WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

March 4, 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

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- 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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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

March 4, 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 – Scott Stokes

9:35 a.m. Approval of December 11, 2015, meeting minutes – Scott Stokes….pp. 14 - 20

9:40 a.m. Public input (maximum five minutes per person) – Scott Stokes

9:45 a.m. Committee reports

- Diversity Committee – Tina Virgil….pp. 21 - 31
- Intervention and Treatment Committee – Norm Briggs and Roger Frings…pp. 32 - 37
- Planning and Funding Committee – Joyce O'Donnell….pp. 38 - 42
- Prevention Committee – Scott Stokes….pp. 43 - 49

10:30 a.m. Dose of Reality Campaign presentation – Anne Schwartz

11:30 a.m. Agency reports

- Department of Revenue – Matthew Sweeney
- Department of Health Services – Tom Engels
- Department of Public Instruction – Steven Fernan
- Department of Veterans Affairs – Mike Ayers….pp. 50 - 52
- WTC – Katie Roberts

12:15 p.m. Wisconsin Council on Mental Health Criminal Justice Committee update - Norm Briggs

12:20 p.m. Secretary's Council and Child Welfare update – Norm Briggs

12:25 p.m. Agenda items for next meeting

12:30 p.m. Announcements – Joyce Allen

12:45 p.m. Adjourn – Scott Stokes

Next meeting: June 3, 2016

2016 Meeting Dates

March 4, 2016
June 3, 2016
September 9, 2016
December 9, 2016

Scott Walker
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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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
September 11, 2015
9:30 a.m.
American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Jill Billings, Norman Briggs, Douglas Englebert, Tom Engels, Steve Fernan, Roger Frings, Sandy Hardie, Craig Harper (Jennifer Fyock), Lori Youngman (Janet Bewley), Joyce O'Donnell, Luke Petrovich (Devin LeMahieu), Duncan Shrout, Tina Virgil (Ray Luick), Michael Waupoose

Members absent: Bud Coxhead, Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Scott Stokes, Department of Corrections

Ex-officio members present: Jamie Elder, Randall Glysch, Anne Hoffman, Kathy Marschman, Katie Roberts. Matt Sweeney

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

Staff: Joyce Allen, Lee Ann Cooper, Faith Boersma, Andrea Jacobson, Ellie Jarvie, Bernestine Jeffers, Rose Kleman, Paul Krupski, Cody Michels, Kris Moelter, Dustin Mullett, Mai Zong Vue, Trista Wills, Alex Wright

Guests: Cynthia Green, Sue Gudenkauf, Denise Johnson, Dave MacMaster, Lori Peoch, Catherine Scheier, Sheila Simonsen, Tera Cater Vorpahl, Thai Vue, Mark Wadirm

Michael Waupoose called the meeting to order at 9:30 a.m.

Introductions – Meeting attendees introduced themselves.

Election of officers – Joyce O'Donnell and Sandy Hardie presented the slate of officer candidates: Duncan Shrout, chairperson; Scott Stokes, vice chairperson; Mary Rasmussen, secretary. There were no other nominations. The slate of candidates was elected by unanimous voice vote, with one abstention (Luke Petrovich for Senator LeMahieu). Roger Frings and Steven Fernan are recorded as voting to elect the slate of officers as presented as they were not present for the vote.

Mr. Shrout thanked Mr. Waupoose for his service as SCAODA chairperson.

Approval of June 5, 2015, minutes – Ms. O'Donnell moved (Ms. Hardie second) to approve the June 5, 2015, meeting minutes. The motion passed unanimously.

Public input – None.

Committee reports

- **Executive Committee –** Mr. Waupoose reported that the Executive Committee met in July. It discussed potential changes to the SCAODA statute and decided to bring the matter to SCAODA for a full discussion. The issue is on the agenda later in the meeting. The committee also discussed the role of SCAODA in having input in the hiring of the Department of Health Services' Substance Abuse Section Chief. The discussion occurred after DHS staff left the meeting. Mr. Waupoose was on the interview panel, unrelated to his SCAODA role.

- **Diversity Committee –** Ms. Hardie presented the annual report. The committee worked with DHS to add the deaf and hard of hearing population to the DHS data system starting in 2016. The committee also received education on the Culturally and Linguistically Appropriate Services standards. It also worked on a leadership community initiative to strengthen the substance use disorder workforce in the Latino, Hmong, and African American communities. The committee will have panel on diversity at the upcoming annual Mental Health and Substance Abuse Conference.

- **Intervention and Treatment Committee –** Norman Briggs presented the annual report. One of the committee efforts is to focus on the AODA needs of parents with children in the child welfare system. The Children, Youth, and Families subcommittee has been revitalized this past year. That subcommittee is providing geographic access by holding meetings around the state. The committee's work on opioid treatment providers is on hold temporarily until the state hires a new State Opioid Treatment Authority person. He also reported that the final report of the Substance Use Disorder Workforce ad hoc Committee will be presented to SCAODA at the December meeting.

- **Planning and Funding Committee** – Ms. O'Donnell presented the annual report. The committee developed and distributed educational materials about SCAODA, made recommendations for the federal Substance Abuse Block Grant application priorities, and hosted a public forum at the annual Mental Health and Substance Abuse Conference. She also reported that the committee is continuing to work on the funding and AODA needs questions and will present its final report to SCAODA at the December meeting.

- **Prevention Committee** – Paul Krupski presented the annual report. He reported that DHS received a federal grant to focus on prescription drug abuse. The state identified a dozen high needs counties around the state to receive support through the grant, but the money will go to the Alliance for Wisconsin Youth regional centers to coordinate the grant activities. The Prevention Committee is the advisory board for the grant. He also

reported that the Marijuana ad hoc Committee will present its final report to SCAODA at the December meeting.

At the conclusion of the annual report presentations, Mr. Shrout encouraged the committees to provide leadership on AODA issues and if there are areas they want to address that might require changes in legislation to discuss those further with the Executive Committee.

CLAS standards presentation – Evelyn Cruz from the Department of Health Services' Division of Public Health (DPH) presented on the Culturally and Linguistically Appropriate Services standards. DPH will be implementing the standards including developing a language access plan for the Division so it can be more accessible in its services. The powerpoint is on file with DHS.

National Governor's Association Policy Academy update – Tom Engels reported that the state steering committee is working on its final recommendations. A presentation on the final recommendations will be made to SCAODA at the March 2016 meeting.

SCAODA statutory changes – Mr. Shrout led a discussion of whether there should be any changes made to the SCAODA statute regarding SCAODA membership. The current proposal is to add five provider members to SCAODA. The Executive Committee met in July and discussed the proposal and decided to have a broader discussion with SCAODA and discuss other options, including adding citizen members and/or requiring geographic diversity. Some of the input included having representation from people in recovery; including cultural, racial, and disability diversity; having an addictionologist representative; and early childhood representation. Mr. Shrout directed the committees to discuss any changes they may want to make to the statute at their October meetings. The Four Chairs and Executive Committee will have a joint meeting in November to discuss the committee recommendations and will bring a final recommendation to the December SCAODA meeting. SCAODA would then make a decision in December if it wants to pursue statutory changes and what those changes would be.

Wisconsin Council on Mental Health Criminal Justice Committee update – Mr. Briggs reported that the committee had a presentation from Green Lake County on its aftercare program for released inmates. The services are provided in the same facility so the inmates can enroll in services and apply for Badger Care when preparing for release and can move within building to get the services. The Office of Children's Mental Health gave a presentation to the committee and reported it is going to work more with families of juveniles in system. Mr. Briggs reported that Wisconsin is one of four states that received a federal grant to provide trauma-informed support to students. The committee is making changes to its documents to reflect co-occuring disorder language in an effort to not silo mental health and AODA efforts.

Secretary's Council on Child Welfare update – Mr. Briggs reported that the Council on Child Welfare will have a presentation on mental health at its March 2016 meeting. He may be part of that presentation and talk about the number of parents with children in the child welfare system who have substance use disorders.

Biennial budget discussion/legislative update – Mr. Engels reported on the OWI Intensive Supervision Program that was transferred from the Department of Transportation to DHS as part of the recent budget. The funding did not transfer because such transfer is prohibited by the Wisconsin Constitution. DHS will provide about $700,000 to continue the existing programs for one year. The counties have been notified. He also reported that DHS has received a grant from the Centers for Disease Control to enhance the Prescription Drug Monitoring Program (PDMP), especially to make it easier for providers to access the PDMP data. Mr. Engels then discussed the FoodShare Employment and Training Program drug testing requirements. The governor recently approved the scope statement allowing DHS to start the administrative rulemaking process for the drug testing portions of the programs. Part of the process will include public hearings and SCAODA will have an opportunity to provide input through the administrative rulemaking process.

State agency reports

- **Department of Revenue –** Matt Sweeney handed out a document with the historical excise tax collections from SFY00-15. Excise taxes slightly increased from 2014 to 2015, mainly from tobacco and wine and apple cider. Over the past 15 years tobacco product excise taxes have increased quite a bit and are continuing to increase. The cigarette excise tax collections also have increased but are leveling off. The document is on file with DHS.
- **Department of Health Services** – Mr. Engels reported that he will be attending a meeting at the federal Department of Health and Human Services for a meeting of all states to talk about prescription drug abuse. He distributed information showing that deaths by overdose have exceeded deaths by traffic crashes. That document is on file with DHS.
- **Department of Public Instruction –** Mr. Fernan reported that there is no weighted data from the 2015 Youth Risk Behavior Survey (YRBS) because not enough schools participated so the data will not be able to be used for a trend analysis on youth risk behaviors. The data have been used to plan for statewide initiatives and to apply for federal grants. The survey will be administered again in 2017. Some of the reasons include the decrease in pupil services staff at schools and because the survey is administered during the times for other standardized testing. He also reported that DPI has launched a school mental health project through a federal grant. Fifty-four schools in the next two years will participate. Most of it will involve training adults on student mental health and trauma and how to react, including Positive Behavioral Interventions and Supports (PBIS), Screening, Brief Intervention, and Referral to Treatment (SBIRT), and trauma-sensitive schools training. DPI will also be holding an AODA grant competition for schools.
- **UW Systems** – Anne Hoffman reported on the UW Systems AODA staff and the policies and programs they have in place regarding AODA. They generally operate under the SAMHSA guidelines. This year the UW Systems will be focusing on prevention of marijuana use and conducting a community readiness assessment.
- **Wisconsin Technical College System –** Katie Roberts reported that Tom Heffron is retiring. She said some students hesitate to take counselor programs because they may have criminal records that will preclude them from obtaining a certification or license.

- **Mahala's Hope –** Ms. Hardie reported that they are trying to find a new site for the women's treatment program.
- **Department of Justice** – Mr. Luick reported that DOJ should be an announcement soon on the heroin/opiate initiative. He also reported on six trainings that are offered statewide for treatment court providers. There are 34 treatment courts and/or treatment alternatives and diversion programs operating. They are in the beginning stages of doing a cost-benefit analysis of Wisconsin's justice programs and focusing on outcomes instead of programs.

Long-term care programs public hearing – Bret Loescher, Curtis Cunningham, Margaret Kristan, Julie Hyland, and Kari Engelke from DHS attended the meeting to receive stakeholder feedback on Family Care/IRIS 2.0. They answered questions from SCAODA members and discussed the potential changes to the programs. The powerpoint is on file with DHS.

Agenda items for the December 11, 2015, meeting

- Ad hoc committee reports
- Synar report
- Bylaws changes
- SCAODA statutory proposal
- Report on final recommendations of the National Policy Academy (for March 2016 meeting)
- Safe and Healthy Schools Center staff presentation (for March 2016 meeting) on training opportunities and prevention efforts in schools

Announcements – Joyce Allen reported that three opioid treatment centers were awarded funding as part of the HOPE legislation. The centers are the Lakes Community Health Center in the northwest part of the state, the North Central Opiate Treatment Consortium serving north central Wisconsin, and a consortium through St. Joseph's Hospital to serve the northeast part of the state. She also reported that DHS received a SAMHSA grant to for medication-assisted treatment to address the treatment needs of individuals with prescription drug abuse issues. This grant will serve Sauk, Richland, and Columbia Counties. Faith Boersma announced that there will be a recovery rally on September 19.

Adjourn –The meeting adjourned at 2:10 p.m.

2015 SCAODA meeting dates:

~~March 6, 2015~~
~~June 5, 2015~~
~~September 11, 2015~~
December 11, 2015

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

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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. Shrout 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)

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- **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.**

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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

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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.

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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

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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.

DRAFT

Scott Walker
Governor

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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 minutes

Friday, October 20, 2015
Kalahari Resorts; Wisconsin Dells

Present: Cathy Scheier, Gail Kinney, Denise Johnson, Thai Vue and Richard Bryant
By Phone: Sterlon White
Staff: Mai Zong, Christy Niemuth, Bernestine Jeffers, and Anthony Ernst

Interpreters: Mary Allen & ?

Call to Order: Thai called meeting to order at 6:15 p.m.

Public Comments: None

Meeting Minutes: Approval of August 21, 2015 was approved with these minor changes: replace the word "discussion" with the word "presentation" for Gail's future talk and correct the host name to: Independence*F*irst. Cathy made a motion to approve the August 21 minutes and Gail seconded.

Prevention Specialist discussion by Christy Niemuth: Christy gave an informative overview of the prevention program governed by DHS Chapter 75 and a prevention program hand out to everyone. Many questions were asked. With regard to the question, "What kind of jobs do you get with a prevention specialist certification?" Christy explained that prevention specialist often got hire by the county coalition agencies or through their subcontractors. This approach is done because the resource is limited. In addition, prevention program requirements are tied to the funding stream in the administrator rule. Another question was asked: As the domain has changed in DHS Chapter 75, will the Administrative Rules change to match the practice on the ground? Answer: there is no actual legislation in the process.

DMHSAS Updates:

Christy shared that the 2016 Prevention Conference is in progress and will share more information later.

<u>Leadership & Culture Training</u>
Bernestine gave a brief update on the Leadership & Culture: a community empowerment institute. The final celebration was held in August 2015 in Lac du Flambeau with a cultural

dance from the Lac du Flambeau dancing hoop group. Twelve individuals finished the training. The training started in April. Mentors and emerging leaders were from four communities—African, Latino, Hmong and Native American. The project is a great success, which led to the approval of organizing another leadership training in 2016.

A question was asked if emerging leaders would be a good fit for becoming prevention specialist. Some of the challenges discussed included: Where would they go to get their hours? Possible answer: Could any supervisor sign off on the work for the required 240 educational hours and 2000 hours of work experience within the domain of prevention? Perhaps the employer can sign off and the staff can take exam before the 2000 hours are done. For more information on becoming a prevention specialist, visit http://dsps.wi.gov/Default.aspx?Page=4cac8269-51ea-485c-a008-b67c4f408d78.

Meet AJ Ernst, new Section Chief

Everyone reintroduced themselves to the new Substance Abuse Section Chief, Anthony J. Ernst (AJ) as he joined the meeting. Mr. Ernst introduced himself and shared his experience and background—done local, state and federal work on substance abuse prevention, training and minority communities—with everyone. In addition, AJ shared that his views: supports prevention—to change culture is to be proactive; treatment is about changing individual behavior; and diversity work is exciting.

In his new role, he needs to know: What are the gaps in services or needs in the community? What are the effective services in community? Who are the providers? What are their strengths? Who are the champions in the community that we can be partners with? In addition to these questions, AJ would like to show strength to community and give opportunity for the next generation and would like to see more minorities in all committee levels. He believes that effective work is always grounded within the community. Lastly, AJ shared that he relies on everyone's expertise and to build on that expertise. Therefore, please call AJ to brainstorm ideas, offer ideas or inform him of any unmet needs or unrecognized smaller groups in the minority communities.

Thai shared the Hmong employment success story, which MAAs were part of the solution in helping the Hmong got off public assistance—90% in the 1980's to 3-4% currently. AJ added that in the Native American community, the traditional strength was taking from the minority communities and the community was no longer effective because generational gap is a challenge, incarceration was the answer for people who did not get help, and resiliency is a big factor. However, now in Native American communities such as Lac du Flambeau, the community is coming together, using strength base, to develop a springboard for the next project.

Website update: Due to limited time, this topic was tabled to the next meeting.

The Annual Mental Health and Substance Abuse Conference--Diversity Workshop

A final discussion was held to discuss the final details from each presenter and whether there are any remaining questions regarding the workshop structure. Tina will not be able to present so Gail will give a brief background on SCAODA and Diversity Committee. There is no change in the panel discussion format as planned.

SCAODA CLAS presentation follow-up discussion—next steps!
A lengthy discussion was held to discuss the Council's request of the Diversity Committee--what is the Council's next step regarding the CLAS Standard? Some of the key discussions included:

- CLAS Standard is a federal grant requirement.
- DMHSAS has reported in its past State Plan that SCAODA has adopted the CLAS Standard in Wisconsin.
- Should DMHSAS recommend that all providers address the CLAS standards since SCAODA already agreed to abide or uphold CLAS Standards in the past?
- Should SCAODA recommend that DMHSAS develop and implement CLAS Standard?

The following motion was made regarding what SCAODA should do next:

> The Diversity Committee would like to recommend that SCAODA asks what is DMHSAS doing about the implementation of CLAS Standards per their annual report to SAMHSA and encourages DMHSAS to communicate its commitment to CLAS standards when awarding contracts. Gail moved to approve the motion and seconded by Denise. The motion was passed unanimously.
>
> Revised Motion:
> The Diversity Committee would like to recommend that 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.

SCAODA membership expansion discussion/recommendation
After much discussion on the membership expansion of the Council, the Diversity Committee supports the change of legislation to expand its membership—adding five additional slots. A few key issues discussed included:

- Of the 27 current members in SCAODA, perhaps only 2-3 members are from the underserved populations.
- Should the five slots be designated for the purpose of diversifying SCAODA's representation of consumers (current consumers), especially from the underserved populations. Should we list all underserved groups? Everyone decided to stick with five groups (LGBTQ, African, Latina, Asian and Deaf and Hard of Hearing) for now.
- Statutory legislation needs to be about ambassadors of different backgrounds in order to represent underserved populations.
- To increase the diversity membership among the Council, should we encourage future replacement of any department renewal to include minority member.
- Attendance at the Council level is a challenge for consumers. The consumers may have too much on their shoulders in addition to the bureaucratic meeting of the Council. This may contribute to low attendance at Council meetings. Instead, perhaps the term

"ambassador" would be broader, inclusive of underserved populations and higher attendance.

The following motion was made by the Diversity Committee regarding the Council's membership expansion:

> The Diversity Committee recognizes that there is a lack of diversity in SCAODA's current membership and supports SCAODA's effort to change statutory language to expand its membership. Diversity Committee would like to make the following recommendations: Add five additional consumer slots. These additional slots should include ambassador members OF the diverse communities to include at least the following communities—Native American, African American, Hispanic, Asian, Deaf, and LGBTQ. Gail made the motion and seconded by Richard. Motion was unanimously approved.

Next Agenda Item:

- Lucas Moore
- Mike Quirke to update on DMHSAS data
- Joyce Allen to share about WI Needs Assessment and State Plan
- Invite the new chairman of SCAODA

Adjourn: The meeting was called to adjourn at 10:15 p.m. by Cathy and seconded by Denise.

Meeting notes by Mai Zong Vue, staff to the Diversity Committee, 10/20/2014

Scott Walker
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Vice Chairperson

Mary Rasmussen
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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

Diversity Committee meeting minutes

November 20, 2015
WUCMAA Office
La Crosse, WI

Present: Thai Vue and Sandy Hardie
Phone: Anthony Harris
Excused: Gail Kinney, Cathy Scheier, Danise Doudna, Sterlon White, Tina Virgil, Richard Bryant, and Denise Johnson
Unexcused: Rebecca Weise, Tish Minor, and Jesse Heffernan,
Staff: Mai Zong Vue and Lucas Moore

Thai called the meeting to order at 9:39 a.m.

Introduction – Thai gave a brief introduction about the Wisconsin United Coalition of Mutual Assistance Association (WUCMAA). WUCMAA operates like a little United Nations of the Hmong in Wisconsin. WUCMAA was created in 1995 to work with MAAs throughout Wisconsin. WUCMAA is a strong partner working with the State Refugee Office at the Department of Children and Families in the past 30 years and has successfully helped Southeast Asian refugees obtain jobs and become self-sufficient. Together, they reduced welfare dependency rate from 87% in the mid 1980s to 4% in 2000s. Today WUCMAA is in its second phase, transitioning to address behavior health issues in the Hmong community. Thai shared that in his 30 years of working in the MAAs, he has not seen a person committing suicide despite its high dependency rate. However, the issues and unmet needs today are mental health and alcohol. Thai witnesses many suicides despite the fact that many Hmong are working full time.

Public Comments: none

Meeting Minutes: Due to a lack of quorum, the October 20 meeting minutes were tabled to the January meeting.

DMHSAS Updates:
The annual Mental Health and Substance Abuse Conference was a success. The presentation by the Diversity Committee was well-received. The audience was engaged. A question was raised whether or not members from the Diversity Committee can attend the Native American conference in March. Mai Zong will find out and let the Committee know at the January meeting. For next year's conference, it was suggested that a clinical supervision workshop be conducted by Mark Sanders.

Planning for both the Crisis Intervention Conference and the Mental Health and Substance Abuse Conference is underway. If the Diversity Committee would like to present a workshop, the topic and presenter(s) should be identified soon and submit to each conference planning committee.

Lucas shared information about Project YES, which is a program targeted towards young adults in order to help them with the transitional system as they get dropped from their parents' insurance. This program can be tied to Community Comprehensive Services (CCS) after the pilot projects. The current projects are piloted in Outagamie and Jefferson counties. Becky Kanitz is the director of Project Yes and she stands for youth empowerment solutions.

Youth Presentation: Lucas Moore, the Adolescent Youth Coordinator, gave a brief presentation about his roles at DMHSAS. He provides training and technical assistance to funded agencies. Lucas staffs the Children, Youth, and Family Treatment committee. He is also on the subcommittee of the adolescent treatment committee. Right now he is working on increasing membership in this subcommittee. Three goals of the subcommittee are:

1. Education – how addiction follows the disease; outreach to University of Wisconsin system to inquire about collaboration efforts. They also work with parents in order to engage parents and hear parents' voices.
2. School connection – they work closely to stay connected with school staff.
3. Access to services – making sure students have access to services in school.

Data Review: Due to low turn-out, this item will be put back on next month's agenda for further discussion. One suggested idea was that perhaps a block of time at future Diversity meetings should be set for data review. This may help members to finish reviewing existing reports and give a brief report summary, including individual feedbacks and thoughts on the report.

Mental Health and Substance Abuse Conference Discussion – Thai shared that overall the workshop was good. To fine tune the discussion, the Committee should bring in the conversation on a regular basis. For example, having the same workshop title each time the Committee presents will bring consistency and name recognition to the topic and the Committee. The goal is to excite the audience and build an expectation of what the Diversity committee will bring to the conference each year.

Review of CLAS Standard motion – Sandy asked if there would be potential hesitation from local providers to document each standard. There are 15 standards. Is this too much for agencies to implement?

2016 Meeting Dates: Thai commented again that if the meeting time can be changed to 10 a.m. to 2 p.m, this would help his travel schedule. Sandy suggested keeping January and February meetings in Madison due to winter weather.

Future agenda

- Diversity Committee Presentation Workshop at MH/SA Conference
- Data Review Discussion
- Website

- New member application
- New SCAODA Chair, Duncan
- Joyce Allen—State Plan
- DSPS – July month
- Increase communication among the four Committee (collaborate and/or share meeting minutes to avoid overlapping issues?)

Sandy motioned to adjourn the meeting and Thai seconded at 2 p.m.

Meeting notes by Mai Zong Vue, 608-266-9218

Scott Walker
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Scott Stokes
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Mary Rasmussen
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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

Diversity Committee meeting minutes

January 22, 2016
1 W. Wilson Street, Room 256B
Madison, WI

Attendance:
Phone: Danise Doudna, Tish Minor, Sterling White, and Gail Kinney
Present: Sandy Hardie and Denise Johnson
Excused: Richard Bryant, Anthony Harris, Thai Vue
Unexcused: Cathy Scheier, Tina Virgil & Rebecca Weise

Call to Order: The meeting was called to order by Sandy at 10:08 a.m. Sandy welcomed everyone and self-introductions were made.

Public Comments: none

Approval of Meeting Minutes:

Gail made a motion, seconded by Tish, to approve the October 20, 2015 meeting minutes with the following amendments: delete the end of the sentence on page 2 under AJ's introduction ("have a special population committee so they committee can help us do our work"); delete the question mark and replace with a period on page 3 under the following motion for SCAODA; and delete the word "consumers" on page 4.

Gail motioned to approve the November 20, 2015 meeting minutes and was seconded by Denise with the following amendments: delete the word "discussions" in the last item on page 3.

Website Updates: A lengthy discussion took place regarding the website, its purpose and target audience. After much discussion, the consensus was to work with DMHSAS communication staff regarding what is allowable to be posted on the Diversity page under the SCAODA website. The website update should be on the agenda each time to solicit any new information to be added to the SCAODA website. It was noted that while new information was added to the SCAODA Diversity page, the CLAS Standard link was deleted. In addition, if possible, resources and information such as the annual Mental Health and Substance Abuse, Native American Prevention Conference coming in March, current mission and objectives of the Diversity Committee should be listed on the SCAODA website.

It was agreed that each member will email their website questions and suggestions for Mai Zong by Monday, January 25 so she can ask the communication staff when she meets with him.

New Member Application Approval: A great discussion took place regarding the application criteria. After much discussion, it was agreed that a revised application package (containing the criteria and application form, mission statement, attendance requirements, goal, etc.) is needed. A subcommittee (Sandy, Gail and Denise) was approved to draft the application package. The subcommittee will meet via conference call and have a draft for full discussion at the February meeting. Mai Zong will send the Diversity by-law and other background information to the subcommittee. Mai Zong will notify the applicant that her application was not approved due to her time conflict.

Tish asked about minority counselor's training. Gail also brought up the licensure training and regulation issues involving DSPS. It was suggested that perhaps a joint discussion happen between Diversity and the other committee. After a brief discussion, it was agreed that Tish will contact Duncan and the Intervention and Treatment Committee to initiate a joint effort between the two Committees and give a report to everyone at the February meeting. In addition, there is a need to include representations from the educational institutions in this discussion.

Review of 2016 Goals: The item will be tabled and put in the April meeting agenda.

Data Review Strategies: Is it overwhelming to review all the collected data reports. What is the best way to start and finish reading the data reports? After a brief discussion, it was decided that the Committee will review 1-2 reports at each Diversity Committee meeting. Mai Zong will pick 1-2 reports for the Committee to review during each meeting.

Workshop at MH/SA Conference: Comments were added to the past workshop conducted at the annual Mental Health and Substance Abuse Conference in October 2015. The comments included:

- *In order to improve next year's workshop, the Committee needs the workshop evaluation comments, which is not available yet.*
- *Restructure the workshop: fewer panelists and put all presentations into one powerpoint.*
- *Keep the title the same? Or another possible title is* You can be the difference!
- *Sandy suggested for Gail to do one workshop on counselor development.*
- *The committee needs to include practical tools in the workshop such as Cross Cultural Resource Guide and SAMHSA.*
- *Consider having a designated facilitator to help with keeping everyone on time and task.*
- *A possible topic could be different communication styles and language barriers, effective techniques when working with underserved populations, etc.*
- *Denise will submit her individual workshop with other panelist on a separate issue.*

After a lengthy discussion, it was agreed that the next step is to have a conference call to finalize the theme and objectives in order to meet the February 15 submission deadline. Mai Zong will send a Google Doodle out.

CLAS Standard Implementation: Table for February meeting.

Next Agenda Items:

- 2016 Goal Review
- SCAODA Chair
- Website updates
- Diversity application package
- DMHSAS updates
- Diversity Workshop
- CLAS Standard Implementation
- Data Discussion

Adjournment: The meeting was adjourned at 2:03 p.m. Sandy moved to adjourn and was seconded by Denise.

Meeting minutes by Mai Zong Vue, 608-266-9218 or maizong2.vue@dhs.wisconsin.gov,

Scott Walker
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Scott Stokes
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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

February 19, 2016; 10 a.m. – 2 p.m.
Access to Independence, Inc.
3810 Milwaukee Street; Madison, WI 53714; Phone: 608-242-8484

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 – Tina Virgil, Chair Public Comments Approval of January 22 meeting minutes
10:15 a.m.	SCAODA Chair discussion – Duncan
11 a.m.	Website updates DMHSAS updates MH/SA Conf—Diversity Workshop Diversity draft application package - Gail/Sandy/Tish
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 March ?, 2016; American Family Insurance, Madison
Next Diversity Meeting: April 22, 2016, location TBD

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.

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Governor

Michael Waupoose
Chairperson

Duncan Shrout
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
January 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, Steve Dakai, Beth Collier, Duncan Shroud and Andrea Jacobson (DHS staff).

Absent: Lori Cross Schotten

Welcome, introductions, and public comment
Called to order at 10:10 am. No public comment.

Workforce report
Review of the December SCAODA meeting in which the motion for the Workforce report was withdrawn in order to further revise the report. There were several areas of the report being questioned by SCAODA members:

- The report indicates a 1.0 FTE position be created and housed in DHS was met with criticism. One of the early messages the workforce committee heard was that many agencies were finding the DSPS licensure process very difficult to navigate for their staff seeking licensure. The original thought was that DHS would manage an RFP process to hire a person from an educational institution to provide both instruction and outreach for developing the workforce including mentoring in the licensure process. The report did not specify this aspect of who would fill the proposed position and perhaps these details would be helpful to include in the report. A SCAODA member shared feedback that the role of supporting and mentoring staff towards certification should fall on agency supervisors and not an external provider. This is helpful but doesn't always occur and doesn't assist those individuals seeking certification who are not yet employed. It seems that most of the complications with certification are related to possessing acceptable documentation of training/educational hours. A person seeking licensure needs to provide transcripts, course descriptions, proof of attendance and if they don't know this in advance, it can be difficult to obtain after the fact. ITC plans to keep this recommendation and will look to outline the proposal a bit further.
- The recommendation of developing an advisory board with knowledge of the certification process to serve as consultants to DSPS was also questioned by SCAODA members. The advisory board

would assist DSPS to be a better servant to the field through greater connection and hearing from the field via the advisory board and staff person and ITC would like to keep this recommendation.

- SCAODA members were uncertain what all was included in the recommendation that all currently certified SUD counselors be held harmless from any additional requirements in the future. Concerns were expressed about the need to ensure that credentialed staff are properly trained and continue to obtain ongoing training/education. The original recommendation was reflecting preventing the loss of workforce if the requirements for certification increase (i.e. change to require a minimum of a bachelor's or master's degree).

Mr. Briggs also shared that Senator Bewley expressed concern about the low reimbursement rates in Wisconsin for SUD services and expressed that SCAODA should highlight the need to increase reimbursement rates.

Plan: The workforce committee has been disbanded however a few key members are available for fine tuning of the report. In order to bring the report/recommendations back to SCAODA, ITC will consider bringing other staff from the original workforce committee and/or community clinical supervisors to provide background on these issues. ITC may want to consult further with DSPS or have greater ability to collaborate with DSPS, and would like to identify a new contact person for DSPS as the former contact is no longer with the Division. Mr. Frings will attempt to find the new contact staff at DSPS. Ms. Gilbert will also consult with the CTC clinics for contacts at DSPS.

Review of November minutes - tabled until the February meeting for staff to review.

Review of the December full SCAODA meeting
The Synar report was reviewed – violation rate was 6.8% well below the threshold rate in which prompts the federal substance use disorder treatment dollars for Wisconsin to be reduced (see SCAODA website for full report).

The CLAS standards motion presented by the Diversity Committee passed. A motion was passed to add six individuals to SCAODA who represent racial and diverse backgrounds and represent the geographical regions of the state, and include 50% or more individuals with lived experience. The ITC motion requesting that an addictionologist as an ex-officio member be added to SCAODA membership passed.

The ITC motion for nicotine equity did not pass. One SCAODA member expressed wanting additional information about the potential financial and other consequences of changing the administrative rule. Mr. Macmaster believes that more compelling information could be provided to SCAODA and he provided a document outlining ways to provide information for re-consideration. Per Ms. Moelter, since the motion was denied, the by-laws indicate a need for one of the eight individuals who voted "No" to bring a motion for re-consideration to SCAODA. Further discussion occurred regarding a need for additional information regarding admission criteria and financial consequences of the motion prior to seeking re-consideration. If a decision is made to seek re-consideration, then protocol requires that ITC provide information prior to the actual motion. Once the motion is made, then only SCAODA members can make comments and/or ask follow-up questions. Mr. Macmaster may also follow-up with other SCOADA members for possible re-consideration of this motion.

A motion to approve the Marijuana in Wisconsin report and recommendations was not passed. Motions were made to separate certain recommendations, to remove recommendations from the report, and for accepting the report and recommendations together and none of these motions were moved forward or passed. It may be brought back to SCAODA for re-consideration later in 2016.

Review of ITC Goals and Work Plan
Mr. Briggs presented a review of the July 2014 ITC meeting in which we reviewed the goals and accomplishments on the ITC work plan to achieve SCAODA's strategic goals. Discussion of ways to determine penetration of Evidence Based Practices (EBP's) including Level of Care tools, in substance use disorder programs in Wisconsin.

ITC recruitment updates
Review of former committee membership decisions: SCAODA Council chair person, with the advice of the chair person for ITC, approves new membership to committees. Six possible members were reviewed and two with verified interest will be recommended to the Council chair person, one will be held until interest is verified and the final is currently approved as a guest member. One area of consideration is expertise in peer specialist certification. OTP programs could benefit from inclusion of Peer Specialists.

Section updates

- **Children, Youth, and Families** – Ms. Jacobson reviewed a summary of recent minutes.
- **Treatment for Women and their Children (Norman Briggs) –** highlighted the conference with all women's treatment last year on cultural diversity training**.**
- **Heroin/Opiate Update (Elizabeth "Beth" Collier) -** introduction of the new SOTA, update on HOPE and C.A.R.E. programs, description of new requirement for health care managed care organizations (HMO's) to provide methadone services for addiction, training on Medication Assisted Treatment (MAT) in July through SAMHSA.

Marijuana Report:
Briefly reviewed the summary of the recommendations on page 43 of the report and discussing a way to approach providing feedback to SCOADA. Mr. Macmaster asked if the Marijuana report was reviewed by staff at ASAM and recommends that this occur. Plan for committee members to review the full report prior to next meeting and develop list of questions and concerns to discuss. Explore having a DHS consultant available to answer questions.

Budget/Legislative updates
Proposed:

- Prevention-in-training designation and certification to be eliminated
- Nygren's bills related to PDMP reporting, pain clinic certifications, and reporting by treatment programs using methadone
- Department of Corrections provision of OWI assessments
- Opiate Treatment Programs to be allowed to contract staff vs. hire clinicians.

Announcements
Mr. Macmaster provided a summary of WINTIP accomplishments and goals and highlighted that he is developing, "A Time to Lead", which is regarding the integration of tobacco cessation in substance use disorder treatment. The document will include state specific recommendations and will be released later in 2016. This will be a nice companion document to the previous guidance document on integrating tobacco cessation with substance use disorder treatment. WINTIP is releasing an interactive video program, free of charge, which teaches programs how to develop integrated services with implementation protocol and instruction.

Mr. Frank offered to provide an update on the Department of Corrections Evidence Based Practices (EBP's) which have been implemented in correctional treatment programs.

Future agenda items:
Presentation on Department of Corrections EBP initiatives within treatment systems
McClellan article
Invite Paul Krupski and review Marijuana report recommendations
Invite Faith for Peer Specialist update
Workforce report

Adjourn: a motion was made by Mr. Macmaster to adjourn at 2: 25 pm and seconded by Mr. Dakai.

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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

AGENDA

I.	Welcome, introductions, and public comment	10:00 a.m.
II.	Review of November and January minutes	10:10 a.m.
III.	Marijuana Report (Paul Krupski)	10:30 a.m.
IV.	Lunch	11:45 a.m.
V.	Guest presentation by Joe Muchka on workforce challenges	12:30 p.m.
VI.	Section updates	1:15 p.m.
	▪ Children, Youth, and Families (Lucas Moore) ▪ Treatment for Women and their Children (Norman Briggs) ▪ Heroin/Opiate Update (Elizabeth "Beth" Collier)	
VII.	Budget/Legislative updates	1:45 p.m.
VIII.	ITC Recruitment updates	2:00 p.m.
IX.	Announcements and/or additional information	2:05 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

www.scaoda.state.wi.us

Upcoming meetings:

ITC

April 12th, 2016,	10:00 a.m. – 2:30 p.m. DOC in Madison.
May 10th 2016,	10:00 a.m. – 2:30 p.m. DOC in Madison.
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

March 4, 2016,	9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.
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.

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PLANNING AND FUNDING COMMITTEE MEETING MINUTES
November 19, 2015

Members present: Todd Campbell, Steve Fernan, Karen Kinsey, Joyce O'Donnell, Irene Secora, Duncan Shrout

Members excused: Emanuel Scarbrough, Sally Tess

Staff: A.J. Ernst, Kris Moelter

Call to Order – Joyce O'Donnell the meeting to order at 9:30 a.m.

Review of October 8, 2015, meeting minutes – Todd Campbell moved (Steve Fernan second) to approve the meeting minutes. Motion passed unanimously.

Public comment – None.

Mental Health and Substance Abuse Conference public forum – Ms. O'Donnell reported on the public forum the committee hosted at the conference. Some of the comments from the attendees included that not enough was being done with the Hmong community and behavioral health, more needs to be done support recovery, and that SCAODA needs to make itself more visible. Ms. O'Donnell said the attendance was good—about 15 people attended. The DHS staff participation at the forum was helpful.

Funding ad hoc committee – Mr. Campbell circulated a revised draft report. He said more information may be needed to support the recommendations in the report. One of the areas that needs more information is how much prevention costs and how much it saves. Duncan Shrout suggested that the Drug Free Communities funding could be included in the prevention spending. DHS staff will find information on how much investing in prevention saves the system monetarily. Mr. Fernan will also get information about how much prevention saves and on school-based prevention programs. Irene Secora suggested that some prevention information could be obtained from the Alliance for Wisconsin Youth. Ms. O'Donnell suggested, and the committee agreed, that the beginning of the report should have a highlights section. That part could be used for the legislators and external audiences while the fuller report would be for SCAODA use. Mr. Shrout suggested that the report emphasize that while we have data, it is really about people—real people in Wisconsin who need treatment. Mr. Campbell asked if the committee wanted to add a sixth recommendation about addressing the geographic issues related to substance use disorder counselors. The committee agreed that it would mention the issue, but not make it a recommendation. Also, the 5th recommendation about examining current laws is not tied to any data in the report.

The committee also will highlight some alcohol statistics. The legislature has appropriated more money to address opioid addiction, but alcohol also needs to be addressed.

Budget/legislation update – Kris Moelter reported that there is no new information on the state's lawsuit against the federal government to allow Wisconsin to proceed with its drug testing programs for recipients of certain public benefits. The Department of Children and Families has issued its rules for drug testing.

Committee and agency reports – Mr. Campbell reported hiring is underway for the Dane County job center that will be located in the jail.

Mr. Fernan reported that DPI is working with the CDC on the Youth Risk Behavior Survey for 2017. DPI is working with the people doing the DHS youth tobacco survey to draw the sample early and simultaneously. They hope to have fewer school districts refuse to administer the survey and thus be able to have weighted data. The trauma sensitive schools training is underway as part of the school mental health initiative. DPI will release a school mental health framework document that all schools can adopt, not just schools in the pilot project. DPI recently awarded mini grants to 82 school districts for about $1,000 each for student projects. It also awarded AODA program grants to 62 school districts.

Mr. Shrout reported that the Executive Committee met in early November and will be bringing a motion to SCAODA in December to approve proposed changes to the SCAODA statute.

Report on women's services – Karen Kinsey reported that the request for proposal from DHS for the Urban/Rural Women's programs will be reissued next year. It will be a competitive process. There was a meeting of women's service providers earlier in 2015 on exploring diversity. Each provider needs to develop an action plan to address diversity in a manner that includes all women, regardless of class, ethnicity, geography, etc.

2016 meeting dates: January 14, February 18, April 14, May 19, July 14, August 11, October 13, November 17

Agenda items for next meeting

- Funding report
- Legislative update
- Review of December 11 SCAODA meeting

The meeting adjourned at 12:08 p.m.

Next meeting: January 14, 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 MINUTES
January 14, 2016

Members present: Todd Campbell, Steve Fernan, Karen Kinsey, Joyce O'Donnell, Emanuel Scarbrough, Irene Secora, Duncan Shrout

Members excused: Sally Tess

Staff: Kris Moelter

Call to Order – Joyce O'Donnell the meeting to order at 9:31 a.m.

Review of November 19, 2015, meeting minutes – Todd Campbell moved (Steve Fernan second) to approve the meeting minutes. Motion passed unanimously.

Public comment – None.

SCAODA meeting update – Ms. O'Donnell reported on the December 11, 2015, SCAODA meeting. The Intervention and Treatment Committee proposed three motions. The first was to include nicotine cessation as a primary substance that could be treated in residential treatment, which currently is not allowed under Wisconsin law. The motion was defeated, with no votes in favor. Kris Moelter reported that the committee met earlier this week and it will likely bring the motion back to SCAODA in March. The second motion was for SCAODA to accept the Workforce ad hoc Committee report. The motion was withdrawn and may be brought back to SCAODA at a later date. The third motion was to add an addictionologist as an ex-officio member to SCAODA. That motion passed. SCAODA also passed a motion requesting statutory change to expand the membership by adding six people who are either provider representatives or person with lived experience. No more than 50 percent of the new members can be provider representatives and the new representatives should reflect Wisconsin's diversity.

Marijuana ad hoc Committee report – Ms. O'Donnell and Emanuel Scarbrough reported that SCAODA did not approve this report at its December 11 meeting. The Prevention Committee, which had moved to approve the report, will discuss next steps, if any, at its January 21 meeting. Mr. Scarbrough said he had a sense that many people had not read the report in its entirety. Recommendations 7, 8, and 9 were the issues, around the partial decriminalization of marijuana. Mr. Shrout suggested the committee look at data about which municipalities in Wisconsin have decriminalized small amounts of marijuana. Mr. Fernan said he had spoken with the DPI management about the report. They were also concerned about Recommendation 7, so he would have abstained. Mr. Shrout suggested maybe the Prevention Committee should develop other options for Recommendation 7.

Funding ad hoc committee – Mr. Campbell talked about the updated data in the report. Regarding prevention, Ms. Moelter discussed the information that was in the 2014 Needs Assessment regarding the cost of prevention and the cost of treatment. Mr. Fernan can provide information on the decrease in funding in education for substance use disorder prevention and the number of students served, and how that has not been replaced by other funding sources. Mr. Campbell and Ms. Moelter will finalize the narrative pieces before the February meeting. The recommendations need to be more solid. Recommendation 5 was dropped because unsure how changing drug laws will make more money available for prevention and treatment. Mr. Campbell said the recommendations are to give SCAODA a route to follow—recommendations that are worthy of further exploration. This is a state in time report. The committee agreed that it would review the report in February and if it gets approved, send it to the other SCAODA committees for feedback before presenting it to the full council.

Legislative update – Ms. Moelter reported that the new bills addressing opioid and prescription drug abuse have passed the Assembly.

Committee and agency reports – Mr. Fernan reported that there will be new federal funding for schools' substance use activities available the 2017-18 school year. DPI has hired a new bureau director, Becky Collins, replacing Doug White. They are doing an early draw on Youth Risk Behavior Survey sample for the 2017 survey. They are doing it simultaneously with the youth tobacco survey. In 2015 some schools were drawn for both surveys and that caused decreased participation. Drawing both samples at the same time will avoid duplication. They also will have enough time to get schools to agree to participate. Mr. Fernan represented the State Superintendent at a Wisconsin Eye event in which former and current state officials met to look at opiate abuse and how to do a statewide education effort. He also reported that the school mental health initiative continues, with many schools receiving training in trauma-sensitive schools.

Report on women's services – No report.

Agenda items for next meeting

- Marijuana report
- Funding report
- Legislative update

The meeting adjourned at 12:03 p.m.

Next meeting: February 18, 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

February 18, 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 January 16, 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

10:30 a.m. AODA funding ad hoc committee – Todd Campbell

11 a.m. Waukesha County Drug Free Communities Coalition activities – Irene Secora

11:15 a.m. Legislative update – Kris Moelter

11:30 a.m. Committee and agency reports – Committee members

11:45 a.m. Report on women's services – Karen Kinsey

12 p.m. Agenda items for next meeting

12:05 a.m. Adjourn

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
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

Prevention Committee Meeting
Thursday, October 15, 2015
9:30 a.m. – 1:30 p.m.

State Bar of Wisconsin
5302 Eastpark Blvd.
Madison, WI 53718

Members: Kari Lerch, Annie Short, Ronda Kopelke, Scott Stokes, Chris Wardlow, Emanuel Scarbrough, Judie Hermann, Julia Sherman, Lori Pesch, Sarah Linnan, Dorothy Chaney

Absent Members: Jane Larson, Jacob Melson, Rick Peterson, Mary Rasmussen, Louis Oppor, Irene Secora

Staff/Guests: Paul Krupski, Christy Niemuth, A.J. Ernst, Sheila Simonsen, Alexandra Wright, Kenya Bright

Welcome and Introductions: Scott Stokes welcomed everyone and asked for introductions from the Members and Staff. A.J. Ernst was introduced as the new Section Chief of the Substance Abuse Services Section in the Bureau of Prevention, Treatment and Recovery (BPTR).

Public Comment: No public comment.

Approve Minutes from July 16, 2015 Meeting
Scott asked the Members review meeting minutes from July 16, 2015. Motion to approve the meeting minutes was made by Julia Sherman, seconded by Ronda Kopelke, meeting minutes were approved.

PFS II/PFS 2015 Update
Christine Niemuth presented updates to the Partnership for Success Grants (PFS) administered by the Division of Mental Health and Substance Abuse Services (DMHSAS). A no-cost extension was approved by SAMHSA for the PFS II grant, allowing funding to be used in FFY16 to close out activities and wrap up evaluation. Some examples of outcomes achieved by this grant funding include:

- Reduced availability of prescription medications for diversion through increased use and availability of permanent collection drop box locations and take back events.
- Increased education for law enforcement (Drug Recognition Expert and ARIDE) in identifying drugged drivers.

- Increased education for education professionals through Drug Identification Training for Education Professionals (DITEP)
- Increased awareness about prescription drug abuse through local educational campaign efforts.

This year will be a planning year for the PFS15 grant to identify strategies and logistics for the community coalitions to apply for grants. These grants are focused on creating awareness of prescription drug abuse within communities identified as high need. Decisions that will be made in conjunction with the AWY Regional Prevention Centers during this planning phase include:

- How do coalition partners apply for funding, i,e, if a police department is a partner with a local coalition and would like to have funding to support training for a DRE officers, can they apply on behalf of eligible coalitions for reimbursement through the grant?
- Data collection methods for both federal and local evaluation.
- GLITC is working with Menominee, Bad River, Lac Courte Oreilles and Lac du Flambeau tribes. How will the state PFS15 funds through Northwoods Coalition support these coalitions?
- Development of a funding structure to determine allowances within each community of high need considering factors such as need, capacity and population.

As a part of these grants, the SEOW workgroup will be working on 2016 EPI report data compilation and presentation. Partners in data collection for the SEOW include, DOJ, DOT, DPI, DPH University of WI Population Health Institute and DHS. These grants will continue to be standing agenda items for the SCAODA Prevention Committee.

Prevention Specialist Certification – Review of Board Members
The Committee requested a review of DSPS's Board overseeing Prevention Specialist Certification. While A.J. Ernst is listed as a member of this Board, he has had no involvement or contact regarding the functioning of the Board or intentions for meeting dates/agenda items. A.J. would like to discuss with DSPS next week regarding this position and others.

This is a workforce development issue, as there are SAPTBG requirements for certification and more professionals are looking to get certified as evidenced by the fact that in 2013 there were 30 actively certified Prevention Specialists in the state and 9 Prevention Specialists in Training, in 2015 there are now 34 Prevention Specialists and 31 in Prevention Specialists in Training. There have been difficulties with those seeking to get certified, they have been asked for additional information but are unsure of what that additional information entails. There are hurdles with prevention specialists needing to be a PSIT beforehand, even if they are otherwise qualified for the position. In addition, the list of approved licensing facilities is out of date given closures in previously approved organizations. The Prevention Committee feels there needs to be an advisory group for certification review. A.J. Ernst suggested that he meet with DSPS in order to gain information about the process and report back at a later date.

Comprehensive Community Services (CCS) Presentation – Kenya Bright, DHS
Kenya Bright was asked to come and speak about CCS with the Prevention Committee. CCS started in 2005, developed to combine outpatient therapy with community support programs.

People released from institutions need support from the community to avoid recidivism. CCS bridges the gap between institutional care and outpatient treatment. Participants must have a diagnosis and a verified functional impairment. The program serves individuals with both mental illnesses and substance abuse disorders. CCS integrates services diagnostically and over the lifespan for both children and adults. CCS is completely built and focused on person-centered recovery. Consumers work with a service facilitator, and choose who is on their treatment team throughout treatment. CCS uses community support to bring treatment providers together to focus on treatment , builds on natural supports and emphasizes flexibility within support systems.

A county can be certified in CCS, but the county is not the sole provider – they often contract services in addition to the services they provide. Some counties were unable or unwilling to put the money and resources to support the non-federal costs of the program. Non-federal share can be provided to counties by the state for CCS as long as it is provided in a regional model. DMHSAS was charged with defining and designing the regional model. There are five models for counties to choose from: population based model, 51-42 model, shared services model, multicounty regional model, and tribal model. State funding for supporting the non-federal share of services through the regional model began July 1, 2014, with counties steadily added since then. DMHSAS oversees program, and DQA handles certification. With this expansion the program went from having 31 counties providing CCS services to all counties except Eau Claire and St. Croix being regionally approved for CCS. Additionally, the Lac du Flambeau Tribe has been regionally approved. Fond du Lac County is CCS certified counties is operating in a non-regional model and covers their own non-federal share.

Data is pulled from annual functional screens, nationally standardized consumer satisfaction surveys, and the PPS system for quality assurance purposes and to track the rate of satisfaction. Counties within the same regions can request cross-county treatment. There are separate screening processes for both children and adults. The Peer Specialist Program is also included in CCS. Peer Specialists are people with lived experience who provide support to individuals in the CCS program as a staff person, and billed under Medicaid. WI has roughly 400 certified mental health peer specialists. 70% employment rate among mental health peer specialists. DHS convened a stakeholder committee for substance abuse recovery coaching, and they are moving to integrate a curriculum that incorporates substance abuse disorders with current mental health peer specialist training. Looking to create a curriculum for parents of children involved in system to provide peer support to other parents. Looking forward, CCS plans to launch and integrated exam, create a parent peer specialist program and create an employer toolkit to educate and train providers on what peer specialists are and what peer support is.

Prevention Committee Membership/ 2016 Meeting dates

Chairman Stokes, has reviewed the current membership list and has identified individuals who have not been regularly attending meetings, opening vacancies for interested individuals. The Committee seeks to have a diverse set of recruitments from different agencies to fill those vacancies and recommendations from current members are encouraged. SCAODA Prevention Committee will continue to meet on the third Thursday of each quarter beginning in January. Dates and locations will be e-mailed prior to each meeting.

Marijuana Ad-hoc Committee Draft Report Review
Paul Krupski, staff for the Marijuana Ad-hoc Committee (MAC) presented the draft recommendation report for review. Mr. Krupski provided the list of recommendations as they appear in the report related to marijuana abuse prevention and treatment and reported there were several authors of the reports, so effort has been made to make the report have one voice, accessible to a general audience. The Committee had a brief discussion about Screening Brief Intervention and Referral to Treatment (SBIRT) as both a preventative and treatment-oriented tool. In the Milwaukee area, there is a large initiative towards SBIRT screenings in youth. Annie Short suggested encouraging providers to give SBIRT screenings to pregnant women so those who are using during pregnancy can receive assistance. The Committee agreed SBIRT for pregnant women should be added as a bullet to Recommendation 19.

The rest of the report discussion focused on Recommendation #7 which 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, asking that it be removed from the report, 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.
- Given the fact that vulnerable populations (youth in particular) are most susceptible to price points when making decisions about use, lowering fines is 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 increased.
- 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.

Given the debate and strong opinions related to this recommendation, committee members discussed whether to keep Recommendation 7 as written, remove it completely, revise it/request MAC revise, or send the report for review to SCAODA with discussion points related to this particular recommendation. Several committee members, who were members of the MAC, felt that removing the recommendation left a glaring omission in the flow of the report, leaving recommendations related to legalization for medical purposes and legalization for "recreational" use, with no recommendation related to decriminalization or reducing disparities. Scarbrough made the following motion:

Send the Marijuana Ad-hoc Committee report to SCAODA for review with discussion points from the Prevention Committee's dialogue related to Recommendation 7 included for their review.

The motion was seconded by Chaney. Motion was passed with zero opposing, and three abstentions.

Agency/Member Updates

Judie Hermann reported the Wisconsin Trauma Project updates will be announced in January. CBT, trauma screening training, 225 clinicians per year; 2nd tier, caregivers training and training trainers; 3rd tier system change component to make child welfare systems more trauma informed. 12 agencies per year for 3 years will be trained in trauma informed care.

AJ Ernst introduced himself as the new Section Chief in the Substance Abuse Services Section of the Bureau of Prevention, Treatment, and Recovery.

Ronda Kopelke announced the reception of an opiate treatment grant at Marshall Clinics, and a new AODA outpatient treatment center to be opened in Minocqua. SBIRT will also be restarting in March 2016.

Future Agenda Items

More information on Prevention Specialist Certification discussion
SCAODA Expansion
By-Laws Review for SCAODA

Meeting adjourned at 1:26 PM on October 15, 2015

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
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

Prevention Committee Meeting
Thursday, January 21, 2016
9:30 a.m. – 1:30 p.m.

ARCW – Madison
600 Williamson Street Ste. H
Madison, WI 53703

Agenda

- Welcome and Introductions
- Public Comment
- Approve Minutes from October 15, 2015 Meeting
- PFS II/PFS 2015 Update
- Working with Public Health and CHIA – Julia Sherman
- Collaboration with Diversity Committee – Mai Zong Vue
- Marijuana Ad-hoc Committee Report Discussion and Next Steps
- State Prevention Logic Model
- Agency/Member Updates
- Future Agenda Items

2016 Prevention Committee Meeting Dates:

April 21, 2016

July 21, 2016

October, 2016 - TBD

FACT SHEET
Veterans Outreach and Recovery Program (VORP)

(As of 1/19/16)

In the fall of 2014, the Wisconsin Department of Health Services (WDHS), partnered with the Wisconsin Department of Veterans Affairs (WDVA) applied for and was awarded a $1.2 million dollar, three year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide mental health and substance abuse services to homeless and/or chronic homeless veterans in Wisconsin. In October 2015, an additional supplemental SAMHSA Enhancement Grant of $1.2 million dollars was awarded for a two year period to provide additional resources and expand county participation in this program.

Overview of VORP

VORP is a comprehensive, coordinated outreach, treatment and recovery support program for veterans who are homeless and have a behavioral health disorder. VORP will support the existing treatment and homeless programs and provide services in the 49 counties of northern and central Wisconsin. This new program employs six Outreach and Recovery Specialists (ORSs), working as case-managers, assigned to a region where veterans have difficulties accessing adequate housing and treatment services. Six regions have been established where ORSs will work with key local contacts including county homeless programs, behavioral health services, veteran organizations, and housing services to help provide the appropriate recovery supports so that veterans are successful in reaching their goals. The ORSs will use the evidence-based Motivational Interviewing method to work with the veterans to ensure they have stable housing, connect them to proper treatment, and follow-up to ensure that the treatment is continual and effective.

In addition to the six ORS, the program is supported by a Program Manager, a Clinical Coordinator from DHS who provides diagnosis for veterans enrolled in the program, and direct professional support to the ORS who refer veterans; an SSI/SSDI Outreach, Access and Recovery (SOAR) Specialist, who assists veterans with signing up for Social Security and other available benefits and an Operations Program Associate (OPA), who assists with administrative duties, special projects, and financial assistance.

Goals:

- Establish partnerships with mental health and AODA providers
- Work with local shelters and others to find temporary, transitional, and permanent housing
- Establish a network that makes treatment options more accessible to rural veterans
- Identify homeless veterans and define gaps in treatment
- Provide information on housing and behavioral health treatment services to all homeless veterans contacted
- Ensure that 90% of the enrollee target population is connected to either housing or behavioral health services at follow-up
- Provide ongoing case management to a veteran client for the life of the grant
- Provide transportation to connect the veteran to proper treatment and follow up to ensure that the treatment is continual and effective

Contact person:

Nicole Lillis, VORP Program Manager, WDVA
Nicole.Lillis@dva.wisconsin.gov 608/416-9347

Focus on Success.

Outreach and Recovery Specialists work with veterans and former service members enrolled in the program to support their health, home, purpose, and community.

This support includes:

Health - Assistance in overcoming and managing disease and symptoms and making choices that support physical and emotional well-being.

Home - Assistance in having a stable and safe place to live.

Purpose - Assistance in conducting meaningful daily activities, such as a job, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

Community - Assistance in building relationships and social networks that provide support, friendship, love, and hope.

Veterans Outreach and Recovery Program

VORP is a federally funded project of the State of Wisconsin.

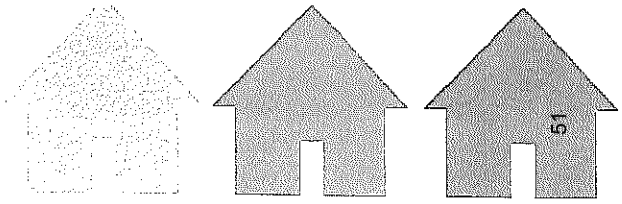
Wisconsin
Department of Health Services

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Substance Abuse and Mental Health Services Administration
SAMHSA

For more information, scan this code:

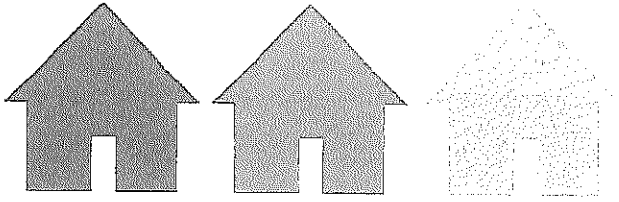
P-01133 (01/2016)



Veterans Outreach and Recovery Program (VORP)

Support for Homeless Veterans with Behavioral Health Needs

Wisconsin Department of Health Services
Wisconsin Department of Veterans Affairs



Veterans Outreach and Recovery Program

Recovery is Possible.

Recovery from mental health and substance use concerns is a process. The Veterans Outreach and Recovery Program (VORP) is designed to help veterans and former service members start this journey.

Who is Eligible?

Assistance is available to homeless veterans and former service members regardless of discharge status who have a mental health and/or substance use concern. Veterans or former service members with these conditions at-risk for homelessness may also qualify. The enrollment process includes a screening for needs.

Support is Available.

Program staff work with mental health and substance use services professionals to provide behavioral health support services needed to address mental health or substance use and to place veterans on a path to obtain stable housing.

Available in 49 Counties

To learn more, contact an Outreach and Recovery Specialist:

Region I	-	(715) 558-2557
Region II	-	(715) 401-4821
Region III	-	(920) 246-7277
Region IV	-	(608) 381-0907
Region V	-	(608) 881-9116
Region VI	-	(608) 381-1525

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.

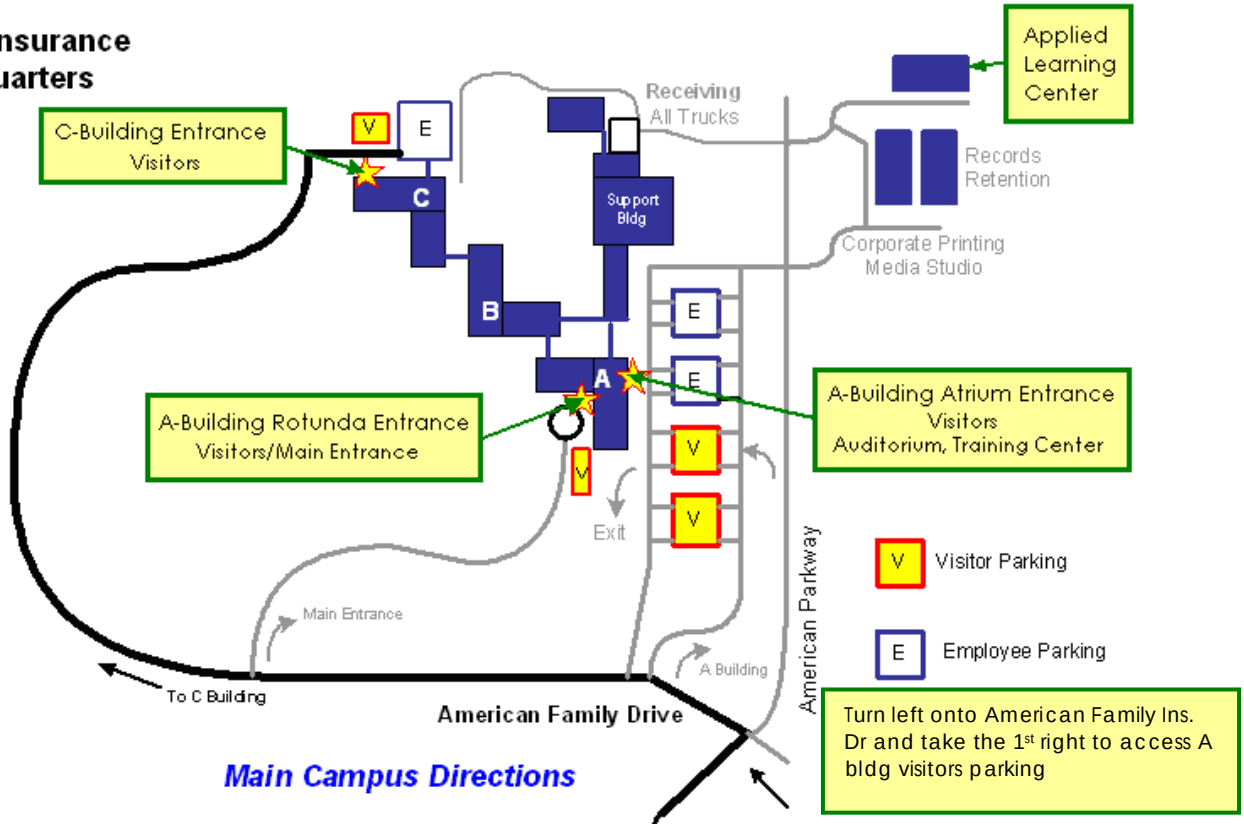
ARTICLE V

Amendments

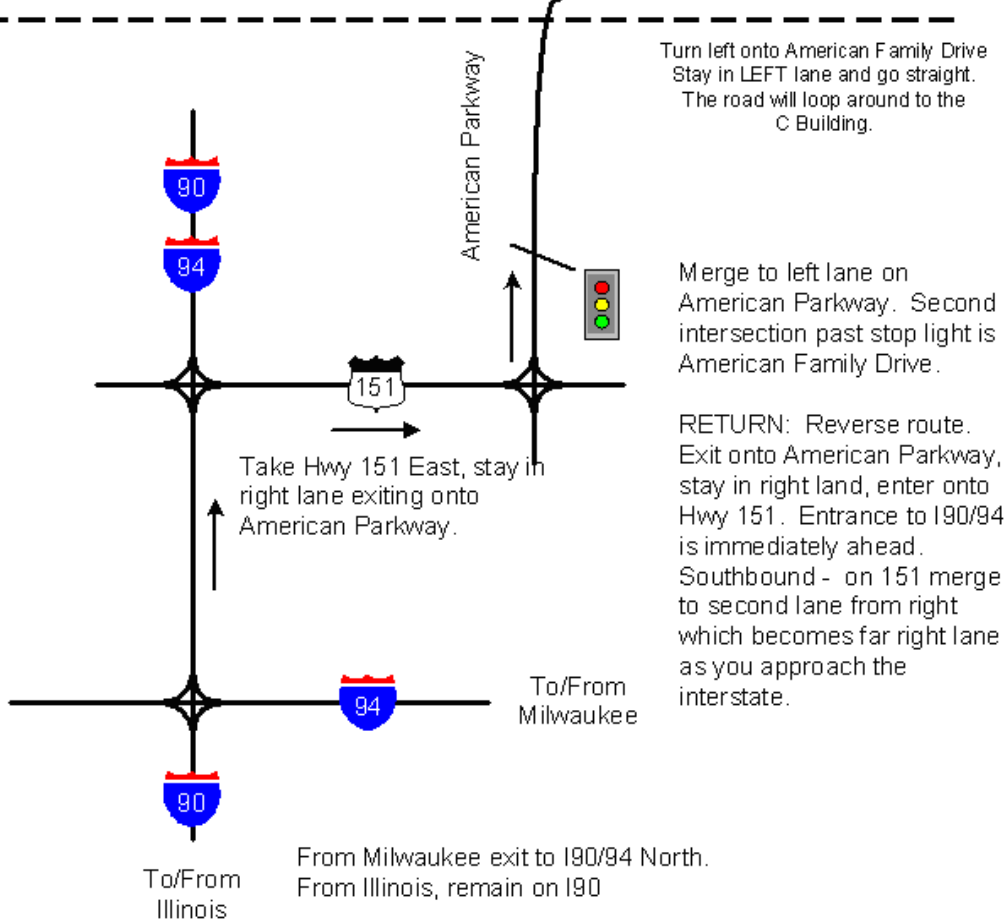
The by-laws may be amended, or new by-laws adopted, after thirty days written notice to council members by a two-thirds vote of the full council membership present at a regularly scheduled meeting.

Directions

American Family Insurance
National Headquarters



Main Campus Directions



Highway Directions to AF-NHQ Campus