independent Clinical Supervisors in the County. Per Ms. Gilbert, agencies struggle to provide placements as the current ICS staff are already stretched supervising the other agency staff. They see roughly 500 students in the Human Services Associate program and they have more students interested in AODA services than they are able to provide placements for work experience. Students in the Tech program gather all 360 hours of education needed (and are eligible for SAC-IT certification after the first 100 educational hours) but need to have employment with supervision in order to obtain the work experience needed for licensure.

Per Mr. Muchka, 51% of our substance use disorder workforce may age out by 2022. Based on projected County needs and current workforce, he believes that Waukesha County would need to add 224 substance use disorder counselors each year. He highlighted the fact that ICS's are required to have 10,000 hours of employment (or five years) and this reflects how many years before the significant aging out in 2022. Essentially, time is running out and it appears we may have a crisis approaching.

Mr. Muchka expressed the following recommendations: 1) SCAODA adopt ITC's Workforce Capacity Report, and recognize that education and training institutions already have programs to prepare those interested in a career in counseling, 2) that CSAC's be allowed to supervise SAC-IT's and 3) that reimbursement rates be revised to more adequately compensate for the cost of providing the services. He feels that greater attention should be focused on public relations and advertising the benefits of seeking certification. He also recommends that SCAODA partner with Wisconsin's chapters of NASW, ACA, and AAMFT to develop a massive recruitment and awareness campaign to encourage their licensed association members to seek certification to work with people needing substance abuse services. He also recommends that in Wisconsin we consider ways to offer older employees part-time positions or other

creative ways to remain in the field and assist in supervising SAC-IT's and SAC's. Our older population is going to double and our need for AODA treatment to this population will triple. Another area of concern is the lack of any geriatric providers in Waukesha for substance use disorder services.

Mr. Muchka expressed that despite the challenges with reimbursement rates, we still need to serve the population and until the time when rates may increase, we need to ensure we have a workforce available to serve our communities. Mr. Frings brought up sharing the workforce development needs presentation with the Technical Colleges of Wisconsin board members to recommend expansion of the number of schools offering substance use disorder (SUD) programming. Mr. Frings also brought up the similarities for the substance abuse field with the past nursing shortages and the fact that technical schools stepped in and assisted in developing the nursing workforce. Ms. Gilbert brought up concerns about four year schools which do not provide courses on substance use.

Ms. Cross-Schotten shared that in a recent listening session in the Northeast area of the state, Governor Walker heard feedback about workforce and certification struggles. Ms. Feest shared that the secretary's office for DHS is interested in the Workforce issue. Mr. Macmaster brought up the need to have an ongoing or standing workforce committee. Per Ms. Gilbert, the shortage includes nurses and physicians in the SUD field.

Mr. Muchka shared that there are more individuals in need and seeking treatment today, as stigma is being lowered in part due to the Opioid epidemic, and there is a sense of urgency with a need to increase our workforce capacity. Waukesha County is sharing an exclamation point to the workforce needs and they are offering support and assistance in tackling these issues. Mr. Muchka is also aware of many family advocates in Waukesha County who would be willing to advocate for workforce issues.

Per Mr. Briggs, there are many agencies in Star SI projects based on NIATx program improvement. Under these projects, agencies are able to obtain waivers from some DHS 75 rules (ie allowed larger group sizes, delay treatment plans to the 5th visit, etc...). A request was made to reduce the number of required supervision hours of a CSAC and ICS, however DQA would not agree to this request. Mr. Briggs commented on the specialized skills required for supervision and concerns associated with allowing a CSAC to provide supervision, as they do not have the clinical supervisor education and training.

Mr. Frings brought up representative Nygren's legislation regarding the Opiate Epidemic and recommended a group including the Technical Colleges to provide a presentation to representative Nygren to see if he would propose a bill to increase tech school programs.

Ms. Feest will provide WCHSA with an update on workforce issues. Much appreciation was shared for the guests and their presentation and the information shared today.

Budget/Legislative updates

Proposed:

- Oversight for Pain Management Clinics has passed both houses and is awaiting Governor's decision.
- AB 597 - IDP assessments through Corrections is still pending.
- Prevention Specialist in Training – change to no longer have the In-training credential has also passed.
- Bill to eliminate the penalty for possession if under 25 mgs. – still pending

ITC recruitment updates

Per ITC and SCAODA chairperson approval, the following are formally new members of ITC: Caroline Miller, Bill Lauer, Elizabeth Gilbert, and Mark Flowers

A recommendation was made to have Mr. Muchka to join ITC as a member. He accepted this offer and will be joining the committee upon approval from the SCAODA chairperson.

Announcements

Per Mr. Frank, DOC is moving forward with the Vivitrol pilots. They are identifying inmates soon to be released from prison in the Fox Valley area, and they will receive the initial shot while incarcerated and then work with contracted community providers for treatment services post release.

Reconsideration of the Equity motion was brought up by Mr. Macmaster. The motion is seeking the removal of the “nicotine exclusion” in DHS 75. Mr. Macmaster would like the motion to be brought back to SCAODA with a greater sharing of information regarding the issue. He provided outreach to Senator Bewley. The by-laws require that anyone who voted in the majority (against the motion) would need to approach SCAODA for a reconsideration motion. He has also reached out to Dr. Miller and is hoping to find 30 minutes of SCODA time in June to provide background prior to voting. Areas in which information was requested was impact on insurance providers and he is uncertain if this information is available, and primarily would be speculative, however he is seeking information from other states who have moved forward with offering the full ranges of services for nicotine cessation as a primary disorder.

Future agenda items:

- Mr. Frank would like to provide a presentation on the Department of Corrections AODA treatment programs
- Review the Workforce report for feedback on recommendations
- Mr. Lauer to provide a presentation on sober homes and differences from recovery or halfway house homes. There are 10 Oxford sober homes in Dane County.
- Per Ms. Gilbert, she is finding staff having great difficulty with the licensure process. She is hearing concerns from staff about inconsistent answers to questions, being required to provide transcripts multiple times, and essentially it is an onerous process. Mr. Frings met with Hannah Zilmer from DSPS and she offered to have a staff person come to ITC to hear concerns.

Adjourn: a motion was made to adjourn at 2:33 pm by Mr. Frank and seconded by Ms. Feest.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday

April 12th, 2016

10 a.m. – 2:30 pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

MINUTES

Present: Norman Briggs, Roger Frings, Elizabeth Gilbert, David Macmaster, Alan Frank, Kris Moelter, Bill Lauer, Tamara Feest, Caroline Miller, Joe Muchka, and Andrea Jacobson (DHS staff).

Absent: Lori Cross Schotten, Lucas Moore, Beth Collier, and Steve Dakai.

Guest: Todd Campbell (Dane County Department of Human Services AODA services Manager).

Welcome, introductions, and public comment -

Called to order at 10:08 am. No public comment.

Review of minutes - Mr. Muchka made motion to accept the February minutes and McMaster seconded, no oppositions or abstentions and minutes were approved.

Guest Todd Campbell presented a new Planning and Funding Committee report

The Planning and Funding committee evaluated the current state of funding in Wisconsin for substance use services. The hope was that this report could be beneficial to other committees as they are exploring ways to improve services in Wisconsin. The report identified that Wisconsin has approximately 87 million for treatment services and 11 million for prevention services. About 3 million is spent on Drug Court services and this provides a capacity to serve roughly 400 participants in Wisconsin. The Department of Public Instruction funding for school based prevention has decreased dramatically from 25 million in 2009-2010 to 4 million in 2011-2012 (experiencing a loss of federal and state general purpose revenues funds). The total need for funding in Wisconsin is estimated to be around 200 – 250 million.

Based on the data gathered the committee recommends:

- Increasing the excise tax on fermented beverages to the average of other states in the county.
- Increase the number of substance abuse clinicians in prevention and treatment programs (similar to ITC they are concerned with workforce issues).
- Invest in prevention activities.
- Explore implementing SBIRT across systems.

- Expansion of treatment courts

This report is a snapshot of current funding and will need to be updated in the future. Per Kris Moelter the report was based a blend of 2014 and 2015 data, essentially the latest data available. Most state agencies were included in the report except for the juvenile corrections section of the Department of Corrections and the Department of Veteran's Affairs.

Mr. Macmaster wonders about increasing the sales tax on prescription Opioid or other potentially addictive medications. He also highlighted how disproportionate the tobacco taxation is in comparison to the alcohol tax rate. The federal Comprehensive Addiction and Recovery (CARE) Act, is exploring integration of services and the need to integrate prevention and treatment and to include recovery as a primary area.

Mr. Frank brought up fidelity to the Drug Court model and data on effectiveness for Wisconsin Drug Court programs. Mr. Lauer mentioned that Department of Justice is working on Evidence Based Decision Making and believes that data exists for Milwaukee treatment courts in particular. Per Mr. Briggs, Drug Courts tend to focus on reducing criminal recidivism vs. substance abuse. Since some Drug Court funds primarily cover case management, he wonders about consistent rapid treatment access and capacity for treatment throughout the state. The committee recommends that funding towards expanding treatment courts would primarily provide treatment funding vs. other services and that a program evaluation component for treating addiction, in addition to criminal recidivism, be a requirement of treatment court expansion.

Ms. Feest shared a recommendation that Department of Public Health (DPH) and the Division of Mental Health and Substance Abuse Services (DMHSAS) work together to develop strategic planning for addressing substance use disorders (including financial collaboration) and data collection comparing the costs of addiction with other chronic conditions.

Mr. Macmaster asked about the SBIRT process and shared that he believed that data has shown a breakdown or weakness in the area of referral to treatment programs. He would recommend that the report highlight the importance of the referral to treatment portion of SBIRT and monitor the percentage successfully entering treatment.

Mr. Briggs also commented on the complicated nature of assessment of Wisconsin data as the need and the actual demand for substance abuse treatment services are different and it is challenging to obtain the true need for services data. Ms. Miller also brought up the importance of identifying other methods by which people recover; use of community support meetings, recovery sober homes, recovery coaching, peer specialists, social supports in general, etc... The challenge of tracking data when programs are not attached to public funding is significant. These separate systems create barriers to tracking data and Recovery Oriented Systems of Care was mentioned as a means of communities integrating recovery systems.

Next steps: The Planning and Funding committee plans to visit the other two committees and to present the report at the June SCAODA meeting.

Al Frank presented an update on the DOC Vivitrol project

Mr. Frank shared an update on the funding being provided for a DOC program offering Vivitrol to inmates with addiction issues prior to their release from prison. The pilot began enrolling participants this month and has five designated work release sites for persons who are eligible for early release. They are still developing the protocols and identifying eligible individuals through screening along with medical testing. Per survey results there are inmates at each site who are interested in the program. For

eligibility, the inmates need to be eligible for early release and have already completed substance abuse treatment. Upon release from prison, the field parole agents will manage the follow up Vivitrol services. The project expects that many individuals will qualify for medical assistance, however the funds can help those who are uninsured or experience gaps in coverage. DOC has identified both prescribers and treatment providers in ten counties, some of which will be integrated in one agency and others will be separate agencies. These provider vendors received training on Vivitrol from Alkermes.

This pilot will track participants to ensure that they are obtaining outpatient treatment and medication services. The committee members discussed potential barriers to incarcerated persons choosing the Vivitrol program while in prison; if no use for lengthy period and completed treatment may not feel the medication is needed, and/or if using opioids without legitimate prescription while in prison may be fearful of ramifications of usage being found upon required lab work prior to first injection. Ms. Feest brought up helpfulness of the treatment providers in the jail providing information about the effectiveness of medication assisted treatment and high risk of relapse and overdose upon release. The pilot will serve both women and men and roughly six individuals are participating in the pilot at this time.

Mr. Lauer asked about performance measurement and what data points will be tracked. Per Mr. Frank, DOC is in the midst of hiring a person to manage data collection and evaluation.

Marijuana report review

Significant praise was offered for the Marijuana report. Mr. Briggs requested that the committee review recommendations seven through nine which were the most controversial when the motion was presented. He expressed concern about the level of detail being proposed for these recommendations. Mr. Muchka shared that data was extensively reviewed on a local, national and world-wide level. The recommendations were carefully crafted after reviewing all of the available data and the intent was to offer guidance for drafting potential legislation.

The committee discussed feedback to provide to the Prevention Committee about the report. Under recommendation seven, the intent is to decrease disparities, and Mr. Briggs proposed that the specific details be deleted and the overall description should remain in the recommendation. Essentially it is recommended that the Prevention Committee consider avoid dictating the details of how this recommendation is operationalized.

Next steps: Ms. Jacobson will pass on suggestions to the Prevention Committee. It was reviewed that the ITC co-chairs will be voting from their agency representation perspective at the full council.

Workforce report

The committee discussed the next steps for the Workforce Report as the motion for SCOADA to accept this report did not pass. The original committee has disbanded so completing the report will fall under the purview of ITC members. Ms. Feest wonders if a new committee should be formed in order to strengthen the report.

Mr. Macmaster, brought up the importance of obtaining the provider perspective and wonders if this might strengthen the report. Mr. Briggs offered a suggestion that ITC take sections of the workforce report and operationalize each area to incrementally strengthen the report. One area to potentially start with is DSPS collaboration. It appears that some of the data will also need to be updated.

Per Mr. Muchka, due to the urgency of his concerns with the workforce, he and WCTC have taken their concerns about workforce to the National council and to share information with legislators. He mentioned that with the CARA legislation it will be critical that appropriations are made to ensure a workforce is available to provide services. The legislative assistant to Ron Johnson was particularly

interested. Next week, Ron Johnson is holding a meeting for Homeland Security and Governmental Affairs meeting in Wisconsin and Mr. Muchka is notifying concerned individuals in the community in order to encourage attendance to this meeting. They advocated for full funding of CARA and parity for substance use disorder services. In Waukesha, they have collaboration occurring with paramedic protocols to help use a SBIRT type approach in connecting individuals to treatment. He has been using the 2013 workforce report and the draft current workforce report for providing information as a means of informing the public of an increasing workforce crisis.

Mr. Briggs highlighted that the report revisions should address the feedback from SCAODA which was concerned about a new committee to be formed, and with the 1.0 staff being placed at DHS (and instead envisioning being housed in DSPS). The recommendation to increase Medicaid reimbursement rates to be in-line with surrounding states seemed to be supported.

Ms. Feest made a motion to convene a small workgroup to review and update the report and identify areas for further development. Mr. Lauer seconded the motion, all approved, no opposition or abstentions. The following ITC members volunteered to be a part of the workgroup: Ms. Gilbert, Mr. Frank, Ms. Feest, and Mr. Muchka. Ms. Feest will schedule the first meeting date and time.

Mr. MacMaster's update on the status of the Tobacco Equity Motion

Mr. Macmaster provided history of the tobacco equity motion for new ITC members. As the motion did not pass in the December SCAODA meeting, Mr. Macmaster is talking to SCAODA members who opposed the motion to see if they will bring it back for reconsideration. He is developing a presentation with an informative approach which includes the background and/or reasons for passing the motion. He has lined up Dr. Michael Miller to provide a portion of the presentation. Mr. Briggs would like to see data on expected numbers of individuals who will be seeking out substance abuse treatment with nicotine being the sole disorder and the expected costs for providing services to these individuals. Mr. Macmaster hopes to find data to answer these questions. Other states are providing con-current treatment but if this passed, Wisconsin may be a leader in providing nicotine disorder treatment as a primary disorder. He highlighted the ethical viewpoint of nicotine disorders causing such a high percentage of deaths and the need to respond as a treatment community to prevent these deaths.

Announcement and future agenda items

Ms. Jacobson shared that the DMHSAS is planning to apply for a Prescription Drug Overdose grant through SAMHSA. If the grant were to be awarded to Wisconsin, an advisory board would need to be established to provide guidance and support in meeting the grant goals. DMHSAS is interested in partnering with SCAODA and ITC to form an advisory. Mr. Lauer made a motion that ITC would be willing to develop an advisory council for the grant if it is awarded to Wisconsin. Mr. Macmaster seconded, all approved. If needed, Mr. Lauer is willing to serve as a chair and Ms. Gilbert volunteered to serve as the co-chair.

Adjourn: A motion was made to adjourn at 2:30 pm by Mr. Gilbert and seconded by Ms. Miller, with no opposition.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday

May 10th, 2016

10 a.m. – 2:30 pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

AGENDA

- | | | |
|-------|---|------------|
| I. | Welcome, introductions, and public comment | 10:00 a.m. |
| II. | Review the minutes from November and April | 10:10 a.m. |
| III. | Workforce Report update | 10:20 a.m. |
| IV. | Guest presentation from Chad Zadrazil with DSPS | 11:00 a.m. |
| V. | Lunch | 11:45 a.m. |
| VI. | Presentation on Sober/Recovery Homes by Bill Lauer | 12:30 p.m. |
| VII. | Section updates | 1:00 p.m. |
| | <ul style="list-style-type: none">▪ Children, Youth, and Families (Lucas Moore)▪ Heroin/Opiate Update (Elizabeth “Beth” Collier) | |
| VIII. | Budget/Legislative updates | 1:30 p.m. |
| IX. | Announcements and/or additional information | 2:00 p.m. |
| X. | Future agenda items | 2:15 p.m. |
| XI. | Adjourn | 2:30 p.m. |

Call-in Information:

Phone Number: 1-877-820-7831

Passcode: 793544

Upcoming meetings:

ITC

July 12th, 2016, 10:00 a.m. – 2:30 p.m. DOC in Madison.
August 9th, 2016, 10:00 a.m. – 2:30 p.m. DOC in Madison.
October 11th, 2016, 10:00 a.m. – 2:30 p.m. DOC in Madison.
November 8th, 2016, 10:00 a.m. – 2:30 p.m. DOC in Madison.

SCAODA

June 3, 2016, 9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.
September 9, 2016, 9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.
December 9, 2016, 9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

**PLANNING AND FUNDING COMMITTEE MEETING MINUTES
February 18, 2016**

Members present: Todd Campbell, Laura Fabrick, Steve Fernan, Joyce O'Donnell, Emanuel Scarbrough, Sally Tess

Members excused: Irene Secora, Duncan Shrout

Guest: Brian Dean

Staff: Kris Moelter

Call to Order – Joyce O'Donnell the meeting to order at 9:48 a.m.

Review of January 14, 2016, meeting minutes – Emanuel Scarbrough moved (Todd Campbell second) to approve the meeting minutes. Motion passed unanimously.

Public comment – Steve Fernan introduced Brian Dean, who is working with the Department of Public Instruction AODA program and the school safety program. His background is in school social work. He will be serving on this committee in the future. Mr. Fernan will continue to be the DPI representative to SCAODA until his retirement.

Marijuana ad hoc Committee report – Mr. Scarbrough reported that at the January Prevention Committee meeting the committee decided to bring the report back at the June SCAODA meeting without any changes. Kris Moelter described the procedure for having SCAODA hear the motion at a future meeting. The committee discussed Recommendation #7, the depenalization of marijuana. Mr. Campbell asked if there were data directly linking marijuana possession to racial disparities in the criminal justice system. Mr. Scarbrough said at least it can mitigate the impact of laws on the affected communities. Ms. O'Donnell suggested the report contain a recommendation on a change of state statute so there would be uniformity across the state. The committee decided to discuss the report further at the April meeting. Mr. Campbell raised the issue of moving the prevention recommendations to the first recommendations since it is a prevention report.

Funding ad hoc committee – Mr. Campbell presented a revised funding report. The report will be distributed to the other committees and Mr. Campbell will solicit their feedback on recommendations before presenting it to SCAODA. The intent of the report is to give a current picture of funding, but the funding picture changes. The document will need to be maintained so there is a current state of funding picture. The committee discussed whether to keep the Drug Court section as a part of the report, and it was agreed to keep it in the report. The committee discussed eliminating the recommendation about the Affordable Care Act. There is not much data available on substance use disorder treatment, so the committee decided to remove it. The

committee then discussed the recommendation about dedicating a portion of the excise tax to prevention and treatment. The committee agreed to keep the recommendation and add the following language: "As the excise tax on fermented malt beverages has not been increased since 1969 and is currently the second lowest rate of taxation on fermented malt beverages among all states, it is recommended that this excise tax be increased to the average of all states and further that 75 percent of this revenue be dedicated to substance use disorder prevention, treatment, and recovery practice programs." More language will be added about binge drinking and the \$6.8 billion cost to Wisconsin. The committee then discussed the order of the recommendations. The committee agreed to make the excise tax recommendation the first recommendation, followed by the workforce recommendation, the prevention recommendation, the treatment/recovery recommendation, the SBIRT recommendation, and the drug court recommendation. "Certified peer specialists" will be added to the workforce recommendation. Ms. Moelter will send the revised document to Mr. Campbell who will draft a letter to the committees for Ms. O'Donnell's signature.

Legislative update – Ms. Moelter reported that the new bills addressing opioid and prescription drug abuse have passed the Assembly and likely will pass the Senate. A bill making 4th offense OWI a felony and increasing penalties has passed both houses and the Governor has indicated he will sign the bill.

Committee and agency reports – Mr. Fernan reported that under the Every Student Succeeds Act, funds are available for drug prevention via a formula grant, meaning every school district will receive some funds and can use them for substance abuse and violence prevention programs. DPI expects to receive about \$10 million for Wisconsin's school districts, including charter schools, for about 450 school districts. The funds likely will be available for the 2017-18 school year. He also reported that the draw for the Youth Risk Behavior Survey has been completed. There is no overlap with the Youth Tobacco Survey sample. Schools will be given notice early in the 2016-17 school year so it can be scheduled before the state testing window, possibly in January 2017.

Mr. Scarbrough reported that Genesis has one person doing prevention but they are looking at doing re-entry services. He is looking at working in the schools with African American youth to find out what the issues are that affect them and get their views.

Report on women's services – No report.

Agenda items for next meeting

- Waukesha County Drug Free Communities Coalition
- Funding report
- Legislative update
- Marijuana report

The meeting adjourned at 12:02 p.m.

Next meeting: April 14, 2016



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

**PLANNING AND FUNDING COMMITTEE MEETING MINUTES
April 14, 2016**

Members present: Brian Dean, Joyce O'Donnell, Emanuel Scarbrough, Irene Secora, Duncan ShROUT, Sally Tess

Members excused: Todd Campbell, Karen Kinsey

Staff: Kris Moelter

Call to Order – Joyce O'Donnell the meeting to order at 9:35 a.m.

Review of February 18, 2016, meeting minutes – Emanuel Scarbrough moved (Brian Dean second) to approve the meeting minutes. Motion passed unanimously.

Public comment – None.

SCAODA update – The draft SCAODA March meeting minutes were distributed. There were no questions. Mr. Scarbrough noted that the excise tax collections had increased over the past year but the money goes into the general fund and not for treatment or prevention of substance use.

Marijuana ad hoc Committee report – Mr. Scarbrough reported that the Prevention Committee discussed that some of the SCAODA members had not reviewed the report in detail at the December SCAODA meeting. The committee will send the report back to SCAODA at the June meeting without any changes. He said one issue is uniformity in enforcement across the state. Another issue that arose was the order of the sections in the report. Duncan ShROUT said the data in the report are good, but recommendations 7, 8, and 9 would create some uniformity across the state. There was concern that if those recommendations were enacted it might increase the use of marijuana among young people. Ms. O'Donnell said it is tough to endorse any type of alcohol or drug issues. Under certain circumstances marijuana is as dangerous as alcohol. Kris Moelter reported that the DEA announced it may make an announcement about the rescheduling of marijuana in the first half of 2016. The committee discussed suggesting moving recommendations 7, 8, and 9 to the end of the report. Ms. Moelter reported that the Intervention and Treatment Committee thought recommendations 7, 8, and 9 should not be so detailed about the penalties for marijuana possession. Ms. O'Donnell said some people are concerned about the image of SCAODA and might run counter to the SCAODA positions on alcohol related to the reduction of availability.

Funding ad hoc committee – Ms. Moelter presented a revised funding report. She reported that Todd Campbell presented the report to the Intervention and Treatment Committee on April 12. He will present it to the Prevention Committee on April 21 and the Diversity Committee on

May 20. Ms. Moelter and Mr. Campbell will talk about revising the report based on the comments received from the other committees and then get the Planning and Funding Committee's approval for the changes. Some of the comments from the Intervention and Treatment Committee included discussing the disparity between the nicotine excise taxes and the alcohol excise taxes, confirming the prevention cost savings, and whether funding should go to drug courts because drug courts address criminal justice issues and do not focus on treatment. Mr. Scarbrough talked about the substance use workforce issue and the shortage of treatment providers and prevention specialists. Mr. Shrouf suggested changing the first sentence in recommendation 2 to say "not everyone who seeks treatment receives it."

Waukesha County Drug Free Communities Coalition – Irene Secora reported on the activities of the Waukesha County Drug Free Communities Coalition. The coalition is a collaborative effort of all community partners and interested parties. There are about 200 people/organizations on the coalition list and about 25 – 40 people attend each meeting. They have a federal Drug Free Communities Grant, which is a five-year grant for \$125,000 a year. Years 2-5 are subject to federal approval, but most coalitions do receive Years 2-5 funding. They also have a 4-year STOP Grant (Sober Truth on Preventing Underage Drinking Act) for \$48,258 annually. The coalition has two goals—to build the coalition and to reduce youth substance use. They also work with high school students in a video production class and developing a social norms campaign focusing on positive data and how many youth are not using drugs.

Legislative update – Ms. Moelter reported that the session has ended. Several opioid-related bills were enacted into law, while several bills increasing OWI penalties did not pass the legislature. Bills to decriminalize or legalize marijuana and/or medical marijuana, including a bill to increase access to CBD oil, did not pass. The bill to eliminate the prevention specialist in training designation also did not pass.

Committee and agency reports – Mr. Dean reported that the Department of Public Instruction met with the attorney general about narcan in schools. Some states do allow narcan in schools. One of the problems was that an announcement was made that it might be available and DPI received calls from school districts requesting it. DPI would not distribute it. He said to do it the Wisconsin laws would need to be changed to allow narcan to be moved into the category of drugs that could be administered by someone who works for a school district. DPI will survey school principals to get their feedback on whether it is an issue for the schools.

Report on women's services – None.

Agenda items for next meeting

- Funding report
- Marijuana report
- SCAODA coalition presentation

The meeting adjourned at 12:13 p.m.

Next meeting: May 19, 2016

Scott Walker
Governor



Duncan Shrout
Chairperson

Scott Stokes
Vice Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

PLANNING AND FUNDING COMMITTEE MEETING

May 19, 2016

9:30 a.m.

1409 Emil St., MADISON

Please call Kris Moelter at (608) 267-7704 or e-mail kristina.moelter@wisconsin.gov if you will not attend.

- 9:30 a.m. Call to Order – Joyce O'Donnell
- 9:35 a.m. Review of April 14, 2016, meeting minutes – Joyce O'Donnell
- 9:40 a.m. Public comment – Joyce O'Donnell
- 9:45 a.m. Discussion of Marijuana ad hoc Committee report – Joyce O'Donnell
- 10:15 a.m. AODA funding ad hoc committee – Todd Campbell
- 10:45 a.m. SCAODA presentation on coalitions – Duncan Shrout
- 11 a.m. Committee and agency reports – Committee members
- 11:30 a.m. Agenda items for next meeting
- 11:35 a.m. Adjourn



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

Prevention Committee Meeting

Thursday, April 21, 2016

9:30 a.m. – 1:30 p.m.

State Bar of Wisconsin

5302 Eastpark Blvd.

Madison, WI 53718

Agenda

- Welcome and Introductions
- Public Comment
- Approve Minutes from January 21, 2016 Meeting
- Planning & Funding AODA Funding Report Review – Todd Campbell
- PFS II/PFS15 Update
 - SEOW Update
 - GLITC/Tribal update
- Marijuana Ad-hoc Committee Report
- Prevention Workforce
- Agency/Member Updates
 - Partners in Prevention
 - AMAT
- Future Agenda Items

2016 Prevention Committee Meeting Dates:

July 21, 2016

October, 2016 - TBD

BY-LAWS
of the
State of Wisconsin
State Council on Alcohol and Other Drug Abuse
As Approved
June 6, 2008
Amended 9-10-10, 9-9-11, 12-13-13, 12-12-14

<please note: lines underlined below are taken directly from statute.>

ARTICLE I

Purpose and Responsibilities

Section 1. Authority

The council is created in the office of the governor pursuant to sec. 14.017 (2), Wis. Stats. Its responsibilities are specified under sec. 14.24, Wis. Stats.

Section 2. Purpose

The purpose of the state council on alcohol and other drug abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

Section 3. Responsibilities

The state council on alcohol and other drug abuse shall:

- a. Provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state.

- b. Meet at least once every 3 months.
- c. By June 30, 1994, and by June 30 every 4 years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs. The state plan shall include all of the following:
 - i. Goals, for the time period covered by the plan, for the state alcohol and other drug abuse services system.
 - ii. To achieve the goals in [par. \(a\)](#), a delineation of objectives, which the council shall review annually and, if necessary, revise.
 - iii. An analysis of how currently existing alcohol and other drug abuse programs will further the goals and objectives of the state plan and which programs should be created, revised or eliminated to achieve the goals and objectives of the state plan.
- d. Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, review and make recommendations to the governor, the legislature and state agencies, as defined in [s. 20.001 \(1\)](#), regarding the plans, budgets and operations of all state alcohol and other drug abuse programs. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- e. Provide the legislature with a considered opinion under [s. 13.098](#).
- f. Coordinate and review efforts and expenditures by state agencies to prevent and control alcohol and other drug abuse and make recommendations to the agencies that are consistent with policy priorities established in the state plan developed under [sub. \(3\)](#).
- g. Clarify responsibility among state agencies for various alcohol and other drug abuse prevention and control programs, and direct cooperation between state agencies.
- h. Each biennium, select alcohol and other drug abuse programs to be evaluated for their effectiveness, direct agencies to complete the evaluations, review and comment on the proposed evaluations and analyze the results for incorporation into new or improved alcohol and other drug abuse programming.

- i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- j. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages, ethnicities, sexual orientation, disabilities, and religions to address alcohol, tobacco and other drug abuse problems.

ARTICLE II

Membership

Section 1. Authority

Membership is in accordance with section 14.017(2), Wis. Stats.

Section 2. Members

- 2.1** The 22-member council includes six members with a professional, research or personal interest in alcohol, tobacco and other drug abuse problems, appointed for four-year terms, and one of them must be a consumer representing the public. It was created by chapter 384, laws of 1969, as the drug abuse control commission. Chapter 219, laws of 1971, changed its name to the council on drug abuse and placed the council in the executive office. It was renamed the council on alcohol and other drug abuse by chapter 370, laws of 1975, and the state council on alcohol and other drug abuse by chapter 221, laws of 1979. In 1993, Act 210 created the state council on alcohol and other drug abuse, incorporating the citizen's council on alcohol and other drug abuse, and expanding the state council and other drug abuse's membership and duties. The state council on alcohol and other drug abuse's appointments, composition and duties are prescribed in sections 15.09 (1)(a), 14.017 (2), and 14.24 of the statutes, respectively.

The council strives to have statewide geographic representation, which includes urban and rural populated areas, to have representation from varied stakeholder groups, and shall be a diverse group with respect to age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

2.2 There is created in the office of the governor a state council on alcohol and other drug abuse consisting of the governor, the attorney general, the state superintendent of public instruction, the secretary of health services, the commissioner of insurance, the secretary of corrections, the secretary of transportation and the chairperson of the pharmacy examining board, or their designees; a representative of the controlled substances board; a representative of any governor's committee or commission created under [subch. I](#) of ch. 14 to study law enforcement issues; 6 members, one of whom is a consumer representing the public at large, with demonstrated professional, research or personal interest in alcohol and other drug abuse problems, appointed for 4-year terms; a representative of an organization or agency which is a direct provider of services to alcoholics and other drug abusers; a member of the Wisconsin County Human Service Association, Inc., who is nominated by that association; and 2 members of each house of the legislature, representing the majority party and the minority party in each house, chosen as are the members of standing committees in their respective houses. [Section 15.09](#) applies to the council.

2.3 Selection of Members

From Wis. Stats. 15.09 (1)(a); Unless otherwise provided by law, the governor shall appoint the members of councils for terms prescribed by law. Except as provided in [par. \(b\)](#), fixed terms shall expire on July 1 and shall, if the term is for an even number of years, expire in an odd-numbered year.

2.4 Ex-Officio Members

- a. Ex-officio members may be appointed by a majority vote of the council to serve on the council, special task forces, technical subcommittees and standing committees. Other agencies may be included but the following agencies shall be represented through ex-officio membership: The Wisconsin Departments of: Revenue, Work Force Development, Safety and Professional Services, Veteran Affairs and Children and Families, the Wisconsin Technical Colleges System and the University of Wisconsin System.
- b. Ex-officio members of the council may participate in the discussions of the council, special task forces, technical subcommittees, and standing committees except that the chairperson may limit their participation as necessary to allow full participation by appointed members of the council subject to the appeal of the ruling of the chairperson.

- c. An ex-officio member shall be allowed to sit with the council and participate in discussions of agenda items, but shall not be allowed to vote on any matter coming before the council or any committee of the council, or to make any motion regarding any matter before the council.
- d. An ex-officio member may not be elected as an officer of the council.
- e. An ex-officio member shall observe all rules, regulations and policies applicable to statutory members of the council, and any other conditions, restrictions or requirements established or directed by vote of a majority of the statutory members of the council

2.5 Selection of Officers

Unless otherwise provided by law, at its first meeting in each year the council shall elect a chairperson, vice-chairperson and secretary from among its members. Any officer may be reelected for successive terms. For any council created under the general authority of s. 15.04 (1) (c), the constitutional officer or secretary heading the department or the chief executive officer of the independent agency in which such council is created shall designate an employee of the department or independent agency to serve as secretary of the council and to be a voting member thereof.

2.6 Terms of Voting Members

- a. Voting members shall remain on the council until the effective date of their resignation, term limit or removal by the governor, or until their successors are named and appointed by the governor.
- b. Letter of resignation shall be sent to the governor and council chairperson.
- c. Each voting member or designee of the council is entitled to one vote.

2.7 Code of Ethics

All members of the council are bound by the codes of ethics for public officials, Chapter 19, Wis. Stats., except that they are not required to file a statement of economic interest. Ex-officio members are not required to file an oath of office. As soon as reasonably possible after appointment or commencement of a conflicting interest and before

voting on any grant, members shall reveal any actual or potential conflict of interest. Chapter 19.46 of Wisconsin State Statutes states that no state public official may take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest or use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.

2.8 Nondiscrimination

The council will not discriminate because of age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

2.9 Nomination Process for Appointed Members and Officers

As per Article II, Section 2.1, the governor is required to appoint six citizen members. In addition, the council elects the chairperson, vice-chairperson and secretary, annually. The council will follow this process when making recommendations to the governor concerning appointments and nominating a slate of officers:

- a. The council, along with the office of the governor and department staff, will monitor when council terms will expire. It will also monitor the composition of the council with respect to the factors specified in Article II, Section 2.1.
- b. The vice-chairperson of the council shall convene a nominating committee and appoint a chairperson of that committee as needed to coordinate the process for all appointments to the council as outlined in Article II, Section 2 and annually put forth a slate of officers as identified in Article II Sections 3.1, 3.2 and 3.3. The Council Chairperson may ask for nominations from the floor to bring forth nominations in addition to the slate of officers brought forth by the nominating committee. The nominating committee shall make recommendations to the council regarding nominations and appointments prior to the September council meeting and have such other duties as assigned by the council.
- c. The nominating committee of the council, with support of bureau staff, will publicize upcoming vacancies, ensuring that publicity includes interested and underrepresented groups, including

alcohol, tobacco and other drug abuse agencies, alcohol, tobacco and other drug abuse stakeholder groups, consumers, and providers of all ethnic groups. Publicity materials will clearly state that council appointments are made by the governor. Materials will also state that the governor normally considers the council's recommendations in making council appointments.

- d. While any person may apply directly to the governor according to the procedures of that office, all applicants will be asked to provide application materials to the council as well. Bureau staff will make contact with the office of the governor as necessary to keep the committee informed regarding applicants, including those that may have failed to inform the committee of their application.
- e. Applicants shall provide a letter of interest or cover letter, along with a resume and any other materials requested by the office of the governor. The nominating committee, in consultation with department staff, may request additional materials. The nominating committee, with support of bureau staff, will collect application materials from nominees, including nominees applying directly to the governor. The nominating committee or staff will acknowledge each application, advising the applicant regarding any missing materials requested by the nominating committee. The nominating committee or staff will review each application to ensure that all required nomination papers have been completed.
- f. The nominating committee may establish questions to identify barriers to attendance and other factors related to ability to perform the function of a member of the state council on alcohol and other drug abuse and to identify any accommodations necessary to overcome potential barriers to full participation by applicants. The nominating committee may interview applicants or designate members and/or staff to call applicants. Each applicant shall be asked the standard questions established by the committee.
- g. The nominating committee shall report to the full council regarding its review of application materials and interviews. The report shall include the full roster of applicants as well as the committee's recommendations for appointment.
- h. The council shall promptly act upon the report of the nominating committee. Council action shall be in the form of its recommendation to the governor. Department staff shall convey the council's recommendation to the office of the governor.

2.10 Removal from Office

The Governor may remove appointed members from the council. The council may recommend removal but the Governor makes the final decision regarding removal.

Section 3. Officers

3.1 Chairperson

The chairperson is the presiding officer and is responsible for carrying out the council's business including that motions passed be acted upon in an orderly and expeditious manner and assuring that the rights of the members are recognized. The chairperson may appoint a designee to preside at a meeting if the vice-chairperson is unable to preside in their absence. The chairperson is also responsible for organizing the work of the council through its committee structure, scheduling council meetings and setting the agenda. The chairperson may serve as an ex-officio member of each council committee. The chairperson shall represent the positions of the council before the legislature, governor and other public and private organizations, unless such responsibilities are specifically delegated to others by the council or chairperson. The agenda is the responsibility of the chairperson, who may consult with the executive committee or other council members as necessary.

3.2 Vice-Chairperson

The vice-chairperson shall preside in the absence of the chairperson and shall automatically succeed to the chair should it become vacant through resignation or removal of the chairperson until a new chairperson is elected. The vice-chairperson shall also serve as the council representative on the governor's committee for people with disabilities (GCPD). If unable to attend GCPD meetings, the vice-chairperson's designee shall represent the council.

3.3 Secretary

The secretary is a member of the executive Committee as per Article IV, Section 5. The secretary is also responsible for carrying out the functions related to attendance requirements as per Article III, Section 6.

3.4 Vacancies

In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other

Drug Abuse, the following procedure should be followed: In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibility of Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibility of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory membership until such time as new Officers are elected according to the procedures outlined in the By-Laws.

ARTICLE III

Council Meetings

Section 1. Council Year

The council year shall begin at the same time as the state fiscal year, July 1.

Section 2. Meetings

2.1 Regular and special meetings

Regular meetings shall be held at least four times per year at dates and times to be determined by the council. Special meetings may be called by the chairperson or shall be called by the chairperson upon the written request of three members of the council.

2.3 Notice of meetings

The council chairperson shall give a minimum of seven days written notice for all council meetings. An agenda shall accompany all meeting notices. Public notice shall be given in advance of all meetings as required by Wisconsin's Open Meetings Law. If a meeting date is changed, sufficient notice shall be given to the public.

2.3 Quorum

A simple majority (51%) of the membership qualified to vote shall constitute a quorum to transact business.

Section 3. Public Participation

Consistent with the Wisconsin Open Meetings law, meetings are open and accessible to the public.

Section 4. Conduct of Meetings

- 4.1 Meetings shall be conducted in accordance with the latest revision of Robert's Rules of Order, unless they are contrary to council by-laws or federal or state statutes, policies or procedures.

Section 5. Agendas

- 5.1 Agendas shall include approval of minutes from prior meetings, any action items recommended by a committee, an opportunity for public comment, and other appropriate matters.
- 5.2 Requests for items to be included on the agenda shall be submitted to the chairperson two weeks prior to the meeting.

Section 6. Attendance Requirements

- 6.1 All council members and committee members are expected to attend all meetings of the council or the respective committees. Attendance means presence in the room for more than half of the meeting.
- 6.2 Council or committee members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee or committee staff person or chairperson at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3 Any statutory members or designees of the council or committee who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council or committee chair to discuss the reasons for absence and whether the member will be able to continue serving. Appointed members who do not believe that they can continue should tender their resignation in writing to the secretary of the council or committee chair. Any council member resignations will be announced by the chairperson and forwarded by written notice to the Governor of the need for a new appointment. The replacement member would fulfill he resigned member's term.

Section 7. Staff Services

The division of mental health and substance abuse services shall provide staff services. Staff services shall include: record of attendance and prepare minutes of meetings; prepare draft agendas; arrange meeting rooms; prepare correspondence for signature of the chairperson; offer information and assistance to council committees;

analyze pending legislation and current policy and program issues; prepare special reports, and other materials pertinent to council business.

Section 8. Reimbursement of Council and Committee Members

According to Section 15.09 of Wisconsin Statutes: Members of a council shall not be compensated for their services, but, except as otherwise provided in this subsection, members of councils created by statute shall be reimbursed for their actual and necessary expenses incurred in the performance of their duties, such reimbursement in the case of an elective or appointive officer or employee of this state who represents an agency as a member of a council to be paid by the agency which pays his or her salary.

ARTICLE IV

Committees

Section 1. Committee Structure

- 1.1** There shall be an executive committee as provided below. The executive committee is a standing committee of the council.
- 1.2** The council may establish other standing committees and subcommittees as necessary or convenient to conduct its business. Of the standing committees established by the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. Subcommittees are a subset of a standing committee. Subcommittees are standing committees, which by another name is a permanent committee. Standing committees meet on a regular or irregular basis dependent upon their enabling act, and retain any power or oversight claims originally given them until subsequent official actions of the council (changes to law or by-laws) disbands the committee. Of the standing subcommittees established by the state council on alcohol and other drug abuse, at least one shall have a focus on children youth and families and is a subcommittee of the intervention and treatment committee, at least one shall have a focus on cultural competency and is a subcommittee of the cultural diversity committee, and at least one shall have a focus on epidemiology and is a subcommittee of the prevention committee.

Ad-hoc committees are established to accomplish a particular task and are to be temporary, with the charge being well-defined and linked to SCAODA's strategic plan, not to exceed duration of twelve calendar months. Ad-hoc committees are formed by standing committee chairs. Ad-hoc committees must report their progress at the meeting of their standing committee. Ad-hoc committees can be granted extensions by the standing committee chair.

It is the intent of this section that:

- There should be periodic review of the structure and progress of the work of the committees, subcommittees and ad-hoc committees.
- If the officers have concerns about the work of the standing committees, subcommittees or ad-hoc committees, they could convene an executive committee meeting to discuss options, "for the good of the order."
- The intent of this group is to recommend that ad-hoc committees be time-limited (recommend one year) and the committee chair determines if the work should go forward beyond the original charge.
- The charge should be well-defined and linked to SCAODA's strategic plan.
- The committee chairs should be primarily responsible for creating and disbanding ad-hoc groups.
- The committee chairs should be responsible for monitoring the work and duration of the work in coordination with SCAODA.

1.3 Committees may determine their own schedules subject to direction from the full council.

Section 2. Composition of Committees

2.1 Council committees may include members of the public as well as council members.

2.2 The council chairperson may appoint a chairperson who must be a member of the council, for each committee. The council chairperson, with the advice of the committee chairperson may appoint other committee members.

2.3 Committees may designate subcommittees including ad hoc committees, as necessary or convenient subject to limitation by the full council.

2.4 A council member shall not chair more than one committee.

- 2.5** A committee chairperson's term shall not exceed the length of their appointment or four years whichever comes first. With the majority vote of the council, a chairperson may be reappointed.

Section 3. Requirements for all Committees

- 3.1** A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.
- 3.2** All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.
- 3.3** Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.
- 3.4** Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 3.5** Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.
- 3.6** The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

Section 4. Requirements for Committee Chairpersons

The chairperson of each committee is responsible for:

- a. Ensuring that the by-laws and every applicable directive of the council are followed by the committee as indicated in Chapters 15.09, 14.017 and 14.24 of Wisconsin Statutes;
- b. Ensuring that recommendations of the committee are conveyed to the full council;

- c. Submitting meeting minutes in the approved format to the council; and
- d. Coordinating work with other committees where items could be of mutual interest.

Section 5. Executive Committee

5.1 The executive committee shall be comprised of at least three members, including the council chairperson, vice-chairperson and secretary.

5.2 The executive committee will have the following responsibilities:

- a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.
- b. Meet at the request of the chairperson as needed;
- c. Provide for an annual review of the by-laws;
- d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and
- e. Other duties designated by the council.

5.3 Rapid Response

The executive committee may act on behalf of the full council only under the following circumstances:

- a. When specifically authorized by the council;
- b. When action is needed to implement a position already taken by the council;
- c. Except when limited by the council, the executive committee may act upon the recommendation of a committee, other than the executive committee, if such action is necessary before a council meeting may reasonably be convened, provided that if more than one committee has made differing recommendations concerning the subject, the executive committee may not act except to request further study of the subject; or
- d. Except when limited by the council, the executive committee, by unanimous consent, may take such other action as it deems

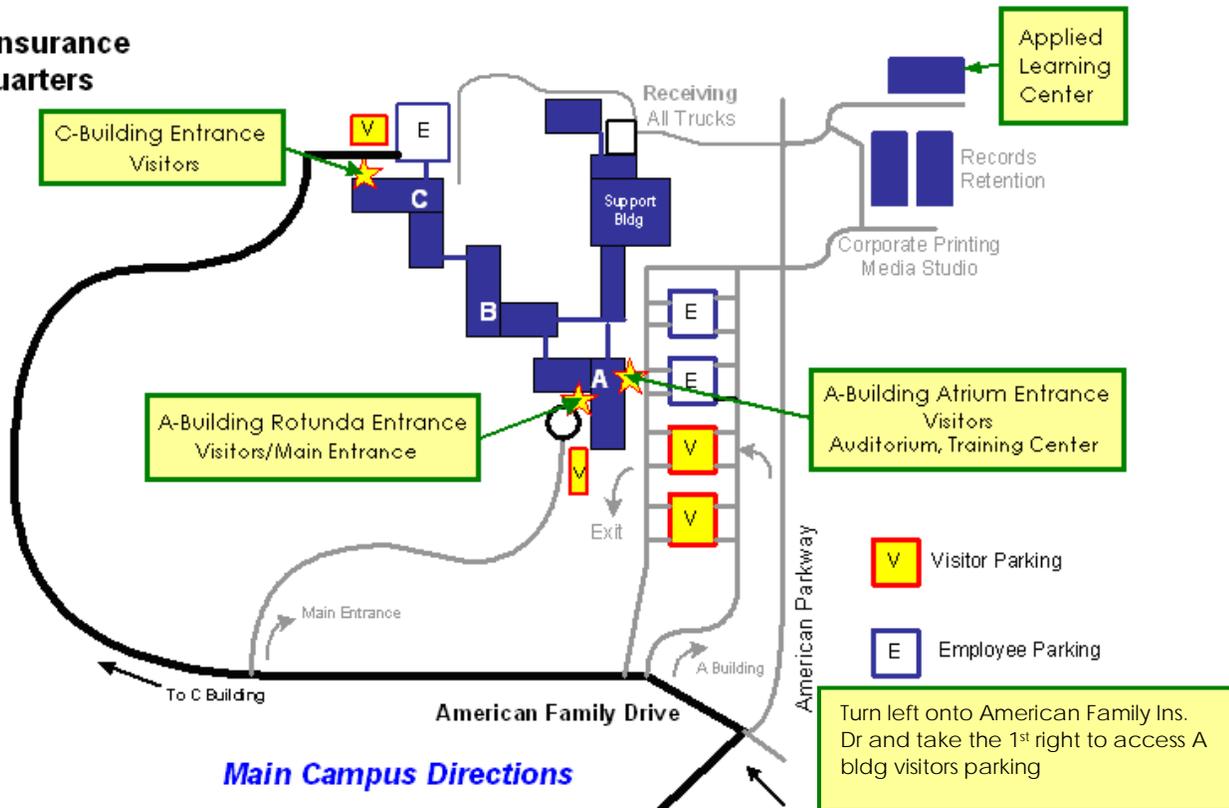
necessary before a council meeting may reasonably be convened.

ARTICLE V

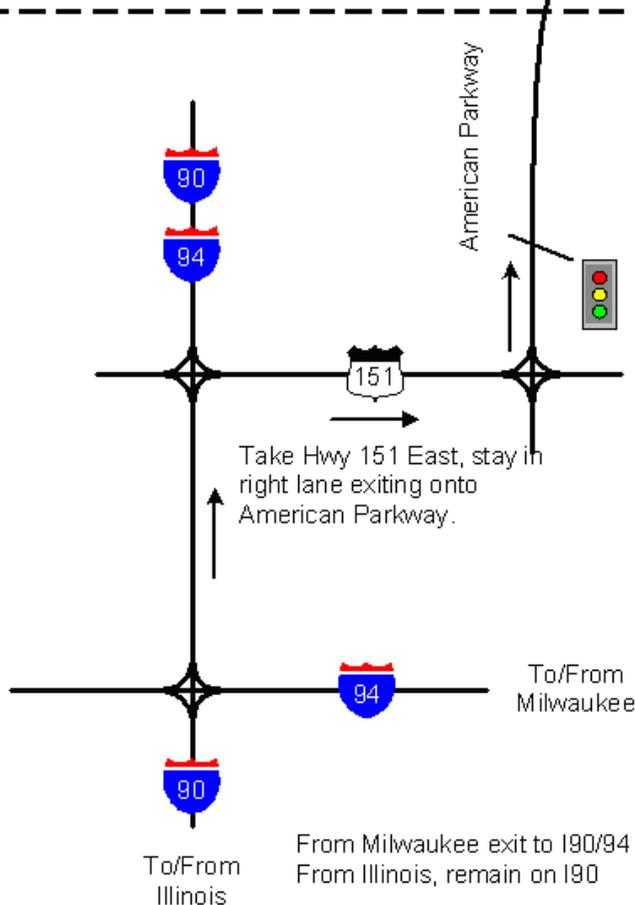
Amendments

The by-laws may be amended, or new by-laws adopted, after thirty days written notice to council members by a two-thirds vote of the full council membership present at a regularly scheduled meeting.

Directions
**American Family Insurance
 National Headquarters**



Main Campus Directions



Turn left onto American Family Drive
 Stay in LEFT lane and go straight.
 The road will loop around to the C Building.

Merge to left lane on American Parkway. Second intersection past stop light is American Family Drive.

RETURN: Reverse route. Exit onto American Parkway, stay in right lane, enter onto Hwy 151. Entrance to I90/94 is immediately ahead. Southbound - on 151 merge to second lane from right which becomes far right lane as you approach the interstate.

Highway Directions to AF-NHQ Campus

