WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

March 6, 2015
MEETING

Michael Waupoose
Chairperson

SCOTT WALKER
Governor

State Council on Alcohol and Other Drug Abuse (SCAODA)
Strategic Plan July 2014 – June 2018

SCAODA GOALS:

1. Provide leadership and direction on AODA issues in Wisconsin by serving as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues and promote collaboration across multiple sectors to advance progress on SCAODA goals.

2. Change Wisconsin's cultural norms to transform the state's AODA problems into healthy behavioral outcomes.

3. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance abuse.

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

5. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.

SCAODA PRIORITIES for 2014-15

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

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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 2015 Meeting Dates

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

All meetings will be from 9:30am to 3:30pm and will be in Building C, Room CL3300 A&B

The meeting dates are:
March 6, 2015
June 5, 2015
September 11, 2015
December 11, 2015

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Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

March 6, 2015
MEETING AGENDA
9:30 a.m.
American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783
Building C, Room CL3300 A&B
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

9:35 a.m. II. Review/Approval of December 12, 2014 minutes – Michael Waupoose…pp.17–21

9:40 a.m. III. Public input (maximum five minutes per person) – Michael Waupoose

9:45 a.m. IV. Committee reports

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

- Executive Committee – Michael Waupoose….pp. 22 – 26
  - Introduction of new members
  - SCAODA representative on DCF Secretary's Council on Child Welfare….pp.23 – 24
  - Legislative education packets
  - SCAODA position on alcohol samples….pp. 25 – 26
  - DSPS rule changes re: substance use disorder workforce

- Diversity Committee – Tina Virgil….pp. 27 – 33

- Intervention and Treatment Committee – Norm Briggs and Roger Frings….pp. 34 – 47
  - Substance abuse workforce ad hoc committee
  - Medication-assisted treatment

- Planning and Funding Committee – Joyce O'Donnell …. pp. 48 – 50
  - AODA funding update

- Prevention Committee – Scott Stokes….pp. 51 – 59
  - Marijuana ad hoc committee

10:30 a.m. V.

- Biennial budget discussion/legislation update – DHS staff….pp.60 – 62
  - Motion: Regarding the biennial budget, SCAODA:
    1. Support the expansion of Medicaid to cover substance use disorder treatment in residential treatment facilities as set forth in the proposed budget.
    2. Oppose the provisions of the proposed budget that require drug testing for recipients of certain public benefits. Alternatively, SCAODA recommends the following changes to the proposed drug testing law:
       a) All public benefit recipients should be drug tested, not just low income public benefit recipients.
       b) Sanctions should only be imposed on those who refuse to be screened, take the drug test, or refuse treatment. No sanctions should be imposed for testing positive for illegal drugs if the person enters and remains in treatment.
       c) Appropriate more money for treatment.
       d) Alcohol should be included in the drugs for which public benefit recipients are tested.

11:45 a.m. VI.

- Lunch

12:45 p.m. VII.

- Medication-assisted therapy presentation – Tanya Hiser

1:30 p.m. VIII.

- Wisconsin Council on Mental Health Criminal Justice Committee update – Norman Briggs

1:45 p.m. IX.

- State agency reports
  - Department of Revenue – Matthew Sweeney
  - Department of Health Services – DHS staff
  - Department of Justice – Tina Virgil
  - UW Systems – Anne Hoffmann
  - Department of Public Instruction – Steven Fernan

2:30 p.m. X.

- Agenda items for next meeting

2:45 p.m. XI.

- Announcements – Joyce Allen and Lou Oppor
  - SABG 2016-17 application

3:00 p.m. XII. Adjourn – Michael Waupoose

2015 Meeting Dates
March 6, 2015
June 5, 2015
September 11, 2015
December 11, 2015

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
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Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
September 12, 2014
9:30 a.m.
American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Douglas Englebert, Cheryl Eplett, Tondra Davis (for Colette Brown), Steve Fernan, Roger Frings, Katie Morrow (for Craig Harper), Sandy Hardie, Kevin Moore, Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Scott Stokes, Michael Waupoose

Members excused: Norman Briggs, Joyce O'Donnell, Tina Virgil

Members absent: Garey Bies, Tim Carpenter, Sandy Pasch

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

Ex-officio members excused: Kathy Marschman

Ex-officio members absent: Thomas Heffron, Kerstin Hughes, Linda Preysz

Staff: Joyce Allen, Ashleah Bennett, Faith Boersma, Lee Ann Cooper, Pat Cork, Jason Fischer, Tanya Hiser, Paul Krupski, Cody Michels, Kris Moelter, Lucas Moore, Christy Niemuth, Lou Oppor, Raina Zwadzich, Mai Zong Vue

Guests: Anthony Alvarado, Richard Bryant, Todd Campbell, Liz Casper, Sara Cerer, Douglas Darby, Amy Edwards, Tina Ettinger, Michael Kemp, Autumn Lacy, Keith Lang, Dave MacMaster, Jamie McCarville, Bill McCulley, Lisa Reible, Daniel Scott, Julia Sherman

Duncan Shrout called the meeting to order at 9:30 a.m. as Chairperson Michael Waupoose was unable to attend the meeting until the afternoon.

I. Introductions – The members, Department of Health Services, and guests introduced themselves.

II. Election of officers – Lou Oppor presented the slate of candidates: Chair – Michael Waupoose, Vice Chair – Duncan Shrout, Secretary – Mary Rasmussen. The slate of candidates was elected unanimously. Mr. Shrout thanked Scott Stokes for his service as SCAODA secretary.

III. Approval of June 6, 2014 minutes – Mary Rasmussen moved (Steven Fernan second) to approve the June 6, 2014 meeting minutes. The motion passed unanimously.

IV. Public input – None.

V. Committee reports

- **Executive Committee –** Mr. Shrout reported on the status of the motions from the June meeting.

  - Status of motions from June meeting
    - Letter requesting a joint study committee to improve outcomes for families with substance use disorders who are involved in the child welfare system: letters were sent to the Department of Health Services and the Department of Children and Families. No replies have been received.
    - Letters regarding new laws that increased access to alcohol: letters were sent to the legislative leadership and the Governor's Office. No replies have been received.
    - Letter regarding Zohydro: a letter was sent to the attorney general requesting Wisconsin join other states in requesting more regulation of Zohydro. A response was received.
    - Letters regarding the substance abuse portions of department budgets: these letters will be sent after September 15, the date the proposed budgets are due to the Department of Administration

  - Legislative initiatives/meeting with DHS and the Governor's Office – Mr. Shrout reported that the Executive Committee met with DHS Deputy Secretary Kevin Moore to discuss SCAODA's budget initiatives for the 2015-17 biennium on September 9. The items include: supporting a pilot for a Hmong navigator, funding for culturally-intelligent training, funding for two women's treatment centers, expanding treatment courts and other alternatives to incarceration for people with substance use disorders, increasing the Medicaid reimbursement rates for substance abuse treatment and screening by 2.5 percent, increasing community aids to counties, funding for underage drinking compliance checks and saturation patrols, funding for local AODA coalitions, and funding for training for prevention specialists.

- **Diversity Committee –** Sandy Hardie reported the Diversity Committee has increased its membership to enable it to better fulfill its mission. There will be several breakout sessions at the 10th Annual Mental Health and Substance Abuse Conference on cultural competency.

- **Intervention and Treatment Committee –** Roger Frings reported the ITC hosted a public forum at the Rural Institute held in June. Two people attended and the discussion focused on the utilization of telehealth services and transportation issues in rural Wisconsin.

- **Planning and Funding Committee** – Mr. Shrout reviewed the committee's accomplishments report that is included in the meeting materials.

- **Prevention Committee** – Scott Stokes reported that the Heroin ad hoc committee has completed its work and the report has been published. The Prevention Committee is in the process of forming an ad hoc committee to study marijuana prohibition issues and possibly make policy recommendations in the event medical or recreational marijuana become legal or decriminalized in Wisconsin. Chris Wardlow will chair the committee, which will have about 25 members. This summer the committee hosted two public forums at the Northwoods Coalition annual meeting and training. One of the key issues discussed was access to treatment in rural areas.

VI. Approval of work plans – The committees presented their 2014-15 work plans.

- Mr. Stokes reported on the Prevention Committee's work plan for the upcoming year. The committee will work on becoming more trauma informed and try to incorporate trauma principles into prevention. It also will work on prevention specialist certification and will do more prevention specialist training. It may form a study group to integrate public health and prevention policies in the work place. It is in the process of forming an ad hoc committee to study the marijuana issue.

- Mr. Frings reported on the ITC work plan. The committee will focus on identifying parents in the child welfare system who have substance use disorders and increase the number of those parents receiving treatment. The committee also will work on adolescent treatment, focusing on determining the number of providers that provide adolescent treatment and if those providers use the Adolescent Treatment Framework. The committee also will create a work group to review certification guidelines for opioid treatment providers and encourage the use of evidence-based practices in opioid treatment and case management.

- Ms. Hardie reported on the Diversity Committee work plan. The committee will work with agencies to identify the needs of underserved communities. It also will review the Culturally and Linguistically Appropriate Services (CLAS) standards because those have been revised. Other tasks for the upcoming year include developing a logo and addressing the needs of minority substance use disorder counselors.

- Mr. Shrout reported on the Planning and Funding Committee work plan. The committee will create an ad hoc committee to look at various funding structures for AODA prevention, treatment, and recovery, including looking at Medicaid reimbursement rates, tax increases, and other ways to increase revenue. The committee also will work on developing a clear and consistent SCAODA message that the public will support and develop educational materials for legislators and other key stakeholders so SCAODA can become a better advocate for AODA issues.

Mary Rasmussen moved (Ms. Hardie second) to approve the committee work plans. The motion passed unanimously.

VII. Rise Together presentation – Anthony Alvarado and Douglas Darby presented about their movement "Rise Together". The movement is about bringing a face and voice to recovery by sharing stories, building advocacy, and mobilizing the recovery community. One of the main objectives is to break the stigma of addiction. They give presentations to schools focusing on prevention. They have surveyed almost 1,500 youth and found that 70 percent knew someone involved in substance abuse, over half thought they might have a substance use disorder, and almost one-fourth admitted using drugs and/or alcohol. They will continue to provide education, youth outreach (peer to peer support), and community engagement.

VIII. Department of Corrections presentation – Cheryl Eplett, Lisa Reible, Tina Ettinger, Autumn Lacy, Liz Casper, and Michael Kemp talked about the variety of substance use disorder services the Department of Corrections provides. DOC is currently reviewing its programming to ensure the services it provides are evidence-based. It has implemented a risk/needs assessment tool that helps it determine a person's risk to reoffend level and identifies the person's criminogenic needs. That information is used to develop an individualized plan and determine what services are appropriate for the person. Some of the

DOC substance use disorder-related programs include a six-month program for people with a dual diagnosis that includes anger management, cognitive behavioral programming, and coping skills; an AODA residential program for violent offenders; incorporating trauma-informed care into the AODA programs; and providing community supports for people leaving prison. DOC also has a drug abuse correctional center that worked with the University of Cincinnati to determine how in line its programs and practices were with evidence-based practices and then revamped its programs and practices based on what it learned. The programming is now cognitive behavior-based and requires facilitators to receive training on the curriculum and implement it according to the program protocols.

IX. State agency reports

- **Department of Revenue** – Matthew Sweeney provided a handout detailing historical excise tax collections. Tax collections on tobacco products are up about $4 million over the same time last year. Collections for distilled spirits are up slightly, while wine and beer tax collections remained flat. The total excise taxes increased about $10 million over the same time last year. An initial review of the data showed a disparity in the utilization of specific products and the taxes generated by those products. The Planning and Funding Committee will be studying funding sources for AODA services and excise taxes will be part of that review.
- **Department of Health Services** – Kevin Moore reported on the Affordable Care Act. Through August over 125,000 childless adults had enrolled in Medicaid. DHS had expected 90,000 enrollees. DHS now expects up to 140,000 people to enroll. Medicaid currently has a $93 million deficit, which takes into account the higher enrollment numbers. He also reported that the federal government approved a special enrollment period for people who were no longer eligible for Medicaid. The department is contacting the people who it cannot confirm have insurance coverage. The department's budget is due to the Department of Administration on September 15. It will not include any new initiatives but continue to provide existing services.
- **UW Systems** – Anne Hoffmann reported the UW System has implemented alcohol and cannabis screening for students. About 65-80 percent use alcohol and about 13-18 percent use marijuana, making marijuana the second most used drug. Tobacco use is falling but remains the third most used drug. The system has convened a group to work on marijuana prevention and it is looking at the Colorado and Washington institutes of higher learning. There are federal laws that apply to institutions of higher learning that require campuses to be drug free, and that may include a ban on medical marijuana.
- **Department of Public Instruction** – Mr. Fernan reported that DPI is applying for four federal discretionary grants. One is to improve access to and collaboration with children's mental health so schools are more active partners. Another is a school climate transformation grant to expand training and implementation of Positive Behavioral Interventions and Supports. Another is a grant to enhance school emergency management plans. The final one is a school safety research grant that would review different school safety interventions and measure impacts. They are still waiting to hear if they will receive any grants, but were asked on three if they would accept a smaller amount, so that could indicate they will receive the grants. He also talked about the use of SBIRT in schools. Four regional experts have been trained to do SBIRT in schools. He also reported that DPI is facilitating a work group on trauma-sensitive schools that focuses on how to intervene in a manner that does not re-traumatize kids.

X. Tobacco survey results – Bruce Christiansen reported on a survey that was conducted to determine how integrated Wisconsin's behavioral health treatment programs are. WiNTiP will use the information to guide future activities. The survey looked at providers' tobacco policies, whether they were providing evidence-based tobacco dependence treatment, and helping staff quit. The powerpoint is on the SCAODA website. The results were that some programs have done a lot, some have not. For example, 78 percent

have a tobacco use policy, 33 percent have a policy of consequences to patients who violate the provider's tobacco use policy, 89 percent record the status of smoking, 58 percent assess the patient's interest in quitting, 70 percent provide support for those who want to quit, 28 percent have a relapse prevention plan at time of discharge, 84 percent do not provide training to staff on treating tobacco, and 90 percent of those who evaluate clinicians do not evaluate their skills in treating tobacco dependence. The survey revealed the providers need training and educational materials to help them integrate tobacco policies. They also need more money and staff support. In addition, some need assistance learning how to treat tobacco dependence.

XI. Agenda items for the December 12, 2014 meeting

- Bylaws amendments
- Epidemiological report

XII. Announcements – Joyce Allen introduced Lucas Moore as the new adolescent treatment specialist at DHS. He will work with ITC's Children, Youth, and Families subcommittee. Scott Webb is the new trauma-informed care coordinator. Part of his job will be to focus on how substance use disorders and trauma-informed care can be integrated. Andrea Jacobson will be the new substance abuse treatment coordinator, focusing on adults. She will staff ITC. DHS and DPI are partnering on a project to promote safe schools and healthy students. Monica Wightman will coordinate that effort.

Ms. Allen also announced a new SAMHSA grant DHS and the Department of Veteran's Affairs received for an outreach project for homeless veterans. The project will focus on homeless veterans with mental health and substance use disorder issues and provide outreach to help them find housing and receive referrals to treatment.

DHS is partnering with the Great Lakes Addiction Technology Transfer Center (GLATTC) to offer a series of trainings for providers. Trainings have been provided on medication-assisted treatment and clinical supervision. A training for leadership development for leaders in the minority communities is being developed.

Mr. Oppor reported that DHS is finalizing the bi-annual Epidemiological Report. Based on the data, DHS identified the following priority areas: reducing adult binge drinking, reducing underage drinking, addressing drinking of pregnant women, addressing OWIs, and reducing opioid use for non-medical purposes.

DHS will soon issue a Request for Proposal to open opiate treatment centers in rural areas that are underserved and have high need. The centers can provide medication-assisted treatment, but not methadone, and will provide medically-monitored residential detoxification services.

Mr. Waupoose announced that Joyce O'Donnell was not able to attend the meeting because she is attending her sister's funeral. A card was sent on behalf of SCAODA.

He also reported on the National Governor's Association Healthcare Workforce Task Force on which Shel Gross and he are participating. The task force will have a specific focus on issues facing the mental health and substance use disorder workforce. Mr. Waupoose also serves on a legislative study committee that is studying problem-solving courts. The committee has met three times and has finished the information-gathering phase and now is developing legislation to further support treatment courts and other alternatives to incarceration for people with substance use disorders.

Mary Rasmussen reported that Arbor Place, an organization that provides prevention, treatment, renewal, and recovery opportunities to individuals, families, and communities impacted by substance abuse and dependence and mental health disorders, is bringing William Cope Moyers to speak at a fundraiser on September 24 at 7 p.m. at UW-Stout in Menomonie.

XIII. Adjourn –The meeting adjourned at 2:35 p.m.

2014 SCAODA meeting dates:

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

Scott Walker
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Duncan Shrout
Vice-Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
December 12, 2014
9:30 a.m.
American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Norman Briggs, Craig Harper, Kevin Moore, Joyce O'Donnell, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Scott Stokes, Michael Waupoose

Members absent: Bud Coxhead, Douglas Englebert, Cheryl Eplett, Steve Fernan, Roger Frings, Sandy Hardie, Charlotte Rasmussen, Tina Virgil

Ex-officio members present: Randall Glysch, Tom Heffron, Anne Hoffman, Katie Paff, Katie Roberts, Matthew Sweeney

Ex-officio members absent: Kathy Marschman, Linda Preysz

Staff: Joyce Allen, Ashleah Bennett, Lee Ann Cooper, Pat Cork, Sarah Coyle, Tanya Hiser, Andrea Jacobson, Bernestine Jeffers, Paul Krupski, Cody Michels, Kris Moelter, Lucas Moore, Christy Niemuth, Lou Oppor, Mai Zong Vue

Guests: Richard Bryant, Denise Johnson, Tera Cater Vorpahl, Sue Gudenkauf, Dave MacMaster, Lori Pesch, Sheila Simonson

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

I. Introductions – Meeting attendees introduced themselves.

II. Approval of September 12, 2014 minutes – Kevin Moore moved (Duncan Shrout second) to approve the September 12, 2014 meeting minutes. The motion passed unanimously.

III. Public input – None.

IV. Committee reports

- **Executive Committee –** Mr. Waupoose introduced Katie Roberts, a representative from the Wisconsin Technical College System.

  He reported that the Executive Committee has met two times since the September SCAODA meeting. The first meeting was to review the proposed Department of Safety and Professional Services' rule relating to substance use disorder professionals that would allow them to receive credit for online education courses. The Executive Committee sent a letter in support of the proposed rule. The second meeting was to review a proposed rule to change the educational and other requirements for professional counselors, marriage and family therapists, and licensed social workers to receive a substance abuse specialty. The Executive Committee opposes the proposed rule as drafted and recommends it be changed to maintain the requirements for psychopharmacology, the ICRC examination, and the supervisor certification as exists in the current rule. Mr. Waupoose will attend the public hearing on December 19 and provide testimony on behalf of SCAODA.

  Mr. Waupoose reviewed the legislator education material that was distributed. Joyce O'Donnell reported that the Planning and Funding Committee put together the material and will work with the Executive Committee to distribute the materials to the legislators once the committee assignments are made for the next session.

  He also reported on the Legislative Council study committee on treatment courts and diversion for which he serves as the SCAODA representative. The committee will recommend three legislative actions for the next session. The first is to provide funding to continue to provide grants for local criminal justice coordinating councils, treatment courts, and treatment alternatives and diversion programs. The second is to create family and juvenile drug treatment courts within the Department of Children and Families. The third is to allow courts to have access to ignition interlock device reports and to shorten the waiting time to receive a driver's license if the person is participating in a diversion program.

- **Diversity Committee –** Mai Zong Vue, staff person for the Diversity Committee, reported the committee is reviewing data and conducting a needs assessment for underserved populations. It will receive regular data reports from DHS to help with the assessment. The committee also is revisiting the CLAS standards and working on developing a definition for diversity. SCAODA members had a discussion on the future of the Diversity Committee. That committee will discuss how it sees its role within SCAODA and report back at the March meeting.

- **Intervention and Treatment Committee –** Norman Briggs reported the substance abuse workforce committee is close to completing its work. Mr. Shrout said the committee has developed a series of recommendations that it will bring the SCAODA in 2015.

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Mr. Briggs reported that the ITC is focusing on methadone clinics to ensure they are providing the best possible service to its clients. He also reported that the committee has not yet received a response from DHS or DCF on SCAODA's request that it form a workgroup to look at screening for parents with children in the child welfare system. Mr. Waupoose asked the committee to also look at how suboxone and vivitrol are prescribed in the state.

- **Planning and Funding Committee** – Ms. O'Donnell reported that the committee held a public forum at the annual mental health/substance abuse conference. The main issue that was discussed was the substance use disorder workforce. She reported that the committee will form an ad hoc committee to review and make recommendations on how substance use is funded in Wisconsin. Todd Campbell will chair that committee. She said the committee will work with legislators to change the SCAODA statute to increase the SCAODA membership from 22 to 27 per a prior SCAODA motion. The committee's recommendation is that the additional members be treatment providers, one from each of the DHS administrative regions.

- **Prevention Committee** – Scott Stokes reported that the committee is working on a system to follow up on reports and status of recommendations that are made in those reports. The committee currently has an ad hoc committee looking at marijuana. It has formed workgroups to address prevention, legalization and regulation, medical marijuana, and treatment/recovery.

  The committee held two public forums at the Alliance for Wisconsin Youth training. The committee is reviewing the comments and report back at a later meeting. It is working on a statewide prevention conference to be held in 2015, as well as two substance abuse prevention specialist trainings for 2015.

V. Wisconsin Council on Mental Health update – Mr. Briggs is the SCAODA liaison with the council. He reported that the Department of Corrections may expand the OARS (Opening Avenues to Re-Entry Success) program. That program helps inmates with mental illness re-integrate into the community. The Department also now provides inmates with a month's supply of medications when they leave the institutions.

VI. Bylaws amendments – Mary Rasmussen reviewed the proposed bylaws amendments. The amendments were:

- To consolidate some of the listed SCAODA duties listed in Article I, Section 3—(d) and (k) would be combined and (i) and (j) would be combined
- Article II, Section 2.4 (c), limiting ex-officio members to four-year terms, would be eliminated
- Article II, Section 2.9 (c) would be amended to add that SCAODA vacancies would be publicized to stakeholders of all ethnic groups
- Article II, Section 3.4, relating to the past chairperson, would be eliminated and the reference to the past chairperson in Article IV, Section 5 would also be eliminated
- Article III, Section 6 would be amended to make the meeting attendance requirements applicable to committees and would eliminate 6.4 and 6.5

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- Article IV, Section 1.2 would eliminate the requirement that the Diversity Committee have a standing subcommittee on the Americans with Disabilities Act

Mary Rasmussen moved (Mr. Shrout second) to approve bylaws. The motion passed unanimously.

VII. Epidemiological Report presentation – Christy Niemuth gave a presentation on the 2014 Epidemiological Report that was recently published by DHS. The priorities that will be addressed based on the data are (1) underage drinking (2) adult binge drinking (3) drinking among pregnant women (4) drinking and driving.

VIII. Synar Report – Nancy Michaud presented the annual Synar Report. The report details compliance with the laws related to sales of cigarettes to minors. The retailer violation rate must be below 20 percent. If it is not the state could lose up to 40 percent of its Substance Abuse Block Grant funds. This year's rate is 6.4 percent, compared to 7.3 percent last year. Wisconsin's rate has consistently stayed below the national average of 10 percent, usually at about five percent. Before Wisconsin had year-round compliance checks, the violation rate exceeded 20 percent. While use of cigarettes is down among youth, the use of smokeless tobacco, e-cigarettes, and other tobacco products is increasing. A copy of the report is included in the meeting materials.

IX. State agency reports

- **Department of Revenue** – Matthew Sweeney reported that the excise tax collections overall are down 1.64 percent over last year through October 2014. Cigarette taxes are down 2.35 percent while other tobacco taxes are up just over 2 percent. Liquor tax collections are up 2.2 percent and beer tax collections down 1.5 percent.

- **Department of Health Services** – Mr. Moore reported that DHS is asking for over $2 billion over the next two years to fund the Medicaid program. There are 1.18 million Wisconsin residents on Medicaid. There are over 136,000 childless adults, which is more than the budget estimate of 98,000. That is still within the budget.

  He reported that the department has a new website and that DMHSAS Administrator Linda Harris is retiring.

- **UW Systems** – Anne Hoffmann reported that there is an upcoming assessment to survey students and their substance use. The survey has substance use, mental health, physical health, and sexual health questions. In prevention initiatives they are doing marijuana prevention and have captured social norms data and are sharing that data with students. UW System is working on engaging parents in prevention.

- **Wisconsin Technical College System –** Ms. Roberts reported that the technical college system is in the process of systematizing its curriculum so that all course learning outcomes will be clear and the same. Each faculty member will still have the freedom to interpret the curriculum, but the learning outcomes must be met. She also reported

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that the number of people taking the technical college responsible beverage services classes has declined as more private vendors offer the course for less money. A member of the legislature is concerned that the private curriculum is not as rigorous so he will look at possible legislative changes to strengthen the curriculum and delivery for responsible beverage service.

X. Agenda items for the March 6, 2015 meeting

- Workforce development ad hoc committee report
- Budget/legislation update
- Presentation on medication-centered therapy

XI. Announcements – Lou Oppor reported that DHS will release a request for proposal for the opiate treatment program by the end of the year. Up to three centers will be funded. The programs will be designed so they could expand to address other emerging drug use in the future.

Kris Moelter reported that the annual Substance Abuse Block Grant report was submitted to SAMHSA. Wisconsin met most of the goals and the goals that were not completely met were partially met and will be met within the next year.

Joyce Allen reported the legislative assembly has created a mental health reform standing committee although no committee appointments have been made.

XII. Adjourn –The meeting adjourned at 12:31 p.m.

2015 SCAODA meeting dates:

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

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EXECUTIVE COMMITTEE MEETING MINUTES
February 20, 2015

Members present: Mary Rasmussen, Duncan Shrout, Michael Waupoose

Staff present: Kris Moelter

Michael Waupoose called the meeting to order at 8:45 a.m.

Kris Moelter updated the committee the proposed executive budget and pending substance use disorder legislation. The Planning and Funding Committee will recommend SCAODA support the proposal to expand Medicaid to cover the treatment portion of residential substance use disorder treatment. It will also recommend SCAODA oppose drug testing for some public benefit recipients as proposed in the budget.

The committee discussed the legislation allowing Class A retail licensees to provide distilled spirits samples. The committee unanimously agreed to oppose the legislation and send a letter to the chair of the senate committee that will hold a public hearing on February 25. The letter will discuss how Wisconsin has high binge drinking, underage drinking, and pregnant women drinking so the sampling of any alcoholic beverage does not help change that. This will be included on the SCAODA agenda to report on the Executive Committee action.

Duncan Shrout reported that he met with the new senate SCAODA representatives. He met with Senator LeMahieu and Senator Bewley. The committee agreed to send letters to the chairs of the assembly committees that may have an interest in substance use disorder and the minority leaders on those committees seeking representatives. The letter will reference the relationship between those committees and drug/alcohol issues.

Meeting adjourned at 9:10 a.m.

Scott Walker
Governor

Eloise Anderson, Secretary
Department of Children and Families
201 East Washington Avenue, Second Floor
P.O. Box 8916
Madison, WI 53708-8916

State of Wisconsin

Department of Children and Families
and
Department of Health Services

Kitty Rhoades, Secretary
Department of Health Services
1 West Wilson Street
Madison, WI 53703

January 28, 2015

Mr. Michael Waupoose, Chairperson
State Council on Alcohol and Other Drug Abuse
c/o Wisconsin Department of Health Services
1 W. Wilson St., Room 850
Madison, WI 53703

Dear Mr. Waupoose:

Thank you for your letter requesting the Department of Children and Families (DCF) and the Department of Health Services (DHS) create a joint committee to develop recommendations to increase interdepartmental collaboration to improve outcomes for families with substance use disorders who are involved in the child welfare system.

We agree this is an important issue and invite you to appoint a SCAODA member to serve on the DCF Secretary's Advisory Council on Child Welfare. The council was established to convene stakeholders with expertise and experience in child abuse prevention and protective services from across the state to advise the Department of Children and Families regarding policy, budget, and program issues that impact the safety, permanence, and well-being of Wisconsin's children and families. Given the connection between child welfare and substance use disorders, a SCAODA representative would add an important voice to the council.

The departments are collaborating on two initiatives that may be of interest to SCAODA. First, through the Office of Children's Mental Health the departments are participating in a collective impact process to address children's social and emotional development. Collective impact is a framework that asks multiple organizations to create a shared vision and shared measures to gauge whether progress towards the vision is being made. The agenda for the effort around children's social and emotional development is currently being developed. As workgroups form members of SCAODA may be interested in joining the effort.

The second initiative is the Care4Kids program, which is a new Medicaid program for children in out-of-home care that is currently operating in six counties in the Southeast area of the state. Care4Kids provides comprehensive, coordinated health care for children in out of home care in ways that recognizes the unique needs and trauma experiences of these children. The program uses healthcare coordinators to build relationships with children and their medical providers so they receive consistent care coordinated between providers and services. The program supports

a two-day initial health screen; an initial health exam within 30 days of entrance; the development and implementation of a comprehensive health care plan, tailored to the child's health needs; and an increased periodicity of health, dental, and vision contacts. Because of the family's involvement, Wisconsin's child welfare system plays a role in ensuring the family's needs related to assessment and treatment of alcohol and other substance abuse issues are addressed.

Other areas of collaboration include DHS contracts with DCF to support the Brighter Futures Initiative and the Bureau of Milwaukee Child Welfare to support the needs of families with substance use disorders.

We look forward to SCAODA's participation on the Advisory Council on Child Welfare. Please contact John Elliott at John.Elliott@wisconsin.gov with the name of the SCAODA representative.

Sincerely,

Eloise Anderson, Secretary
Department of Children and Families

Kitty Rhoades, Secretary
Department of Health Services

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

February 26, 2015

Senator Terry Moulton
Room 310 South
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

RE: SB 16/AB 18 - taste samples of intoxicating liquor provided on certain retail licensed premises

Dear Senator Moulton:

I am the chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), a statutory council charged with advising the Governor and Legislature on matters related to alcohol and drug use. Wis. Stats. §13.098 requires SCAODA to provide the chairperson of the standing committee to which proposed legislation is referred with an opinion as to the desirability of the legislation if the committee has not yet taken action on the legislation.

SCAODA's Executive Committee has reviewed SB 16/AB 18 and opposes the bills. While SCAODA understands retail liquor businesses may see an increase in their sales by allowing customers to sample distilled spirits in addition to wine and beer, that economic impact is far outweighed by the many negative alcohol-related health and social consequences that cost Wisconsin $6.8 billion annually in healthcare, lost productivity, criminal justice, and motor vehicle crash-related costs.

- As of 2012 Wisconsin adults have the highest rate of binge drinking in the United States, a distinction Wisconsin has held in most previous years
- Wisconsin also leads the nation in the highest rate of binge drinking among women of childbearing age
- Alcohol-attributable poisoning deaths are steadily increasing
- Of the 615 motor vehicle deaths in 2012, 39 percent were alcohol-related
- Alcohol-related hospitalizations increased 8 percent from 2003 to 2012
- Charges for alcohol-related hospitalizations exceeded $1.2 billion in 2012
- Wisconsin consistently has higher per capita consumption of alcohol than the national average—in 2012 Wisconsin's consumption was 660 drinks per person, well above the national average of 513

Laws that allow sampling of any alcohol, not just distilled spirits, continue to perpetuate the culture of drinking that pervades the state and is contrary to the work of SCAODA. These bills increase access to alcohol, thus continuing to place the health, social, and economic well-being of Wisconsin's citizens at risk. The costs are borne by the government, excessive drinkers and their family members, private industry, and the citizens of Wisconsin.

Thank you for your time, and please do not hesitate to request our assistance in the future.

Please contact me if you have any questions at (608) 287-5701.

Respectfully,

Michael Waupoose, Chairperson

c: Tom Engels, DHS Deputy Secretary

Scott Walker
Governor

Michael Waupoose
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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

DIVERSITY COMMITTEE MEETING
January 23, 2015; 9:30 a.m. – 2:30 p.m.
Hmong Community Center
1109 Sixth Street, Wausau; 715-842-8390

Meeting Minutes

Present: Tina Virgil, Cathy, Thai Vue, & Gail Kinney
By phone: Denise Johnson and Tish Minor
Staff: Mai Zong Vue

Call to Order & Introduction: Tina called the meeting to order at 9:37 a.m. Everyone introduced themselves.

Public Comments: none

Approval of Minutes - Thai made motion to approve the November 14, 2014 meeting minutes as submitted and seconded by Cathy.

Updates on Mental Health & Substance Conference - The conference planning has been meeting to plan for the next conference scheduled for October 21 and 22, 2015 in Wisconsin Dells. The window of opportunities to submit workshop presentations will end in mid-February.

A lengthy discussion was held on the conference. Subjects discussed include:

- the need to represent diversity populations and issues at the conference
- training needs for Hmong AODA counselors in order to serve Hmong clients
- Often discussed is a standard of requiring a master-degree for AODA counselors. This has never been required, but the discussion may be related to reimbursement issues. Associate degree graduates (who receive far more education and training than the minimum required) are prepared to work as counselors, but may have difficulty finding jobs if employers believe a masters degree is needed. This will increase the gap~~s~~ between workforce needs and eligible workers, especially those who can only afford a two-year degree.
- Diversity workshop, Tina asked whether or not there should be a workshop presented by Diversity Committee members. It was agreed that a workshop be held to promote the need for a diverse workforce. Panelists are Cathy (correction data & treatment issues), Thai (culture and language relevant issues), Tish and Tina (address services for African community). Mai Zong will send workshop form to everyone to fill out and submit by February 6.
- Send a letter to the MH Conference Planning Committee regarding having diverse participations and workshop presentations at the conference. Thai will draft his bullet points and send to everyone for feedbacks. Letter will ask: How do we get consumers and program providers to this conference?

Training issues
Gail asked currently who provide AODA training for Hmong, who provide AODA and mental health services to Hmong clients, if none, how do we get more people train to provide these services to the Hmong community?

Cathy added that there is a limited AODA counselor compared to mental health services. For example, four African American AODA counselors just left her office. Denise shared that they have a trained ADA staff but no one would hire her. Thai added, "we need AODA Hmong counselors."

Gail noted that she has counselor graduates every year looking for jobs. However, reports indicate that there is either current or a predicted shortage of counselors in the field. Gail also serves on the SCAODA Ad-hoc Workforce Taskforce which plans to make recommendations to SCAODA to address this disconnection. There seem to be two disconnections in the field: 1. Medicaid reimbursement should be defined clearly for all levels of AODA counselor licensure. How do we get the state Medicaid committee to recognize? 2. At DSPS there has been much staff turnover. As a result, rules and expectations for counselor licensure applications have been interpreted differently by new staff so many applications (even those got approved before) have been delayed or declined.

The Committee decided that a letter be sent to SCAODA regarding these disconnections. Gail will draft a letter and send to everyone for review and approval. Once approved, the letter will be sent to SCAODA for consideration and for SCAODA to send a letter to *DSPS.*

Review, Approve & Usage of Diversity LOGO: Blend the shading of the logo to help blind people see better. Perhaps make a black and white contrast or a separate print for vision impaired people. A motion was made by Thai to approve the logo with minor change for vision impair reading (blend the shading area and make the outline darker in the logo so it is clearer for the blind people to see) and seconded by Cathy.

Peer Specialist letter: The Committee previously discussed and decided that they would like to learn more about the new initiative of developing an AODA Peer Specialist Workgroup at DMHSAS. Cathy made motion to approve the draft letter and seconded by Thai. The letter will be signed by Tina and send out promptly.

Identify topics to present at SCAODA's September meeting
Much discussion took place on the need to help the SCAODA Council help the Diversity Committee meet its goals. Below are different areas of focus during the SCAODA presentation:

- Provide a concrete list of what needs to happen in order to make an impact within the Diversity and Council. This list will help the Council contribute to the goals and understand the priorities within the Diversity Committee. - Gail

- We need to connect the dots within the Council and tell personal stories to the Council. - Thai

- I would like to follow Gail's lead and pick the top three topics and recommendations for the Diversity to present to the Council. This will help the Council understand our needs and actions that are needed to make things happen. Gail will draft the three topics (access to services for underserved clients, joint board recommendations to the Council, and data collection) –Tina

- Denise will help do an ice breaker exercise--a nonverbal conversation for a few minutes—prior to the Diversity presentation at the September meeting.

Protocol and process for identifying unmet needs

A lengthy discussion was held on the unmet needs, including limited data and access to services. Everyone agreed that the Committee needs to compile a list of existing providers who serve the underserved communities, especially in ethnic communities serving their clients.

The Committee will look into compiling a list of providers—AODA, methadone clinics, tribal clinics, Latino, Mutual Assistance Associations, county, hospitals, corrections, DPI, etc.—for its own assessment. In addition, the Committee would like to explore the approved SAMHSA survey questions at DPI to see if a brief relevant community survey can be finalized in order to survey the underserved communities. Thai added that he is concerned about getting no data for the Hmong community in general, for he said, "I know we don't have data in the system because our people don't use the county system."

CLAS Presentation follow-up
After much discussion, everyone agreed that Evelyn Cruz should be invited back to update the Committee on the following questions:

> What had been their office's experiences in implementing CLAS standard? For example, what barriers did they face? Where are they in their process? Who are their partners? Any impact made so far? Any lessons learned-suggestions to share with Diversity Committee?

All members are to send in additional questions for Evelyn to Mai Zong a week prior to the CLAS Standard presentation. Mai Zong will resend to everyone Evelyn's materials she distributed at the November meeting.

Discuss & draft Diversity definition: Due to limited time, this topic was tabled until later.

Others - 2014 Goals Review: The Committee reviewed the updated 2014 Goals and agreed to finish all goals in 2015—there were no new goals added to the list.

Website update: How is the website coming along? Tina shared that the student who was working on it changed job and still willing to help. However, Tina feels a new student should be recruited to maintain this website. Things needed to be updated are: meeting minutes, membership directory, meeting locations, etc. Gail will ask around with people in her college and find a new student.

Agenda items for next meeting
CLAS Standard updates by Evelyn Cruz
SCAODA September Presentation

Adjourn: Cathy made a motion to adjourn the meeting at 1:30 p.m. and seconded by Thai.

NOTE: Next SCAODA meeting is March 6, 2015; American Family Insurance, Madison

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

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

Meeting Minutes taken by Mai Zong Vue; 608-266-9218

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

DIVERSITY COMMITTEE MEETING

Friday, November 14, 2014
9:30 a.m. – 2:30 p.m.
WI Coalition of Independent Living Center, Board Room
3810 Milwaukee Avenue; Madison, WI

MINUTES

Attendance: Thai Vue, Tina Virgil, Anthony Harris, Cathy Scheier, Denise Johnson & Sandy Hardie
Phone Attendance: Tish Minor
Staff: Mai Zong Vue & Mike Quirke
Guests: Evelyn Cruz & two interpreters
Excuse: Dr. Steve Dakai, Jesse Heffernan
Absent: Rebecca Weise & Sterlon White

Call to Order -- Tina Virgil called the meeting to order at 9:40 a.m. Everyone introduced themselves.

Public comments— None

Meeting Minutes: The August 8 meeting minutes was approved as submitted. Cathy made motion and seconded by Thai.

MH/SA Annual Conference--Six workshops on the underserved communities were part of the 2014 Mental Health Conference this year. Participants who went to these workshops indicated they would like to see more advance workshops regarding underserved communities in future conferences. A few members commented on the mental health conference:

Denise shared that when she presented at this conference in the past, the participation numbers were low. She stopped presenting and going to the conference. Also, the Mental Health Conference is overwhelming for consumers because the topics are not related to them.

Another concern raised is: how do we make conference scholarships available to underserved consumers as well as having keynote speakers who can talk about underserved consumer's experiences?

Thai commented that he is concerned about having no Hmong participants at this conference. He said, "We don't have staff who are counselors and not working in this arena. As a result, we

don't have presence in this conference. How can we bring the Hmong MAA staff to attend this conference?" One way to improve Hmong participation according to Thai is that we need to target the Hmong in different capacity so they can attend and benefit from the conference. For example, there were great Hmong mental health speakers (Dr. Xa Xiong & Dr. Alyssa Vang) at the annual Hmong Mental Health Conference this past September. Efforts should be made to bring these speakers to speak at the annual Mental Health Conference.

LOGO—due to limited time, the LOGO will be table until next meeting.

Approval of Guidelines—After carefully reviewing the Guidelines and the Guidelines was approved with minor changes. Changes are made through track changes. See final attached Guidelines dated November 14 for the minor changes. The motion was made by Cathy with the minor changes and Sandy seconded it.

Accomplishment Report—Tina moved to approve the report and seconded by Sandy with no discussion as the report was already approved at the SCAODA meeting in September.

Topics to Present at 2015 SCAODA Meetings—A lengthy discussion was held on the need to keep diversity issues in front of the Council. Discussion questions and suggestions included:

Should we bring personal stories to the Council? For example, Denise can bring her personal story. Thai asked, "What are the diversity within our committee members? Should we bring the personal story to the Diversity first then bring it to the full Council?" A motion was made to request a presentation slot at the Council's December 2015 meeting. Sandy made the motion and seconded by Tina. The motion was amended to change the date to September instead of December by Sandy and Tina.

Another question was regarding the type of data existed for underserved populations in Wisconsin. If there are, how do we get data for each community? Members agreed to have a follow-up discussion after Mike's data presentation later today.

CLAS Presentation – Evelyn Cruz
Everyone introduced themselves to Evelyn Cruz. Evelyn presented on the CLAS Standards and what her office is currently doing in implementing the CLAS standards in Wisconsin. Please see power point attachment for more information. Members will have a follow-up discussion on the CLAS Standards in future meetings.

DHS Data Presentation -- Mike Quirke
Mike distributed some handouts—maps of underserved populations in Wisconsin—to everyone and explained a bit about the data collected at DMHSAS. Denise asked, "Where is the hard of hearing map?" Mike indicated that this is an area of challenge but Mike will work on it and see what he can find. After a long discussion on the question, "What is the gap of services for underserved populations?" Mike commented that Thai made a very profound statement about "needing to cook their own rice" at the statewide meeting—"we need to allow the underserve communities to cook so they can add their flavors." The question about data on the deaf of hard of hearing remains a challenge, especially the question of: "How do we count the people who go

to MN—Mayo clinic—for treatment?" Mike said he will explore to see if he can compare data with Minnesota. A final topic discussed was the SBIRT data. As of now, the needs data in SBIRT is low and the challenge is "How do you increase the data base to reflect the needs in the communities?" Mike agreed to generate an underserved data report for the Diversity regularly—perhaps every six month. If you have any data question, please email Mike at mike.quirke@dhs.wisconsin.gov.

Develop protocol & process for identifying unmet needs were tabled for future meetings.

Diversity Definition – a brief discussion was held. More information is needed, especially the term cultural or diversity? Mai Zong will find the old Diversity definition and bring any definitions from SAMHSA under its cultural competence manual. In addition, Mai Zong will check to see if Evelyn or the Affirmative Action Committee has one.

Next agenda items:

1. Protocol and process for identifying unmet needs (mike's report),
2. Diversity definition
3. Logo
4. CLAS standard—the next steps?
5. Cultural Intelligence discussion
6. Diversity letter to DHS peer specialist
7. Diversity presentation in September

Adjournment -- Cathy made motion to adjourn at 2:45 p.m. and Sandy seconded.

A tour of ACCESS to Independence Inc. was given by the agency director. The tour included the type of services provided, to whom, and their model. The uniqueness about the Wisconsin Independent Living Network are:

1. 51% disability control board
2. Served all disabilities and ages
3. 36 years in business, served 4 counties -- Dane, Dodge, Columbia and Green

Type of services included:
Person Center--meet individuals at their levels of needs and skills. Skills and services are tailored toward the individual's needs. Common services are housing, education, employment--their goal is to help clients maintain self in the community.

Peer support—work with disability clients on how to help them stay at home.

Advocacy—individual and systemic—staff educate policy makers on how the policies they made can impact disabled individuals, etc. They also train family members and supporters to write letters to legislators.

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

DIVERSITY COMMITTEE MEETING

February 20, 2015; 9:30 a.m. – 2:30 p.m.
Dept. of Justice
2445 Darwin Road, Suite 200
Madison WI**; 608-240-3599**

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
	Public Comments
	Approval of January 23, 2015 meeting minutes
9:45 a.m.	Governor's Budget, Kris Moelter
10:30 a.m.	CLAS Standard Follow-up Presentation, Evelyn Cruz
12:00 p.m.	Lunch (decide on lunch options)
1:00 p.m.	CLAS Standard cont.—next steps Diversity definition Letter to Joint Board for SCAODA
2:15 p.m.	Others Meeting Time Change Agenda items for next meeting
2:30 p.m.	Adjourn

NOTE: Next SCAODA meeting is March 6, 2015; American Family Insurance, Madison

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

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www.scaoda.state.wi.us

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Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, November 11, 2014
10:00am – 2:30pm
Department of Corrections
3099 E. Washington Ave.
Room 1M-M
Madison, WI

MINUTES

Present: Norm Briggs, Roger Frings, Alan Frank, Dave Macmaster, Tanya Hiser, and Andrea Jacobson (staff).

Absent: Steve Dakai, Staci McNatt, Lucas Moore (staff), Sheri Graber, Shel Gross, and Dan Nowak.

Guests: Bernestine Jeffers (DHS with the Workforce Development sub-committee) and Kenya Bright and Langeston Hughes (with DHS CCS services)

Welcome, Introductions and Review of Minutes - Norm Briggs called the meeting to order at 10:15 a.m.

Alan Frank made a motion to approve the October meeting minutes; Dave Macmaster seconded. No oppositions or abstentions. Motion approved.

Public Comment – None

Presentation by Bernestine Jeffers:

Bernestine reviewed the original mission and accomplishments of this committee since inception in early 2014. The committee members were charged with exploring WI's substance abuse workforce, and evaluating if Wisconsin may currently have, or develop a shortage of our work-force. The committee has completed phases of research and analysis, and recently completed the framework for the final report. The committee specifically targeted their research around Substance Abuse Counselors and Substance Abuse Clinical Supervisors. The committee members are in the midst of writing the draft report with a goal of final completion by February 2015. They have received input from technical colleges, UW Milwaukee, community providers,

clinicians, clinical supervisors, DSPS and prevention experts. The research has included exploring current educational opportunities in WI and how they match with DSPS requirements for licensure.

Bernestine shared that the committee also included a review of Peer Specialists (certified through DHS not DSPS) and Recovery Coaches (not currently certified). DHS is currently developing a training curriculum for Peer Specialists integrating a substance abuse scope of practice in addition to mental health. With the combination of DHS adding the AODA scope of practice for Peer Specialists, and a 2015 DHS grant related to ROSC that will include the use of Peer Specialists, it is expected that the Peer Specialist workforce will increase. This area of the WI workforce is developing quickly and although it may not be specifically addressed in the report, it is an area for ITC to be aware of and to continue to monitor.

Alan highlighted workforce issues by sharing that DOC is the employer with the largest population of CSAC's in WI, and they are currently struggling to hire for more than a dozen clinical positions and have difficulty finding clinical supervisors.

Bernestine is currently a DHS representative to workgroups with DSPS looking at licensure issues. DSPS is currently looking at opening up and revising sections of the rules that govern CSAC's, and ICS's (DSPS 160-168). One revision may be the removal of 51% of training to be "in-person", allowing for up to 100% of training hours to be gathered on-line in order to assist development of a rural workforce. There are plans to work with the technical colleges and universities to determine how best to govern the on-line training to ensure quality and relevant education. The committee has reviewed data supplied by the Flo Hilliard with UW Madison, DHS and a DHS survey sent out to professionals in 2012 looking at the state of educational levels of the WI workforce.

DSPS is also looking at the current bans to licensure related to history of criminal activity in an attempt to reduce barriers to those looking to enter the field. It was noted that many individuals with lived experience are being banned from entering the field as a professional due to events which occurred prior to the individual's recovery.

Another area impacting workforce, which has come to light, is the difficulty for those wanting to enter the field to determine how to become licensed. Historically there was a certification board (WAAODA, WATPA, etc…) which provided guidance to those seeking to enter the field, however these boards have dissolved. UW is working on development of forms with clear explanations in an effort to reduce this area of barrier.

Additional barriers include low starting wages ($15.00 an hour). SAC'IT's are unable to bill insurance which prevents employers from hiring until fully licensed. Then insurance reimbursement rates are low compared to other forms of health care and often don't cover an agencies overhead costs for providing the substance abuse care. Up until 2 years ago, Medicaid required a bachelor's degree to bill, but they agreed in consultation with DHS to allow certified

substance abuse counselor's with less formal education to bill for services. The committee has identified what reimbursement rates are currently in place, and Norm shared that rates haven't increased since 1987, causing significant hardships for POS agencies.

The committee also consulted with WI tribal members and they identified 18 areas as barriers to entering the field.

Bernestine shared that WI was awarded a National Governor's Association grant which will be looking at workforce issues across all types of health care services. She further shared that the Ad Hoc Workforce Development committee has a page on SCAODA's website which lists resources for further research: http://www.scaoda.state.wi.us/WorkforceDevelopment.htm.

In conclusion, it was noted by Norm that people in WI need qualified and available substance abuse treatment providers, which makes this workforce issue critical for receiving attention. The sub-committee is nearing the scheduled sunset time frame, and may need additional time to complete the final report. Norm will determine if a motion by SCAODA is needed.

Review of September SCAODA Meeting

Roger shared that Rise Together provided a presentation on how they are trying to ban together communities and assist individuals looking for peer support. They had a recovery rally in September and they have a website and facebook page (. http://www.weallrisetogether.org/ and https://www.facebook.com/weallrisetogether). Roger provided an update on the rural institute where the Burden of Tobacco report was reviewed and it identified some concerning issues related to disparities between taxation and costs to the community. This issue has been referred to the planning and funding committee per Mac.

Presentation by Kenya Bright and Langston Hughes of DMHSAS re: CCS

DMHSAS has responsibility to oversee the admin codes for Comprehensive Community Services (CCS) and Medicaid manages the payment of CCS services. CCS began in 2005 however until recently only 31 of the 72 counties were participating. In the 2014/2015 bi-annual budget Governor Walker added funding to expand CCS. These funds allowed counties to provide CCS services without being required to make the 40% match as long as counties work together in a regional model and as a result an additional 30 counties have applied for CCS. Although reimbursement is for Medicaid covered individuals only, some counties have expanded CCS services to non-MA covered citizens and use county funding to pay for the care. CCS services must be coordinated through a County, region, or tribe.

CCS services are a coordinated wrap-around approach focused on mental health and/or substance use disorder recovery and work with the individual's own natural supports. They are open to youth and adults who meet eligibility requirements. Services do not end when a youth enters adulthood. CCS includes 14 different services (see handout for details): screening and

assessment, service planning, service facilitation, diagnostic evaluation, medication management, physical health monitoring, peer support, individual skill development and enhancement, employment-related skill training, individual and/or family psycho-education, wellness management and recovery/recovery support services, psychotherapy, substance abuse treatment, non-traditional or other approved services.

Eligibility: individuals need to be in need of more than outpatient level of care services and less then CSP program (and to meet functional screening requirements and need more than one or two services). CCS is different from CSP services in that services are not provided by one set team of staff in one program. It is less intensive and program staff may provide services or contract out for services. CCS does not require that all 14 services be provided, as services are matched to individual needs. Typically a person eligible for CCS will be in need of multiple services. At least one service needs to be provided by the County staff, and the other services may be contracted out to POS agencies.

CCS services are highly individualized and may include family supports, church support, etc…It is very person centered – driven by the individuals (and family for youth). The individual must voluntarily want CCS services and they they decide who is on their treatment team (coordinator and AODA/MH provider must be on the team). Team meets a minimum of every 6 months for treatment planning. MH/AODA needs to ensure the person is appropriate for CCS and determines if any further assessments need to occur.

Consumer advocates really like the flexibility of the program and data shows effectiveness: less ER, suicide attempts, physical aggression, etc… Quality Assurance is built into the rule; with consumer representation and consumer satisfaction surveys being collected in a database system at DMHSAS.

Regions: DMHSAS had authority to develop the definition of regions; population based, multi-county, or shared services (same definitions for the Tribes). Milwaukee, Dane and Waukesha have high enough populations where it made sense to have them serve as their own regions. Most of the other regions are shared where by each county is certified for CCS. For regions that already had a CCS program, they were able to determine which aspects of CCS services will be shared across counties – so didn't have to rebuild or eliminate services that were already in place and working. Multi county regions are 2 or more counties under one certification. Western consortium will be a multi-county. Marinette is expanding into Oconto and Fond Du Lac chose not to regionalize so they are paying the 40% in order to keep this independence. Grant Iowa plans to join in 2015. For approval, each region needs DMHSAS approval followed by DQA certification and finally Medicaid certification. (see Map for status of county certification). Each county sets up their own access point (some using local ADRC's).

Specialty services/circumstances:

- The parents of a CCS approved child can be reimbursed for parenting education if clearly needed for the child's needs and treatment plan.
- Can't pay for parents Substance abuse treatment.

- A residential/group home facility could provide one of the 14 services and get reimbursed as long as a POS agency and on the treatment plan. They simply can't be reimbursed for the "residential treatment" only specific service hours as MA never pays for room and board. Agencies would have to cost things out differently and would have to document services in light of the CCS treatment plans.
- Non –traditional services need to have prior authorization for Medicaid coverage (items such as Karate, or equine therapy, etc…).

Norm asked about the volume of substance abuse services that have been provided thus far through CCS and Kenya reported that the numbers were low (however childless adults were not eligible for MA at that time). The goal is to increase access to treatment and DHS would like to see CCS used to provide substance abuse services more often. Kenya shared that DMHSAS is looking at the functional screen to see if this has been a barrier to allowing individuals only needing substance abuse services from meeting eligibility. Scott Caldwell (DHS) is providing trainings with all CCS sites for providing services when substance use is primary and when co-occurring. Norm wonders about a resource library to include specific services developed for unique issues or populations (i.e. substance abuse curriculums for working with individuals with developmental disabilities) and perhaps to be able to reference minutes from quarterly meetings from CCS sites, etc….

CCS reimbursed by Medicaid on actual costs – however counties are provided with interim rates as listed in the Forward health handouts. At the end of the year they reconcile the full costs with MA – so if doc charges $200.00 and the MA rate is $160.00 at the end of the year MA will provide the difference (the $40.00 based on the contracted rate by the actual doc). Travel is reimbursable through Medicaid. Typically services are provided in the region and/or in the home, but if needed can still transport to the service provider.

In conclusion, DHS is interested in increasing the numbers of person's with primary AODA to participate in CCS services. The ultimate goal is to increase services to those in need – and at this point it appears that CCS will successfully triple the numbers of individuals served with the current expansions.

Section and Committee Updates

Ad Hoc Committee on Workforce Development – See detailed update from Bernestine Jeffers.

Children, Youth and Family – Neither of the committee representatives were able to attend today. Andrea will contact Lucas to determine if meetings are scheduled.

WINTIP – Dave shared an update (see attached Wisconsin Nicotine Treatment Integration Project update forms). New Recovery Community Center through Asbury church- staffed with community volunteers between 10 am and 2 pm. They plan to have focus groups with community members in order to determine what types of peer support would be most helpful.

New York State passed a requirement that every substance abuse program include tobacco cessation, using EBP's and meeting a 90% compliance rate. Mac would like WI to have an

equity resolution where persons with nicotine dependence would have access to all of the same treatment services (ie. in other states persons with primary nicotine allowed to have residential care).

Dane County RCDC has agreed to continue the TIP work. In addition, there is a new national advocacy group for tobacco integration including the following experts in the field: Dr. Mike Miller, Dr. William White, William Moyers, Dr. Steven Schroeder, and Dr. Steven Kippness, Dr. Jo Williams, along with other national level advocates, with a goal of pushing tobacco integration on a national level. Of note: the Tobacco Guidelines has had 14000 downloads from across the world.

Mental Health Council Criminal Justice Committee – This committee meets 6 times a year, so no new information to report. Norm stated that the committee is learning about MH Peer Specialist programs in the US. In Pennsylvania, the correctional officers of a prison have grown to rely on the use of peer support programs when difficulties arise.

Women and Children – Per Norm, no response from DHS or DCF regarding screening women for substance use disorders and mental health struggles. Norm shared that in WI far fewer parents involved with DCF are identified with MH/SA needs compared to other states and that a standardized screening tool is not currently in place.

Other Updates:

Per Roger: WI's Affordable Health Care website with a map of available health care plans by county is now available: http://oci.wi.gov/healthcare_ref/find_health_insurer.htm. This will be a helpful resource for communities, please feel free to share with others.

Future Agenda Items

- Per Norm – for ITC to review with Tanya's input the treatment pillar of the "Wisconsin's Heroin Epidemic: Strategies and Solutions" report: http://www.scaoda.state.wi.us/index.htm (starting on page 26; recommendations 25 – 30) to determine possible recommendations for ITC work.
- Per Mac – review of the Tobacco Equity Resolution
- Review of the 2015 legislature and potential for involvement.

Next meetings and dates:

- SCAODA - December 12, 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

- ITC – January 13, 2015; 10:00 am – 2:30 pm. Department of Corrections, Madison

2015 Meeting Dates

January 13th
February 10th
April 14th
May 12th
July 14th
August 11th
October 13th
November 10th

Full SCAODA meetings will occur on March 6th, June 5th, September 11th, and December 11th.

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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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, January 13, 201
10:00am – 2:30pm
Department of Corrections
3099 E. Washington Ave.
Room 1M-M
Madison, WI

MINUTES

Present: Norm Briggs, Roger Frings, Alan Frank, Dave Macmaster, Tanya Hiser, and Andrea Jacobson (staff).

Absent: Steve Dakai, Staci McNatt, Lucas Moore (staff), and Dan Nowak.

Welcome, Introductions and Review of Minutes - Norm Briggs called the meeting to order at 10:15 a.m.

Mr. Frank made a motion to approve the November meeting minutes; Mr. Frings seconded. No oppositions or abstentions. Motion approved.

Public Comment – None

Brief Discussion of Committee membership:

Several committee members have recently withdrawn participation due to competing demands on their time. As a result, ITC is looking for new membership. A few names were provided and a decision was made to provide outreach to these individuals to invite them as new members.

Review of December SCAODA Meeting

The committee reviewed the December SCAODA meeting's discussion of Suboxone and Medication Assisted Treatment. Ms. Hiser provided a resource on the SAMHSA website which provides a list of certified providers by state (http://buprenorphine.samhsa.gov/bwns_locator/). However, she cautioned that although a provider may be certified, some providers are not currently providing the service or their caseload may be at capacity (30 patients first year and 100 patients the second and consecutive years). She noted that methadone clinics do not have

caseload restrictions and can prescribe Suboxone to additional consumers. However, at this time, 8 of the 15 methadone clinics have made a decision to not dispense Suboxone. All 15 clinics are able to prescribe Vivitrol – however, the clinics report that there is not a consumer demand for Vivitrol. Apparently, consumers question the effectiveness (some reports of finding that Vivitrol doesn't provide a full 30 days of management of cravings), and some have difficulty being free from opiates for 5-7 days in order to start Vivitrol. An additional barrier can be the existence of waiting lists for services.

It appears that DOC is not currently able to provide MAT for persons while incarcerated or post incarceration – so this population may be experiencing a gap in available services.

In light of the community reports of lack of access to prescribers of Suboxone, a discussion regarding workforce development occurred in which the following suggestions were noted: 1) build in incentives for physicians and methadone clinics, 2) find ways to decrease socioeconomic stigma and/or misconceptions regarding working with this population, 3) develop local teams for collaboration between prescribers and treatment providers (to aid in oversight and case management needs for this population), 4) provide free training to physicians and other providers with data to address misconceptions, 5) consider ways to increase providers through regulation or grant RFP procedures. Another potential barrier is the cost of the medication and medication services for those who are uninsured or under insured.

Per the "Wisconsin's Heroin Epidemic: Strategies and Solutions" report, ITC is aware of the underserved and fastest growing population of 18-24 year old Opiate users. Ms. Hiser shared that often this population has unique treatment needs and it is not always helpful to be mixed in with the adult population. In addition to needing services to be geared age appropriately (to the adolescent brain), there is a risk of youth being exposed to individuals with more chronic histories and furthering their addictions. Developing ways to screen for risk level and chronicity and then treat accordingly would be beneficial for WI. In addition, the 18-24 year old population tends to have affected family members, who are in need of their own services and support. It was noted that youth under 18 years of age are not allowed to obtain services through methadone clinics. In addition, it was noted that primary care physicians (PCP) are treating youth for health issues but not necessarily addressing addiction needs.

Possible next steps:

- In order to approach the issue of medication assisted treatment (MAT) it would be helpful to determine the scope of need via a review of available data.
- Explore current regulations and what changes would be necessary in order to provide equal access to methadone/MAT for youth under 18 years of age (either through a methadone clinic and/or through community based programs). This would require a review of state and federal rules.

- Contact Department of Public Instruction (Steve Fernan was mentioned as a resource) to determine if any data is available re: self-reported use of Opiates by WI students.
- Explore surveying agencies that are using MAT and bring in an expert from the community to share with ITC the challenges and successes with MAT for adolescents (Mr. Briggs will contact Dr. Matt Felgus and Ms. Hiser will explore bringing in an expert from a methadone clinic).
- Recommend that SCAODA add a physician as a member (if not currently in place) to help bridge the gap between medical and behavioral health care.
- Have further discussion regarding level of intensity or level of care determinations. Are providers, including methadone clinics, using ASAM or UPC for determining when to refer a person to a higher level of care? Are these linkages occurring when needed?
- Make recommendations regarding community treatment providers providing a liaison, or some structured way to work together with MAT prescribers (increased coordination and combined efforts to help an individual).

In regards to training ideas:

  - Determine ways to provide outreach to providers/communities with information about the effectiveness of MAT and combat the stigma for those individuals needing long-term and life-long MAT (as it is acceptable to be on insulin for diabetes throughout a person's life, but often it is not viewed as acceptable to be on MAT long-term). This may include working to ensure that misinformation and stigma increasing information is not shared inadvertently in trainings (it was noted that a recent training by a pharmacist seemed to increase stigma for the opiate addicted population).
  - Make recommendation that the annual Mental Health and Substance Abuse conference include MAT specific training including skill development.
  - Explore best methods for getting MAT education to medical and pharmacy staff (each field has their own society)

Section and Committee Updates

Ad Hoc Committee on Workforce Development – No update this meeting. It is planned to review the draft of report at February meeting.

A brief discussion regarding DSPS rule revisions and impact on workforce occurred, regarding the hardship, and perhaps lack of need, for requiring the same hours of supervision for clinicians who possess vast years of experience with those who are new in the field. If the supervision hours were set up on a graduated system, it would allow agencies to use a consulting psychiatrist instead of a clinical supervisor during gaps in hiring. However, it would be important to ensure that minimum's aren't so low that it allows for poorly trained clinicians.

Children, Youth and Family – Mr. Moore was not available to provide an update. The sub-committee will be meeting 2/24 and will report out at the April meeting.

Affordable Care Act Implementation Update – The WI office of the Commissioner of Insurance is continuing to update the website, with helpful maps to find resources and methods to report complaints. Some insurance providers have seen significant increases in person's seeking insurance whereas other providers have seen very few applications. The committee wonders about how the affordable health care changes have impacted those needing treatment. Methadone clinics have seen an increase in those seeking treatment leading to wait lists, but it is not known if there were increases to other treatment services.

WINTIP – Mr. Macmaster asked the committee to reconsider the parity resolution which was brought to SCAODA in 2014 and placed on hold, pending additional information. He provided additional documents which outlined experiences of implementing tobacco cessation as a primary and/or equitable addiction. He believes that language in DHS 75 would need to be revised to no longer exclude tobacco as a primary substance.

Mr. Macmaster made a formal motion to present to SCAODA a recommendation for DHS rule revision in order to allow for parity or equity for nicotine dependence similar to other substances. In particular, he is concerned with the lack of residential and/or inpatient treatment for nicotine dependency. When asked about criteria rising to a need for residential or inpatient care, he explained that a person would typically have significant medical reason or conditions, and a history of attempting multiple outpatient treatment programs which have failed. Mr. Macmaster was asked to review ASAM criteria to determine if nicotine dependence alone would qualify as requiring residential service.

A motion was made by Ms. Hiser to hold over the decision regarding Mr. Macmaster's motion, until the February meeting. This motion was seconded by Mr. Briggs.

Mental Health Council Criminal Justice Committee – No update.

Treatment for Women and Their Children – No response as of yet, from DHS or DCF regarding forming a workgroup.

Other Updates:

Per Mr. Frank, DOC is putting into place the ability to assist inmates in applying for health care prior to release from prison.

Future Agenda Items

- Per Norm – explore ITC obtaining a presentation from an expert in working with youth (perhaps Dr. Matt Felgus)
- Per Mac – review of the Tobacco Equity Resolution

Next meetings and dates:

- **SCAODA – March 6th, 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**

- **ITC – April 14th, 2015; 10:00 am – 2:30 pm. Department of Corrections, Madison**

Future 2015 Meeting Dates

April 14th
May 12th
July 14th
August 11th
October 13th
November 10th

Full SCAODA meetings will occur on March 6th, June 5th, September 11th, and December 11th.

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INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, February 10, 2015
10 a.m. – 2:30 pm
Department of Corrections
3099 E. Washington Ave.
Room 1M-M
Madison, WI

AGENDA

I.	Welcome, introductions, and public comment	10 a.m.
II.	Review of January meeting minutes	10:15 a.m.
III.	Section updates	10:30 a.m.
	▪ Children, Youth, and Families (Lucas Moore)	30 min
	o Review goals for CYFT sub-committee	
	▪ Treatment for Women and Their Children (Norman Briggs)	5min
	▪ Heroin/Opiate Treatment (Tanya Hiser)	30 min
	o Include follow-up discussion of request by Michael Waupoose	
V.	Lunch (on your own)	11:35 p.m.
IV.	Section and Committee Updates continued	12:15 p.m.
	▪ Intoxicated Drivers (Steve Dakai)	15 min
	▪ Affordable Care Act Implementation Update (Shel Gross/Roger Frings)	15 min
	▪ Mental Health Council Criminal Justice Committee (Norman Briggs)	15 min
	▪ Ad Hoc Committee on Workforce (Dan Nowak)	1:00 p.m.
	o Preliminary review of the draft report.	

- WiNTiP (Dave Macmaster) - update on resolution motion 30 min

VII. Future agenda items

VIII. Adjourn

Call-in Information:
Phone Number: 1-877-820-7831
Passcode: 793544

Upcoming meetings:

ITC
April 14, 2015, 10:00 a.m. – 2:30 p.m. DOC in Madison
May 12, 2015, 10:00 a.m. – 2:30 p.m. DOC in Madison.
July 12, 2015, 10:00 a.m. – 2:30 p.m. DOC in Madison.
August 11, 2015, 10:00 a.m. – 2:30 p.m. DOC in Madison.
October 13, 2015, 10:00 a.m. – 2:30 p.m. DOC in Madison.
November 10, 2015, 10:00 a.m. – 2:30 p.m. DOC in Madison.

SCAODA
March 6, 2015, 9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.
June 5, 2015, 9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.
Sept. 11, 2015, 9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.
December 11, 2015, 9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.

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PLANNING AND FUNDING COMMITTEE MEETING MINUTES
November 21, 2014

Members present: Todd Campbell, Laura Fabick (for Karen Kinsey), Steve Fernan, Tom Fuchs, Joyce O'Donnell, Emanuel Scarbrough, Sally Tess

Members excused: Irene Secora, Duncan Shrout

Staff: Kris Moelter

Call to Order – Joyce O'Donnell the meeting to order at 9:50 a.m.

Review of October 17, 2014 meeting minutes – Todd Campbell moved (Sally Tess second) to approve the meeting minutes. Motion passed unanimously.

Public comment – None.

Mental Health and Substance Abuse Conference public forum – The committee discussed workforce issues, legislator education, and the Affordable Care Act. The workforce and Affordable Care Act issues are long-term issues. SCAODA is addressing the workforce issue through the ad hoc committee. One issue is SCAODA's inability to push forward any legislation.

Wisconsin election results/legislation – Kris Moelter distributed a list of the current members of the Wisconsin legislature. The committee discussed the drug testing for public benefits legislation the Governor might propose. No draft bill has been released yet. The committee will follow the issue. Ms. Moelter reported that the SCAODA Executive Committee is supporting the proposed Department of Safety Professional Services rule to allow substance abuse workforce professionals to complete the 360 education hours online. Michael Waupoose will send a letter of support for the record. Ms. Moelter updated the committee on the budget for the next biennium. The Departments of Transportation and Education have submitted their budgets and there are no proposals that directly affect AODA issues. In December the legislative analysis should be released. The Governor will release his proposed budget in January or February. The law directs SCAODA to comment on the budget after it has been introduced so the committee will review it at the February meeting if it has been introduced by then. The legislative study committee will likely propose bills related to treatment courts and diversion.

Legislator education – The committee reviewed the draft education materials and made suggested changes. Ms. Moelter will make the changes and send to the committee members for a final review. The material will be sent to all legislators. Ms. Moelter will see if it can be included in the legislative orientation material. If it cannot, it will be sent with a cover letter from Michael Waupoose in January. Ms. O'Donnell will contact Senator Carpenter to see if he will continue to serve on SCAODA.

The folders will be presented at the next SCAODA meeting. The plan is for the Executive Committee to develop a plan for legislator education.

SCAODA member legislation – The committee discussed implementing prior SCAODA-passed motions on changing the statutory membership of SCAODA. Those motions were to increase the membership from 22 to 27 by adding five more service providers and to review the current state agencies to see if other agencies needed to become voting members. The committee will work with the SCAODA legislative members to change the statute to add five more service providers who will represent the DHS regions so to have more diversity of provider perspectives.

AODA ad hoc funding committee – Mr. Campbell reported that Ms. O'Donnell, Steve Fernan, Mr. Shrout, Ms. Moelter, and he met to discuss the committee. The purpose is to look at funding for prevention and treatment activities. The group will gather information on the sources of funding that Wisconsin gets to support prevention and treatment activities and then look at data and see if there are barriers to steady revenue streams and if so, look at potential solutions. In February the committee will review a list of funding sources and provide input to make sure it has a comprehensive picture of funding. Tom Fuchs will join the ad hoc committee.

Women's services report – No report.

Committee and agency reports – Mr. Scarbrough reported that the marijuana ad hoc committee has had two meetings. At its second meeting the committee heard presentations on medical marijuana, the effects of marijuana on the brain, and from law enforcement. The committee will hear more presentations at the December meeting and then will decide on how to proceed with the information it has. He also reported on two prevention initiatives in Madison—My Brothers Keeper and community court. Madison is the first city in Wisconsin to implement the My Brothers Keeper initiative. The community court is a restorative justice court for young offenders. A coordinator has been hired and it will be piloted in South Madison.

Mr. Fernan reported that DPI is implementing four new federal grants it recently received. They have a statewide management team that has state agency and local representatives. The sample has been drawn for the 2015 Youth Risk Behavior Survey. The data will be collected February through April in 2015.

Mr. Campbell reported that the Madison Police Department has trained sergeants to use narcan and all of them will carry the narcan nasal spray. If funding becomes available it will train all officers to carry and administer narcan. The Dane County Safe Communities Coalition is doing a public information campaign "Don't Run. Call 911" to promote the message that people who reported heroin overdoses may receive limited immunity from prosecution for drug possession.

Agenda items for next meeting – 1. Review funding information from the ad hoc committee 2. Review of the biennial budget 3. Report on December SCAODA meeting
The meeting adjourned at 1:24 p.m.

Next meeting: February 6, 2015 at 9:30 a.m.

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Duncan Shrout
Vice-Chairperson

Mary Rasmussen
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State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

PLANNING AND FUNDING COMMITTEE MEETING

February 12, 2015
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 November 21, 2014, meeting minutes – Joyce O'Donnell
9:40 a.m.	Public comment – Joyce O'Donnell
9:45 a.m.	Update from December SCAODA meeting – Joyce O'Donnell
10 a.m.	Review proposed biennial budget and agency budgets – DHS staff
11:30 a.m.	AODA funding ad hoc committee – Todd Campbell
11:45 a.m.	Lunch
12:15 p.m.	Committee and agency reports – Committee members
12:45 p.m.	Agenda items for next meeting
1:00 p.m.	Adjourn

Next meeting:

- April 10, 2015

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State Council on Alcohol and Other Drug Abuse

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Prevention Committee – Public Forums
Partners in Substance Abuse Prevention 2014 Regional Conference,
"Moving Prevention into Action"
The Brookfield Sheraton in Brookfield, WI
November 10 & 11, 2014

3C: WI Dept. of Health Services: Funding, Priorities and SCAODA Public Forum SCAODA
November 10, 2014

Present: Scott Stokes, Chairman of the Prevention Committee, Philip Duket, Sandra Schultz, Lindsey Wilson, Jennifer Braun, Kathy Hahn, Tammy Molter, Heidi Keating, Sarah Johnson, Carol Stuebs, Annie Short

Staff: Louis Oppor, Paul Krupski, & Raina Zwadzich

After the presentation by Paul and Lou on Wisconsin Department of Health Services: Funding and Priorities, the State Council on Alcohol and Other Drug Abuse (SCAODA) Public Forum was introduced by the Chairman of SCAODA's Prevention Committee, Scott Stokes.

Chairman Stokes welcomed everyone to the SCAODA Prevention Committee's Public Forum. Scott provided attendees with information about SCAODA and the purpose of the Public Forum, which is to gather input from the general public about Substance Abuse Block Grant funding, programmatic changes/suggestions or any other comments on primary prevention in Wisconsin. The State Council Representatives will share input from the public with the Prevention Committee and SCAODA for consideration.

The public provided the following input to the Chairman and Staff:

- Use block grant dollars for disposal of prescription drugs
- If there is no topic that is selected for the next Ad-Hoc Committee, there is a request to address methamphetamine.
    - Since the Alcohol Culture and Environment (ACE) report is used often and some policies have passed, it would be great to have new suggestions and updates on how to use the recommendations within communities, perhaps a supplement.
- A question was raised about having a Prevention Specialist on staff at the county level to administer Substance Abuse Block Grant (SABG) dollars. Clarification was given and there could be technical assistance requested on DHS 75. The Prevention Specialist certification is handled through the Wisconsin Department of Safety and Professional

Services (DSPS) and any questions about the certification process need to be addressed by them.

- A question was asked about the SABG funds and how do they come available to community coalitions? The decision to financially support coalitions lies with the county.
- A question was asked about the availability of money for school districts to provide prevention services? There is SABG money that can be used within schools, and there are also local foundations, citizen groups, private and public foundations that accept proposals and financial requests.
- A question was asked about the Heroin Task Force and what can communities do today to offer treatment to individuals who are using heroin. Currently, the Prevention Committee is working on an accomplishment and gap analysis of the recommendations. There are numerous needs that include building an infrastructure (regional approach), education for medical and behavioral health professionals, services, resources (financial), and much more. DHS is working on providing technical assistance in these areas and are looking at ways to fund and support treatment options across the lifespan in Wisconsin.
- There is a need to understand that every county is different in its prevention and treatment needs and how they offer services. It would be beneficial to have a script or language to present to the county when requesting resources. Communities have used the Tri Ethnic Survey to help demonstrate needs and strengths within the communities when speaking with county elected officials.
- A community is working on adult binge drinking and underage drinking and asked for resources. They were directed to the Binge Drinking SPF SIG webpage on the DHS website. (As of 2015, this has been removed from the DHS website. If you would like this resource please contact Christine Niemuth at Christine.niemuth@wisconsin.gov)
- A request was to include the treatment alternatives and diversion (TAD) program in our discussions as they can be a part of the prevention and treatment of substance use disorders within Wisconsin communities.
- A request for the State to consider wider access and education to naloxone.

5C: WI Dept. of Health Services: Funding, Priorities and SCAODA Public Forum
November 11, 2014

Present: Zelda Okia, Jay Tucker, Kathy Comeau, Lori Pesch, Sheila Simonsen, Gina Singletery, Rebecca Glewen, Deb Adamus, Robert Gibson, O. Kirk Yauchler, Tracy Mitchell, Patricia Kashmerick, Ashley Palen, Jerry Braatz, Cathy Ellis, Joe Muchka

Staff: Paul Krupski, Christy Niemuth, Louis Oppor & Raina Zwadzich

After the presentation by Paul and Lou on Wisconsin Department of Health Services: Funding and Priorities, the State Council on Alcohol and Other Drug Abuse (SCAODA) Public Forum was introduced by Louis Oppor.
The Prevention Committee's Chairman , Scott Stokes, was not able to attend, so Lou Oppor lead the discussion. The purpose of the Forum is to gather input from the general public about Substance Abuse Block Grant funding, programmatic changes/suggestions or any other comments on primary prevention in Wisconsin. The State Council Representatives will share input from the public with the Prevention Committee and SCAODA for consideration.

The public provided the following input to Staff:

- A request to email counties the original memo about the prevention set-aside of the Substance Abuse Block Grant (SABG) since there has been turnover and the need for timely reporting into the Substance Abuse Prevention Services Information System (SAP-SIS).
- A request to provide funding to the schools to do prevention services since the Wisconsin Department of Public Instruction no longer does. It would be helpful when DHS puts out Request for Proposals (RFPs) to allow school districts to be eligible to apply.
- Individuals who are interested in how their county is spending the 20% prevention set-aside of the SABG can email Christy at Christine.niemuth@wisconsin.gov. She can provide information on what the county is reporting into SAP-SIS. This has been a priority within the Bureau of Prevention Treatment & Recovery (BPTR) to bring counties into alignment with SABG reporting requirements.
- A request to educate the local health agencies on what the BPTR's definition of evidence-based prevention practices mean. It is hard contacting and reaching county staff to have this discussion. It would be nice to have guidance and training events at the area administrative buildings for the county employees to easily attend and participate. Recruit county employees to attend the Substance Abuse Prevention Skills Training (SAPST).
- A request to help counties communicate and coordinate prevention efforts with prevention community coalitions. Let county providers know that they can use their prevention dollars to support the coalitions' efforts. Counties don't always understand they have resources to help with prevention efforts.
- A request to bring county employees and local community coalitions together to learn about the SAP-SIS reporting and SABG reporting requirements to provide an opportunity for each to learn about each other. It would help with improving evidence-based programing and allow for transparency between counties and coalitions. This could assist making meeting expectations more wisely and coordinated.

- Increase of synthetic drug use among inner city teens. Specifically with K2, because youth that are already involved with the legal system do not want to 'drop a dirty urine analyses'. Plus, there seems to be an increase with cocaine, specifically with young adults.
- A question about the requirements for a Supervisor to sign off on a Prevention Specialist's certification application, specifically verifying hours and work activities. Lou stated that this is a complicated answer with two different departments and many bureaus and offices involved.
    - For any program to be funded by DHS it has to be a certified agency under DHS 75. DHS 75 governs the alcohol and drug abuse services, including prevention in Wisconsin (DHS 75.04). The Division of Quality Assurance (DQA) within the DHS is in charge of certifying programs under DHS 75. In the past, DQA did not check, ask or issue corrective action plans when meeting with agencies about their prevention programs and the delivery of prevention services. If the county passes the SABG dollars to a provider, or subcontractor, they have to have a certified Prevention Specialist or working towards certification.
- Input: A lot of responsibilities have been put on the schools without any financial assistance to offer prevention services. Almost all of the prevention efforts have been drastically cut and are practically void in schools. It has been the individual's experience that children are desperately in need of and asking for groups like grief, bullying and related to alcohol and other drug abuse issues to be formed but there is no funding or oversight available. The individual would like to see the 18 million dollars in state statutes be removed and given to counties/regions.

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Mary Rasmussen
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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
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Prevention Committee Meeting
Thursday, October 16, 2014
9:30 a.m. – 1:30 p.m.

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

Members Present: Scott Stokes, Annie Short, Mary Rasmussen, Sarah Linnan, Ronda Kopelke, Kathy Marty, Irene Secora, Kari Lerch, Dorothy Chaney, Julia Sherman, Judie Hermann, Jake Melson, Chris Wardlow

Members Excused: Emanuel Scarbrough, Francie McGuire Winkler, Rick Peterson, Dan Scott, Jane Larson, Jackie Schoening, Anne Ziege (consulting staff)

Guests: Andrea Jacobson (BPTR), Kris Moelter (BPTR), Lucas Moore (BPTR)

Staff: Christy Niemuth, Louis Oppor, Mary Raina Zwadzich

Welcome and Introductions
Scott Stokes, Chairman of the Prevention Committee welcomed and thanked everyone for attending. Members and guests to introduce themselves.

Approve Minutes from July 17, 2014 Meeting
Stokes asked the Committee to review the meeting minutes from the July 17, 2014 meeting. **Rasmussen made a motion to approve the meeting minutes, seconded by Short; motion passed, minutes were approved.**

Marijuana Ad-Hoc Committee
Wardlow shared background on the Marijuana Ad-Hoc Committee (MAC). Staff reached out to the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Federal Project Officer and requested a review of the MAC's charge and plan. The Federal Project Officer indicated that the charge and outline of the plan for the recommendations report was allowable with SAPTBG funding, which allowed staff to move forward with assembling the MAC. There has been one meeting of the MAC and most of the meeting consisted of discussions of the charge and outline. Members shared their professional and personal thoughts, intentions and areas of expertise. The next MAC meetings will be November 6th and December 10th. The next meetings will consist of presentations from MAC Members on 'marijuana 101', neuroscience of marijuana use, regulations, and laws. These presentations will guide and help frame the Committee's work and recommendations. The Committee will look at frameworks for the recommendation report and will be seeking endorsement from the Prevention Committee and the full SCAODA Committee.

Some issues that were discussed about marijuana and prevention efforts included the difference between lobbying and advocacy (education). Kari Lerch provided a Smart Approaches to Marijuana Wisconsin (SAM WI) update.

- **Lobbying vs. Education – Substance Abuse and Mental Health Services Administration (SAMSHA)**
  Christy provided an overview of these topics and gave Members a handout from SAMHSA. This document was discussed and given to staff at the recent National Prevention Network (NPN) conference. At the conference, attendees were given mixed messages about how to work on marijuana prevention related to the use of funds, education about abuse issues and prevention's focus on youth use of marijuana. Even though this isn't new news about the differences between lobbying and education, SAMHSA made it clear that they want prevention professionals to be mindful when working on marijuana prevention efforts when related to bills in the legislature.

- **Update on SAM WI – Kari**
  Kari Lerch shared that the Milwaukee Coalition on Substance Abuse Prevention (MCSAP) is no longer an official affiliate of SAM. They are continuing to work with SAM but are not the Wisconsin's SAM affiliate. Another Wisconsin coalition could become the Affiliate if they are interested.

Report Recommendation Review
Scott asked Christy introduced the idea of pulling together all the recommendations from the Ad-Hoc Committees' recommendation reports. The only report that is not included in the handout is the Alcohol Culture and Environment (ACE). It has been brought to the Committee's attention that it would be beneficial to do an assessment of the recommendations that have passed or that are implemented and the recommendations that could use more work or focus to make them priorities. The handout will help the Committee to see what has been accomplished and where additional efforts should focus. Christy asked the Committee Members to brainstorm the progress that has been achieved related to the recommendations in order to fill in the chart.

Discussion and brainstorming among Members included:

- Many of the unfunded recommendations have been implemented at the local level and Committee Members will have to go back and catalog the successes at the local level. Ronda said she will go through her surveys that they have administered to coalitions to gather data on prescription drug disposals.
- A Request for Information was released that would fund 2-3 opiate stabilization treatment centers, in rural, underserved communities that demonstrate high need. An analysis was done, and there were four areas in the state that fit this description that include, around Superior, Forest/ Vilas counties, Marinette county, and the Adams/Portage counties. It would be nice to expand the centers and funding to offer more outpatient services that would carry certification and prescribers.
- State Rep. Nygren is soliciting recommendations from the Department of Health Services and other stakeholders to continue the work of preventing and treating opiate/opioid abuse.
- Naloxone is being used in the following areas (jails, outpatient clinics), Dane county, Brown county, Milwaukee county and Kenosha county.
- Neonatal Abstinence Syndrome (NAS) is being looked at in Milwaukee County and they are hoping for new legislation that would support more access to treatment and education through Screening Brief Intervention and Referral to Treatment (SBIRT) with mothers. Provide more education to educators, Birth to three employees, and Head Start employees.

- Discussion on Collective Impact and how the Office of Children's Mental Health (OCMH) is using this model with their trainings on mental health and socio-emotional development of children. OCMH are conducting an assessment of their resources and doing an environmental scan, developing goals and holding regular meetings.
- Recommendations on the workplace in the heroin report – it would be great to gather information on Wisconsin businesses that are implementing "Ban the Box" and offer workshops to local businesses on alcohol and drug use. These are great opportunities for coalitions to start the dialogue with businesses and build collaboration and sustainability with the local businesses. A motion was made by Julia Sherman to continue the discussion of alcohol and drug use in the workplace as a standing agenda item, Rasmussen seconded and the motion was approved.
    - Future presentation by Annie Short on workplace issues
    - See how other states have implemented the Ban the Box Initiative (Minnesota)
    - Julia can provide an article about the effects of alcohol and drug use on productiveness, and discusses a three pronged approach focusing efforts on the user, parent or family and then reaching parents/caregivers at the workplace
    - More research and data is needed on this topic, including information on employees who are 'present' at work and under the influence or experiencing withdrawal symptoms/hung over.
- Can the Prevention Committee help in expanding residential treatment centers? Wisconsin has drug courts and not a lot of treatment options. Are there halfway homes in Wisconsin?

Christy requested Members email her with any data or activities that could be added to the Report Recommendations Summary.

New DEA Regulations
Christy provided the Committee with the new United States Drug Enforcement Administration's regulations (DEA) – handouts. Many of these issues have been discussed in the recommendations from the Controlled Substance Workgroup (CSW) and the Heroin reports. There are still many questions and concerns over the new DEA regulations. Some concerns include:

- Mail back prescription drug medications programs
- Take back opportunities
- Who can collect medications (pharmacies)? Can they be sorted by Pharmacy students?

Discussion continued about requesting any updates on the possibility of Wisconsin certifying their incinerators. Christy shared that Barron County was looking into getting a permit for their incinerator and would like to offer services to other communities/counties/tribes for a reasonable fee. Brown county's incinerator has a limit imposed on it.

Extended Producer Responsibility (EPR) Ordinances
Information was shared about the Extended Producer Reasonability Ordinance or Product Stewardship that took place in Almeada County, California in 2012. They put forth an ordinance that required the pharmaceutical companies to fund and support the collection and disposal of unused prescription medications. The pharmaceutical companies challenged this ordinance in court and the courts decided to uphold the county's ordinance (this has not been challenged in the US Supreme Court). More research is needed to look at what this ordinance means and if it could happen in Wisconsin. One idea would be to talk with the Wisconsin County Association to gather their thoughts and inputs.

Prevention Training 2015
DHS Staff have started working on organizing a statewide prevention training in 2015. UW Steven's Point is working with Staff to organize the training which is planned for mid-June. The Kalahari Resort in the Wisconsin Dells will most likely be awarded the contract based on initial quotes.

Paul Krupski is the lead on this project and will be set up a Planning Committee (representation from the Alliance for Wisconsin Youth (AWY) Regional Prevention Centers) to go over the data collected on the survey that was sent out requesting training topics and speakers. Scholarships will be offered through the AWY Regional Prevention Centers. There will be a request for session proposals after the New Year. Session topics include (not the full list):

- Marijuana
- FASD/NAS
- Faith based organizations,
- Coalition capacity building
- Advocacy vs. lobbying topic
- Collective impact – Judie Hermann suggested the person who is assisting the OCMH would be a great presenter.

Agency/Member Updates
Julia shared information about the upcoming Alcohol Policy Seminar. The Seminar is a one day event that has over 100 registrants attending. The Seminar will start with Karen Timberlake presenting on the Community Health Improvement Process. Then Jim Mosher will be presenting on pre-exemption and a project that included an environmental scan with ordinances to reduce youth exposure to alcohol advertisement. If you have any questions about the Alcohol Policy Seminar please contact Julia Sherman.

Kathy Marty shared that a FASD conference in October will be held at the Belmont Conference Center. It is being organized by a doctor's wife who has adopted many children affected by FASD. The Conference will be from 8:30 to 3:30. It is open to the public and anyone who is interested should attend.

Future Meeting Dates/Agenda Items
Possible agenda items:

- Prevention Specialist certification – there is still a lot of confusion. Is there any more information? What is the credibility of the certification? Is it necessary? Is it beneficial? Prevention professionals do not want to undermine where the field has come from and how there is now science and research backing prevention work.
- Make a "workplace and substance misuse/abuse" as a standing agenda item.
- Continue to receive and share updates on the Report Recommendations Summary.
- Continue to receive updates on the 2015 Wisconsin Prevention Training.
- A presentation on the new DEA regulations

If there are any other agenda items that Members would like to see added to the agenda please email Christy at Christine.niemuth@wisconsin.gov.

Next Meeting:

Thursday, January 15, 2015

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

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

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

Agenda

- Welcome and Introductions
- Public Comment
- Approve Minutes from October 16, 2014 Meeting
- 2014 Epidemiological Profile
    - Fact Sheets
- Marijuana Ad-hoc Committee
- PFS 2015 funding opportunity
- Update on the National Governor's Association RX Drug Abuse Academy
- SCAODA Report Recommendation Strategy Grid
- Prevention Training 2015
    - Session Topics
    - Presentation suggestions
- Agency/Member Updates
- Future Meeting Dates/Agenda Items

Thursday, April 16, 2015
Thursday, July 16, 2015
Thursday, October 15, 2015

SCAODA Motion Introduction

Committee Introducing Motion: Planning & Funding; Diversity
Motion: Regarding the biennial budget, SCAODA: 1. Support the expansion of Medicaid to cover substance use disorder treatment in residential treatment facilities as set forth in the proposed budget. 2. Oppose the provisions of the proposed budget that require drug testing for recipients of certain public benefits. Alternatively, SCAODA recommends the following changes to the proposed drug testing law: a. All public benefit recipients should be drug tested, not just low income public benefit recipients. b. Sanctions should only be imposed on those who refuse to be screened, take the drug test, or refuse treatment. No sanctions should be imposed for testing positive for illegal drugs if the person enters and remains in treatment. c. Appropriate more money for treatment. d. Alcohol should be included in the drugs for which public benefit recipients are tested.
Related SCAODA Goal: Wisconsin law requires SCAODA to review the biennial budget bill and make recommendations to the governor, state legislature, and state agencies regarding the plans, budgets, and operations of all state AODA programs.
Background: DHS staff reviewed the proposed budget and summarized the substance use disorder provisions for SCAODA's committees. See attached chart. The committees' recommendations are compiled into this one motion. The committees did not comment on all of the substance use disorder-related provisions, and that is not required. • Positive impact: N/A • Potential Opposition: N/A
Rationale for Supporting Motion: 1. Expansion of Medicaid: SCAODA has long supported the expansion of Medicaid and an increase in reimbursement rates. Expanding Medicaid to cover the treatment portion of residential treatment promotes the health and well-being of Wisconsin's citizens by expanding access to needed treatment. 2. Opposing drug testing: a. There is no evidence that drug testing recipients of those public benefits specified in the proposed budget serves any purpose. A drug-testing program in Florida was found unconstitutional in 2013 and that ruling was upheld on appeal in December 2014. During the first few months of testing before the court halted the program, 2.6 percent of the state's cash assistance applicants failed the drug test (108 out of 4,086). An additional 40 people cancelled the tests without taking it. Drug tests costs the state $45,780 more than if it would have paid benefits to all who applied. b. A program in Tennessee began testing recipients of the Families First cash assistance program in July 2014. Applicants are screened by being asked three drug-related questions. In

the first six months of testing, there were 16,017 applicants and 279 drug tests were administered. Thirty-seven tested positive for illegal substances. Another 81 did not receive benefits because they discontinued the application process. The state spent $5,295 in the first six months to administer the program, including $4,215 to pay for drug tests.

c. There is no evidence that recipients of those public benefits specified in the proposed budget use illegal drugs at a higher rate than other recipients of public benefits or of the public at large.

d. There is currently not enough treatment capacity in Wisconsin to provide substance use disorder treatment, so more money needs to be appropriated if more people will be receiving treatment.

e. There is no provision to guard against false positive tests. No drug test is 100 percent accurate so some people who do not use illegal drugs will be denied benefits.

f. The most commonly abused substance and the one for which most people need treatment is alcohol, and that is not included in the drugs to be tested under the proposed budget.

g. If the goal is for people to receive substance use disorder treatment, there are much more effective methods available than by drug testing low income public benefit recipients. Wisconsin needs to address the systemic issues around lack of treatment capacity and make treatment available to those who want and need it by providing adequate funding and restructuring the treatment system to address issues around substance use disorder counselor certification and Medicaid reimbursement.

h. As currently proposed there is inadequate information about the costs to implement the proposal.

i. The proposed legislation does not take into account the nature of the substance use disorder disease and how people recover, including the fact that people relapse. It also does not incorporate the existing science around trauma-informed care and substance use disorders.

PROPOSED AODA BUDGET ITEMS

Agency	Item	Biennial amount
DOT	Safe Ride Program	$720,000
DOJ	TAD/drug courts funding remains the same	$5 million (TAD) $1 million (drug courts)
	Consolidates earmarks, including youth gang diversion into justice assistance grants	$1,750,000
UW System	Moves State Hygiene Lab to DATCP	N/A
Controlled Substances Board	Moves management of the Prescription Drug Monitoring Program from the Pharmacy Examining Board to the Controlled Substances Board	Cost to manage program and $100,000 for data operations
DOC	Creates pilot treatment program for offenders with an opioid addiction-related conviction	$1,673,400
DHS	Expands Medicaid to cover the treatment portion of residential substance use disorder treatment	$7,952,800
	Funding for current AODA programs remains the same	$14,500,000
	Transfer management of the pre-trial intoxicated driver program from DOT to DHS	$731,600 (transferred from DOT for grants; no funding for admin)
	Drug testing for FoodShare recipients and adults without dependents on Medicaid for illegal drugs	??? (if waiver approved DHS must address in 2017-19 budget request)
DCF	Drug testing for Transform Milwaukee, transitional jobs, Children First, and Trial Employment Match programs.	???; savings will be reinvested in the programs
DWD	Drug testing for unemployment insurance benefits recipients	$500,000 in second year of biennium

ITEMS NOT APPROVED

Agency	Item	Biennial amount
SPD	Make marijuana possession ordinance violation for 1st and 2nd offenses and paraphernalia possession; misdemeanor for 3rd if no manufacturing/delivery	Projected savings of $1,538,706
	Funding for 9 positions to represent clients in TAD/drug courts	$1,193,100
Supreme Court	Statewide Problem-Solving Courts Coordinator	$176,400
DOJ	5 positions to administer TAD/drug courts	$672,800

SCAODA work plan

SCAODA goals for 2014-18
1. Provide leadership and direction on AODA issues in Wisconsin by serving as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues and promote collaboration across multiple sectors to advance progress on SCAODA goals.
2. Change Wisconsin's cultural norms to transform the state's AODA problems into healthy behavioral outcomes.
3. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance abuse.
4. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.
5. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.

SCAODA priorities for 2014-15
1. Expand substance use disorder workforce capacity
2. Address population-specific needs
3. Reduce harmful alcohol consumption
4. Inform the public about substance use disorder-related consequences
5. Increase the use of evidence-based practices in prevention, treatment, and recovery
6. Address emerging substance use disorder trends

Committee	Plan to address goal/priority	SCAODA Goal	SCAODA Priority
Diversity	Develop a logo	5	2
	Develop a process to identify unmet needs of underserved populations	5	2
	Promote CLAS protocols for identifying culturally-intelligent (CI) best practices and advocate for CI training for AODA counselors	5	2
	Advocate for training and retention of minority AODA counselors	4	2
	Have a presence at the annual mental health and substance abuse conference and make annual presentations to SCAODA	5	2,5
	Maintain the diversity portion of the SCAODA website	4	2
Intervention and Treatment	Increase the number of parents identified with substance use disorders who are referred to treatment and identify a protocol to assess parents with children in the child welfare system for substance use disorders	4	2,5
	Increase adolescent treatment services and identify the extent to which providers use the Adolescent Treatment Framework	4	2,5
	Create a work group to review certification guidelines for opioid treatment providers and ensure the use of evidence-based treatment and case management	4	2,5,6
Planning and Funding	Create steady revenue streams to fund AODA prevention and treatment efforts by creating an ad hoc committee to study possible funding structures and support adequate Medicaid reimbursement for AODA services.	4	1, 3, 5
	Develop a clear and consistent SCAODA message that the public and legislators will support.	1, 2, 3	3, 4
	Increase the capacity of SCAODA to effectively advocate on AODA matters.	1, 4	3, 4
Prevention	Promote trauma-informed care within substance use disorder systems	5	2,5
	Inform credentialing rules related to professional prevention specialist certification	4	1
	Explore convening a study group to research how to integrate AODA prevention and public health policies in the workplace	1,3,5	1,2,3,4,5,6
	Create an ad hoc committee to study policies related to marijuana	1,3,5	2,4,6

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

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

ARTICLE I

Purpose and Responsibilities

Section 1. Authority

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

Section 2. Purpose

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

a. Supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;

b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and

c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

Section 3. Responsibilities

The state council on alcohol and other drug abuse shall:

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

b. Meet at least once every 3 months.

c. By June 30, 1994, and by June 30 every 4 years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs. The state plan shall include all of the following:

   i. Goals, for the time period covered by the plan, for the state alcohol and other drug abuse services system.

   ii. To achieve the goals in par. (a), a delineation of objectives, which the council shall review annually and, if necessary, revise.

   iii. An analysis of how currently existing alcohol and other drug abuse programs will further the goals and objectives of the state plan and which programs should be created, revised or eliminated to achieve the goals and objectives of the state plan.

d. Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, review and make recommendations to the governor, the legislature and state agencies, as defined in s. 20.001 (1), regarding the plans, budgets and operations of all state alcohol and other drug abuse programs. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.

e. Provide the legislature with a considered opinion under s. 13.098.

f. Coordinate and review efforts and expenditures by state agencies to prevent and control alcohol and other drug abuse and make recommendations to the agencies that are consistent with policy priorities established in the state plan developed under sub. (3).

g. Clarify responsibility among state agencies for various alcohol and other drug abuse prevention and control programs, and direct cooperation between state agencies.

h. Each biennium, select alcohol and other drug abuse programs to be evaluated for their effectiveness, direct agencies to complete the evaluations, review and comment on the proposed evaluations and analyze the results for incorporation into new or improved alcohol and other drug abuse programming.

i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.

j. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages, ethnicities, sexual orientation, disabilities, and religions to address alcohol, tobacco and other drug abuse problems.

ARTICLE II

Membership

Section 1. Authority

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

Section 2. Members

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

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

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

2.3 Selection of Members

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

2.4 Ex-Officio Members

a. Ex-officio members may be appointed by a majority vote of the council to serve on the council, special task forces, technical subcommittees and standing committees. Other agencies may be included but the following agencies shall be represented through ex-officio membership: The Wisconsin Departments of: Revenue, Work Force Development, Safety and Professional Services, Veteran Affairs and Children and Families, the Wisconsin Technical Colleges System and the University of Wisconsin System.

b. Ex-officio members of the council may participate in the discussions of the council, special task forces, technical subcommittees, and standing committees except that the chairperson may limit their participation as necessary to allow full participation by appointed members of the council subject to the appeal of the ruling of the chairperson.

c. An ex-officio member shall be allowed to sit with the council and participate in discussions of agenda items, but shall not be allowed to vote on any matter coming before the council or any committee of the council, or to make any motion regarding any matter before the council.

d. An ex-officio member may not be elected as an officer of the council.

e. An ex-officio member shall observe all rules, regulations and policies applicable to statutory members of the council, and any other conditions, restrictions or requirements established or directed by vote of a majority of the statutory members of the council

2.5 Selection of Officers

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

2.6 Terms of Voting Members

a. Voting members shall remain on the council until the effective date of their resignation, term limit or removal by the governor, or until their successors are named and appointed by the governor.

b. Letter of resignation shall be sent to the governor and council chairperson.

c. Each voting member or designee of the council is entitled to one vote.

2.7 Code of Ethics

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

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

2.8 Nondiscrimination

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

2.9 Nomination Process for Appointed Members and Officers

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

a. The council, along with the office of the governor and department staff, will monitor when council terms will expire. It will also monitor the composition of the council with respect to the factors specified in Article II, Section 2.1.

b. The vice-chairperson of the council shall convene a nominating committee and appoint a chairperson of that committee as needed to coordinate the process for all appointments to the council as outlined in Article II, Section 2 and annually put forth a slate of officers as identified in Article II Sections 3.1, 3.2 and 3.3. The Council Chairperson may ask for nominations from the floor to bring forth nominations in addition to the slate of officers brought forth by the nominating committee. The nominating committee shall make recommendations to the council regarding nominations and appointments prior to the September council meeting and have such other duties as assigned by the council.

c. The nominating committee of the council, with support of bureau staff, will publicize upcoming vacancies, ensuring that publicity includes interested and underrepresented groups, including

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

d. While any person may apply directly to the governor according to the procedures of that office, all applicants will be asked to provide application materials to the council as well. Bureau staff will make contact with the office of the governor as necessary to keep the committee informed regarding applicants, including those that may have failed to inform the committee of their application.

e. Applicants shall provide a letter of interest or cover letter, along with a resume and any other materials requested by the office of the governor. The nominating committee, in consultation with department staff, may request additional materials. The nominating committee, with support of bureau staff, will collect application materials from nominees, including nominees applying directly to the governor. The nominating committee or staff will acknowledge each application, advising the applicant regarding any missing materials requested by the nominating committee. The nominating committee or staff will review each application to ensure that all required nomination papers have been completed.

f. The nominating committee may establish questions to identify barriers to attendance and other factors related to ability to perform the function of a member of the state council on alcohol and other drug abuse and to identify any accommodations necessary to overcome potential barriers to full participation by applicants. The nominating committee may interview applicants or designate members and/or staff to call applicants. Each applicant shall be asked the standard questions established by the committee.

g. The nominating committee shall report to the full council regarding its review of application materials and interviews. The report shall include the full roster of applicants as well as the committee's recommendations for appointment.

h. The council shall promptly act upon the report of the nominating committee. Council action shall be in the form of its recommendation to the governor. Department staff shall convey the council's recommendation to the office of the governor.

2.10 Removal from Office

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

Section 3. Officers

3.1 Chairperson

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

3.2 Vice-Chairperson

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

3.3 Secretary

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

3.4 Vacancies

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

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

ARTICLE III

Council Meetings

Section 1. Council Year

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

Section 2. Meetings

2.1 Regular and special meetings

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

2.3 Notice of meetings

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

2.3 Quorum

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

Section 3. Public Participation

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

Section 4. Conduct of Meetings

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

Section 5. Agendas

5.1 Agendas shall include approval of minutes from prior meetings, any action items recommended by a committee, an opportunity for public comment, and other appropriate matters.

5.2 Requests for items to be included on the agenda shall be submitted to the chairperson two weeks prior to the meeting.

Section 6. Attendance Requirements

6.1 All council members and committee members are expected to attend all meetings of the council or the respective committees. Attendance means presence in the room for more than half of the meeting.

6.2 Council or committee members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee or committee staff person or chairperson at least a week before the meeting. If that is not possible, notice should be given as soon as possible.

6.3 Any statutory members or designees ~~member~~ of the council or committee who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council or committee chair to discuss the reasons for absence and whether the member will be able to continue serving. Appointed members who do not believe that they can continue should tender their resignation in writing to the secretary of the council or committee chair. Any council member resignations will be announced by the chairperson and forwarded by written notice to the Governor of the need for a new appointment. The replacement member would fulfill he resigned member’s term.

Section 7. Staff Services

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

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

Section 8. Reimbursement of Council and Committee Members

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

ARTICLE IV

Committees

Section 1. Committee Structure

1.1 There shall be an executive committee as provided below. The executive committee is a standing committee of the council.

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

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

It is the intent of this section that:

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

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

Section 2. Composition of Committees

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

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

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

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

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

Section 3. Requirements for all Committees

3.1 A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.

3.2 All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.

3.3 Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.

3.4 Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.

3.5 Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.

3.6 The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

Section 4. Requirements for Committee Chairpersons

The chairperson of each committee is responsible for:

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

b. Ensuring that recommendations of the committee are conveyed to the full council;

c. Submitting meeting minutes in the approved format to the council; and

d. Coordinating work with other committees where items could be of mutual interest.

Section 5. Executive Committee

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

5.2 The executive committee will have the following responsibilities:

a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.

b. Meet at the request of the chairperson as needed;

c. Provide for an annual review of the by-laws;

d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and

e. Other duties designated by the council.

5.3 Rapid Response

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

a. When specifically authorized by the council;

b. When action is needed to implement a position already taken by the council;

c. Except when limited by the council, the executive committee may act upon the recommendation of a committee, other than the executive committee, if such action is necessary before a council meeting may reasonably be convened, provided that if more than one committee has made differing recommendations concerning the subject, the executive committee may not act except to request further study of the subject; or

d. Except when limited by the council, the executive committee, by unanimous consent, may take such other action as it deems

necessary before a council meeting may reasonably be convened.

ARTICLE V

Amendments

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

SCAODA Organization Chart

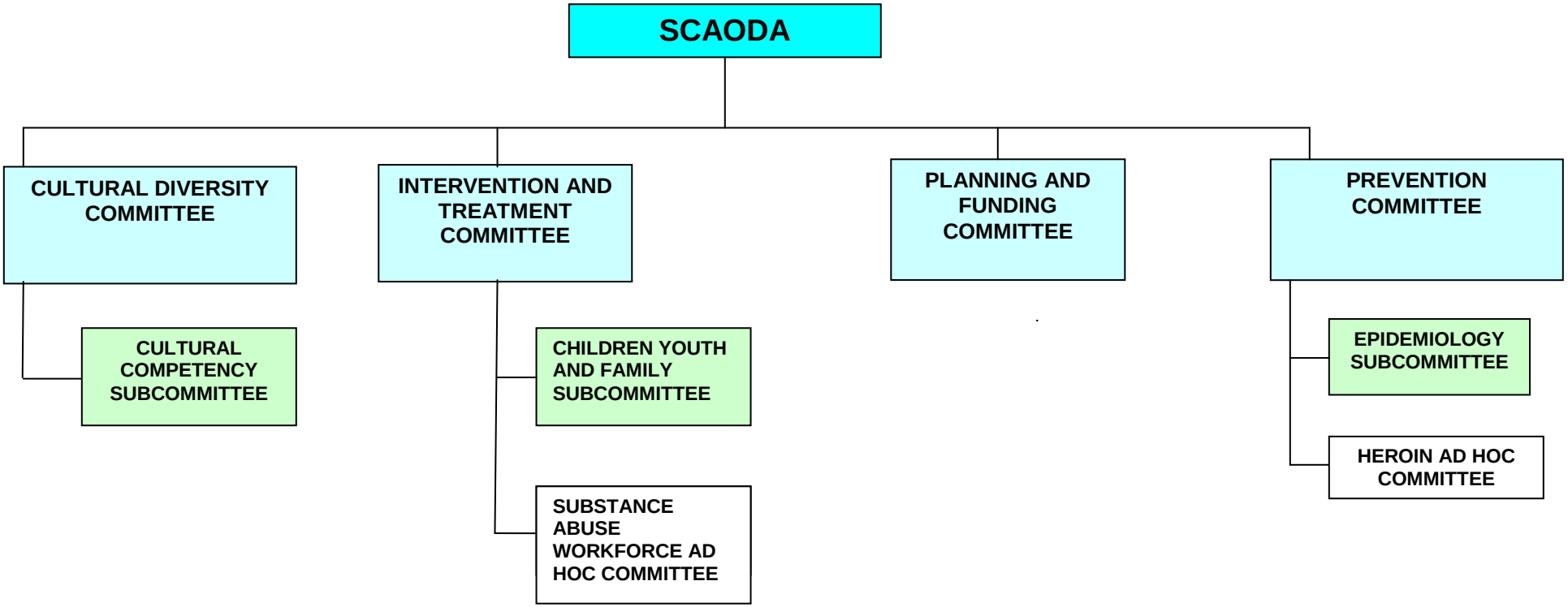
June 2014

1. **Cultural Diversity Committee**
   a. **Cultural Competency Subcommittee**

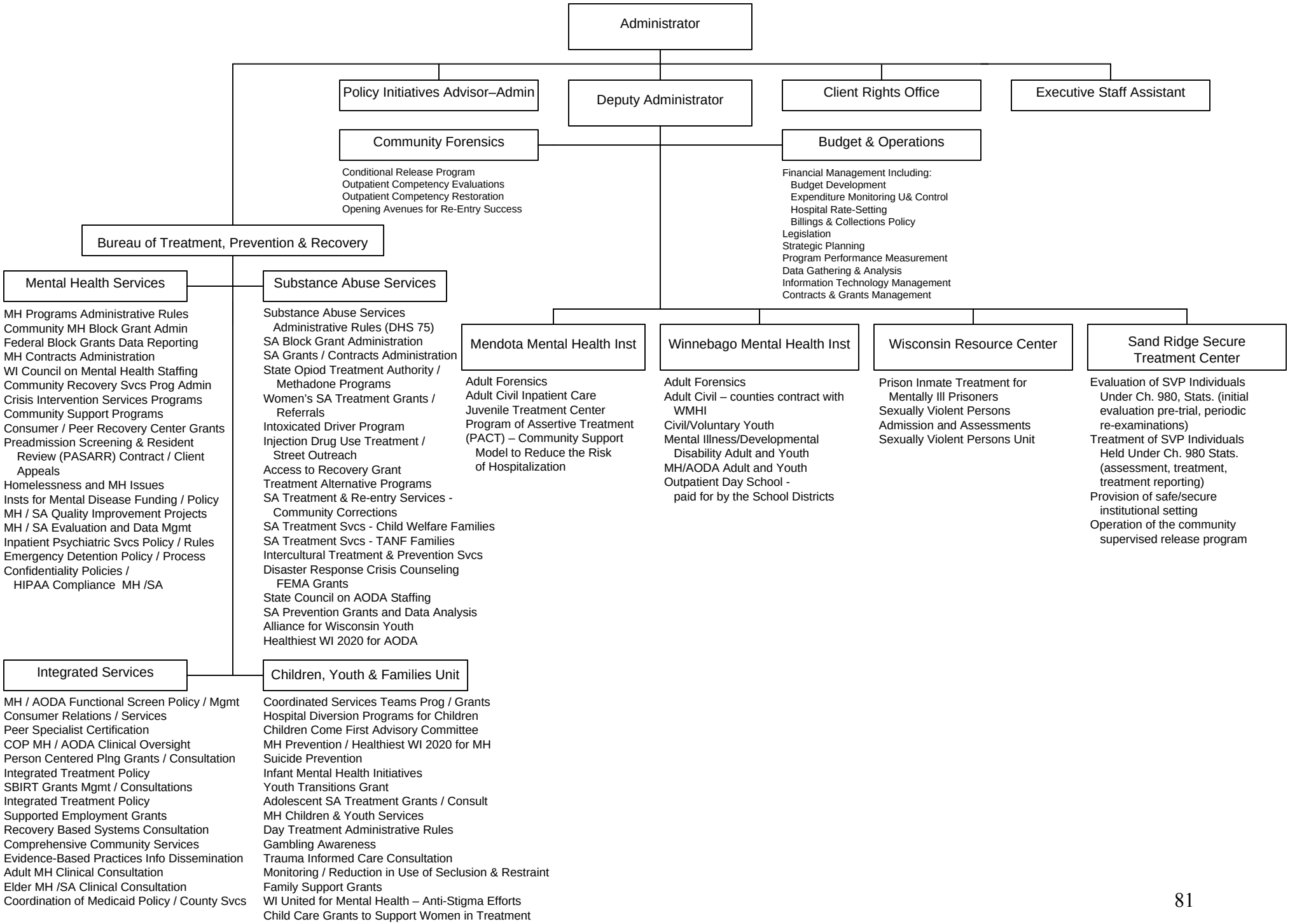
2. **Intervention and Treatment Committee**
   a. **Children Youth and Family Subcommittee**

3. **Planning and Funding Committee**

4. **Prevention / SPF-SIG Advisory Committee**
   a. **Epidemiology Subcommittee**



Department of Health Services

April 2011

Division of Mental Health and Substance Abuse Services
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