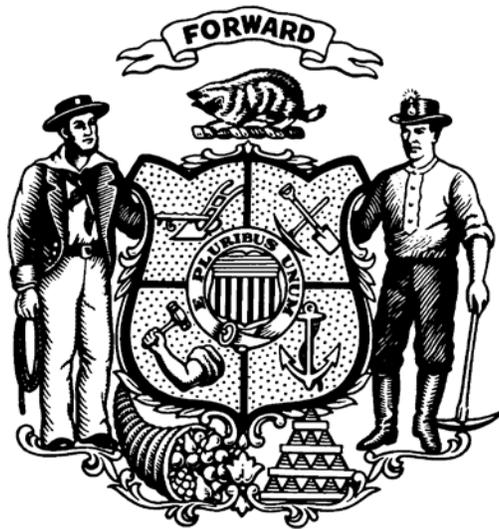


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



**June 6, 2014
MEETING**

**Michael Waupoose
Chairperson**

**SCOTT WALKER
Governor**

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State Council on Alcohol and Other Drug Abuse (SCAODA)

Strategic Plan Goals: July 2010 – June 2014

PRIMARY OUTCOME GOAL AND MEASURE:

The immediate primary outcome goal is to have Wisconsin no longer ranked in the top ten states for Alcohol and Other Drug Abuse (AODA) and problems related to AODA.

SCAODA's primary outcome goal is in accord with the Wisconsin Department of Health Services' "Healthiest Wisconsin 2020 Plan" regarding unhealthy drinking and drug use that results in negative consequences. Its goals are also consistent with the HW2020 lifespan and equity objectives and the data-driven priorities established through the current "Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008.

SCAODA GOALS:

1. SCAODA with its committees
 - a. Effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin
 - b. Is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues
 - c. Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
2. Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
3. There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).
4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:
 - a. For effective prevention efforts across multiple target groups including the disproportionately affected
 - b. For effective outreach, and effective, accessible treatment and recovery services for all in need¹.
5. SCAODA with its committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remedying historical, racial / ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people.

¹ Effective prevention, treatment and recovery services include: using science and research based knowledge, trauma informed, culturally competent, and use of practices that have promise to work.

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Tobacco-Free Environment

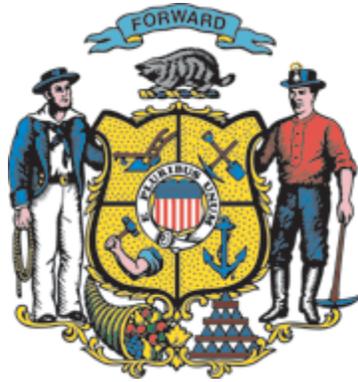
American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

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

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

Meeting Coordinator – Please make sure the meeting participants are aware American Family is a Tobacco-Free Environment.

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SCAODA 2014 Meeting Dates

**American Family Insurance Conference Center
6000 American Parkway
Madison, WI 53783**

**The March meeting will be from 9:30am to 3:30pm
and will be in Room A3151.**

**The June, September and December meetings
will be held in room CL3300A&B.**

The meeting dates are:

March 7, 2014

June 6, 2014

September 12, 2014

December 12, 2014

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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

June 6, 2014

MEETING AGENDA

9:30 a.m. – 3:00 p.m.

American Family Insurance Conference Center

6000 American Parkway, Madison, WI 53783

Building C, Room CL3300 A&B (note new location)

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. I. Introductions / Welcome / Pledge of Allegiance / Announcement Noise Level / Agenda – Michael Waupoose
 - Meeting being webcast
 - Introduction of new members
- 9:35 a.m. II. Review/Approval of March 7, 2014 minutes – Michael Waupoose....pp. 18 – 23
- 9:40 a.m. III. Public input (maximum five minutes per person) – Michael Waupoose

9:50 a.m. IV. Committee reports

SCAODA goals				
Provide Leadership	Change the Culture	Educate Citizens	Sustain Infrastructure	Address Disparities

- Executive Committee – Michael Waupoose....pp. 24 – 29
 - Status of motions from March meeting....pp. 26 – 27
 - Letter to Rep. Nygrenpp. 26
 - Letter re: Opioid treatment centers....pp. 27
 - Interim Executive Committee action....pp. 28 – 29
 - National Governor’s Association Healthcare Workforce proposal....pp. 29
 - Nominating committee appointments
- Diversity Committee – Tina Virgilpp. 30 – 35
- Intervention and Treatment Committee – Norm Briggs and Roger Frings....pp. 36 – 49
 - Substance Abuse Workforce ad hoc committee

- MOTION: SCAODA requests the secretaries of the Department of Health Services and the Department of Children and Families create a joint study group to develop recommendations to increase inter-departmental collaboration to improve outcomes for families with substance use disorders who are involved in the child welfare system....pp. 49
- Planning and Funding Committee – Joyce O’Donnell pp. 50 – 63
 - MOTION: Add the word “funding” before capacity in Goal #4 of the proposed 2014-18 SCAODA plan....pp. 61
 - MOTION: SCAODA send letters to the legislative leadership and the Governor’s Office expressing its outrage that several new laws were enacted during the past legislative session that increased access to alcohol....pp. 62
 - MOTION: SCAODA send letters to the appropriate departments asking that the departments allow SCAODA to review and comment on the substance abuse portions of their budgets....pp. 63
- Prevention Committee – Scott Stokes....pp. 64 – 73
 - Heroin ad hoc committee
 - MOTION: Endorse the Wisconsin Heroin Epidemic: Strategies and Solutions Report (with appropriate edits) and approve for dissemination....pp. 70 - 72
 - Zohydro update – Douglas Englebert
 - MOTION: Urge the Wisconsin Attorney General to support federal and state efforts to repeal the FDA’ approval of Zohydro Extended Release....pp. 73

- 11:30 a.m. V. ● Four-year plan approval – Michael Waupoose....pp. 74 – 76
- 11:40 a.m. VI. ● ACA report and Department of Health Services update – Kevin Moore
- BREAK
- 12:20 p.m. VII. ● LUNCH – legislative update and discussion of 2015 legislative initiatives - Alex Ignatowski
- 1:15 p.m. VII. ● Medicaid presentation....pp. 77 – 82
- 1:45 p.m. IX. ● State agency reports
 - Department of Public Instruction – Steven Fernan
 - Pharmacy Examining Board – Charlotte Rasmussen
- 2:00 p.m. ● Prescription drug monitoring program - Chad Zadrazil
- 2:30 p.m. ● Agenda items for next meeting

2:35 p.m. XI. • Announcements – Joyce Allen and Lou Oppor
○ Burden of Excessive Alcohol Use report

2:45 p.m. XII. Adjourn – Michael Waupoose

2014 Meeting Dates

March 7, 2014

June 6, 2014

September 12, 2014

December 12, 2014

Presentations from the State Council on Alcohol and Other Drug Abuse meetings are recorded and can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

Scott Walker
Governor



Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
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 13, 2013

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783
Building A, Room A3151

Members present: Colette Brown, Norman Briggs, Douglas Englebert, Cheryl Eplett, Steve Fernan, Roger Frings, Katie Gruber (for Craig Harper), Sandy Hardie, Kevin Moore, Joyce O'Donnell, Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Scott Stokes, Tina Virgil, Michael Waupoose

Members absent: Garey Bies, Tim Carpenter, Sandy Pasch

Ex-officio members present: Randall Glysch, Katie Paff, Matthew Sweeney

Ex-officio members excused: Anne Hoffman

Ex-officio members absent: Thomas Heffron, Raymond Perez, Linda Preysz, Robert Williams

Staff: Joyce Allen, Ashleah Bennett, Faith Boersma, LeeAnn Cooper, Pat Cork, Tanya Hiser, Kris Moelter, Christy Niemuth, Lou Oppor, Donna Riemer, Mai Zong Vue, Raina Zwadzich

Guests: Bruce Christiansen, Bill McCulley, Emma Sturm, Paul Krupski, Dave Macmaster, Todd Campbell, Christie Ulstrup

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

I. Introductions – Michael Waupoose introduced Cheryl Eplett as the new Department of Corrections representative and Katie Paff as the new Department of Safety and Professional Services representative. He also introduced Mai Zong Vue from the Department of Health Services. Ms. Vue will staff the Diversity Committee.

He announced that the SCAODA meetings in 2014 will be recorded and available via live webcast.

II. Approval of September 13, 2013 minutes – Joyce O’Donnell moved (Duncan ShROUT second) to approve the September 13, 2013 meeting minutes. **Motion passed unanimously.**

III. Public input – None

IV. Committee reports

- **Executive Committee** – Mr. Waupoose reported that the Executive Committee met two times during the quarter.
 - Legislative comment process – Mr. Waupoose explained the legislative comment process. The Department of Health Services (DHS) staff will review legislation and send a list of AODA-related bills to the Executive Committee and the Four Chairs Committee weekly. The committee chairs will send the updates to their respective committees. If any of the committee chairs or Executive Committee members thinks SCAODA should comment on a bill, s/he will contact DHS staff and an executive committee meeting will be scheduled to discuss the recommendation and decide if SCAODA should comment. If any committee chair or Executive Committee member wants a bill followed, DHS staff will follow that bill. The Executive Committee will decide if the comment will be written or in person testimony and decide which SCAODA member should provide the testimony. The testimony form template will be posted on the SCAODA website. The purpose is to enable SCAODA to keep abreast of AODA-related legislation and respond quickly.
 - Four-year strategic plan – Mr. Waupoose announced that the strategic planning sessions will be on January 14 and February 18, 2014. A preliminary report will be provided at the March SCAODA meeting.
 - Status of September motions – Mr. Waupoose reported that letters were sent to DHS regarding contract provider compensation and the Minority Training Project. SCAODA is awaiting a response. A letter was sent to the Department of Safety and Professional Services regarding creating a counselor education requirements workgroup. SCAODA is awaiting a response. SCAODA sent a letter to Senator Carpenter asking he request a legislative study on Wisconsin’s OWI laws. Senator Carpenter’s office contacted DHS asking for clarification.
 - UW letter of support – SCAODA sent a letter of support for the UW flexible option AODA certification program. UW will soon offer this program.
 - Wisconsin Council on Mental Health/SCAODA relationship –Sandy Hardie, Charlotte Rasmussen, and Norman Briggs have volunteered to serve on some of the Wisconsin Council on Mental Health committees.
- **Diversity Committee** – Tina Virgil reported the committee is establishing goals that are consistent with SCAODA’s goals and has set a meeting schedule. The internal website

for committee members is operating and the goal is to launch the external website by the end of 2014. She also reported that Mai Zong Vue is the committee's new staff person.

- **Intervention and Treatment Committee** – Mr. Briggs reported that Sarah Norberg resigned and has taken a job in Minnesota. Tanya Hiser will staff the committee until Ms. Norberg's replacement is hired.

Mr. Briggs (Mr. Shroul second) made the following motion: SCAODA shall create an ad hoc committee on the Substance Use Disorder Treatment Workforce comprised of representatives of the stakeholder groups to make recommendations related to effective treatment availability statewide now and into the future. Mr.

Briggs stated that the workforce issue is the topic at many public forums, is a priority for the Intervention and Treatment Committee and the Diversity Committee, and is a concern for people working in the field. Wisconsin's the substance abuse workforce is declining because people are retiring, fewer young people are coming into the workforce, and the uncertainty of educational requirements/billing. Mr. Shroul said that the Intervention and Treatment Committee can create an ad hoc committee to address this issue. **Mr. Shroul (Ms. Virgil second) moved to amend the motion to read "The Intervention and Treatment Committee shall create an ad hoc committee on the Substance Use Disorder Treatment and Prevention Workforce comprised of representatives of the stakeholder groups to make recommendations related to effective prevention and treatment availability statewide now and into the future." The motion to amend passed unanimously. The motion as amended passed unanimously.**

Tobacco policy presentation: David Macmaster and Bruce Christiansen presented the proposed *Policies and Procedures for Tobacco-free Facilities and Services in Wisconsin's Substance Abuse & Mental Health Treatment Programs*. Mr. Macmaster said 80 percent of those in substance abuse treatment use tobacco, but until recently nicotine dependence has not been treated in this population. He said research shows nicotine dependence can be treated simultaneously with treating other substance abuse dependence. Mr. Christiansen explained the guidelines are for substance abuse and mental health treatment providers and apply to both inpatient and outpatient. They include guidance on tobacco-free policies and practices for the institutions, for those in treatment, and for employees. The guidelines and a video on the guidelines' implementation in Wisconsin are located at www.helpusquit.org and http://www.ctri.wisc.edu/HC.Providers/healthcare_mental.health_2013hl.htm

Mr. Briggs (Scott Stokes second) made the following motion: The Intervention and Treatment Committee requests that SCAODA endorse the *Policies and Procedures for Tobacco-Free Facilities and Services in Wisconsin's Substance Abuse and Mental Health Treatment Programs* and recommends all agencies consider adopting this or similar policies and procedures based on their specific program needs. Steve Fernan asked for clarification regarding whether patient noncompliance with the tobacco could result in a sanction of discharge or transfer to another facility. Mr. Macmaster said the guidelines use the same approach for tobacco that is used for other substances and

violations of policies. Relapse is dealt with therapeutically rather than in a disciplinary fashion and focuses on progressive consequences. In some cases patients may be referred to another level of service. Mr. Christiansen clarified that the policies only apply to facility grounds and not to what patients choose to do offsite. **Motion passed—15 yes, 0 no, 2 abstentions (DHS and Department of Transportation (DOT)).**

- **Planning and Funding Committee** – Ms. O’Donnell reported that DHS gave a presentation at the November committee meeting regarding the contracting process. The committee was encouraged that DHS is looking more closely at the process. She said the committee hosted a public forum at the annual Mental Health/Substance Abuse Conference held in October in Wisconsin Dells. It was well-attended. Mr. Waupoose asked that the Four Chairs discuss how to best use the information gathered at the public forums at their next meeting.

Ms. O’Donnell (Mr. ShROUT second) made the following motion: The Planning and Funding Committee requests that SCAODA pass a motion asking conference planners to schedule public forums at a more convenient time to encourage participant attendance and so as not to conflict with other public forums. Conference planners should also provide incentives to encourage attendance, such as providing food and/or CEUs. Motion passed— 16 yes, 0 no, 1 abstention (DOT).

Ms. O’Donnell withdrew the following motion because committees do not need SCAODA approval to appoint members:

The Planning and Funding Committee requests that SCAODA approve Nina Emerson as a member of the Planning and Funding Committee.

Ms. O’Donnell (Mr. ShROUT second) made the following motion: SCAODA send letters to Governor Walker and the chairpersons of the Republican and Democratic caucuses expressing its concern that as part of the budget bill (1) the driver improvement surcharge was increased, and (2) the state portion of the surcharge distribution was increased considerably and this appears to have been done with no notice to interested parties nor consideration of the adverse consequences. Ms. O’Donnell said the committee is concerned that the surcharge was increased and the state is keeping a larger portion than in the past. It is also concerned that much of the increase will go to the Safe Ride Program. Mr. ShROUT reminded the council that about two years ago it approved the IDP subcommittee recommendations, and one of those was to change the funding formula so counties could keep more of surcharge. The new surcharge formula ignores the local treatment part of the program and will ultimately result in fewer funds at county level to treat intoxicated drivers. He said the surcharge has grown from \$365 to \$435. That is a significant additional burden on intoxicated drivers and there is no evidence that it will change their ways. Even though this is now the law, he said SCAODA should tell the Governor and Legislature that this was a bad idea and they should have talked to others who are knowledgeable in this area before enacting such a law. **Motion passed—10 yes, 0 no, 7 abstentions (Controlled Substances Board,**

DHS, Department of Justice (DOJ), Department of Public Instruction, DOT, Office of the Commissioner of Insurance, Pharmacy Examining Board).

- **Prevention Committee** – Mr. Stokes reported the committee has two new members. The Drug-Free Communities Coalitions will host town hall meetings in 2014, and Wisconsin will continue to participate in the *Parents Who Host Lose the Most* campaign. DHS provided training to prevention specialists, one of which targeted Native Americans.

The 911 Good Samaritan Report has been published. One of the recommendations was to form a heroin ad hoc committee, which the Prevention Committee has done. The ad hoc committee had its first meeting in November and has 25 members. It will focus on five areas—prevention, treatment, harm reduction, law enforcement, and business. The goal is to create a heroin prevention/reduction template that communities throughout Wisconsin can use to address the heroin problem.

V. Youth Risk Behavior Survey results – Mr. Fernan presented the results of the 2013 Youth Risk Behavior Survey. The powerpoint is on the website at: http://ssp.wi.gov/ssp_yrbsindx. The survey looked at AODA use, tobacco use, sexual activity, violence, depression, dietary patterns, and physical activity among Wisconsin's high school students. Fifty-three high schools participated and the response rate was sufficient so Wisconsin qualified for weighted data, meaning the results can be said to reflect Wisconsin students as a whole.

Some of the highlights included: AODA and tobacco use is trending down for the most part.

- 33 percent smoked at least once, down from 64 percent in 2001
- 12 percent smoked in the last 30 days, down from 38 percent in 1999
- 21 percent had ridden in the last 30 days with a driver who had been drinking, down from 39 percent in 1993
- 66 percent had at least one drink in their life, down from 78 percent in 2007 (the earliest year of the comparison question)
- 33 percent had one drink in the last 30 days, down from 48 percent in 1993 and a high of 54 percent in 2001
- 18 percent reported binge drinking, down from 29 percent in 1993 and a high of 34 percent in 2001
- 31 percent have used marijuana at least once, up from 23 percent in 1993, but down from 43 percent in 2001
- 17 percent have used marijuana in the last 30 days, up from 11 percent in 1993, but down from 25 percent in 2001
- 4 percent have used cocaine, which remains flat since 1993 except for a jump to 10 percent in 2003
- 6 percent have used inhalants, down from 16 percent in 1997
- 15 percent have taken a prescription drug without a prescription, down from 18 in 2011, which is the first time the question was asked

VI. Bylaws modification – Mr. Stokes led a discussion of the proposed bylaws changes. There are three proposed changes: (1) eliminate the interdepartmental coordinating committee, (2) eliminate the reference to the Office of Justice Assistance, and (3) change the name of the Department of Regulation and Licensing to the Department of Safety and Professional Services. **Mr. Stokes (Ms. O'Donnell second) moved to approve the bylaws changes. Motion passed unanimously.**

VII. Peer Run Respite Initiative – Sue Shemanski reported on the Peer Run Respite Initiative. The advisory committee has met three times. Peer Run Respite facilities are operating in other states and Wisconsin is looking at starting one. The facilities are run by peers, not governmental agencies. Wisconsin is looking at homes that will serve mental health and substance abuse needs. Other states mostly operate mental health facilities. Wisconsin will need to develop rules on who can use the homes and methods to measure outcomes. The DHS will release an RFP in early 2014.

VIII. Attorney General's heroin prevention efforts – Kevin Jones and Christina McNichol presented on the Attorney General's Heroin Prevention Campaign. Mr. Jones is the director of the crime laboratory at DOJ. He said the amount of heroin sent to the lab has doubled since last year. The heroin is becoming purer and the Green Bay, Madison, and Milwaukee areas are seeing large increases in the amount of heroin.

Ms. McNichol is the special agent in charge of the heroin initiative. She presented on the heroin campaign, *The Fly Effect*. The campaign's goal is to discourage young people from trying heroin. There is an interactive website (theflyeffect.com) as well as radio, television, and movie theater ads. DOJ recently awarded grants to Green Bay, Dane County Sheboygan, and Wausau to combat heroin use.

IX. State agency reports

- **Department of Revenue** – Matt Sweeney reported on the excise tax collections. Excise tax revenue through November is up five percent over last year. The cigarette tax collections increased 4.31 percent, while the liquor tax collections increased over three percent from last year and the beer tax collections are down 2.5 percent.
- **Pharmacy Examining Board** – Charlotte Rasmussen reported the board met on Wednesday and finished clean up on prescription drug monitoring program. The program is going smoothly. There are many queries from physicians and pharmacists.
- **Department of Corrections** – Cheryl Eplett distributed a report on the substance abuse prevention and treatment activities at the Department of Corrections (DOC) community corrections. She also reported that DOC is using a risk assessment tool to help decide to whom it offers treatment. The focus is on providing services to medium and high risk offenders, consistent with best practice. DOC is looking at program standards and making sure all programs, including AODA programs, meet best practice standards.

- **Department of Health Services** – Kevin Moore reported that there will be a three-month delay in moving people whose income is above the poverty line to the healthcare marketplace and opening Medicaid to childless adults living below the poverty line. To date about 5,400 people have gone through the marketplace for insurance but there are no data on how many have paid the premium. He also reported that the DHS and DOC are partnering to help offenders reintegrate into the community. Many released offenders will qualify for Medicaid.

X. Affordable Care Act presentation (ACA) – Shel Gross and Jon Peacock presented on the Affordable Care Act. The powerpoint and handouts can be found at <http://www.scaoda.state.wi.us/presentations.htm>. Mr. Gross reported that parity will be required for individual plans, not just group health plans, through the essential health benefits feature of the ACA. Some challenges for parity may be prior authorization to limit services; sometimes commercial insurers are not familiar with transitional treatment services; limited medication coverage; and workforce issues around substance abuse providers—with a larger eligible population and declining workforce, who will serve them? Under the ACA prevention services are provided at no cost, including AODA screening. While the ACA eliminates pre-existing condition exclusions and provides that all policies provide essential health benefits, insurance companies can adjust premiums for smokers by adding a 50 percent surcharge. There have been problems with the federal website and some private insurance policies are being cancelled. As of April 1 Wisconsin will not have a gap in coverage for adults below the poverty level. However, some people may not be able to afford marketplace coverage and not qualify for Medicaid. Mr. Gross said plans can decide what is medically necessary, but they must use the same procedure as they use for other services under the parity rules. He also said the ACA will not change the eligibility for residential care or the requirement of assessments being provided by people with master's degrees. Another part of the parity issue is whether AODA providers are being paid the same as those who provide other services. Mr. Moore said that only insurance agents can provide advice on which plan may be best for an individual under the marketplace so DHS and the Office of the Commissioner of Insurance have trained insurance agents on Medicaid and other plans so they can offer sound advice to consumers.

XI. Synar Report – Nancy Michaud reported on the 2013 Synar Report. This report details Wisconsin's progress on enforcing youth tobacco access laws. A copy of the report is on the DHS website at <http://www.dhs.wisconsin.gov/substabuse/docs/Synar2014.pdf>. States are required to keep the retailer violation rate below 20 percent or lose 40 percent of their Substance Abuse Block Grant funds. The Synar Report is based on an annual survey of random, unannounced inspections of retailers. Teams of minors and adults try to buy tobacco and that is how the violation rate is determined. The 2013 rate was 7.3 percent. The last four years the rate has been around 5 percent. For the last 10 years the rate has been below 10 percent, while prior to 2001 the retailer violation rate was over 30 percent.

XII. Substance Abuse Block Grant annual report – Joyce Allen reported that DHS has filed its Substance Abuse Block Grant annual report. Wisconsin met four of its six goals. It is working on the improving data collection and reducing underage drinking goals. See the reports provided in the meeting materials.

XIII. Agenda items for the March 7, 2014 meeting

- Affordable Care Act update
- Peer Run Respite update
- Impact of Department of Justice/Office of Justice Assistance merger
- Planning process and interim report

XIV. Announcements – Ms. Allen reported that DHS and the Department of Public Instruction have partnered on a SAMHSA grant to improve access to mental health and AODA services in the Beloit, Racine, and Menominee School Districts. Mr. Shrout reported that the University of Wisconsin Medical School has submitted two proposals for funding for school-based SBIRT programs. He will let the SCAODA know if either is funded.

XV. Adjourn –The meeting adjourned at 3:01 p.m.

2014 SCAODA meeting dates:

March 7, 2014
June 6, 2014
September 12, 2014
December 12, 2014



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES

March 7, 2014

9:30 a.m.

American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783
Building A, Room A3151

Members present: Norman Briggs, Colette Brown, Douglas Englebert, Steve Fernan, Roger Frings, Sandy Hardie, Kevin Moore, Joyce O'Donnell, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Scott Stokes, Michael Waupoose

Members excused: Cheryl Eplett, Craig Harper, Charlotte Rasmussen

Members absent: Garey Bies, Tim Carpenter, Sandy Pasch, Tina Virgil

Ex-officio members present: Randall Glysch, Anne Hoffman, Kerstin Hughes, Katie Paff, Matthew Sweeney

Ex-officio members excused:

Ex-officio members absent: Thomas Heffron, Raymond Perez, Linda Preysz

Staff: Joyce Allen, Ashleah Bennett, Faith Boersma, Pat Cork, Tanya Hiser, Bernestine Jeffers, Kris Moelter, Christy Niemuth, Lou Oppor, Lila Schmidt, Mai Zong Vue, Raina Zwadzich

Guests: Richard Bryant, Todd Campbell, Brenda Jenkins

Michael Waupoose called the meeting to order at 9:35 a.m.

I. Introductions – Michael Waupoose reminded members that the meeting was being recorded for posting on the SCAODA website. Future meetings will be webcast live.

II. Approval of December 13, 2013 minutes – Joyce O'Donnell moved (Mary Rasmussen second) to approve the December 13, 2013 meeting minutes. **Motion passed unanimously.**

III. Public input – None

IV. Committee reports

- **Executive Committee** – Mr. Waupoose reported on the status of the motions from the December meeting and the interim Executive Committee action.
 - Status of motions from December meeting
 - Letters to Governor Walker and the party caucuses re: the OWI surcharge: SCAODA sent letters expressing its concern about changes made to the OWI surcharge. There has been no response.
 - Conference planning: Mr. Waupoose reported that DHS staff are serving on the planning committee for the mental health/substance abuse conference that will be held in October 2014. They will recommend that public forums be held during the conference day to hopefully increase participation.
 - Interim Executive Committee action
 - Letter to Rep. Hebl re: the codification of the Criminal Justice Coordinating Council and OWI study: Mr. Waupoose reported that he sent a letter to Rep. Hebl requesting SCAODA have input into the study and/or representation on the Criminal Justice Coordinating Council (CJCC). Rep. Hebl called Mr. Waupoose and has introduced an amendment adding SCAODA as a member of the CJCC.
 - Letters supporting Senate Bills 350, 351, 352, 353—bills that address Wisconsin’s opioid abuse problem: Mr. Waupoose reported that letters were sent to the legislative leadership and the bill’s author expressing SCAODA’s support of these bills.
- Duncan Shrout (Ms. O’Donnell second) made the following motion: SCAODA send a letter to Rep. Nygren thanking him for his work on behalf of the people in Wisconsin with opioid difficulties and providing treatment options that will now be available. Motion passed unanimously.**
- Letters supporting Senate Bill 510, allowing tribal treatment facility participation in the intoxicated driver program: Mr. Waupoose reported that letters were sent to the legislative leadership and the bill’s author expressing SCAODA’s support of this bill.
 - Letters supporting Assembly Bill 642, prohibiting the sale of intoxicating liquor containing 95 percent or more of alcohol by volume: Mr. Waupoose reported that letters were sent to the legislative leadership and the bill’s author expressing SCAODA’s support of this bill.

- Letters supporting Assembly Bill 387 and Senate Bill 308, returning 17-year-olds to juvenile court jurisdiction: Mr. Waupoose reported that letters were sent to the legislative leadership and the bill's author expressing SCAODA's support of these bills.
- **Diversity Committee** – No report
- **Intervention and Treatment Committee** – Mr. Shroul reported that the Substance Abuse Workforce ad hoc committee has begun meeting. The first meeting was on February 28 in Milwaukee. On April 2 committee members will meet in Lac du Flambeau with clinical directors of tribal behavioral health programs. The committee's focus will be on certified counselors' academic attainment, the ability of counselors to receive certification, the aging of the current workforce, and how to interest people in a substance abuse prevention career.

Mr. Briggs (Ms. O'Donnell second) made the following motion: SCAODA support AB 701 and SB 541 that require the Department of Health Services (DHS) to create two or three regional comprehensive opioid treatment programs to provide treatment for opiate addiction in rural and underserved, high-need areas. The motion passed unanimously.

Mr. Briggs reported that Al Frank from the Department of Corrections has joined the ITC committee. He said the committee is focusing on parents of children in the child welfare system and is working on a plan with DHS and the Department of Children and Families to address addiction issues of parents with children in the child welfare system. He also reported that he is serving as a SCAODA representative on the Wisconsin Council on Mental Health Criminal Justice Committee.

- **Planning and Funding Committee** – Ms. O'Donnell withdrew the possible motion regarding the *Burden of Excessive Alcohol Use in Wisconsin* report because DHS and the University of Wisconsin are discussing a partnership to create a new report. DHS will report details at a future SCAODA meeting.

She reported that the committee is looking into the increase in the driver improvement surcharge that was passed as part of the most recent budget. She will contact the Wisconsin County Human Service Association to see if it has a position on the matter.

The committee is also looking at Medicaid reimbursement. Mr. Briggs provided the committee information about the inadequacy of reimbursement (how it is insufficient to cover the full cost of a counselor) and the limited services Medicaid reimburses. There are also concerns about the potential increase in the number of people who will become eligible for Medicaid in the future, which adds to the reimbursement concerns. Mr. Waupoose asked that the Planning and Funding and Intervention and Treatment Committees look at the Medicaid reimbursement issue and report back to SCAODA on possible courses of action on how to best educate key stakeholders on the issue.

Ms. O'Donnell said the committee is also interested in the medical marijuana bills that have been introduced in the legislature and asked that the Executive Committee be prepared to respond. Douglas Englebert said that Assembly Bill 726, that allows cannabidiol (CBD) oil extract to be dispensed by a practitioner for the treatment of a seizure disorder has support and may become law. Mr. Waupoose asked DHS staff to update the Executive Committee on the bill's status.

Steve Fernan reported that the Department of Public Instruction has sent model tobacco policies to school districts that include electronic cigarettes in the current prohibition on tobacco use.

- **Prevention Committee** – Mr. Stokes reported that the Heroin ad hoc committee has over 40 members that serve on five workgroups: treatment, prevention, law enforcement, harm reduction, and business. Sixty percent of the committee's work is done. The next two committee meetings will focus on recommendations and formalizing the report. He will have an update for the June SCAODA meeting and expects to have the report published before the September SCAODA meeting.

Mr. Stokes then read a proclamation from Governor Walker declaring April as Teenagers Drinking Alcohol Awareness Month.

A DVD on preventing underage drinking was shown. **Mr. Stokes made the following motion (Mr. Fernan second): SCAODA endorse the SAMHSA funded Wisconsin Underage Drinking Prevention video (with appropriate edits). The motion passed 13 yes, 0 no, 1 abstain (Department of Health Services)**

V. Four-year plan update – Mr. Waupoose reported on the four-year plan meeting. The committee is proposing to keep the current goals because the previous plan was well-crafted and reflects SCAODA's intention going forward. The committee added priorities for 2014-15 that will help the committees focus their work plans. Mr. Waupoose read some minor revisions that were made to the priorities after they were printed in the book. DHS staff will incorporate the revisions into the document and it will be presented for approval at the June meeting. The committees will then develop detailed work plans and present those at the September meeting. The committees only need to address the priorities that pertain to their work, although the hope is they will address all the priorities in some manner.

VI. Peer Run Respite Initiative – Sue Shemanski reported on the Peer Run Respite Initiative. There will be three Requests for Proposal released soon. Eligible applicants are organizations whose boards of directors have 50 percent or more people with lived experience in mental health and/or substance abuse.

VII. Department of Justice/Office of Justice Assistance merger – Lindsey Draper and Matt Raymer from the Department of Justice reported on the Office of Justice Assistance and Department of Justice merger. Most of the functions of the Office of Justice Assistance were transferred to the Department of Justice on July 1, 2013. Specifically, the juvenile justice and criminal justice functions were transferred. The current juvenile justice projects that impact

substance abuse include evidence-based practices training on what works to reduce juvenile reoffending, law enforcement training on how to work effectively with youth, and educating stakeholders on best practices in addressing juvenile substance abuse issues. The criminal justice team is currently overseeing the expansion of the Treatment Alternatives and Detention (TAD) program and the drug court programs, including funding a statewide problem-solving court coordinator through the Office of State Courts.

IX. State agency reports

- **Department of Revenue** – Matt Sweeney reported on the excise tax collections. Excise tax revenue for SFY14 is up 3.6 percent. The cigarette excise tax is up 3.6 percent, and beer is up .5 percent.
- **Department of Health Services** – Kevin Moore reported that DHS and other agencies are working on a proposal through the National Governor’s Association for workforce development improvement in the healthcare industry. One issue is how to help substance abuse counselors move more quickly through the process so they can begin practicing their profession. DHS has submitted a comprehensive community services report that will be online soon. One of the initiative’s goals was to have CCS go statewide. Currently, 61 of 72 counties have agreed to participate. DHS is working on its budget proposals for the next legislative session. It likely will hold stakeholder roundtables like it did during the last budget cycle, and that will include consulting with SCAODA members. Regarding the Affordable Care Act, through the end of January 2014, 102,000 applications had been completed through the federal exchange. Most were eligible for a subsidy or Medicaid. Elizabeth Hudson has been named the director of the new Office of Children’s Mental Health.
- **UW System** – Anne Hoffman reported that the UW system has implemented two screenings—BASICS (Brief Alcohol Screening and Intervention for College Students) and CASICS (Cannabis Screening and Intervention for College Students). They have trained practitioners at each college to administer the screens. The university has purchased licenses for both programs so they can train internally as needed. The hope is that using the screens will help students get control of their alcohol and cannabis use.
- **Department of Public Instruction** – Mr. Fernan reported on results from the Safe and Supportive Schools project. The majority of the schools in the project reported reduced out of school suspension and expulsion rates. They also reported a decrease in 30-day alcohol use and a decrease in being bullied. Most schools had an improved school safety score. Many of the high schools have implemented PBIS (Positive Behavioral Interventions and Supports) and some have implemented SBIRT. They also are implementing Link Crew, where older youth mentor 9th graders, and restorative practices to disciplinary matters. DPI currently has a grant for a Safe Schools/Healthy Students project that will provide wraparound services to youth in the Beloit, Menominee Indian, and Racine School Districts. DPI is working with the Department of Justice to promote its heroin awareness campaign by distributing informational packets to Wisconsin high schools.

X. Agenda items for the June 6, 2014 meeting

- Heroin ad hoc committee update
- Update on Rep. Berceau's proposed beer tax bill
- New pain medication law and update on prescription drug monitoring program
- Approve four-year plan
- Enrollment in ACA presentation

XI. Announcements – Joyce Allen reported that eight of the Speaker's Task Force on Mental Health bills have become law. DHS will administer crisis intervention training grants designed to train law enforcement agencies in crisis intervention. It also will award grants to counties/regions to establish certified programs to create mobile crisis teams. Under another bill that has become law, DHS will increase the amount of current grants for peer run respite facilities. Another new program will create a child psychiatric consultation access lines so providers can receive referral support. DHS also received funds to address the primary care and psychiatric shortage in underserved areas of the state. Another new law will allow children who have a severe emotional disturbance to receive in-home therapy without having failed in outpatient therapy first. DHS also will administer a program that will provide grants for supported employment and provide technical assistance to counties to implement the new supported employment model. Finally, DHS needs to submit a report to the legislature by January 1, 2015 describing mental health services provided by counties and regions.

Ms. Allen also reported on the federal substance abuse block grant. The FFY14 award is \$27,005,484, an increase of about \$600,000 from FFY13.

XII. Adjourn –The meeting adjourned at 1:25 p.m.

2014 SCAODA meeting dates:

~~March 7, 2014~~

June 6, 2014

September 12, 2014

December 12, 2014

Scott Walker
Governor



Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

SCAODA Executive Committee Meeting

April 21, 2014

8:45 a.m.

Members present: Duncan Shrout, Scott Stokes, Michael Waupoose

DHS staff present: Kris Moelter, Lou Oppor

Chairperson Waupoose called the meeting to order at 8:46 a.m.

2015 legislative initiatives: Lou Oppor and Kris Moelter talked about a proposed timeline for legislative items for the next biennium. The Department of Health Services will have its proposed budget items completed in September. SCAODA likely will have an opportunity to meet with the Governor's Office about items it wants included in the budget sometime in July or August. The committee agreed that often policy items and fiscal items are closely linked, so SCAODA's committees should put together a list of three or four items it would like pursued during the next biennium. The Executive Committee and the Four Chairs Committee will meet in May and one of the items will be to review the committees' lists. The final list will be presented at the June SCAODA meeting. Ms. Moelter will try to schedule the joint meeting for May 16 or May 19.

Beer tax increase: The committee decided no action was necessary at this time because no bill was introduced.

Legislative membership: Both of SCAODA's Assembly representatives are retiring. Mr. Oppor suggested that DHS staff find out how to get SCAODA on the list of committees to which legislators get assigned. The committee agreed to have DHS research the matter. Another possible activity is to send thank you letters to the retiring representatives and ask if they have any suggestions for replacement.

June SCAODA agenda: The committee reviewed the draft agenda and approved it. Mr. Waupoose reported that he was involved in the development of Wisconsin's Healthcare Workforce application to the National Governor's Association. SCAODA sent a letter of support for the proposal.

The meeting adjourned at 9:25 a.m.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

SCAODA Joint Executive Committee/Four Chairs Committee Meeting

May 19, 2014

8:30 a.m.

Members present: Norman Briggs, Roger Frings, Joyce O'Donnell, Duncan Shrout, Scott Stokes, and Michael Waupoose

Members absent: Tina Virgil

DHS staff present: Kris Moelter, Lou Oppor

Chairperson Waupoose called the joint meeting to order at 8:31 a.m.

Budget initiatives for the 2015-17 biennium: The joint committee reviewed the proposed budget initiatives. It agreed to present all of the initiatives at the June SCAODA meeting. DHS will include the chart in the book materials. The only item that will be changed is to recommend piloting the Diversity Committee proposal to fund Hmong navigators/case managers instead of immediately funding 10 positions. Once SCAODA provides feedback DHS staff will develop more detailed information for each proposal and present it to the Executive Committee so it can make the final decisions on which initiatives to move forward. DHS staff will also prepare information about the effects of an increased alcohol tax on underage drinking and health outcomes. DHS staff will also gather more information on Medicaid reimbursement rates, including reviewing reimbursement rates for mental health and finding out how much substance abuse counselors are reimbursed as a percentage of their actual costs compared to other medical professionals.

Committee work plans for the four-year plan: Mr. Waupoose explained that the four-year plan is broad and overarching and the committees will look at how their work fits under the plan and decide which priorities they want to address based on where they have the potential for the greatest impact. The Four Chairs Committee will review the proposed work plans before the September meeting to see if there are any gaps or goals and priorities that are not being addressed. Mr. Waupoose will attend the July 8 Intervention and Treatment Committee meeting to explain the process and he or another member of the Executive Committee will be available to attend the July 11 Diversity Committee meeting if needed.

The joint meeting adjourned at 9:15 a.m.

Norman Briggs called the Four Chairs Committee meeting to order at 9:16 a.m. Ms. O'Donnell and Mr. Stokes were in attendance.

June SCAODA agenda: Mr. Briggs reviewed the draft June 6 meeting agenda. There were no additions or deletions from the draft agenda.

The meeting adjourned at 9:37 a.m.

Scott Walker
Governor



Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
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 17, 2014

Representative John Nygren
Room 309 East
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Representative Nygren:

The State Council on Alcohol and Other Drug Abuse (SCAODA) wants to thank you for your work on behalf of the people in Wisconsin who experience opioid difficulties and for working to provide effective prevention and treatment options for them. As you are well aware, Wisconsin's rise in the use and abuse of opiates, including heroin, has increased at an alarming rate to epidemic proportions. As a result, we are seeing an increase in hospital costs, increased addiction, traffic accidents and fatalities, child neglect, inability to find gainful employment, death, and tremendous family disruption. Your attention to this epidemic will make a positive impact in reducing the negative consequences associated with opiate abuse and addiction.

Increased opiate abuse and addiction is one of the council's highest priorities. The council's Prevention Committee has brought together experts from around the state to develop a comprehensive list of recommendations that can be implemented at the state and local levels to prevent or treat opiate addictions. These recommendations will focus on substance abuse prevention, treatment, law enforcement, harm reduction, and business. We anticipate this report to be near completion in June 2014. If the council can be of any assistance to you, please do not hesitate to contact me. I can be reached at (608) 287-5701 or Michael.Waupoose@UWMF.WISC.EDU.

Respectfully,

A handwritten signature in cursive script that reads "Michael Waupoose".

Michael Waupoose, chairperson
SCAODA

c: Kevin Moore, Department of Health Services Deputy Secretary

Scott Walker
Governor



Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
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 13, 2014

Senator Scott Fitzgerald
Senate Majority Leader
Room 211 South
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Fitzgerald:

I write to convey the State Council on Alcohol and Other Drug Abuse's (SCAODA) support for SB 541—the bill creating regional opioid treatment programs in rural and underserved high-need areas.

Wisconsin law establishes SCAODA as the body that reviews pending legislation relating to AODA policies, programs or services, and provides the chairperson of the legislative committee and others with an opinion of the effect and desirability of the legislation. SCAODA has studied SB 541, as well as the other opioid-related legislation that has been introduced this session, and has determined that providing regional opioid treatment programs serves the health, safety, and well-being of Wisconsin's citizens.

Please let me know if SCAODA can be of further assistance in helping advance this legislation. I can be reached at (608) 287-5701.

Respectfully,

A handwritten signature in cursive script that reads "Michael Waupoose".

Michael Waupoose, chairperson
SCAODA

c: Sen. Tim Carpenter, SCAODA member
Rep. Garey Bies, SCAODA member
Rep. Sandy Pasch, SCAODA member
Kevin Moore, Department of Health Services Deputy Secretary



SCOTT WALKER

OFFICE OF THE GOVERNOR

WISCONSIN SELECTED TO JOIN NATIONAL GOVERNOR'S ASSOCIATION HEALTHCARE WORKFORCE POLICY ACADEMY

BUILDING A TRANSFORMED HEALTHCARE WORKFORCE: MOVING FROM PLANNING TO
IMPLEMENTATION

Monday, May 12, 2014 - Press Release

Madison – Governor Scott Walker today announced that Wisconsin is one of seven states selected to participate in a National Governor's Association Center for Best Practices Policy Academy. The policy academy will be an opportunity for states to develop and implement statewide plans to meet future healthcare workforce needs.

"Wisconsin has always been a leader in healthcare innovation and reform," Governor Walker said. "I look forward to seeing our great state continue that trend by working with other states to come up with strategies to meet our future healthcare workforce needs."

Wisconsin's core team will be led by the Governor's office and will include key members of the Governor's Administration, including: the Department of Safety and Professional Services, the Department of Workforce Development, and the Division of Public Health and Office of Primary Care at the Department of Health Services. The team will also include public representation from the University of Wisconsin's School of Medicine and Public Health and Area Health Education Center, Wisconsin's Technical College System, and the Wisconsin Council on Mental Health. Rounding up the team will be members with expertise from the private sector, including the Wisconsin Hospital Association and Wisconsin Medical Society.

Topics covered will include developing education and training of existing professionals, streamlining licensing requirements, analyzing data on upcoming workforce needs, and examining opportunities for new types of professionals. Wisconsin's team will be joined by teams from six other states: Colorado, Indiana, Kentucky, Minnesota, North Carolina, and Oklahoma.

Scott Walker
Governor



Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

April 21, 2014

Ms. Esther Krofah
National Governors Association
Hall of States
444 N. Capitol St., Suite 267
Washington, D.C. 20001-1512

Dear Ms. Krofah:

Please accept this letter from the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) in support of Wisconsin's Healthcare Workforce Policy Academy application.

SCAODA coordinates substance abuse planning across the many agencies in Wisconsin government. We are responsible for reviewing pending legislation, developing a four-year plan to implement our ideas, reviewing the biennial budget, and making recommendations to the Governor and Legislature. SCAODA recently established a substance abuse workforce development committee to make recommendations related to effective treatment availability statewide now and into the future. The proposal for the healthcare workforce policy academy would complement SCAODA's workforce development efforts and help Wisconsin address a vital need.

There are many components to the problems affecting the substance abuse counselor workforce issue, and this proposal is part of the solution. SCAODA looks forward being a partner in this important effort.

Sincerely,

A handwritten signature in cursive script that reads "Michael Waupoose".

Michael Waupoose, chairperson
SCAODA



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

Friday, February 14, 2014

9:30 A.M. – 2:30 P.M.

Harmony Cafe

Green Bay, WI

MINUTES

MEMBERS PRESENT: Jesse Heffernan, Catherine Scheier, Thai Vue

Via Phone: Denise Johnson, Tish Minor, Sterlon White, Carrie McGhee & Dr. Steve Dakai

Excused: Gail Kinney, Tina Virgil, Sandy Hardie, Rebecca Weise, Mette Brogden

ABSENT: Raymond Perez

STAFF: Mai Zong Vue, Bernestine Jeffers, DHS staff

I. Welcome & Introductions

Tina was not able to chair the meeting due to an emergency at her office and Ms. Mette Brogden, a new member, was not able to join us at this meeting.

II. Review of Previous Meeting Minutes

The January 14 meeting minutes were reviewed and approved as amended. A motion was made by Jesse and seconded by Cathy. There is no meeting minutes for November due to no meeting was held.

III. Legislative Updates

Kris provided a brief update to the Committee and shared that the legislative bills she shared at the January meeting are still in the legislative process. No bill had been voted on.

IV. Updates on Workshops at the Annual MH/SA Conference

Five workshops focusing on underserved populations had been confirmed for the upcoming conference in October. These five include: Native American, LGBT, veteran, Hmong, and Latino/Spanish. The African American workshop slot was filled as we did not have a confirmed

speaker. Mai Zong will work with the conference planning committee to open up a workshop slot for African American and find presenters for it.

V. 2014 Meeting Locations

Please see the 2014 meeting calendar for details. Bernestine shared that the DSPS Committee is waiting for the budget approval for train the trainer project.

VI. Mission Statement & 2014 Goals

C.J. facilitated the mission statement discussion. A new mission statement and three objectives were developed. C.J. will facilitate our April meeting again so we can finish our objectives and goals for 2014. Bernestine will send definition of intelligence to everyone.

VII. Review of Recruitment Application Package & Diversity Committee Guidelines

Due to time limitations the Committee will email feedback on the Recruitment Application Package and work on the Diversity Committee Guidelines via GoogleDoc.

VIII. Agenda Items for Next Meeting

1. Continue developing objectives and goals for 2104

XIII. Adjourn

Meeting was adjourned.



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

Friday, April 18, 2013

9:30 A.M. – 2:30 P.M.

WAUSAU, WI

MINUTES

MEMBERS PRESENT: Jesse Hefferman, Catherine Scheier, Sandy Hardie

Via Phone: Tish Minor, Sterlon White

Excused: Thai Vue, Tina Virgil, Mette Brogden, Rebecca Weise, Denise Johnson, Gail Kinney

ABSENT: Dr. Steve Dakai

STAFF: Mai Zong Vue

Facilitator: Beverly Scow

I. Welcome & Introductions

Everyone introduced themselves.

II. Review of Previous Meeting Minutes

The February meeting minutes were tabled to the May meeting.

III. Updates: Workshops at annual MH/SA Conference

At the annual Mental Health and Substance Abuse Conference in October, six underserved population communities will be included – African American, LGBT, Native American, Hmong, Spanish, and Veteran.

IV. Review of Mission Statement & Objectives

Bev facilitated a review of the draft Diversity Committee's Mission Statement & Objectives drafted from the previous meeting. See final version.

V. SCAODA Strategic Plan Review/2014 Goals for Diversity Committee

The Diversity Committee reviewed the SCAODA Strategic Plan. A list of 2014 Goals was generated after a lot of brainstorming. Please see attachment for more information. The Committee will review and approve this list at the May meeting.

X. Budget & Legislative Policy Ideas for 2015-17

Due to time constraints, the Committee will focus on the budget and legislative policy ideas for 2015-17 at the May 16 meeting.

XI. Diversity Committee Guidelines

Due to time constraints, the Committee will finalize the Diversity Committee's guidelines at the May 16 meeting.

XI. Agenda Items for Next Meeting

1. Budget and legislative policy ideas for 2015-17
2. Diversity Committee guidelines

XIII. Adjourn

Meeting was adjourned.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

DIVERSITY COMMITTEE MEETING

May 16, 2014

9:30 a.m. – 2:30 p.m.

The Sebastian Family Psychology Practice

1720 W. Florist, Suite 125

Milwaukee, WI; 414-247-0801

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

- | | |
|------------|--|
| 9:30 a.m. | Call to Order & Introduction – Tina Virgil, Chair
Diversity Committee vice chair
Public Comments |
| | Review of February and April meeting minutes |
| 9:40 a.m. | Background Introduction of Sebastian Family Psychology – Dr. Sebastian
Approve mission, objectives & 2014 Goals -- Tina
Budget & Legislative Policy Ideas for 2015-17 – Tina |
| 12:00 p.m. | Lunch (decide on lunch options) |
| 1:00 p.m. | Cont. on Budget & Legislative Policy Ideas for 2015-17
Diversity Committee Guidelines – Tina & Mai Zong |
| 2:25 p.m. | Others
Agenda items for next meeting |
| 2:30 p.m. | Adjourn |

NOTE: Next SCAODA meeting is June 6, 2014; American Family, Madison

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.

SCAODA Diversity Committee – mission, objectives and goals

Mission Statement

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

Objectives

1. *To identify, coordinate, review, and promote the use of existing best practices for providing substance use and co-occurring disorder services for the underserved populations.*
2. *To identify unmet needs of underserved populations.*
3. *To develop action steps to bridge identified gaps for unmet services.*

2014 Annual Goals

In 2014, the Diversity Committee commits to the following goals:

Commitments	SCAODA Goal #	SCAODA Priority #
1. Develop a logo	5	2
2. Developed process to identify unmet needs of underserved populations	5	2
3. Recommend protocols for identifying culturally intelligent best practices	5	2
4. Coordinate diversity workshops, forum or session and representation at DHS's annual Mental Health & Substance Abuse conference	5	5
5. Keeping Website current <ul style="list-style-type: none"> - promote information to providers - keeping Diversity Committee info Current 	4	2
6. Make annual presentation to SCAODA on diversity issues.	5	5
7. Advocate for training on culturally Intelligence practices for substance use related providers	5	2
8. Advocate for training and retention of minority substance use related service providers	4	2



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, February 11, 2014

10:00am – 2:30pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

MINUTES

Present: Norm Briggs, Roger Frings, Dave Macmaster, Dan Nowak, Alan Frank, Shel Gross, Sinikka Santala, Steve Dakai and Tanya Hiser (staff),

Absent: Jill Gamez, Sheila Weix, Sheri Graber

Guests: None

Welcome, Introductions and Review of Minutes -Norm Briggs called the meeting to order at 10:15 am with introductions. Sheila Weix briefly called in to inform the group that she would not be available during this meeting, but will be on the phone for the next one. The January meeting minutes were reviewed and approved with minor typographical changes to be made. Motion to approve by Dan Nowak; Dave Macmaster seconded and Shel Gross abstained.

Public Comment – None

SCAODA Update – Roger Frings and Norm Briggs receive regular weekly updates on pending legislation. If there are comments or suggestions for the Executive Committee regarding any particular piece of legislation, ITC can suggest this. ITC recommendations would be routed through the committee chairs and put forward in a written testimony. Roger commented that this process is a better process, but it still concerning to him as the timing of notifications can be problematic.

Support/Opposition to Legislation:

Assembly Bill 701 (companion to SB 541) bill requires the Department of Health Services (DHS) to create two or three regional comprehensive opioid treatment programs to provide treatment for opiate addiction in rural and underserved, high-need areas. In creating the program, DHS must obtain and review proposals for opioid treatment programs in its request-for-proposal procedures. These programs may not offer methadone treatment.

An opioid treatment program, under the bill, must offer an assessment to individuals in need of service to determine what type of treatment is needed. The opioid treatment program must provide counseling, medication-assisted treatment, and abstinence-based treatment. If a licensed residential program is necessary for an individual, the opioid treatment program must transition the individual there. The opioid treatment program must transition individuals who have completed treatment to county-based or private post-treatment care. The bill also requires DHS to submit annually, beginning approximately two years after the bill's effective date, a progress report on the outcomes of the opioid treatment program to the Joint Committee on Finance and appropriate standing committees of the legislature.

STATUS: Referred to committee (Joint Finance)

ITC Discussion: None

Dan made a motion that SCAODA support bill AB701 and requests the executive committee to provide written or oral testimony. This motion was seconded by Shel. Shel, Norm, Dan were in favor; none were opposed. Abstention: Alan Frank, Roger Frings

Heroin Bills: AB 445, 446, 447, 448/SB 350, 351, 352, 353 The "heroin bills" that adopt many of the Good Samaritan Report recommendations. STATUS: Passed the Assembly. Passed Senate committee. SCAODA is supporting these bills. SB 353 proposes that people must present identification to pick up narcotic Schedule II and Schedule III medications from their pharmacy.

ITC Discussion: Concern was expressed about SB 353 in that the barriers for patients picking up legitimate prescriptions may outweigh the alleged benefits of this bill. Specifically, recently released incarcerated people and the disenfranchised may not have the specific identification required, nor would they have the means to attain it. This would mean that people in legitimate need of their medication, would not be able to access it.

Dan Nowak recommended that ITC refrain from making any motions until further review from prevention and pharmacy people address how it affects the disenfranchised and the cultural impact on particular races.

AB 32/SB 510 This bill is about the intoxicated driver program. It does all of the following:

1. Directs DHS to authorize a tribal facility to conduct assessments and prepare driver safety plans if the tribal facility agrees to notify the county assessment agency of each case it receives and to execute the duties of a treatment facility under the IDP for those cases.
2. Allows an offender who is a tribal member or a relative of a tribal member to receive assessment services from a tribal facility.
3. Specifies that a tribal facility may both conduct assessments and provide treatment services under the IDP.
4. Expressly states in the statutes that traditional practices may be included in treatment plans.
5. Directs DOT, at the request of an accredited tribal college, to certify the college as a traffic safety school program, if the college meets all of the requirements of such a program.
6. Specifies that a county must remit to a tribal facility the county's share of any driver improvement surcharge paid by an OWI offender who receives treatment at the facility.
7. Specifies that a tribal facility is eligible for a supplemental grant from DHS in proportion to the number of OWI offenders who receive treatment at a facility of the tribe.

STATUS: SCAODA is supporting these bills. Hearings held on February 4 and 5.

ITC Discussion: Steve Dakai reported that written and oral testimony was provided by Tribal State Collaborative group at the hearings and there were no indications of concern post testimony.

AB 675/SB 529 This bill: 1) requires a hospital employee who provides health care, a social worker, or a juvenile court intake worker who suspects that an infant has fetal alcohol spectrum disorder to refer the infant to a physician for an evaluation to diagnose whether the infant has that disorder; 2) requires a physician who determines that there is a serious risk that an infant has fetal alcohol spectrum disorder to evaluate the infant to diagnose whether the infant has that disorder; 3) requires a physician who diagnoses that an infant has fetal alcohol spectrum disorder to report that diagnosis to the agency responsible for conducting child abuse and neglect investigations; and 4) requires that agency to offer services and treatment for the infant and the infant's mother.

STATUS: Passed committee on February 7, 2014 (Children and Families)

ITC Discussion: The idea is good but there are concerns with this bill. One in particular is that FASD is not a diagnosis and many people who have a child with FASD are adoptive parents. It would not make sense to refer the adoptive parents to CPS. Another is that there are a high proportion of FASD type issues with jail inmates and this bill doesn't speak to this. As a result of testimony from Georgiana Wilton this bill is going back for reconsideration. Kris Moelter will follow this and communicate the status to ITC.

Shel shared that there was a bill introduced last week to reorganize Milwaukee County to create independent board to oversee the mental health and AODA systems in Milwaukee County.

SCAODA and ITC Strategic Planning: Roger and Norm will attend the Strategic Planning meeting next week on Feb 18, 2014. The purpose of this meeting is to create a new four year plan. Some ideas that may be incorporated into the plan are: a.) Allow for interdepartmental support for particular initiatives; b.) Include a mental health component. We need to be working together with more coordination of care and combined planning while respecting the culture of each Council. Shel stated that in his role on the mental health committee he has regular meetings with Kevin Moore, Deputy Secretary. This venue may be helpful for proactive processes before things are quickly introduced and voted on. Roger and Norm will take these to the planning committee next week.

Section Updates

CYFT – No Update from Jill Gamez. Shel shared that Elizabeth Hudson was named Director of the Office of Children's Mental Health and suggested that CYFT meet with her to discuss objectives of that office.

Older Population - Sheila Weix – Sheila was unable to attend this meeting, but will be present for the next one. No update provided.

Intoxicated Drivers – Steve Dakai – This group is developing a best practice manual for IDP screeners to include drug testing, case management, mental health concerns and referral for appropriate length of treatment. Referral for the appropriate length of treatment has been problematic and varies from county to county and screener to screener. This group wants to set

up best practices and recommendations for IDP screeners so that access to treatment and funding sources are considered when recommendations are made. These recommendations will go back to LeeAnn Cooper, IDP Coordinator at the Department of Health Services to move it forward.

Treatment for Women and Children – Sinika Santala - Last summer a paper came out that demonstrated that national and Dane County data on the percentage of parents that identified having a substance abuse treatment need. The belief is that outcomes for families with Substance Abuse or Mental Health issues are not good. There is a need to find out what is known from the child welfare system about the needs of parents and kids with mental health and substance abuse issues. It is a complicated issue and it is necessary to find and identify the gaps and barriers regarding providing effective services and treatment for better outcomes. One issue is that the systems have different requirements of each other and we need to find improvements between child welfare system and treatment providers. Currently there is no statewide requirement that a parent or child in the Child Protective Service (CPS) system be screened for mental health or substance abuse issues. Nationally 50-75 % of families in the child welfare system are affected by substance abuse disorders. Wisconsin is under 50% and Dane county is at 28%. Of those identified needing treatment, 44 % entered treatment and the rest declined to attend. Inter-departmental coordination and the commitment of resources are necessary to help reach all the people in need of services.

Affordable Care Act – Roger stated that people have issues getting enrolled due to lack of access to the website so OCI gets called. OCI tries to help persons navigate through the system but recognizes that it isn't easy. There are long wait times causing the inability to get online and sign up. There was also an issue with a few insurers listed on the federal site omitting key information, such as deductible amount. The insurers have been working with OCI to correct these issues. Another issue is that insurers are letting OCI know that they have a certain percentage of those enrolling not paying the required fees. The Milwaukee enrollment center has focused on outreach with community based organizations in order to identify persons with substance use or mental health issues to help get enrolled. Dane county staff at job service bldg. and one day a week all HMO's have representatives to assist folks and answer questions. There are about 500 enrollment counselors in Wisconsin. E4healthWi.org is the link to counties with certified application counselors classified by county. OCI certifies Certified Application Counselors (CAC). Classes were held and some department people took the class to become more knowledgeable without becoming certified application counselors. There are regional enrollment networks to assist with enrollment for those in institutions such as jail inmates. CAC's cannot steer you to a certain plan, but can answer questions. A navigator is to help navigate and find out what the plans are and what is available. Brokers are through the insurance company.

WiNTiP – Dave Macmaster reviewed updates. Please refer to attached link for information.



WiNTiP Update
SCAODAITC February

Ad-Hoc Committee on Workforce Development - Dan Nowak met with Duncan Shroust and Bernestine Jeffers to determine the objectives of the group and who would need to be on the

group. They will have a meeting at the end of February whereby Dan will be able to provide more updates to ITC. It was suggested that one of the outcomes of the group include a base of what is existing right now and an accurate look to see who does not have a bachelor's degree. It was further suggested that looking at the role of recovery coaches in the workforce development would be quite helpful. Steve Dakai and Dave Macmaster suggested a representative from the Tribal-State Collaborative for Positive Change and DOC be added to the committee.

Mental Health Council Criminal Justice Committee - This is a subcommittee to the Mental Health Council. Norman will attend this meeting next week and will report back to ITC. Shel shared a proposal to create a mental health council in Milwaukee County. Please see attached.



Mental Health Bill
Intro.docx



MHTF letter to
Senator Vukmir re MC

Task Assignments - Al will check into ease of entry into DOC building for this meeting.

Miscellaneous Updates – It was reported that the Bureau of Prevention Treatment and Recovery annual conference has already closed for presenters and vendors. Tanya checked on this and next week calls for exhibits this summer will be sent out, and the deadline for proposals will be about Oct. 12, 2014.

Future Agenda Items –

1. Alternate Meeting Place or improved DOC entry.
2. Invite Faith Boersma to come to our April meeting.
3. Get a list of acronyms from Dan Zimmerman

Adjourn - Dan made a motion for adjournment; second by Shel with unanimous approval.

Next meetings and dates:

1. *ITC*
April 8, 2014; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. *Children, Youth and Families Treatment Sub-committee*
March 6, 2014 Meeting 10:00am-2:00pm, Madison, WI
April 3, 2014; Phone Conference
May 1, 2014 Meeting 10:00am-2:00pm, Appleton, WI
3. *SCAODA*
March 7, 2014; 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at: <http://www.scaoda.state.wi.us/meetings/index.htm>



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, April 8, 2014

10:00am – 2:30pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

MINUTES

Present: Norm Briggs, Roger Frings, Jill Gamez, Dan Nowak, Alan Frank, Sinikka Santala, Steve Dakai and Tanya Hiser (staff),

Absent: Dave Macmaster, Sheila Weix, Sheri Graber, Shel Gross

Guests: Kris Moelter

Welcome, Introductions and Review of Minutes -Norm Briggs called the meeting to order at 10:10 a.m. The February meeting minutes were reviewed and approved with minor typographical changes to be made. Motion to approve by Dan Nowak; Sinikka Santala seconded.

Public Comment – None

SCAODA Update – Norm indicated that there were several motions discussed at the last SCAODA meeting:

- Letters to Governor Walker and the party caucuses re: the OWI surcharge: SCAODA sent letters expressing its concern about changes made to the OWI surcharge. There has been no response.
- DHS staff is serving on the planning committee for the mental health/substance abuse conference that will be held in October 2014. They will recommend that public forums be held during the conference day to hopefully increase participation. Roger commented that he will attend the Rural Institute this summer held at Stout in Menomonie as an ITC representative. There will be a public forum for providers to come in and voice concerns and issues.
- Letter to Rep. Hebl re: the codification of the Criminal Justice Coordinating Council and OWI study: SCAODA sent a letter to Rep. Hebl requesting SCAODA have input into the study and/or representation on the Criminal Justice Coordinating Council (CJCC). Rep. Hebl notified

SCAODA that he has introduced an amendment adding SCAODA as a member of the CJCC.

- Letters sent supporting the HOPE bills (SB 350, 351, 352, 353) and motion was made and unanimously passed to send a letter to thank Rep. Nygren for his work on behalf of people of Wisconsin with opioid difficulties. All of these are intended to address one of SCAODA's priorities: inform legislators, media, governor that SCAODA exists and has a body of knowledge and expertise and weigh in on some of these things.
- Motion from ITC that SCAODA support AB 701 and SB 541 that require the Department of Health Services (DHS) to create two or three regional comprehensive opioid treatment programs to provide treatment for opiate addiction in rural and underserved, high-need areas. The motion passed unanimously.
- Norm announced that he resigned his membership on Planning and Funding Committee but did bring discussion with respect to Medicaid reimbursement and its inadequacy. Norm will continue with Planning and Funding in cooperation with ITC to look at this issue and periodically take it back to Planning and Funding. The biennial budget is coming up so this is the time to discuss this issue.
- The Prevention Committee's Heroin ad hoc committee has over 40 members that serve on five workgroups: treatment, prevention, law enforcement, harm reduction, and business. Sixty percent of the committee's work has been completed. The next two committee meetings will focus on recommendations and formalizing the report. They will have an update for the June SCAODA meeting and expects to have the report published before the September SCAODA meeting.
- Mr. Waupoose reported on the four-year plan meeting. The committee is proposing to keep the current goals because the previous plan was well-crafted and reflects SCAODA's intention going forward. The committee added priorities for 2014-15 that will help the committees focus their work plans. Mr. Waupoose read some minor revisions that were made to the priorities after they were printed in the book. DHS staff will incorporate the revisions into the document and it will be presented for approval at the June meeting. The committees will then develop detailed work plans and present those at the September meeting. The committees only need to address the priorities that pertain to their work, although the hope is they will address all the priorities in some manner.
- Lindsey Draper and Matt Raymer from the Department of Justice reported on the Office of Justice Assistance and Department of Justice merger. Most of the functions of the Office of Justice Assistance were transferred to the Department of Justice on July 1, 2013. Specifically, the juvenile justice and criminal justice functions were transferred. The current juvenile justice projects that impact substance abuse include evidence-based practices training on what works to reduce juvenile reoffending, law enforcement training on how to work effectively with youth, and educating stakeholders on best practices in addressing juvenile substance

abuse issues. The criminal justice team is currently overseeing the expansion of the Treatment and Alternatives to Detention (TAD) program and the drug court programs, including funding a statewide problem-solving court coordinator through the Office of State Courts.

- Kevin Moore reported that DHS and other agencies are working on a proposal through the National Governor's Association for workforce development improvement in the healthcare industry. One issue is how to help substance abuse counselors move more quickly through the process so they can begin practicing their profession.
- DHS has submitted a comprehensive community services report that will be online soon. One of the initiative's goals was to have CCS go statewide. Currently, 61 of 72 counties have agreed to participate. DHS is working on its budget proposals for the next legislative session.
- Anne Hoffman reported that UW system has implemented two screenings—BASICS (Brief Alcohol Screening and Intervention for College Students) and CASICS (Cannabis Screening and Intervention for College Students). They have trained practitioners at each college to administer the screens. The university has purchased licenses for both programs so they can train internally as needed. The hope is that using the screens will help students get control of their alcohol and cannabis use.
- Mr. Fernan reported on results from the Safe and Supportive Schools project. The majority of the schools in the project reported reduced out of school suspension and expulsion rates. They also reported a decrease in 30-day alcohol use and a decrease in being bullied. Most schools had an improved school safety score. Many of the high schools have implemented PBIS (Positive Behavioral Interventions and Supports) and some have implemented SBIRT. They also are implementing Link Crew, where older youth mentor 9th graders, and restorative practices to disciplinary matters. DPI currently has a grant for a Safe Schools/Healthy Students project that will provide wraparound services to youth in the Beloit, Menominee Indian, and Racine School Districts. DPI is working with the Department of Justice to promote its heroin awareness campaign by distributing informational packets to Wisconsin high schools.
- DHS will administer crisis intervention training grants designed to train law enforcement agencies in crisis intervention. It also will award grants to counties/regions to establish certified programs to create mobile crisis teams. Under another bill that has become law, DHS will increase the amount of current grants for peer run respite facilities.
- Another new program will create a child psychiatric consultation access lines so providers can receive referral support.
- DHS also received funds to address the primary care and psychiatric shortage in underserved areas of the state
- There is a new law that will allow children who have a severe emotional disturbance to receive in-home therapy without having failed in outpatient therapy first.

- DHS also will administer a program that will provide grants for supported employment and provide technical assistance to counties to implement the new supported employment model.
- DHS needs to submit a report to the legislature by January 1, 2015 describing mental health services provided by counties and regions.
- The FFY14 Substance Abuse Block Grant award is \$27,005,484; an increase of about \$600,000 from FFY13. The budget is on the legislative fiscal bureau website www.legis.state.wi.us.

Roger asked if SCAODA addressed the recent approval of Zohydro, a new opioid medication and the Prescription Drug Monitoring Program (PDMP) data that showed Wisconsin residents last year received more than two million prescriptions for hydrocodone with acetaminophen, the generic equivalent of Vicodin. Doug Englebert from DHS will speak about this at the next SCAODA meeting. It was requested that Mr. Englebert (or another qualified person) speak to ITC about the aforementioned PDMP data. Tanya Hiser will reach out to Mr. Englebert to request this.

Legislation/Miscellaneous Updates: Governor Walker is to sign a bill today to provide an additional 1.5 million dollars for TAD grants to exist in counties that do not currently have this programming. The aforementioned HOPE Bills were signed into law yesterday, April 7, 2014. There is no further information on how the regional treatment facilities will be implemented. Senate Bill 510, allowing tribal treatment facility participation in the intoxicated driver program was approved. Act 260 – Requires specified professionals to refer an infant for evaluation if s/he has suspected fetal alcohol spectrum disorder and requires a doctor who diagnoses FASD to report it to the child abuse agency and requires the agency to offer services and treatment for the infant and mother. Rep. Berceau’s proposed beer tax bill is in process; he is still looking at co-sponsorship at this point. 1969 was the last time an increase was made.

SCAODA and ITC Strategic Planning: Roger and Norm attended the strategic planning meeting in February. The SCAODA goals remain unchanged and it is requested that all committees try to address each of the priorities. Al stated that it seemed worthwhile to look at narrowing the broad objectives so that they could be tangible and more easily put into practice. There was much discussion about this topic. Over the next week Roger will work with Al (and any other interested ITC member), to determine how to pursue this. The result of this collaboration will be shared with Norm who will schedule a phone call with the Four Chairs Committee. If anyone has ideas please email Roger or Al. Attached is a list of SCAODA Goals



Strategic Plan Goals
2014-18.doc

and Priorities or 2014-2018.

Section Updates

CYFT: Jill shared that the subcommittee met in March and there was very low turnout. The challenge right now is that the Jill can’t sustain the subcommittee without staff support. The decline of the group has been evident since the Adolescent Treatment Coordinator at DHS who was previously assigned to this group vacated the position. The objective of the group is to increase access to and capacity of adolescent treatment and recovery opportunities. It was

suggested that the Bureau of Prevention Treatment and Recovery be notified of this deficit and recommend that they fill the position as quickly as possible with the job duties to include staffing this subcommittee. Roger will call Lou Oppor at the Bureau and discuss this with him. At this point, CYFT will temporarily be on hold until further developments.

Older Population: Sheila Weix (Absent)

Intoxicated Drivers: Steve Dakai announced that SAMHSA will pay for Recovery Coach training for the tribal communities. Steve shared the minutes of IDP Best Practices Workgroup.



IDP Best Practices
Workgroup.docx

Treatment for Women and Children: Sinikka Santala, in collaboration with Norm Briggs provided a paper called “Improving Treatment Outcomes for Families with Substance Use Disorders”. Sinikka stated that there are a number of issues and it is difficult to understand the extent of the problem. Of note, 29% of children removed from their parents or primary caretaker are under 3 years of age. This, combined with the fact that the average length of removal is one year is of concern for attachment and bonding issues. As well, even if the child is not removed but the parents are abusing substances, the attachment is still impaired. Of those reunited, 20% reenter the system within one year. There is a body of evidence based practice that indicates that treatment works, but there needs to be more collaboration between agencies. Jill Gamez motioned that ITC accept this report and that SCAODA send letters to the Secretaries of DHS and DCF to collaborate and work toward better outcomes. Steve Dakai seconded. Al Frank abstained. The motion passed.

Affordable Care Act: Roger Frings stated that there are currently about 71,000 Wisconsin enrollees in the exchange. April 1, 2014, was the deadline to enroll, but it was extended for a few weeks to allow for those who experienced trouble getting enrolled due to computer glitches within the system. At this point, there has been some issue with enrollees paying for their insurance premiums. At the March 2014, SCAODA meeting Deputy Secretary, Kevin Moore indicated that the number of people who left Medicaid to enter the exchange was almost even to those who were newly enrolled into Medicaid.

WiNTiP – Dave Macmaster (Absent)

Ad-Hoc Committee on Workforce Development - Dan Nowak met with Duncan ShROUT and Bernestine Jeffers to determine the objectives of the group and who would need to be on the group. Katie at DSPS is putting together a group to look at the possibility of changing the requirements for AODA certification, however, this may take up to two years to complete. This is a problem as the Workforce Development Ad-Hoc Committee is only charged for one year. Dan will check into how to get on this group so as not to duplicate work and provide collaboration. The group discussed the need to consider cultural competency, so they met with tribal representatives last week at the Tribal State Collaborative meeting. There has been a significant decrease in the number of people entering the AODA field since the Federal Government provided a scope of practice ladder. It was not known at the time that this was a recommendation from SAMHSA and the State of Wisconsin did not implement or pursue it.

Steve Dakai will put together a list of issues/barriers and what is needed for the workforce. He specifically highlighted the difficulty to provide services in rural areas, transportation issues and the affordability of school. This list will be sent to Bernestine Jeffers before the next meeting on May 16, 2014. It was suggested that this committee keep a list of issues that may not fit into the charge of the group, but remain important.

Mental Health Council Criminal Justice Committee - This is a subcommittee to the Mental Health Council. Norm stated that this committee meets six times a year with an upcoming meeting later this week.

Task Assignments

- a. Roger and Al will meet to discuss what to propose to the Four Chairs regarding narrowing the four year SCAODA Goals.
- b. Roger will telephone Lou Oppor regarding the Adolescent Treatment Coordinator position in relation to the CYFT committee needs.
- c. Norm will send Tanya the information for the motion that SCAODA send letters to the Secretaries of DHS and DCF to work toward better outcomes for children and families.
- d. Tanya will ask Lila Schmidt to attend the next meeting to speak about the TAD grants.
- e. Tanya will speak to Doug Englebert regarding providing information on the 2 million opioid prescriptions in 2013.
- f. Jill will notify the CYFT group of its temporary hold.

Miscellaneous Updates None

Future Agenda Items –

1. Biennium Budget
2. Review of PDMP 2 million prescription report
3. Report out on Four Chairs meeting; letter ‘a’ above.
4. Report out on discussion with Lou regarding letter ‘b’ above.

Adjourn - Dan made a motion for adjournment; second by Alan with unanimous approval. Meeting was adjourned at 2:25pm.

Next meetings and dates:

1. *ITC*
May 13, 2014; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. *Children, Youth and Families Treatment Sub-committee*
On Hold
3. *SCAODA*
June 6, 2014; 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison.
For more information, visit the SCAODA web site
at: <http://www.scaoda.state.wi.us/meetings/index.htm>



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, May 13, 2014

10:00am – 2:30pm

Department of Corrections
3099 E. Washington Ave.
Room 1M-M
Madison, WI

AGENDA

- | | | |
|------|---|--------------------|
| I. | Welcome, Introductions and Review of April Minutes–
Norm Briggs/Roger Frings | 10:00am – 10:10am |
| | <ul style="list-style-type: none">• Report on Four Chairs Meeting• Report on CYFT discussion with Lou Oppor• Review of PDMP 2 Million Prescription Report | |
| II. | Public Comment | 10:10am – 10:20am |
| III. | SCAODA/Legislation Update – Norm Briggs/Roger Frings | 10:20am - 10:45am |
| | <ul style="list-style-type: none">• Support/Opposition to legislation | |
| IV. | SCAODA and ITC Strategic Planning – Norm Briggs/Roger Frings | 10:45am – 11:15 am |
| | <ul style="list-style-type: none">• Committee Action Plan as Part of the 4 Year Plan• Biennium Budget – 3-4 Items due May 15 | |
| V. | Section Updates | 11:15am-11:45am |
| | <ul style="list-style-type: none">○ Children, Youth and Family Treatment (Jill Gamez) – On Hold○ Older Population (Sheila Weix)○ Intoxicated Drivers (Steve Dakai)○ Treatment for Women and Their Children (Norman Briggs/Sinikka Santala) | |
| VI. | Lunch on your own | 11:45am – 12:30pm |
| VI. | Section Updates Cont'd | 12:30pm- 1:30pm |
| | <ul style="list-style-type: none">○ Affordable Care Act Implementation Update (Shel Gross/Roger Frings) | |

- Ad Hoc Committee on Workforce (Dan Nowak)
- Mental Health Council Criminal Justice Committee (Norman Briggs)
- WiNTiP (Dave Macmaster)
- Task Assignment

- VII. Guest Speaker Lila Schmidt re: TAD Grants 1:30 - 2:00pm
- VIII. Future Agenda Items 2:00pm – 2:30pm
- IX. Adjourn

Next meetings:

1. ITC
July 8, 2014: 10:00 am. – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee
Temporarily on hold.
3. SCAODA
June 6, 2014; 9:30 am – 3:30 pm. American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at: <http://www.scaoda.state.wi.us/meetings/index.htm>

SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment Committee
Motion: SCAODA requests the secretaries of the Department of Health Services and the Department of Children and Families create a joint study group to develop recommendations to increase inter-departmental collaboration to improve outcomes for families with substance use disorders who are involved in the child welfare system.
Related SCAODA Goal: 4. Wisconsin will have the capacity and infrastructure to implement effective outreach, prevention, treatment and recovery services for all in need.
<p>Background: Child neglect and abuse can have a lifetime impact on its victims as evidenced by the extensive research to the effects of Adverse Childhood Experiences (ACEs). Substance abuse of the caretaker/parent is one of the ten main causes of ACEs for a child. Domestic violence and neglect and abuse of children due to substance abuse that leads to an out of home placement results in multiple adverse experiences for the child.</p> <p>Heavy alcohol use is entrenched in Wisconsin. Our state has consistently higher rates of adult alcohol consumption and binge drinking compared to other states. National data indicate that substance abuse and mental illness can play a significant role in contributing to child maltreatment.</p> <p>The Department of Children and Families data indicates that in calendar year 2012, 7,661 children were removed from their caretakers. Of the indicated removal reasons, caretaker alcohol abuse accounted for 241 (3%) reasons and caretaker drug abuse for 699 (9%).</p> <p>Data from a Dane County study in 2010 of 337 on going cases in the child welfare system identified that 28% of parents were in need of substance abuse treatment, but of those only 44% were in treatment.</p> <p>While the Department of Children and Families has the ability to collect data on the substance abuse needs of parents/care takers, counties are not required to report this data to DCF. Therefore, the precise extent of substance abuse as a contributor to child maltreatment statewide cannot be documented in Wisconsin. Furthermore, since the Department of Children and Families and the Department of Health Services data systems are not connected and do not “talk to each other” it is not possible to determine the number of parents/caretakers involved in the child welfare system that participate in treatment programs.</p> <ul style="list-style-type: none">• Positive impact: Parents/caretakers with substance use disorders involved in the child welfare system will more readily receive the identification and referral to treatment services necessary to enable them to be nurturing, effective parents.• Potential Opposition: The child welfare system is obligated to provide multiple services under federal and state law. Adding yet another requirement may face resistance from child welfare workers.
Rationale for Supporting Motion: Substance abuse treatment works and there is a growing body of data on the effectiveness of treatment. National guidelines on best practices for substance abuse/child welfare collaboration are available. Federal agencies, including the Substance Abuse and Mental Health Services Administration and the Administration for Children and Families have developed best practice guides and consensus documents on effective ways of serving parents/caretakers with substance abuse problems who are also involved in the child welfare system. Wisconsin has effective women’s substance abuse treatment programs.



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 17, 2014**

Members present: Pamela Bean, Norman Briggs, Todd Campbell, Karen Kinsey, Joyce O'Donnell, Emanuel Scarbrough, Duncan Shrout, Sally Tess

Members excused: Steve Fernan, Tom Fuchs, William McCulley

Staff: Kris Moelter, Mai Zong Vue

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

Legislation to return 17-year-olds to the juvenile justice system – Jim Moeser, deputy director at the Wisconsin Council on Children and Families and chairperson of the Governor's Juvenile Justice Commission updated the committee on the status of a bill to return some 17-year-olds to the juvenile justice system for criminal prosecution purposes. Not all 17-year-olds would fall within the jurisdiction of the juvenile court. Only those who are accused of nonviolent offenses and have not had a prior juvenile adjudication would stay in the juvenile justice system. The bills have passed the Assembly and Senate committees.

MOTION: Duncan Shrout moved (Emanuel Scarbrough second) to request the SCAODA executive committee send a letter supporting the legislation to the Assembly, Senate, Department of Children and Families, Department of Health Services, and Department of Corrections. **REASON:** Steve Fernan and gaps in AODA system. Motion passed 7 yes, 0 no, 1 abstention (Sally Tess).

MOTION: Mr. Scarbrough moved (Mr. Shrout second) to request the SCAODA executive committee recommend that the secretaries of DCF, DHS, and DOC work with the legislature to provide adequate support services for children in a sum sufficient as a result of returning some 17-year-olds to the juvenile justice system. **REASON:** There is \$900 million surplus. Counties will need assistance to help kids, including AODA treatment, given higher surplus than anticipated. Motion passed unanimously.

Review of November 22, 2013 minutes – Norman Briggs pointed out that Karen Kinsey should be listed as a committee member, not a guest. Todd Campbell moved (Mr. Shrout second) to approve the minutes. The motion passed unanimously.

Report on women's services – Mr. Briggs reported that Dane County is using a screening tool that is women-specific as part of its alternative sanctions programs. The COMPAS assessment tool that the county uses was validated for men so it is important to do the additional screening that is women-specific. Karen Kinsey reported that DOC has some innovative dual diagnosis programming that is working well.

Substance Abuse Workforce ad hoc committee – Mr. ShROUT talked about the new ad hoc committee the Intervention and Treatment Committee formed. Dan Nowak and Mr. ShROUT are the co-chairs. The committee will focus on assisting substance abuse counselors who do not have bachelor's degrees. It may also look at certification and other workforce issues, including encouraging young people to pursue careers in substance abuse counseling. The committee is in the process of recruiting members. The committee will hold its first meeting in February.

Committee reports – None.

Commercial quadricycle law – Ms. O'Donnell reported that the bill allowing people to bring their own alcohol on commercial quadricycles (a/k/a pedal bars) was signed into law. Mr. ShROUT said the law effectively changes the open container law in Wisconsin. The committee asked DHS staff to research if any places in Wisconsin besides Milwaukee are using these devices. Once the committee has that information it can decide if it wants to take further actions.

E-cigarettes bill – Ms. O'Donnell said there has been a bill introduced to exempt electronic cigarettes from the state smoking ban. See the Health First Wisconsin activities agenda item for more details.

Legislative update – Kris Moelter updated the committee on bills and potential bills of interest. The heroin bills that provide immunity from prosecution in some circumstances and allow emergency responders to administer naran (AB 445, 446, 447, 448) passed the Assembly. She also reported that a bill to ban the sale of 190-proof or higher alcoholic beverages is being circulated. The committee discussed whether lower-proof alcohols should be banned, too. Mr. ShROUT said that any alcohol over 100 proof should be prohibited from being sold. Mr. Campbell said that the problem comes from higher proof alcohol and that should be the target of legislation.

MOTION: Mr. Campbell moved (Mr. Scarbrough second) to request the executive committee support legislation prohibiting the sale of 190-proof or higher alcoholic beverages and convey that support to the DHS legislative liaison. Motion passed—7 yes, 1 no, 0 abstentions.

MOTION: Mr. Briggs moved (Mr. Campbell second) to request the executive committee provide testimony at the next available opportunity in support of AB 445, 446, 447, and 448 (or the Senate companion bills). Motion passed—7 yes, 0 no, 1 abstention (Mr. ShROUT).

Medicaid reimbursement rates discussion – Mr. Briggs distributed two scenarios showing the inadequacy of current medical assistance reimbursement rates. The committee agreed that the rates are inadequate. Mr. Briggs will put together a proposal for discussion at the February meeting that could be taken to SCAODA at its March meeting.

SCAODA four-year plan update – Ms. O’Donnell said that the first meeting, scheduled for January 14, was cancelled due to weather. The next meeting will be February 18 and has been extended by one hour to allow the committee to complete its works.

Health First Wisconsin activities – Maureen Busalacchi, executive director of Health First Wisconsin, talked about the organization’s recent activities. She talked about how the Burden of Alcohol Report is being used across the state. Health First Wisconsin wants to do another Burden of Alcohol Report. The committee asked her to put together a proposal with details about the proposed report and cost estimates so it could take up the issue at the February meeting. She said the organization will focus its alcohol efforts in 2014 on candidate education and candidate forums.

She also answered some questions about electronic cigarettes. She said there is little research about them in terms of health risks and whether they help people quit smoking. They contain nicotine and it is unknown if they contain toxins or carcinogens because they are not regulated. Senator Grothman has introduced a bill to exempt e-cigarettes from the smoking ban. Health First Wisconsin is concerned that his bill may pre-empt local control and it may cause other changes to be made to the current smoking law.

Agenda Items for next meeting

- Quadricycle report
- Medicaid reimbursement rates discussion
- Phase 2 of the Burden of Alcohol Report

Mr. ShROUT moved (Ms. Tess second) to adjourn. The meeting adjourned at 2 p.m.



State of Wisconsin

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**PLANNING AND FUNDING COMMITTEE MEETING MINUTES
February 21, 2014**

Members present: Norman Briggs, Todd Campbell, Steven Fernan, Joyce O'Donnell, Duncan Shrout

Members excused: Pamela Bean, Tom Fuchs, Karen Kinsey, William McCulley, Emanuel Scarbrough, Sally Tess

Staff: Kris Moelter

Call to Order – Joyce O'Donnell called the meeting to order at 10:18 a.m.

Review of January 17, 2014 minutes – This item was tabled until April because there was no quorum.

Public comment – None.

SCAODA four-year plan report – Joyce O'Donnell shared the draft four-year plan goals and priorities. These will be presented to SCAODA at the March meeting. The committees will be charged with developing action plans that support the goals and priorities, but committees will be able to add one or two of their own priorities. SCAODA will approve the action plans and those, with the goals and priorities, will become the four-year plan. The committee wants SCAODA to look at increasing revenue that can be directed to prevention and treatment programs and add that to the list of priorities.

Medicaid reimbursement discussion – Norman Briggs distributed a document detailing Medicaid reimbursement rates for substance abuse counselors and services. Provider expenses often exceed the reimbursement rates. The committee discussed SCAODA's role regarding this issue. Mr. Briggs will put together a document detailing the current rates and what those rates would need to be to adequately compensate providers. The committee will then ask SCAODA to take action. The committee will decide what that action should be once the document is finalized.

Report on women's services – Mr. Briggs reported that women's services as a group has not met. There is usually an annual conference but it has not been scheduled.

Committee reports – Steve Fernan reported that the Youth Risk Behavior Survey data are available on the Department of Public Instruction (DPI) website and the hard copy executive summary will be available soon. http://sspw.dpi.wi.gov/sspw_yrbsindx. DPI partnered with the Attorney General's Office to distribute heroin awareness materials in Wisconsin's high schools. He also reported that the school districts involved in the Safe and Supportive Schools grant are showing significant results. For example, they are showing reduced disciplinary problems and reduced suspension; reduced alcohol use; and reduced number of bullying incidents. DPI is beginning work on its Safe Schools Healthy Students grant. It is working with the Beloit, Menominee Indian, and Racine School Districts to accelerate wraparound services in those schools.

Substance Abuse Workforce ad hoc committee – Mr. ShROUT reported that Bernestine Jeffers, Dan Nowak, and he have met informally two times. The first official meeting is February 28, 2014 and will be held in Milwaukee. The committee likely will focus on helping people without degrees gain certification and otherwise advance professionally, making the AODA counselor field more attractive to encourage people to enter the profession, and how to maintain an adequate workforce in the future so substance abuse needs can be met.

Commercial quadricycle law – Kris Moelter shared a memorandum on the status of municipalities operating commercial quadricycles. Wisconsin law allows passengers to have bring up to 36 ounces of fermented malt beverages on a commercial quadricycle unless there is a municipal ordinance prohibiting it. Milwaukee and Madison currently have commercial quadricycles. Neither community has passed an ordinance prohibiting alcohol on commercial quadricycles, but Milwaukee is looking into the matter.

Burden of Alcohol Report next steps – Maureen Busalacchi, executive director of Health First Wisconsin, said the Department of Health Services (DHS) is looking at funding a new report. Duncan ShROUT moved (Mr. Fernan second) to recommend SCAODA support the funding and development of a new Burden of Alcohol Report. Because there was no quorum, no vote was taken. Ms. O'Donnell will make this part of the committee report at the March SCAODA meeting and committee members will make a motion from the floor.

Ms. Busalacchi said Health First Wisconsin is moving ahead with the candidate education and community forums.

Legislative update – Ms. Busalacchi reported that there is a draft bill circulating for co-sponsorship that would create a Wisconsin Beer Commission. Kris Moelter reported that the DHS legislative liaison is trying to find out the impetus for this proposed bill. It would create a commission, with a paid chairperson, that would be charged with promoting Wisconsin-produced beer and allowed to sell Wisconsin-produced beer at State Fair Park.

IDP update – Lee Ann Cooper talked about the supplemental surcharge. The state gets funds to award supplemental or emergency funds to county agencies that have

treatment costs that exceed the amount of the surcharge they receive. About 25-30 counties usually apply for the funds, requesting about \$3.5 million in funding. The state can fund about 25 percent of the requests, depending on the number of applications and amount requested. For 2013 the state was able to fund about 33 percent of the requests.

The OWI surcharge was increased in the most recent budget and the state/county split was changed to allocate a higher percentage to the state. But because of the increase in the surcharge amount, the net effect on the counties was minimal this year.

Part of the surcharge is used for the Safe Ride Program, which gets a statutorily-mandated percentage. There was discussion on whether the Wisconsin Counties Human Services Association (WCHSA) has a position on the change in the surcharge state/county sharing. Ms. O'Donnell will send a letter to WCHSA asking if it has a position on the matter. She will make this part of her report at the March SCAODA meeting and the letter will be sent after the meeting.

Ms. Cooper also reported that AB 32/SB 510 would allow Native American tribal clinics to do IDP assessments. The matter should go to the full Assembly for a vote, but it might not come to a vote in the Senate. Some senators are concerned about the definition of "family member" and that the Menominee Nation does not report OWI convictions for tribal members on the reservation to DOT.

E-cigarettes bill – Ms. Moelter distributed a memorandum on the issue. Mr. Fernan reported that DPI sent a model policy to school districts asking them to include e-cigarettes in their smoking bans. Ms. O'Donnell distributed an article from the *Arizona Republic* about an e-cigarette that exploding while recharging. A copy of the article is attached to these minutes.

Other – Mr. Briggs resigned from the committee because he is now the SCAODA representative on the Wisconsin Mental Health Council Criminal Justice Committee.

The meeting adjourned at 2:16 p.m.

call 12 for action



Veronica Sanchez and Robert Anglen investigate consumer issues. They lead the Call 12 for Action team of volunteers that works to help people resolve disputes with companies. Follow their work at call12.azcentral.com.

E-cigarettes pose risk of explosion

Phoenix man says he's lucky that object didn't burn house down

E-cigarette explosions are becoming a scary trend in metro Phoenix and all around the United States.

Ron Sambriski was outside when he heard the popping sound. His e-cigarette was hooked up to his laptop, charging inside his north Phoenix home in January.

"This thing had shot right across the table and right into my loveseat arm," Sambriski said. "It was just shock you know panic. You really don't expect it."

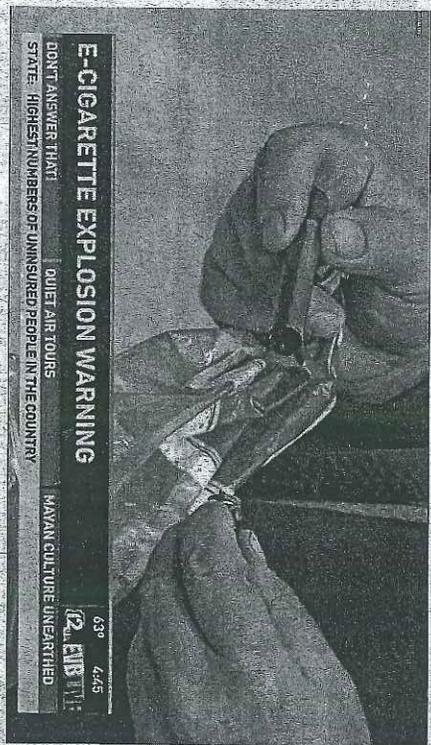
The result of that explosion was a smoky hole in loveseat. Luckily, Sambriski reacted quickly with a fire extinguish-



VERONICA SANCHEZ

CALL 12 FOR ACTION

er, stamping out the blaze. He worries that he could have lost his house — the explosion was that quick. Phoenix Fire Department officials say exploding e-cigarettes are a problem and are on the increase. It's a familiar story nationwide as well. A reporter at the consumerist.com, a website dedicated to consumer issues, wrote about the phenomenon in November.



E-CIGARETTE EXPLOSION WARNING
DON'T ANSWER THAT | QUIET AIR TOURS | HAWAII CULTURE LINEARTED
STATE: HIGHEST NUMBERS OF UNINSURED PEOPLE IN THE COUNTRY

12 NEWS

Call 12 for Action did reach out to eGo, the manufacturer of Sambriski's e-cigarette, which is based in China. But we got no response to our questions in time for our deadline.

Sambriski has been a smoker for decades. His girlfriend tried to get him to quit by buying him the e-cigarette. He had it charging for 20 minutes before the explosion took place

HERE TO HELP

Problem with a business? Call us. Our trained volunteers take phone calls from 11 a.m. to 1 p.m. Mondays through Fridays at 602-260-1212. Or you can submit your complaint online at call12.azcentral.com. **\$50,025**

Call 12 for Action's consumer-savings total for 2014. Money saved for consumers in 2013: **\$1,027,915.**

at his home. Today, Sambriski is done with portable e-cigarettes. He doesn't want what happened to him to happen to anyone else. "I just want everyone to be aware that some of these things have the potential to blow up," Sambriski said.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

**PLANNING AND FUNDING COMMITTEE MEETING MINUTES
April 11, 2014**

Members present: Todd Campbell, Tom Fuchs, Karen Kinsey, Joyce O'Donnell, Duncan Shrout, Sally Tess

Members absent: Pamela Bean, Steven Fernan, William McCulley (on sabbatical), Emanuel Scarbrough

Staff: Kris Moelter, Lou Oppor

Call to Order – Joyce O'Donnell called the meeting to order at 9:41 a.m.

Committee membership – The committee discussed the committee membership. Norman Briggs has resigned and the committee will look at recruiting another service provider representative. It also will consider recruiting a member who represents a local community coalition.

Review of January 17, 2014 minutes and February 21, 2014 minutes – Duncan Shrout moved (Todd Campbell second) to approve the minutes of both meetings. Motion passed unanimously.

Public comment – None.

Medicaid reimbursement discussion – Lou Oppor reported that the scheduled meeting with the DHS person who reviews Medicaid benefits for substance abuse was cancelled and rescheduled for April 23, 2014. The purpose of the meeting is to find out what the substance abuse-related benefits are and what the reimbursement is for those services. Mr. Oppor will ask Medicaid to put together a chart showing what benefits are covered and the reimbursement for those benefits and present that to the committee at a future meeting. The committee discussed other matters that should be discussed, including what formula is used to determine the rates for different services and how often the formula is readjusted. The committee also wants information on who makes the decisions for what services are covered and to what extent—is it a federal rule or a Wisconsin rule. Other concerns include the inadequacy of the current reimbursement rates and the exclusion from reimbursement of an entire treatment type (e.g. residential treatment); how parity affects the issue; and what services are reimbursable and the amount of reimbursement for plans offered through the exchange.

SCAODA four-year plan report – Kris Moelter distributed the draft four-year plan and a list of motions SCAODA considered from 2007 to the present. The committee reviewed the goals.

MOTION: Mr. Campbell moved (Mr. ShROUT second) to add the word “funding” before capacity in Goal #4. The motion passed unanimously.

The committee then discussed the 2014-15 priorities.

Priority #1 – Expand substance abuse workforce capacity: Mr. ShROUT talked about the Intervention and Treatment Committee’s substance abuse workforce ad hoc committee of which he is a co-chair. There is crossover between Planning and Funding and ITC on this priority and it is being addressed through the ad hoc committee.

Priority #2 – Address population-specific needs: The committee discussed how this priority covers members of ethnic, gender, and LGBTQ groups and how some people may be in more than one category. Mr. ShROUT suggested that the Diversity Committee be asked to provide direction to the Planning and Funding Committee on how this committee could best address this priority.

Priority #3 – Reduce harmful alcohol consumption: This needs to remain a priority.

Priority #4 – Inform the public about substance abuse-related consequences: Ms. O’Donnell said in the past SCAODA has put together a packet about SCAODA and delivered it to the legislature. Mr. ShROUT said the committee could pick one or two items of interest every quarter and have SCAODA issue a quarterly press release on a success or substance abuse-related item of interest.

Priority #5 – Increase the use of evidence-based practices in prevention, treatment, and recovery: The committee discussed the difficulty of knowing who is using EBPs and if use is increasing. Mr. Oppor said the Department sent a letter to grantees receiving funds for prevention programs that listed pre-approved EBP strategies. If grantees do not implement an evidence-based strategy they risk losing funds. The committee suggested that it needed more information about what data DHS collects and how it collects it and then SCAODA can give input if it is sufficient or heading in direction SCAODA wants to go.

Priority #6 – Address emerging substance abuse trends: Karen Kinsey reported that e-cigarettes can be used for inhalant abuse (using flavor with nicotine and hazardous substances), especially among teens. Mr. ShROUT said SCAODA’s strength is identifying emerging issues.

Substance Abuse Workforce ad hoc committee – Mr. ShROUT reported that the committee has met once and will meet again in May. The committee includes certified counselors, a Department of Safety and Professional Services representative, and educators. The committee co-chairs, Mr. ShROUT and Dan Nowak, and DHS staff person

Bernestine Jeffers recently met with Native American behavioral health clinic representatives. In addition to looking at workforce issues, the committee will look at whether SCAODA has a responsibility regarding the substance abuse workforce and what that role is. Another issue to be addressed is how SCAODA will communicate the committee's findings and recommendations to DSPS, which is forming a committee to address substance abuse counselor certification. The goal is to present the report at the March 2015 SCAODA meeting. The committee is looking at how to keep the current certified group certified and how to effectively replace counselors who retire.

Legislative update – Mr. Oppor discussed the new opioid treatment centers law. DHS will award grants to two or three centers. The centers will be designed to stabilize people and get them off the illegal drugs. Three options will be offered: abstinence, vivitrol, or suboxone. The centers will be placed in areas of the state where medication-assisted treatment is not readily available.

He also said several “heroin bills” were signed into law this session. One is a 911 Good Samaritan Law that provides immunity from prosecution in certain circumstances for those who get help in an overdose situation. Another law will allow more people to carry and administer narcans.

Ms. Moelter distributed a list of AODA-related bills that were signed into law to date. **Mr. Shroul moved (Tom Fuchs second) that SCAODA send letters to the legislative leadership and the Governor expressing its outrage that several laws have been enacted increasing access to alcohol. Motion passed 5 yes, 0 no, 1 abstain (Sally Tess).** This motion fits within the reducing harmful alcohol consumption priority.

Discussion of 2015-17 legislative session – The committee tabled this discussion until the May meeting.

OWI surcharge – Sue Shemanski appeared by telephone to talk about the OWI surcharge from the Wisconsin County Human Service Association perspective. WCHSA was not aware of the surcharge change until after it became law. She will ask the WCHSA president, Todd Romenesko, to send a letter to Ms. O'Donnell stating WCHSA's opposition to the change.

Burden of Excessive Alcohol Use Report update – Ms. O'Donnell reported that SCAODA considered the committee's motion and pulled it because DHS is looking at funding. A “phase II” report likely will be done, but not in 2014.

Agenda items for next meeting – 1. Medicaid reimbursement 2. Four-year plan special populations 3. E-cigarettes 4. Legislative items 5. DHS proposed funding process.

The meeting adjourned at 1:42 p.m.

Next meeting: May 9, 2014 at 9:30 a.m.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

PLANNING AND FUNDING COMMITTEE MEETING

May 9, 2014

9:30 a.m.

ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET, MADISON
608/283-6426

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

- | | |
|------------|--|
| 9:30 a.m. | Call to Order – Joyce O'Donnell |
| 9:35 a.m. | Review of April 21, 2014 meeting minutes - Joyce O'Donnell |
| 9:40 a.m. | Public comment – Joyce O'Donnell |
| 9:50 a.m. | Medicaid reimbursement discussion – Lou Oppor |
| 10:45 a.m. | DHS proposed funding process – Lou Oppor |
| 11:00 a.m. | Discussion of items for 2015-17 legislative session – Joyce O'Donnell and Kris Moelter |
| 11:45 a.m. | Budget review process request – Joyce O'Donnell |
| 12:00 p.m. | Lunch |
| 12:30 p.m. | E-cigarettes discussion – Karen Kinsey |
| 1:00 p.m. | SCAODA four-year plan and committee input – Joyce O'Donnell/Duncan Shrout |
| 1:45 p.m. | Committee reports |
| 2:00 p.m. | Substance abuse workforce ad hoc committee – Duncan Shrout |
| 2:15 p.m. | OWI surcharge/WCHSA letter – Joyce O'Donnell |
| 2:30 p.m. | Agenda items for next meeting – Joyce O'Donnell |
| 2:45 p.m. | Adjourn |

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Add the word “funding” before capacity in Goal #4 of the proposed 2014-18 SCAODA plan.
Related SCAODA Goal: N/A
Background: N/A
Rationale for Supporting Motion: Goal #4 will now read Wisconsin will have the <i>funding, capacity and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.</i>

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: SCAODA send letters to the legislative leadership and the Governor's Office expressing its outrage that several new laws were enacted during the past legislative session that increased access to alcohol.
Related SCAODA Goals: Goal #1 SCAODA with its committees a. effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin b. is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues c. develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals Goal #2 Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
Background: The following laws were enacted during the 2013-14 legislative sessions that increased access to alcohol: <ul style="list-style-type: none">• Act 65 – Permits a retailer to take civil action against an underage person (or parents if under age 18) who commits an underage drinking violation on the retailer's premises. The court must award \$1,000 in damages plus costs and reasonable attorney fees.• Act 106 – Allows for consumption of limited amounts of alcohol on commercial quadricycles (pedal pubs).• Act 215 – Prohibits municipalities from providing to alcohol retail licensees any device capable of canning an ID card or driver's license.• Act 238 – Allows wineries to provide taste samples at trade association events for Class B retailers.• Act 249 – An unaccompanied underage person may be in a winery banquet or hospitality room for the purpose of attending a winery tour.• Positive impact: Making the legislature and Governor's Office aware of SCAODA's position on increasing access to alcohol.• Potential Opposition: SCAODA did not take positions on any of these bills during this session, so its opposition was not known and it's too late now to express outrage.
Rationale for Supporting Motion: Increasing access to alcohol flies in the face of SCAODA's current goals.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: SCAODA send letters to the appropriate departments asking that the departments allow SCAODA to review and comment on the substance abuse portions of their budgets.
Related SCAODA Goal: Goal #1 SCAODA with its committees a. effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin b. is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues c. develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals
Background: Wis. Stats. §14.24 requires SCAODA to (1) review and make recommendations to the governor, the legislature, and state agencies regarding the plans, budgets, and operations of all state alcohol and other drug abuse programs, (2) 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, and (3) clarify responsibilities among state agencies for various alcohol and other drug abuse prevention and control programs and direct cooperation between state agencies. Positive impact: The state will be able to more effectively and efficiently utilize limited resources if SCAODA, as an independent entity, is able to review the substance abuse-related portions of all state agency budgets and comment on those proposals. Potential opposition: Some agencies may not want outside input on their budgets, especially if that input is to make changes or otherwise challenge how agencies propose to spend their money.
Rationale for Supporting Motion: SCAODA has a statutory obligation in this regard. It also ensures consistency across agencies in addressing substance abuse issues and effective and efficient use of limited resources.



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
Tuesday, February 11, 2014
9:30 a.m. – 1:30 p.m.

Ultratec Office Building
5901 Research Park Blvd.
Madison, WI 53703

Members: Lee Wiphli, Ronda Kopelke, Rick Peterson, Annie Short, Scott Stokes, Maureen Buslacchi, Emmanuel Scarborough, Francie McGuire Winkler, Mary Rasmussen, Julia Sherman, Kathy Marty

Excused Members: Dorothy Chaney, Chris Wardlow, Monica Adams, Tracy Herlitzke, Judith Hermann, Jane Larson, Brenda Rooney, Jackie Schoening

Guests: Robin Lecoanet & Penny Black

Staff: Christine Niemuth & Raina Zwadzich

1). Welcome and Introductions

Chair Scott Stokes welcomed Prevention Committee members, guests and staff. Members, guests and staff introduced themselves.

2). Approve Minutes from October 18, 2013 Meeting

Members reviewed the meeting minutes from the October 18th, 2013 Prevention Committee meeting. **Kopelke made a motion to approve the meeting minutes as drafted, seconded by Rasmussen. Minutes were approved.**

3). Optimizing State Prevention Reports

Annie Short requested a discussion among Members about the state prevention reports and how to optimize their usage. Previous reports have generated a lot of traction and Annie would like to create a strategic plan for disseminating the state prevention reports and how to follow-up after dissemination. Currently, state prevention reports are 'slotted' at the Department of Health Services (DHS) to go to counties, distributed to state legislators, and passed out at SCAODA and at the Alliance for Wisconsin Youth (AWY) regional prevention meetings.

Members discussed reaching other potential stakeholders since some of the recommendations are at a macro-level. For instance, the CSW report recommends prescribing practices so how do we

reach and provide the state prevention reports to the medical and allied health professionals who will ultimately be implementing the identified recommendations. It would also provide an opportunity for community coalitions to work with these larger entities/agencies/organizations in educating and implementing the prevention reports' recommendations.

It was suggested the State would coordinate the dissemination and pass the state prevention reports onto identified stakeholders that are identified in the reports. More time should be spent on identifying key stakeholders and creating a dissemination plan during the Ad-hoc Committees' meetings. For future reports, the associations and other large organizations should be invited to participate in the Workgroups to ensure dissemination among their respected agency and partners.

A recommendation was to have future Ad-hoc Committees reconvene and/or continue to meet even after the final report is completed. A reconvening of the Ad-hoc Committee would focus on the dissemination and implementation issues of the final report. Also, reconvening of the Ad-hoc Committees could focus on one recommendation at a time to optimize the traction and continue momentum. Formal endorsements and approval from large organizations would also help to increase the reach and implementation of the reports' recommendations. Scott will bring this recommendation to SCAODA 4 year planning meeting and will provide Committee Members with an update.

Updates on future state prevention reports are:

- The Burden of Excessive Alcohol Use in Wisconsin Report – SCAODA's Planning and Funding Committee is in support of the report. Maureen informed Members they hope to continue and update the Burden Report however they applied for funding and did not receive any at this time. They are looking for ways to continue with the momentum that the report generated and are open to suggestions.
- Wisconsin Epidemiological Profile on Alcohol and Other Drug Use –The Epi Report will be updated this year with new additions. A new section on prescription medications will be included to provide a more in-depth look into the topic. In addition, the Epi workgroup will create 'glossies' and one-page fact sheets highlighting priority issues from the Epi Report. Penny has emailed an 'Epi User' survey weblink to numerous stakeholders throughout Wisconsin. Please forward the link to others in your networks.

4). Underage Drinking Prevention Video Review and Discussion

Christy shared the second version of Wisconsin's Underage Drinking Prevention video. The target audiences of the video are adults, community members, parents and policy makers. Christy requested Members to provide edits, thoughts and critiques of the video. The next steps are to continue to edit the video and add graphics. Members' edits, thoughts and suggestions on the video included:

- The child holding the first sign moved too quickly.
- During Julia's introduction we could highlight key phrases to help distinguish the important issues/strategies as a good visual.
- Mom in the restaurant looks like she is talking and the voice over comes in; it is confusing since you don't know who is talking.

- Wish there could have been more alcoholic drinks in the first scene to reflect the binge drinking culture of Wisconsin adults.
- Julia is not looking at the camera, but interviewees are. It takes away from her message.
- Continue to look into policies, could we add more
- Confusion about the Affordability section because the scene is describing “2-for 1” drinks but the voice over is discussing alcohol tax.
- Include more “word bites” with strategies and other suggestions, like enforce laws
- Not a diverse cast of actors and actresses and some of the depicted scenes are not how or why underage drinking is happening in all communities (i.e. ‘garaging isn’t happening in urban cities).
- Graphic: to demonstrate underage drinking consumption patterns, have the bars of the bar graph be made of out beers.
- Include a map of state policies, comparison of our neighbors to demonstrate our unique alcohol environment.

The goal is to have the video finalized by March 31st so it can be shown at Wisconsin communities’ Town Hall Meetings to Prevent Underage Drinking which will be taking place in April/May. **Peterson made a motion to have SCAODA view and endorse the Wisconsin Underage Drinking Prevention video at the March 7th meeting. Seconded by Scarbrough, motion was unanimously approved.**

5). WI. Trauma Project – Judy Hermann, Dept. of Children and Families

Judy Hermann was not able to attend the meeting due to time-sensitive work. She will present at the next Prevention Committee meeting.

6). Heroin Ad-Hoc Committee Update and HOPE Legislation

Annie provided background information on the Heroin Ad-hoc Committee and updates on the Pillar Workgroups. Currently, Pillar Workgroups are creating and mapping recommendations that will be used in the final report. A grid is being created to ensure recommendations are not duplicated and are coordinated among the five Pillar Workgroups. Next steps will include finalizing recommendations and collecting and/or identifying data to illustrate the charge and need for these recommendations.

The Heroin Ad-hoc Committee will also be reaching out to Task Forces and Coalitions around the states who are already working on heroin issues. The Heroin Ad-hoc Committee wants local input on this topic.

An update on the HOPE legislation was provided to the Members (a handout titled “Legislative Updated related to Heroin and Substance Abuse Treatment). The HOPE legislation was passed in the State Assembly and is currently up for a vote in the State Senate. Christy will provide more information and updates via email on HOPE legislation.

Scott asked about the progress of the bill on opioid stabilization treatment centers and how much is needed to finance them. Maureen found the fiscal note on Assembly Bill (AB) 701 which proposed the creation of two to three regional opioid treatment programs to provide treatment for

opiate addiction in rural and underserved, high-need areas. It is estimated to assist 240 individuals to be served statewide per year and to have an annual cost of \$2,016,000.

AB702 relates to the Department of Corrections (DOC) developing a system of short-term sanctions for violations of rules or conditions of supervision, parole, probation, or a deferred prosecution agreement and granting rule authority. Many short-term sanction violations occur among individuals who have addiction disorders and this would provide more options in helping the person rather than incarcerating them.

Mary Rasmussen requested Members receive information on Vermont Governor Shumlin's 2014 State of the State Address (a handout was provided with the Governor's speech) that discussed the increase of heroin and opiate drug abuse. A discussion on how to find and recruit Wisconsin Champions on substance abuse issues would help keep the momentum going in the State's government branches.

7). SAM - Smart Approaches to Marijuana

A recent, invite-only Smart Approaches to Marijuana (SAM) training was hosted by the Milwaukee County Substance Abuse Prevention Coalition (MCSAP). A handout was provided to Members about SAM titled, "SAM Smart Approaches to Marijuana: a project of the policy solutions lab". The presentation was on the prevention of marijuana use, physiology, research and how to message prevention efforts. SAM provides information, research, talking points and technical assistance for communities and states interested in creating SAM Affiliates. SAM's goal is organize and coordinate efforts by providing facts and research. SAM and Members stated the importance of carefully creating marijuana prevention materials that only provide truthful statements and research so the prevention message does not get negated. Members thought this would be a great way to start preliminary work on marijuana prevention in Wisconsin since many Wisconsin communities are ready and looking for resources.

8). SCAODA Workforce Development Committee

SCAODA's Intervention and Treatment Committee is looking to create a Workforce Ad-hoc Committee to look at certification issues, (surrounding Substance Abuse Counseling, Clinical Supervisors and Prevention Specialist) creating and recruiting a diverse workforce and the disproportionate rates of billing and reimbursement of these professions. Dan Nowak is to Chair this Ad-hoc Committee. Scott is hoping to have one to two individuals from the Prevention Committee be a part of this Ad-hoc Committee and will be asking for volunteers who are interested. Christy will pass on more information about the Ad-hoc Committee when she receives it.

9). Agency Updates

Lee Wiphli brought prevention of drug use posters from Waukesha North High School to share with the Members. Skits and presentations were also held at the Majestic Theatre by the students. Lee stated that she is proud of the posters and thought they did an excellent job. The prevention posters used social norms to describe drug use among students in their community. Lee also shared that a well-attended presentation on heroin took place in Brookfield and another presentation is scheduled in Ozaukee County.

Annie briefly discussed the campaign she has been working on titled, “No One Plans to be An Addict”. She will update the Committee in the future about the campaign.

Kathy Marty shared a recent presentation that Grant County had on heroin. The Grant County Sheriff has taken the lead on heroin in this region. On February 18th the S.A.F.E Grant County Coalition will be sponsoring a presentation on “Heroin: Not Just a Big City Problem” at the Platteville High School. There has been a lot of media coverage on heroin in the area.

An update was requested about the future of Wisconsin having a Prevention Conference. The AWY Regional Prevention Centers have been in planning discussions on how to handle future trainings and training needs. The Regional Prevention Centers are planning their own training in their regions. The Northeastern, Southeastern, and Southern Regional Centers will be collaborating to host an event together since they have similar training needs. Julia will be hosting the alcohol policy conference in the fall. The Staff did look into combing the Prevention Conference with the Annual Mental Health & Substance Abuse Services Training Conference. This is no longer an option due to logistical issues. It is unclear if the Wisconsin Clearinghouse for Prevention Resources will be hosting a Prevention Conference.

Christy asked Members for their suggestions on future agenda items. None were identified. Christy will request Judy Hermann present at the next Prevention Committee Meeting on Wisconsin’s Trauma Project.

10). Future Meeting Dates/Agenda Items

Thursday, April 17, 2014
Thursday, July 17, 2014
Thursday, October 16, 2014

Scott Walker
Governor



Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
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
Wednesday, April 30, 2014
9:30 a.m. – 1:30 p.m.**

**Ultratec Office Building
5901 Research Park Blvd.
Madison, WI 53703**

Agenda

- Welcome and Introductions
- Approve Minutes from February 11, 2014 Meeting
- WI Trauma Project – Judy Hermann DCF
- Identify 2015-2017 Prevention Budget Initiatives
- Discuss SCAODA Strategic Plan and Prevention Action Plan
- Heroin Ad-hoc Committee Draft report review
- Zohydro – What is prevention's response?
- Agency Updates
- Future Meeting Dates/Agenda Items

Thursday July 17, 2014

Thursday October 16, 2014



Summary of Recommendations

Recommended in:	Recommendation	Related Pillars:				
		P	HR	LE	T	WP
Prevention Pillar	Recommendation 1: Increase community awareness and substance abuse prevention messaging in order to reduce substance abuse and the stigma of addiction.	✓	✓	✓	✓	✓
	Recommendation 2: Substantially increase funding to support substance abuse prevention coalitions and their activities to reduce substance abuse in the community.	✓				
	Recommendation 3: Provide opportunities to support youth participation in activities that reduce risk and enhance protection.	✓	✓	✓		
	Recommendation 4: Implement recommendations from the SCAODA <i>Reducing Wisconsin's Prescription Drug Abuse: A Call to Action</i> Report in order to reduce access to prescription medications for non-medical use.	✓	✓	✓		✓
	Recommendation 5: Recruit employers, local government agencies, medical centers and non-profits to participate in substance abuse prevention and intervention activities.	✓	✓	✓		✓
	Recommendation 6: Promote safe and healthy neighborhoods.	✓		✓		✓
	Recommendation 7: Endorse policies to reduce substance abuse and related harms.	✓	✓	✓	✓	✓
Harm Reduction Pillar	Recommendation 8: Harm reduction programs, including syringe exchange, should be widely available and accessible.		✓			
	Recommendation 9: Testing for HCV and HIV should be available in outreach settings that are frequented by people who inject drugs (PWIDs).		✓	✓	✓	
	Recommendation 10: Increase and expand fatal opioid overdose prevention training and establish protocols for facilities that house or serve individuals with opioid overdose risk.	✓	✓	✓	✓	✓
	Recommendation 11: Procure funding for training on naloxone administration, including co-prescriptions of naloxone for any script written for an opioid.	✓	✓	✓	✓	
	Recommendation 12: Raise public awareness regarding 2013 Wisconsin 911 Good Samaritan Legislation (Wisconsin Act 194).	✓	✓	✓		
	Recommendation 13: Enhance awareness of heroin use by parents and caregivers, its impact on children, and the need for child-focused assistance and support.	✓	✓		✓	✓
	Recommendation 14: Develop safety plans for children that are adult or child implemented.		✓			
	Recommendation 15: Provide targeted prevention and treatment services for pregnant women to protect the health of the unborn child or drug-affected newborn.	✓	✓		✓	
	Recommendation 16: Expand the number of specialized courts in Wisconsin to create Family Drug Treatment Courts to better address the needs of children whose parents or caregivers are arrested for substance use and abuse.	✓	✓	✓	✓	
	Law Enforcement Pillar	Recommendation 17: Reduce barriers to prevent overdose.	✓	✓	✓	✓
Recommendation 18: Develop a system to allow the surrender of heroin and drug paraphernalia to law enforcement without risk of legal ramifications.		✓	✓	✓		



Summary of Recommendations

		Related Pillars:				
Recommended in:	Recommendation	P	HR	LE	T	WP
	Recommendation 19: Establish a task force to examine the feasibility of sending blood samples for OWI cases to the State Crime Lab vs. the State Lab of Hygiene.			✓		
	Recommendation 20: Increase Drug Recognition Expert (DRE) and Advanced Roadside Impairment Detection Education (ARIDE) statewide.		✓	✓		
	Recommendation 21: Expand Drug Endangered Children (DEC) programs in every county and Tribe in the state.		✓	✓		
	Recommendation 22: Provide basic training on substance abuse for all persons working in the criminal justice system to increase knowledge and awareness of the disease of addiction.	✓		✓		✓
	Recommendation 23: Engage the Department of Corrections (DOC) to ensure a system for providing interventions to incarcerated persons who have substance use disorders (specifically heroin dependence/addiction).		✓	✓	✓	
	Recommendation 24: Increase the number, funding and reach of Wisconsin drug courts.		✓	✓	✓	
Treatment Pillar	Recommendation 25: Establish in-patient stabilization centers/facilities throughout Wisconsin to allow patients time to detox as well as coordinate follow-up services such as continuing treatment options, stabilized housing or community recovery support.				✓	
	Recommendation 26: Provide treatment for persons while incarcerated.			✓	✓	
	Recommendation 27: Provide accessible Medication Assisted Treatment (MAT) throughout Wisconsin for all populations through multiple service providers and delivery systems.				✓	
	Recommendation 28: Provide accessible Non-MAT throughout Wisconsin for all populations through multiple service providers and delivery systems.				✓	
	Recommendation 29: Establish adolescent treatment options throughout the state.				✓	
	Recommendation 30: Provide positive proactive supportive services for pregnant women and people with substance abuse disorders with dependent children.	✓	✓	✓	✓	✓
Workplace Pillar	Recommendation 31: Establish a clear written workplace drug policy.					✓
	Recommendation 32: Employers should provide employee education and prevention resources.	✓				✓
	Recommendation 33: Provide supervisors training in how to identify, confront and report drug use.	✓				✓
	Recommendation 34: Provide or expand assistance for employees who are misusing or abusing drugs.				✓	✓
	Recommendation 35: Workplaces should establish consistent drug testing policies.					✓
	Recommendation 36: Workplaces should consider hiring policies that do not discriminate against past drug use or criminal history.				✓	✓

P = Prevention, HR = Harm Reduction, LE = Law Enforcement, T = Treatment, WP = Workplace.

SCAODA Motion Introduction

Committee Introducing Motion: Prevention
Motion: Endorse the Wisconsin's Heroin Epidemic: Strategies and Solutions Report (with appropriate edits) and approve for dissemination.
Related SCAODA Goal: Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
<p>Background: As in many states, Wisconsin is experiencing an increase in heroin abuse. This report examines heroin abuse through the lens of the Five Pillar Approach: Prevention, Harm Reduction, Law Enforcement, Treatment and Workplace strategies that can help mitigate the consequences of heroin (as well as prescription opioid) use, including reducing overdose fatalities.</p> <ul style="list-style-type: none">• Positive impact: This report provides expert input on strategies aimed at reducing overdose fatalities, draft legislation and additional recommendations for reducing consequences associated with substance abuse.• Potential Opposition: Stigma associated with addiction is still a strong obstacle. Education on harm reduction strategies, such as Good Samaritan Legislation, needs to be provided in order to better serve people struggling with addiction.
Rationale for Supporting Motion: Wisconsin rates of drug-related deaths and drug law arrests are still slightly lower than national averages. However, the rate of drug-related deaths in Wisconsin increased steadily from 2000 before declining in 2008. The 2008 rate was twice what it was at the beginning of the decade, suggesting a new public health priority for the state. Strategies to support communities with all five pillars need to be considered.

SCAODA Motion Introduction

Committee Introducing: Prevention Committee
Motion: Motion to urge the Wisconsin Attorney General to support federal and state efforts to repeal FDA approval of Zohydro ER
Related SCAODA Goal: Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
In December 2013, a panel of experts assembled by the FDA voted 11-2 against recommending approval of Zohydro ER. The panel cited concerns over the potential for addiction. Attorneys general of 28 states urged the FDA to reassess its approval of Zohydro citing similar concerns. Given the growing crisis of opiate/opioid misuse in Wisconsin, the introduction of this drug will most certainly exacerbate the problem. Zohydro ER is a pure hydrocodone drug 5 to 10 times more potent than traditional hydrocodone products and is able to be crushed and snorted by people seeking a strong, quick high.
Rational for Supporting: Reduce access to Zohydro ER, a pure hydrocodone drug 5 to 10 times more potent than traditional hydrocodone products with the capacity to be crushed and snorted by people seeking a strong, quick high.

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. Wisconsin citizens will understand the negative fiscal, individual, and societal impacts of substance abuse.
4. Wisconsin will have the capacity and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.
5. SCAODA will work to remedy historical, racial /ethnic, gender, and other bias in substance abuse systems, policies, and practices.

SCAODA PRIORITIES for 2014-15

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

SCAODA proposed budget initiatives summary

Committee	Proposal	Estimated Cost	Priority
Diversity	Educate Hmong leaders on substance abuse and mental health and provide one Hmong “navigator” in each of Wisconsin’s 10 largest communities	\$1.9 million over the biennium (\$900,000 each year for navigators and \$100,000 training for community leaders spread over the biennium)	Address population-specific needs, increase EBP, workforce capacity
Diversity	Train 75 substance abuse counselors in cultural intelligence using best practice protocols	Unknown at this time	Workforce capacity, increase EBP, address population-specific needs
Diversity	Develop a culturally-intelligent training partnership to address the specific needs of minority counselors and the needs of marginalized populations	Unknown at this time, but an annual conference would cost about \$50,000 and other, smaller trainings would have a cost as well	Workforce capacity, increase EBP, address population-specific needs, reduce harmful alcohol consumption
ITC	Create two specialized, family-centered, women’s treatment programs	\$1.4 million over the biennium	Address population-specific needs, reduce harmful alcohol consumption, increase EBP, address emerging substance abuse trends
ITC	Provide funding for a person to oversee the incorporation of nicotine dependence treatment into substance abuse services	\$280,000 over the biennium	Increase EBP
ITC	Expand the Treatment Alternative and Detention program and provide funding for evaluation, technical assistance, and grants management	\$2.1 million (\$1.5 million for grants and \$600,000 for evaluation, grants management, and technical assistance)	Increase EBP, address emerging substance abuse trends, reduce harmful alcohol consumption
Planning/Funding	Increase Medicaid reimbursement rates by 2.5%	Unknown at this time	Workforce capacity, increase EBP, address population-specific needs
Planning/Funding	Increase funds for substance abuse prevention and treatment programs	Unknown at this time	Workforce capacity, increase EBP, address emerging issues, reduce harmful alcohol consumption, address population-specific needs
Prevention	Prevent underage drinking through compliance checks and updating the <i>Burden of Excessive Alcohol</i>	Unknown at this time	Reduce harmful alcohol consumption, inform public about substance abuse-related consequences

SCAODA proposed budget initiatives summary

	<i>Use in Wisconsin report</i>		
Prevention	Improve substance abuse prevention infrastructure by funding AWY and local coalitions	Unknown at this time, at least \$500,000 for five regional AWY centers	Address population-specific needs, reduce harmful alcohol consumption, address emerging substance abuse trends, increase EBP, inform public about substance abuse-related consequences
Prevention	Training for prevention specialists	Unknown at this time	Workforce capacity, increase EBP, reduce harmful alcohol consumption
Prevention	OWI prevention through funding law enforcement for increased saturation patrols	Unknown at this time	Reduce harmful alcohol consumption

DRAFT

MEDICAID INFORMATION

How are Medicaid reimbursement rates determined?

States determine reimbursement rates, and they have considerable latitude in structuring reimbursement.

How are reimbursement rates changed in Wisconsin?

Reimbursement rates usually can only be changed through the budget process. That is because the legislature allocates an amount for Medicaid to the Department of Health Services. Any significant changes in the reimbursement rates would require an increase in the Medicaid budget. DHS would need to put forth the rate reimbursement as a budget initiative and hope it is included in the Governor's budget. The budget then would need to pass the legislature and be signed by the Governor.

If change requests have little or no impact on the budget DHS can make changes without going through the above process, but the changes SCAODA is considering would require a budget initiative.

What substance abuse services are covered by Medicaid and what are the reimbursement rates?

See the attached charts for substance abuse outpatient treatment, substance abuse day treatment, SBIRT, and narcotic treatment.

Substance Abuse Day Treatment Services Medicaid Billing—May 2014

Service	Provider	Codes Billed	Rates	Other Restrictions
Assessment and intensive, short-term substance abuse treatment as provided in Admin. Code DHS 105.25 ¹	Rate is tied to service, not the provider type.	H2012; HF ² ; U6 ³	\$35.60	See Admin. Code DHS 75.12 for the requirements of a day treatment service and required personnel.
Intensive, short-term substance abuse treatment as provided in Admin. Code DHS 105.25	Rate is tied to service, not the provider type.	H2013; HF	\$18.30	See Admin. Code DHS 75.12 for the requirements of a day treatment service and required personnel.

¹ **DHS 105.25 Alcohol and other drug abuse (AODA) day treatment providers.**

(1) TYPES OF PROVIDERS. For MA certification, an alcohol and other drug abuse (AODA) day treatment provider shall be certified under ss. [DHS 75.12](#) and [105.23](#).

(2) STAFFING REQUIREMENTS.

(a) An alcohol and drug counselor certified as provided in ss. [DHS 75.02 \(84\)](#) and [75.03 \(4\) \(d\)](#) shall be on duty during all hours in which services are provided to participate in treatment planning and implementation and daily program coordination.

(b) A treatment plan for each participating recipient shall be developed, directed and monitored by designated members of an interdisciplinary treatment team which includes an alcohol and drug counselor II or III, certified as provided in ss. [DHS 75.02 \(84\)](#) and [75.03 \(4\) \(d\)](#), a physician or licensed psychologist, and other health care professionals. The treatment team shall maintain a written record of each recipient's treatment and progress toward meeting the goals described in the recipient's plan of care.

(c) All treatment shall be coordinated and provided by at least one qualified professional staff member who has demonstrated experience in delivering direct treatment to persons with alcohol and other drug abuse problems. Other staff members, such as an AODA counselor I who has filed for certification with the Wisconsin alcoholism and drug counselor certification board, inc., may assist in treatment under the supervision of a qualified professional staff member.

² Substance abuse program

³ Assessment

Narcotic Treatment Services Medicaid Billing—March 2014

Service	Provider	Codes Billed	Rates	Other Restrictions
Methadone Administration (dosing)	RN LPN	H0020, HG*, Phase**-UA-UD, Service Modifier-U1	\$12.19 \$12.19	One dosing per day, up to six per calendar week. Includes supplies/equipment related to dosing. Daily dosing limited to two years.
Methadone dosage determination by physician	Physician Physician Assistant	H0020, HG, Phase-UA-UD, Service Modifier-U2	\$32.00 \$32.00	One per day, up to six units per calendar year.****
Physician, team member service	Physician Physician Assistant	H0020, HG, Phase UA-UD, Service Modifier-AM***	\$28.80 \$28.80	One per day, up to six units per calendar year.
NTS physical examination by physician	Physician	H0020, HG, Phase-UA-UD, Service Modifier-U3	\$90.60	One NTS physical per calendar year, up to one hour (1 unit=1 hour).
NTS physical examination by RN or physician assistant	RN Physician Assistant	H0020, HG, Phase-UA-UD, Service Modifier-U4	\$90.64 \$90.64	One NTS physical per calendar year, up to one hour (1 unit=1 hour).
NTS initial assessment utilizing an instrument such as the ASI.	Ph.D. psychologist CSAC w/Master's and 3000hrs CSAC RACD-NTS	H0001, HG, Phase-UA-UD, Service Modifier-U5	\$22.74 \$55.55 \$32.28 \$22.74	One NTS initial assessment per member, up to two hours. May be billed on only one DOS (1 unit=1 hour).
NTS annual reassessment utilizing an instrument such as the ASI.	Ph.D. psychologist CSAC w/Master's and 3000hrs CSAC RACD-NTS	H0001, HG, Phase- UA-UD, Service Modifier-U6	\$22.74 \$55.55 \$32.28 \$22.74	One NTS reassessment per calendar year, up to one hour. May be billed on only one DOS (1 unit=1 hour).
Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs.	LPN RN	H0003, HG, Phase UA-UD, Service Modifier-59 (See "Other Restriction" note on modifier 59)	\$19.22 \$19.22	Quantity up to 39 separate DOS per calendar year and up to four drugs screened per DOS, as indicated in the treatment plan, plus one DOS per calendar year at which up to eight drugs may be screened. 59 = Distinct procedural service (ONLY use modifier "59" to indicate

Narcotic Treatment Services Medicaid Billing—March 2014

				a screen for five to eight drugs for assessment purposes. Only one use of modifier "59" allowed per calendar year. No modifier is required when testing for the presence of four or fewer drugs.)
Skin test; tuberculosis, intradermal	LPN RN	86580, HG, Phase UA-UD, No service modifier	\$9.29	One unit per calendar year
Specimen handling for viral hepatitis screen	LPN RN	99001, HG, Phase UA-UD, Service Modifier-U7	\$3.78	One unit per calendar year for viral hepatitis screen.
Specimen handling for STD screen	LPN RN	99001, HG, Phase UA-UD, Service Modifier-U8	\$3.78	One unit per calendar year for STD screen.
Specimen handling for peak and trough	LPN RN	99001, HG, Phase UA-UD, Service Modifier-U9	\$3.78	Up to four units per calendar year for peak and trough.

*HG always required=Opioid addiction treatment program.

**A phase represents a patient's level of dosing frequency, as defined in [DHS 75.15](#), Wis. Admin. Code, that is determined by the NTS provider. A phase modifier is always required; only one phase modifier can be billed per DOS. Different phase modifiers cannot be billed for the same DOS.

***Indicate modifier "AM" when methadone dosage determination is done by a physician assistant.

****If limitations are exceeded, submit additional documentation with the claim, including the current treatment plan and recent urinalysis, justifying medical necessity for exceeding limitations.

The CLIA requires *all* laboratories and providers performing tests for health assessment or for the diagnosis, prevention, or treatment of disease or health impairment to comply with specific federal quality standards. BadgerCare Plus and Medicaid comply with the following federal regulations as initially published and subsequently updated:

- Public Health Service CLIA.
- 42 CFR Part 493, Laboratory Requirements.

Outpatient Substance Abuse Treatment Services Medicaid Billing—May 2014

Service	Provider	Codes Billed	Rates	Other Restrictions
AODA group counseling by a clinician	Bachelor's degree level ¹	H0005, HN	\$8.53	Accumulates toward the 15-hour/\$825 per calendar year threshold beyond which prior authorization is required.
	Master's degree level	H0005, HO	\$11.37	
	Doctoral level	H0005, HP	\$13.96	
	MD	H0005, UA	\$20.43	
AODA intervention service (planned facilitation)	Bachelor's degree level	H0022, HN	\$32.28	Accumulates toward the 15-hour/\$825 per calendar year threshold beyond which prior authorization is required (except for inpatient hospitals).
	Master's degree level	H0022, HO	\$55.55	
	Doctoral level	H0022, HP	\$65.65	
	MD	H0022, UA	\$80.93	
AODA services, not otherwise specified	Master's degree level	H0047, HO	\$55.55	Accumulates toward the 15-hour/\$825 per calendar year threshold beyond which prior authorization is required (except for inpatient hospitals).
	Doctoral level	H0047, HP	\$65.65	
	MD	H0047, UA	\$80.93	
AODA family/couple counseling	Bachelor's degree level	T1006, HN	\$32.28	Accumulates toward the 15-hour/\$825 per calendar year threshold beyond which prior authorization is required.
	Master's degree level	T1006, HO	\$55.55	
	Doctoral level	T1006, HP	\$65.65	
	MD	T1006, UA	\$80.93	

¹ Bachelor's degree level means substance abuse counselors who have fewer credentials than a master's degree-level psychotherapist. This means a person without a bachelor's degree can perform the service if s/he meets the requirements of DHS and DSPS for a substance abuse counselor.

SBIRT Medicaid Billing—May 2014

Service	Provider	Codes Billed	Rates	Other Restrictions
SBIRT AODA screening (covered as of January 1, 2010)	All Medicaid–certified providers eligible for reimbursement. See Footnote 1 ¹	H0049	\$35.35 flat rate	Applies to people age 10 or older on date of service. Limited to on unit per member, per year.
SBIRT brief intervention per 15 minutes (covered as of January 1, 2010)	Advanced nurse prescribers with psychiatric specialty	H0050	\$20.23	Applies to people age 10 or older on date of service. Limited to 16 units per member, per enrollment year.
	Crisis intervention providers		\$14.70	
	HealthCheck providers		\$12.20	
	Master’s level psychotherapists		\$13.89	
	Nurse practitioners		\$20.23	
	Physicians		\$20.23	
	Physician assistants		\$18.21	
	Prenatal care coordination providers		\$12.20	
	Psychiatrists		\$20.23	
	Psychologists		\$16.41	
	Substance abuse counselors		\$8.07	

¹ Advanced practice nurse prescribers, crisis intervention providers, HealthCheck providers, master’s-level psychotherapists in outpatient clinics (when provided in conjunction with a primary care, hospital, or emergency room visit), nurse practitioners, physicians, physician assistants, prenatal care coordination providers, psychiatrists, psychologists in outpatient clinics (when provided in conjunction with a primary care, hospital, or emergency room visit), substance abuse counselors in outpatient clinics (when provided in conjunction with a primary care, hospital, or emergency room visit).

**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**

<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.
- 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.

- j. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- k. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- l. 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 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. Ex-officio members will serve four-year terms.
- d. 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.
- e. An ex-officio member may not be elected as an officer of the council.
- f. 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. 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 Past Chairperson

The immediate past chairperson shall serve as a member of the council until expiration of their appointed term, and may serve as an ex-officio

member during the term of her or his successor if the term of office as member of the council has expired.

3.5 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 are expected to attend all meetings of the council. Attendance means presence in the room for more than half of the meeting.
- 6.2** Council members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3** Any member of the council who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council 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. Any resignations will be announced to the council and forwarded to the appointing authority.
- 6.4** At any time the secretary of the council, after consultation with the appointed member, believes that a member will not be able to fulfill the duties of membership, he or she should bring the matter to the chairperson. When the chairperson confirms that recommendation, he or she shall place the matter on the next council agenda. The

chairperson shall ensure that the member at issue is given notice that the council will consider a recommendation to the appointing authority regarding the membership. When the council, after the member at issue is given the opportunity to be heard, agrees with the recommendation, it shall recommend to the appointing authority that the member be removed from the council and a replacement appointed to fulfill the member's term.

- 6.5** If a statutory member or their designee are absent from two meetings within a year, they will be contacted by the secretary of the council to discuss the reasons for absence and whether the member will be able to continue serving. In the event that a statutory member believes they are unable to continue, the secretary of the council shall inform the council chairperson and upon confirmation the chairperson will provide written notice to the governor of the need for an alternate or replacement.

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 the Americans with Disabilities Act (ADA) for deaf, deafblind and hard of hearing and is a subcommittee of the cultural diversity 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. The immediate past chairperson of the council may also be invited by the council chairperson to be a member of the executive committee.
- 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

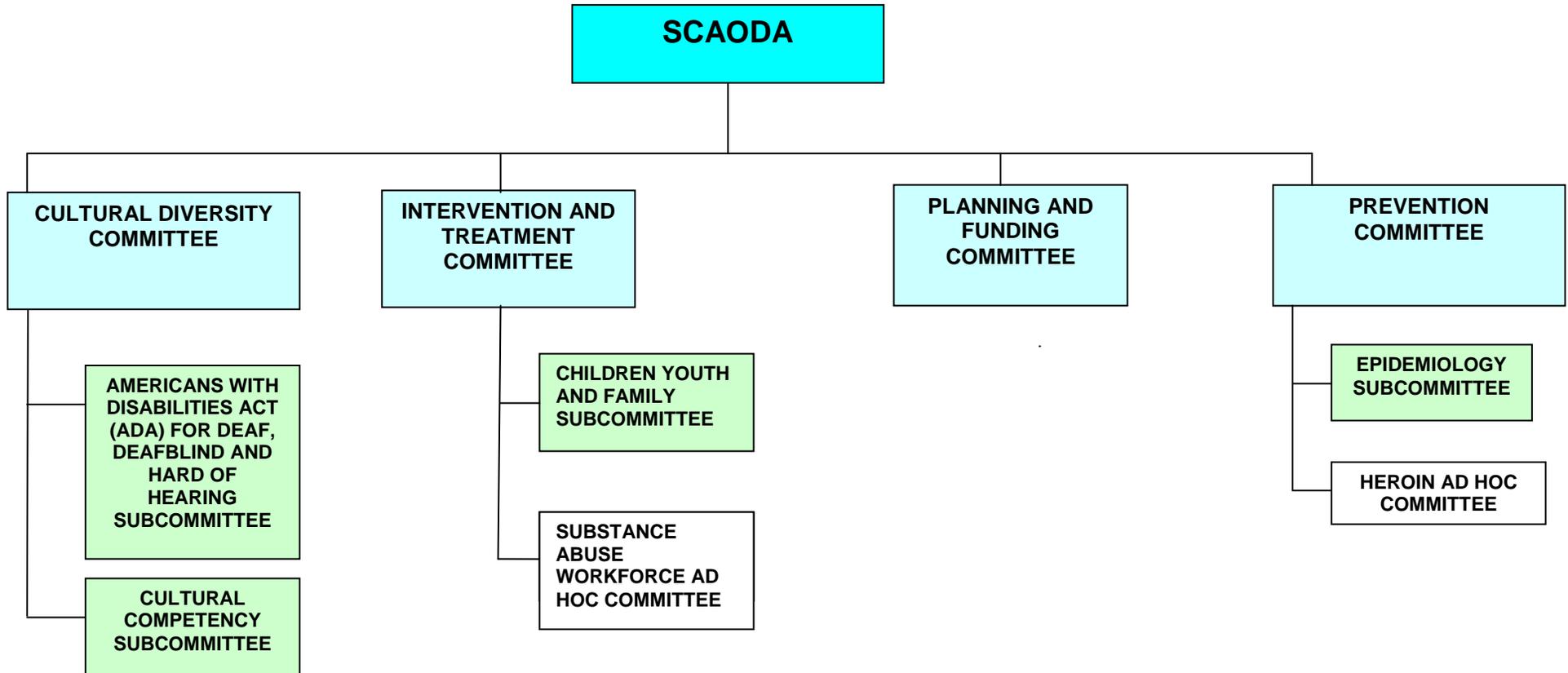
Amendments

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.

SCAODA Organization Chart

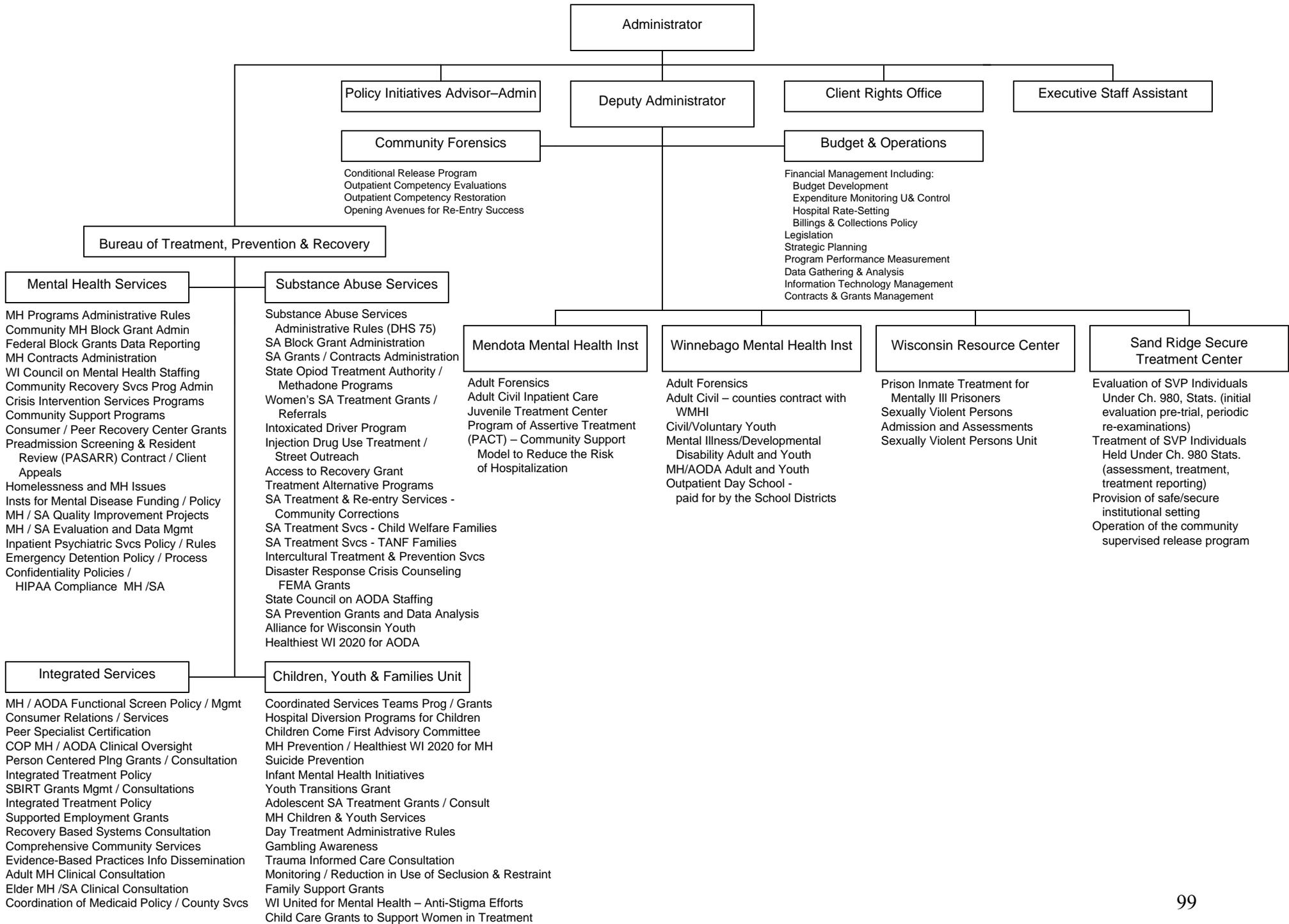
February 2014

1. Cultural Diversity Committee
 - a. Americans with Disabilities Act (ADA) For Deaf, Deafblind and Hard of Hearing Subcommittee
 - b. Cultural Competency Subcommittee
2. Intervention and Treatment Committee
 - a. Children Youth and Family Subcommittee
3. Planning and Funding Committee
4. Prevention / SPF-SIG Advisory Committee
 - a. Epidemiology Subcommittee

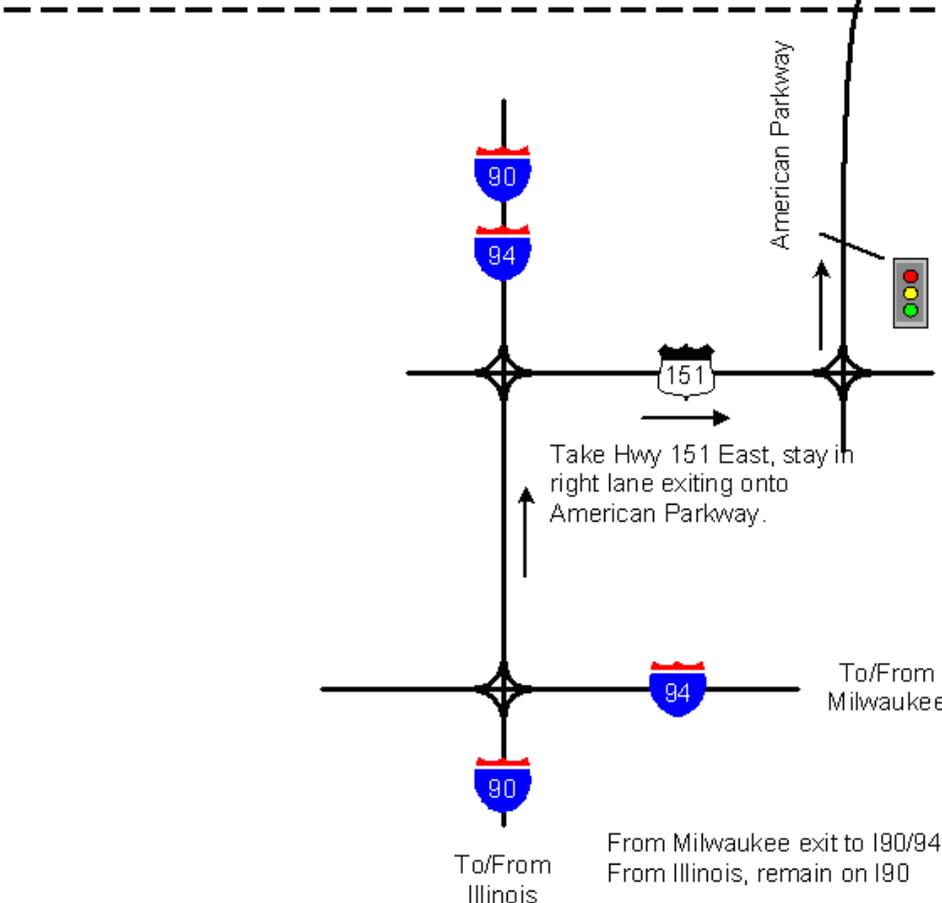
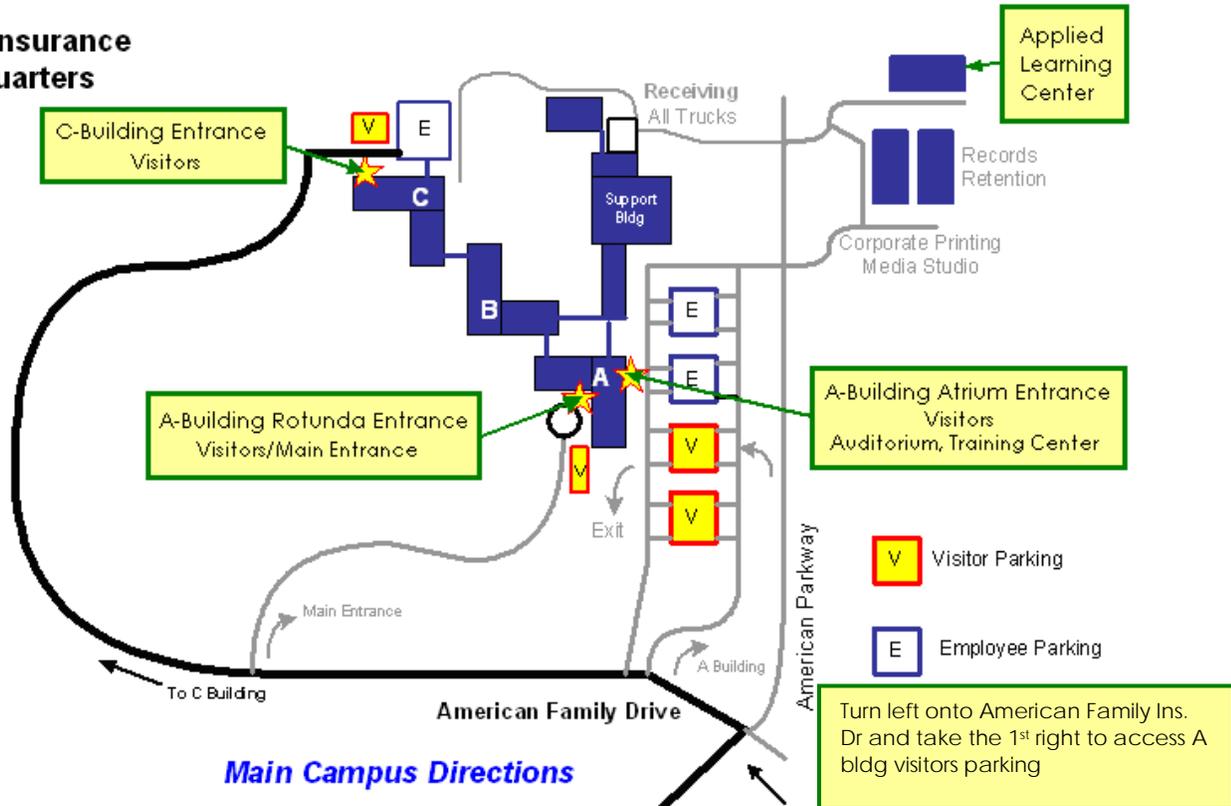


Department of Health Services
Division of Mental Health and Substance Abuse Services
Functions

April 2011



Directions
**American Family Insurance
 National Headquarters**



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

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

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

To/From
 Illinois
 From Milwaukee exit to I90/94 North.
 From Illinois, remain on I90

Highway Directions to AF-NHQ Campus

