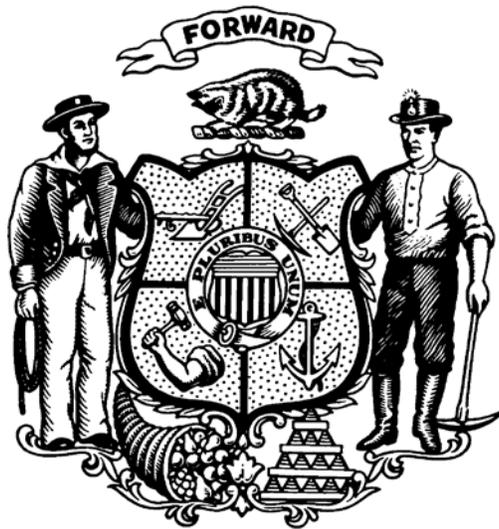


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



September 12, 2014  
MEETING

**Michael Waupoose**  
Chairperson

**SCOTT WALKER**  
Governor

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# **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 2014 Meeting Dates

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

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

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

*The meeting dates are:*

*March 7, 2014*

*June 6, 2014*

*September 12, 2014*

*December 12, 2014*

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State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

September 12, 2014  
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. Election of officers
- 9:45 a.m. III. Review / Approval of June 6, 2014 minutes – Michael Waupoose....pp. 15 – 21
- 9:50 a.m. IV. Public input (maximum five minutes per person) – Michael Waupoose
- 9:55 a.m. V. Committee reports

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

- Executive Committee – Michael Waupoose....pp. 22 – 33
  - Status of motions from June meeting....pp. 23 – 33
    - Letter requesting a joint study committee to improve outcomes for families with substance use disorders who are involved in the child welfare system....pp. 23 – 24
    - Letters regarding new laws that increased access to alcohol....pp. 25 – 27
    - Letter regarding Zohydro and response....pp. 28 – 33
    - Letters requesting substance abuse portions of department budgets
  - Legislative initiatives/meeting with DHS and Governor’s Office
- Diversity Committee – Tina Virgil....pp. 34 – 45
  - Accomplishments report....pp. 41 – 45
  - 2014-18 work plan....pp. 106 – 107

- Intervention and Treatment Committee – Norm Briggs and Roger Frings....pp. 46 – 72
    - Rural Institute public forum
    - Accomplishments report....pp. 69 – 72
    - 2014 – 18 work plan....pp. 106 – 107
  - Planning and Funding Committee – Joyce O’Donnell .... pp. 73 – 83
    - Accomplishments report....pp. 81 – 83
    - Mental Health and Substance Abuse Conference public forum
    - 2014 – 18 work plan....pp. 106 – 107
  - Prevention Committee – Scott Stokes....pp. 84 – 105
    - Accomplishments report....pp. 97 – 105
    - 2014 – 18 work plan....pp. 106 – 107
- 10:50 a.m. VI. • Approval of committee work plans
- 11:00 a.m. VII. • Rise Together presentation
- 12:00 p.m. VIII. • LUNCH
- 1:00 p.m. IX. • Department of Corrections AODA efforts – Cheryl Eplett
- 2:00 p.m. X. • State agency reports
  - Department of Revenue – Matthew Sweeney
  - Department of Health Services – Kevin Moore
  - UW Systems – Anne Hoffmann
  - Department of Public Instruction – Steven Fernan
- 2:30 p.m. XI. • Tobacco survey results – Dave Macmaster/Bruce Christiansen
- 3:00 p.m. XII. • Agenda items for next meeting
  - Bylaws amendments
- 3:05 p.m. XIII. • Announcements – Joyce Allen and Lou Oppor
- 3:15 p.m. XIV. Adjourn – Michael Waupoose

**2014 Meeting Dates**  
~~March 7, 2014~~  
~~June 6, 2014~~  
 September 12, 2014  
 December 12, 2014

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

Scott Walker  
Governor



Michael Waupoose  
Chairperson

Duncan Shrout  
Vice-Chairperson

Scott Stokes  
Secretary

State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE  
MEETING MINUTES

March 7, 2014

9:30 a.m.

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

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

Members excused: Cheryl Eplett, Craig Harper, Charlotte Rasmussen

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

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

Ex-officio members excused:

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

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

Guests: Richard Bryant, Todd Campbell, Brenda Jenkins

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

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

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

**III. Public input** – None

#### IV. Committee reports

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## IX. State agency reports

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

## **X. Agenda items for the June 6, 2014 meeting**

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

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

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

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

2014 SCAODA meeting dates:

~~March 7, 2014~~

June 6, 2014

September 12, 2014

December 12, 2014



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

June 6, 2014

9:30 a.m.

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

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

Members excused: Cheryl Eplett, Scott Stokes

Members absent: Garey Bies, Tim Carpenter, Sandy Pasch

Ex-officio members present: Anne Hoffman, Katie Paff

Ex-officio members excused: Kerstin Hughes, Kathy Marschman, Matthew Sweeney

Ex-officio members absent: Randall Glysch, Thomas Heffron, Linda Preysz

Staff: Joyce Allen, Ashleah Bennett, Faith Boersma, Lee Ann Cooper, Pat Cork, Tanya Hiser, Alex Ignatowski, Bernestine Jeffers, Paul Krupski, Kris Moelter, Christy Niemuth, Lou Oppor, Mai Zong Vue, Raina Zwadzich

Guests: Dana Brueck, Richard Bryant, Denise Johnson, Keith Lang, Danielle Luther, Dave MacMaster, Annie Short, Peter Thao, Thai Vue, Peter Yang

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

**I. Introductions** – Michael Waupoose reminded members that the meeting was being recorded for posting on the SCAODA website. He reported that Kerstin Hughes is the new the Department of Children and Families representative and Kathy Marschman is the new Department of Veteran's Affairs representative. Paul Krupski was introduced as the new prevention coordinator at the Department of Health Services.

**II. Approval of March 7, 2014 minutes** – Norman Briggs moved (Duncan Shroust second) to approve the March 7, 2014 meeting minutes. **Motion passed unanimously.**

**III. Public input** – Thai Vue presented a statement from the Wisconsin United Coalition of Mutual Assistance Associations, Inc. President Peter Yang supporting the Diversity Committee’s proposed budget initiatives and calling SCAODA’s attention to the lack of access to healthcare among the Hmong population. The Diversity Committee will work on addressing these concerns.

#### **IV. Committee reports**

- **Executive Committee** – Mr. Waupoose reported on the status of the motions from the March meeting and the interim Executive Committee action.
  - Status of motions from March meeting
    - Letter to Rep. Nygren re: support for heroin bills: SCAODA sent a letter thanking Rep. Nygren for his efforts regarding the heroin legislative initiatives.
    - Letter to the legislature re: opioid treatment centers: SCAODA sent letters to the legislative leadership supporting the creation of regional opioid treatment centers. The legislation has been enacted into law and the Department of Health Services is developing a request for proposal and other policies to implement the law.
  - Interim Executive Committee action
    - National Governor’s Association Healthcare Workforce proposal: SCAODA sent a letter supporting Wisconsin’s application to be part of the healthcare workforce initiative. Mr. Waupoose was on the advisory committee, as was Shel Gross from the Wisconsin Council on Mental Health. Wisconsin was one of seven states awarded a grant. Either Mr. Waupoose or Mr. Gross will continue to serve on the advisory committee.
    - Mr. Waupoose has been appointed to the legislative study committee on problem-solving courts, alternatives, and diversions. The committee will examine courts, such as veterans courts, drug and alcohol courts, mental health courts, and drunk driving courts, in Wisconsin and nationally and consider: (a) effectiveness of existing problem-solving courts in Wisconsin in reducing recidivism, the costs to administer these courts, and the savings realized; (b) best practices of existing problem-solving courts, both in Wisconsin and elsewhere, and potential implementation of these practices at the state level; (c) efforts to establish problem-solving courts that serve multiple counties, impediments to these efforts, and potential changes to improve regionalization of such courts; and (d) appropriate role and structure of state-level training and coordination.
  - Nominating committee appointments – Mr. Waupoose appointed Joyce O’Donnell, Tina Virgil, and Sandy Hardie to serve on the nominating committee for the SCAODA officers. DHS will send out email to all SCAODA members to

let Ms. O'Donnell know if they are interested in serving as an officer. Elections will be held at the September meeting.

- **Diversity Committee** – Ms. Virgil reported that Mr. Vue is co-chairing the Diversity Committee. The committee will address the concerns raised in Mr. Yang's letter. The committee is working on issues related to training and retention of minority AODA counselors, developing protocols for cultural intelligence best practices, providing training in cultural intelligence, and identifying unmet needs of underserved populations. The committee has expanded its membership so it is able to effectively address these issues. Denise Johnson reported that the Americans with Disabilities Act subcommittee has completed its work.
- **Intervention and Treatment Committee** – Mr. Briggs reported he is a member of the Wisconsin Council on Mental Health's Criminal Justice Committee. That committee is aware that it needs to look at substance disorder issues in the criminal justice system as well as mental health issues. He also reported that the substance use disorder workforce ad hoc committee continues to meet and is making progress.

**Mr. Briggs (Mr. Shroul second) made the following motion: SCAODA requests the secretaries of the Department of Health Services and the Department of Children and Families create a joint study group to develop recommendations to increase inter-departmental collaboration to improve outcomes for families with substance use disorders who are involved in the child welfare system. The motion passed 12 yes, 0 no, 3 abstain (DHS, DOT, Controlled Substances Board).**

Roger Frings reported that the committee will be hosting a public forum at the National Rural Institute on Drugs on Alcohol on June 9.

- **Planning and Funding Committee** – Ms. O'Donnell reported that the committee is following several issues, including Medicaid reimbursement, electronic cigarettes, the OWI surcharge increase and the change in the formula that decreases the counties' shares, and the Burden of Excessive Alcohol Use in Wisconsin report.

**Ms. O'Donnell (Mr. Shroul second) made the following motion: Add the word "funding" before capacity in Goal #4 of the proposed 2014-18 SCAODA plan. The motion passed unanimously.**

**Ms. O'Donnell (Mr. Shroul second) made the following motion: SCAODA send letters to the legislative leadership and the Governor's Office expressing its outrage that several new laws were enacted during the past legislative session that increased access to alcohol.** Members agreed that several bills that became law provided greater access to alcohol. However, concerns were raised that SCAODA had not taken positions on some of those bills and had not conveyed its concerns to the legislature or the Governor's Office. Sometimes the legislation moved so quickly that SCAODA did not have a chance to respond. The letter should state SCAODA's concerns about the increased access to alcohol and remind the legislature and the Governor's Office that

SCAODA is available as a resource to review proposed legislation and even serve in an advisory capacity as legislation is being developed.

**Mr. Shrout moved (Mr. Briggs second) to amend the motion to “express deep concern” instead of “outrage” and to include a copy of the ACE Report with the letter. Motion passed 13 yes, 0 no, 2 abstain (DOT and Controlled Substances Board).**

**The amended motion passed 9 yes, 0 no, 6 abstain (DHS, DOJ, DOT, Controlled Substances Board, Office of the Commissioner of Insurance, Pharmacy Examining Board).**

**Ms. O’Donnell (Mr. Shrout second) made the following motion: SCAODA send letters to the appropriate departments asking that the departments allow SCAODA to review and comment on the substance abuse portions of their proposed budgets. The motion passed 12 yes, 0 no, 3 abstain (DHS, DOJ, DOT).**

- **Prevention Committee** – Mary Rasmussen reported that the heroin ad hoc committee has completed its draft report. Annie Short, Danielle Luther, and Christy Niemuth presented the draft report. The committee used a five pillar approach that looked at prevention, harm reduction, law enforcement, treatment, and business. They distributed the executive summary and recommendations. There are recommendations in each pillar. The report still needs some edits. When it is completed it will be distributed to counties, legislators, Alliance for Wisconsin Youth coalitions, and local heroin task forces. Mr. Waupoose suggested the references to addiction and disease be replaced with terms such as substance use disorder.

**Mary Rasmussen made the following motion (Steven Fernan second): SCAODA endorse the *Wisconsin Heroin Epidemic: Strategies and Solutions* report (with appropriate edits) and approve it for dissemination. The motion passed 14 yes, 0 no, 1 abstain (DOT).**

Douglas Englebert updated SCAODA on the Zohydro Extended Release (ER) issue. Zohydro is a form of hydrocodone. The FDA approved Zohydro ER in October 2013 for severe pain that requires daily and long-term treatment when other opioid treatment has failed. Zohydro ER is different from other opioids in that it is a pure form of hydrocodone. It is available in a strong dose and can be easily crushed and snorted or injected instead of just swallowed. A panel of experts last fall recommended it not be approved, but the FDA approved it. Twenty-eight attorneys general have written letters to the FDA requesting it reverse its approval of Zohydro ER.

**Mary Rasmussen made the following motion (Mr. Shrout second): SCAODA urge the Wisconsin Attorney General to support federal and state efforts to repeal the FDA’s approval of Zohydro Extended Release. The motion passed 11 yes, 0 no, 4 abstain (DHS, DOC, DOT, Controlled Substances Board).**

**V. Four-year plan update** – Mr. Waupoose presented the goals and priorities for the 2014-18 four-year plan, with the edit approved as part of the Planning and Funding Committee motion to add “funding” to Goal #4. Anne Hoffman suggested editing Goals 3, 4, and 5 to read:

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.

Mr. Waupoose informed the group that “substance abuse” is now referred to as “substance use disorder”, so he suggested the priorities reflect that language, to read:

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

**Mr. ShROUT moved (Mary Rasmussen second) to amend the goals and priorities as set forth above and adopt them as the four-year strategic plan. The motion passed unanimously.**

The next step is for the committees to develop a work plan to address the goals and priorities and present those plans for approval at the September meeting.

Mr. Waupoose presented a chart showing the committee proposals for the 2015-17 budget the committees want SCAODA to pursue. The next step is for DHS staff to provide more information to the Executive Committee on each proposal and then the Executive Committee will decide which proposals to move forward and discuss when it meets with the Governor’s Office. That meeting likely will be in late July or early August.

**VI. Affordable Care Act and Department of Health Services update** – Kevin Moore reported on the Badger Care enrollment as of April 2014. There are 81,000 new childless adult members and the enrollment is climbing, but still within the budgeted amounts. As of April 62,000 have transitioned off Medicaid. DHS is doing a data match with the federal database to try to determine how many of the transitioning people have enrolled in the marketplace. Because people experience changes that constitute qualifying events under the ACA and/or obtain health insurance through an employer, enrollment data only represents a snapshot as of the date given.

**VII. Legislative update and discussion of 2015 legislative initiatives** – Alex Ignatowski, the legislative liaison for DHS, provided an overview of the substance use disorder-related legislation that was addressed during the most recent legislative session. There was bipartisan support for many issues related to substance use. Several bills relating to more effectively addressing heroin have become law, such as requiring identification be shown when picking up opiates from a pharmacy; requiring EMTs and others to receive training on administering Narcan and being able to administer it; and providing some immunity from criminal liability in some circumstances. More money was provided for the Treatment Alternatives and Diversion (TAD) program. Funding was provided to create three opioid treatment centers in rural, underserved areas. Tribes can now conduct OWI assessments and health officers for children’s camps can now designate a person to carry the prescriptions for youth.

**VIII. Medicaid presentation** – Lou Oppor talked about Medicaid reimbursement rates. Reimbursement rates for day treatment services, SBIRT, outpatient treatment, and narcotic treatment are in the book. He said DHS staff could put together reimbursement information for other areas such as mental health and medication. SCAODA members requested information for the next meeting comparing reimbursement rates for mental health and substance use disorder services that are comparable and comparing rates with what providers charge when Medicaid is not paying for the service.

Mr. Briggs asked how the total Medicaid budget is determined. Mr. Moore said the state looks at utilization and the number of people served. The state is required to provide an actuarially-sound increase for HMOs and managed care under the federal law. DHS will determine the amount needed to continue the services that are provided now and then determine how much a 2.5 percent increase would be. This item may be the subject of the discussion SCAODA has with the Governor’s Office about the budget for the next biennium.

#### **IX. State agency reports**

- **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.
- **Pharmacy Examining Board** – Charlotte Rasmussen reported that the Prescription Drug Monitoring Program (PDMP) has been operating for a year. She thanked the Governor for his leadership in implementing the program.

**X. Prescription drug monitoring program** – Chad Zadrazil from the Department of Safety and Professional Services reported on the PDMP program. The database became fully operational June 1, 2013. There are currently 15.1 million records in the database and those are submitted by 1,600 dispensers. In the year the PDMP has operated there have been over 665,000 queries, and the number of queries is approaching 70,000 per month. Pharmacists and physicians make up 67% of users. During the first six months of the program pharmacists were most of the

sign-ups, but now physicians now are beginning to sign up more than pharmacists. There has been a 25 percent decrease in the number of patients receiving orders from five or more prescribers and being dispensed by five or more dispensers per month since the program began. Some enhancements that are being made to the PDMP include piloting ways to integrate PDMP records into electronic records; enhancing alerts within system; and increasing the type of data collected by the PDMP. Mr. Zadrazil distributed a powerpoint and brochure, both of which are part of the electronic record of this meeting.

He reported that DSPS has applied for two grants to improve the PDMP. One is to create a public health portal to give health officials and other researchers access to de-identified data collected as part of the PDMP. The other is a National Governor's Association policy academy grant to reduce prescription drug abuse by bringing stakeholders together to identify ways to work together to improve resources and reduce prescription drug abuse.

#### **XI. Agenda items for the September 12, 2014 meeting**

- Committee work plans for the four-year plan
- Committee final reports for the 2010-14 four-year plan
- Medicaid
- Results of statewide survey readiness for mental health and addiction treatment providers for integrating tobacco treatment
- Elections
- Rise Together

**XII. Announcements** – Mr. Oppor reported on the status of the Burden of Excessive Alcohol Use in Wisconsin report update. DHS publishes an epidemiological report every two years. The next report will be published in September 2014. DHS will consider updating the Burden of Excessive Alcohol Use in Wisconsin report as part of the 2016 epidemiological report.

Mary Rasmussen reported that Arbor Place will be breaking ground in July on a new facility that will double number of beds available.

Mr. Waupoose reported that four people resigned from the DOT OWI task force.

**XIII. Adjourn** –The meeting adjourned at 2:27 p.m.

2014 SCAODA meeting dates:

~~March 7, 2014~~

~~June 6, 2014~~

September 12, 2014

December 12, 2014



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**SCAODA Executive Committee Meeting  
July 16, 2014  
8 a.m.**

**Members present:** Duncan Shrout, Scott Stokes, Michael Waupoose

**DHS staff present:** Kris Moelter

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

**Budget initiatives for the 2015-17 biennium:**

The committee reviewed the committees' proposed budget initiatives.

The Diversity Committee proposals were discussed first. The committee decided to support a pilot project to fund up to five Hmong navigators for \$250,000 - \$500,000. The committee also supported the cultural intelligence training initiative, which would include training substance abuse counselors and hosting an annual conference. The committee decided to discuss the idea with DHS and the Governor's Office and if they like the idea then provide a better cost estimate.

The Planning and Funding Committee proposals were discussed next. The committee agreed to request a 2.5% increase in Medicaid reimbursement rates for AODA services. This is a small amount and is not adequate to cover costs, but it is a good start, especially if Medicaid would streamline the prior authorization process. They also will request a 1 – 2% increase in human services community aids funding. The counties are unable to adequately serve people within the current funding structure and the community aids amount has not increased in several years.

The committee next discussed the Intervention and Treatment Committee's proposals. It decided to support the women's treatment centers idea and the increased funding for treatment courts and TAD. It will not move forward with the proposal to fund a staff person to oversee the introduction of nicotine treatment into existing substance abuse treatment programs. The committee agreed that nicotine treatment is being addressed now and this budget item was not necessary to keep the implementation moving forward.

The Prevention Committee initiatives were supported, pending more detailed information on cost. The Prevention Committee is meeting on July 17 and it will develop the proposals more fully then. Kris Moelter will put together the cost information and send it to the Executive Committee with the other committees' approved proposals for final approval by the Executive Committee.

The meeting adjourned at 9:02 a.m.

Scott Walker  
Governor



Michael Waupoose  
Chairperson

Duncan Shrout  
Vice-Chairperson

Scott Stokes  
Secretary

State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

June 11, 2014

Eloise Anderson, Secretary  
Department of Children and Families  
201 E. Washington Ave., 2<sup>nd</sup> Floor  
Madison, WI 53708

Kitty Rhoades, Secretary  
Department of Health Services  
1 W. Wilson St., Room 650  
Madison, WI 53703

Dear Secretary Anderson and Secretary Rhoades:

The State Council on Alcohol and Other Drug Abuse (SCAODA) respectfully requests the Department of Children and Families and the Department of Health Services 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.

Wisconsin has consistently higher rates of adult alcohol consumption and binge drinking compared to other states. Data indicate that substance abuse can play a significant role in contributing to child maltreatment. Child abuse and neglect can have a lifetime impact on its victims as evidenced by the extensive research on the effects of adverse childhood experiences. Parental/caretaker substance abuse is an adverse experience for the child, and violence due to substance use disorder that leads to an out-of-home placement results in multiple adverse experiences for the child.

In 2012, 7,661 Wisconsin children were removed from their caretakers, and 12 percent of those were because caretakers were abusing alcohol and/or drugs. Data from a 2010 Dane County study revealed that fewer than half of the parents whose children were in the child welfare system received needed substance use disorder treatment.

DCF has the ability to collect data on the substance use disorder needs of caretakers, but counties are not required to report this data. Therefore, the extent of substance abuse as a contributor to child maltreatment statewide cannot be fully understood.. Furthermore, since the DCF and DHS data systems are not connected, it is impossible to determine the number of the caretakers in the child welfare system that participate in treatment programs.

An interdepartmental committee could study these issues and recommend how to implement policies and practices to address the substance use disorder treatment needs of caretakers in the child welfare system. SCAODA is willing to participate in this effort by appointing a member to the committee and/or serving in an advisory capacity.

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

Respectfully,

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

Michael Waupoose, Chairperson

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

June 11, 2014

The Honorable Scott Walker  
Governor of Wisconsin  
115 East Capitol  
Madison, WI 53702

Dear Governor Walker:

The State Council on Alcohol and Other Drug Abuse (SCAODA) is deeply concerned that several new laws were enacted during the past legislative sessions that increased access to alcohol.

Access and availability of alcohol are key factors in underage drinking, binge drinking, and the many consequences associated with these issues. It is associated with many negative health and social consequences that cost Wisconsin \$6.8 billion annually in healthcare, lost productivity, criminal justice, and motor vehicle crash-related costs. Those costs are borne by business, the government, excessive drinkers and their family members, and the citizens of Wisconsin. Unfortunately, laws that allow public consumption of alcohol on commercial quadricycles, allow unaccompanied minors in hospitality rooms as part of a winery tour, prohibit municipalities from providing ID card scanning devices to alcohol retail licensees, and other such laws increase access to alcohol thus continuing to place the health, social, and economic well-being of Wisconsin's citizens at risk. I have enclosed SCAODA's *Alcohol, Culture and Environment* report that provides more information on the detrimental impact of excessive alcohol use on Wisconsin's citizens.

Wisconsin law establishes SCAODA as a body to provide advice to the Governor and legislature on alcohol and other drug abuse policies, programs, services, and legislation. SCAODA is available as a resource to review proposed legislation and serve in an advisory capacity as legislation is being developed.

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,

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

Michael Waupoose, Chairperson

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

June 11, 2014

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

Dear Senator Fitzgerald:

The State Council on Alcohol and Other Drug Abuse (SCAODA) is deeply concerned that several new laws were enacted during the past legislative sessions that increased access to alcohol.

Access and availability of alcohol are key factors in underage drinking, binge drinking, and the many consequences associated with these issues. It is associated with many negative health and social consequences that cost Wisconsin \$6.8 billion annually in healthcare, lost productivity, criminal justice, and motor vehicle crash-related costs. Those costs are borne by the government, excessive drinkers and their family members, private industry, and citizens of Wisconsin. Unfortunately, laws that allow public consumption of alcohol on commercial quadricycles, allow unaccompanied minors in hospitality rooms as part of a winery tour, prohibit municipalities from providing ID card scanning devices to alcohol retail licensees, and other such laws increase access to alcohol thus continuing to place the health, social, and economic well-being of Wisconsin's citizens at risk. I have enclosed SCAODA's *Alcohol, Culture and Environment* report that provides more information on the detrimental impact of excessive alcohol use on Wisconsin's citizens.

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

Respectfully,

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Michael Waupoose, Chairperson

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

June 11, 2014

Representative Robin Vos  
Speaker of the Assembly  
Room 211 West  
State Capitol  
P.O. Box 8953  
Madison, WI 53708

Dear Representative Vos:

The State Council on Alcohol and Other Drug Abuse (SCAODA) is deeply concerned that several new laws were enacted during the past legislative sessions that increased access to alcohol.

Access and availability of alcohol are key factors in underage drinking, binge drinking, and the many consequences associated with these issues. It is associated with many negative health and social consequences that cost Wisconsin \$6.8 billion annually in healthcare, lost productivity, criminal justice, and motor vehicle crash-related costs. Those costs are borne by the government, excessive drinkers and their family members, private industry, and citizens of Wisconsin. Unfortunately, laws that allow public consumption of alcohol on commercial quadricycles, allow unaccompanied minors in hospitality rooms as part of a winery tour, prohibit municipalities from providing ID card scanning devices to alcohol retail licensees, and other such laws increase access to alcohol thus continuing to place the health, social, and economic well-being of Wisconsin's citizens at risk. I have enclosed SCAODA's *Alcohol, Culture and Environment* report that provides more information on the detrimental impact of excessive alcohol use on Wisconsin's citizens.

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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,

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

Michael Waupoose, Chairperson

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

June 11, 2014

The Honorable J.B. Van Hollen  
Attorney General  
Department of Justice  
P.O. Box 7857  
Madison, WI 53707-7857

Dear Attorney General Van Hollen:

The State Council on Alcohol and Other Drug Abuse (SCAODA) respectfully requests you ask the U.S. Food and Drug Administration to reconsider its approval of the high-dose opioid painkiller Zohydro Extended Release (ER).

Zohydro ER comes in doses up to 10 times more potent than traditional hydrocodone products. It is designed to be released slowly over 12 hours, so its potential for abuse is great. It can be crushed, chewed, or mixed with alcohol to unleash its full potency at once, thus increasing the likelihood of overdose and the potential for addiction. Given the growing crisis of opiate/opioid misuse in Wisconsin, this drug will almost certainly exacerbate the problem.

SCAODA respectfully urges you to join 28 other attorneys general and ask the FDA to keep this drug off the market until abuse-deterrent technologies and other safeguards have been implemented.

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

Respectfully,

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

Michael Waupoose, Chairperson



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

J.B. VAN HOLLEN  
ATTORNEY GENERAL

Kevin M. St. John  
Deputy Attorney General

114 East, State Capitol  
P.O. Box 7857  
Madison, WI 53707-7857  
608/266-1221  
TTY 1-800-947-3529

June 30, 2014

Mr. Michael Waupoose, Chairman  
State Council on Alcohol and Other Drug Abuse  
1 West Wilson Street  
Post Office Box 7851  
Madison, WI 53707-7851

Dear Chairman Waupoose,

Thank you for your recent letter to Attorney General J.B. Van Hollen concerning the high-dose opioid painkiller Zohydro Extended Release, and your request that the Attorney General advocate for abuse-deterrent technologies.

On December 16, 2013, the Attorney General joined many other state attorneys general in thanking the Food and Drug Administration for their efforts to ensure branded opioid drugs have abuse-deterrent formulations. The letter went on to ask the FDA to provide clear and fair regulatory standards for the incorporation of abuse-deterrent technologies into generic opioids. I have included a copy of this letter for your review.

On behalf of the Attorney General, I would like to thank the State Council on Alcohol and Other Drug Abuse for its important work in coordinating substance abuse planning across government agencies, and specifically for the Council's efforts to battle the heroin epidemic.

Sincerely,

Daniel P. Lennington  
Assistant Deputy Attorney General

DPL: pss  
Enclosure



National Association  
of Attorneys General

PRESIDENT  
J.B. Van Hollen

*Wisconsin Attorney General*

PRESIDENT-ELECT  
Jim Hood

*Mississippi Attorney General*

VICE PRESIDENT  
Marty Jackley

*South Dakota Attorney General*

IMMEDIATE PAST PRESIDENT  
Douglas Gansler

*Maryland Attorney General*

EXECUTIVE DIRECTOR  
James McPherson

December 16, 2013

Margaret A. Hamburg, M.D.  
Commissioner  
U.S. Food and Drug Administration  
10903 New Hampshire Avenue  
Silver Spring, MD 20993-0002

Dear Dr. Hamburg:

State Attorneys General have pursued a holistic approach to end our nation's prescription-drug abuse epidemic. This approach includes evidence-based prevention, robust law-enforcement operations targeting diverted pharmaceuticals, and the implementation of state-operated prescription-drug monitoring programs. This balanced attack, combined with the efforts of the Drug Enforcement Administration, has undoubtedly saved many lives by preventing prescription-drug overdoses.

The State Attorneys General want to thank you for your recent efforts to ensure branded opioid drugs have abuse-deterrent formulations. But we must go further. Ensuring that generic opioids, like their branded counterparts, have abuse-deterrent properties is a commonsense improvement that provides yet another important tool in the fight against our nation's prescription drug epidemic.

Accordingly, the undersigned State Attorneys General respectfully request that the FDA provide clear and fair regulatory standards for the incorporation of abuse-deterrent technologies into generic opioids. The FDA has been an excellent partner in fighting prescription drug abuse, and we look forward to continuing to work with you in ending this epidemic.

Sincerely,

Pamela Jo Bondi  
Florida Attorney General

Samuel S. Olens  
Georgia Attorney General

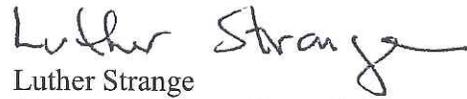
Jack Conway  
Kentucky Attorney General

Janet Mills  
Maine Attorney General

2030 M Street, NW  
Eighth Floor  
Washington, DC 20036  
Phone: (202) 326-6000  
<http://www.naag.org/>



Chris Koster  
Missouri Attorney General



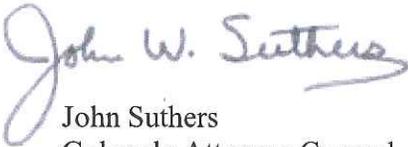
Luther Strange  
Alabama Attorney General



Tom Horne  
Arizona Attorney General



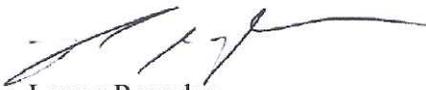
Dustin McDaniel  
Arkansas Attorney General



John Suthers  
Colorado Attorney General



Joseph R. "Beau" Biden III  
Delaware Attorney General



Lenny Rapadas  
Guam Attorney General



David Louie  
Hawaii Attorney General



Lawrence Wasden  
Idaho Attorney General



Lisa Madigan  
Illinois Attorney General



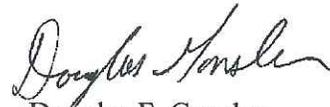
Greg Zoeller  
Indiana Attorney General



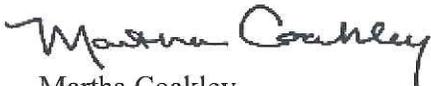
Tom Miller  
Iowa Attorney General



James "Buddy" Caldwell  
Louisiana Attorney General



Douglas F. Gansler  
Maryland Attorney General



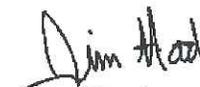
Martha Coakley  
Massachusetts Attorney General



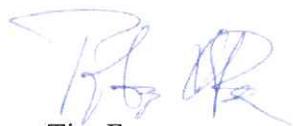
Bill Schuette  
Michigan Attorney General



Lori Swanson  
Minnesota Attorney General



Jim Hood  
Mississippi Attorney General



Tim Fox  
Montana Attorney General



Catherine Cortez Masto  
Nevada Attorney General



John Hoffman  
Acting New Jersey Attorney General



Roy Cooper  
North Carolina Attorney General



Michael DeWine  
Ohio Attorney General



Kathleen Kane  
Pennsylvania Attorney General



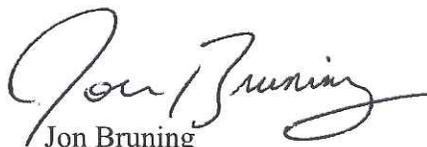
Alan Wilson  
South Carolina Attorney General



Greg Abbott  
Texas Attorney General



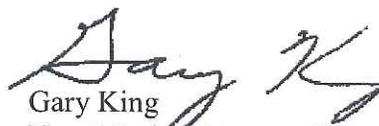
William H. Sorrell  
Vermont Attorney General



Jon Bruning  
Nebraska Attorney General



Joseph Foster  
New Hampshire Attorney General



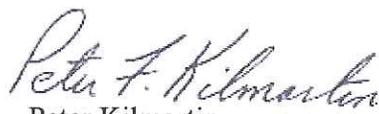
Gary King  
New Mexico Attorney General



Wayne Stenehjem  
North Dakota Attorney General



Ellen Rosenblum  
Oregon Attorney General



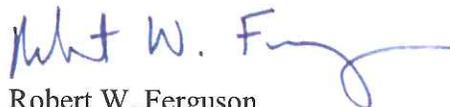
Peter Kilmartin  
Rhode Island Attorney General



Marty J. Jackley  
South Dakota Attorney General



Brian Tabet  
Acting Utah Attorney General



Robert W. Ferguson  
Washington Attorney General

*Patrick Morrissey*

Patrick Morrissey  
West Virginia Attorney General

*J.B. Van Hollen*

J.B. Van Hollen  
Wisconsin Attorney General



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, May 16, 2014**

**9:30am – 2:30pm**

Sebastian Family Psychology Practice  
1720 W. Florist, Room 125  
Milwaukee, WI

**MINUTES**

**Present:** Denise Johnson, Gail Kinney, Tish Minor, Thai Vue, Cathy Scheier, Jesse Heffernan, Mai Zong (staff)

**Absent:** Tina Virgil, Sandy Hardie, Rebecca Weise, Sterlon White, Dr. Steve Dakai

**Guests:** Leng Lee & Helen, two interpreters

**Welcome, Introductions and Review of Minutes** –Thai Vue called the meeting to order at 9:40 a.m. The February and April meeting minutes were reviewed and approved with minor changes as reviewed or typographical changes to be made. Motion to approve by Jesse Heffernan and Cathy Scheier seconded. Gail Kinney– abstained

**Public Comment** – None

**Brief Introduction from Sebastian Family Psychology Practice** – they have 13-14 clinicians in different languages and 3 AODA counselors. They also have a contract with the state Refugee Office to provide bilingual aoda and mental health counseling for refugees in Milwaukee. Currently, they have 8 student interns.

**Review and Approval of the Mission, Objectives and 2014 Goals--**

**Mission:**

To enhance and honor the lives of Diverse Populations in Wisconsin by providing access to culturally intelligent substance use-related services. (*Older version: To enhance and honor the lives of Diverse Populations of Wisconsin by providing access to cultural intelligent substance use disorders that are related services.*)

**Objectives: the three objectives were reviewed. Below is the revision for #1.**

#1 To identify, coordinate, review, and promote the use of existing best practices for providing substance use and co-occurring disorder services for the underserved populations.

#2 no change  
#3 no change

**2014 Goals:** The goals were reviewed and minor changes were made as listed below.

1. Develop a logo (5/2)
2. Developed a process to identify unmet needs of underserved population. (5/2)
3. Recommend protocols for identifying culturally intelligent best practices (5/2)
4. Coordinate diversity workshops, forum or session and representation at DHS's annual Mental Health and Substance Abuse Conference. (5/2&5)
5. No change (4/2)
6. No change (5/5)
7. Advocate for training on culturally intelligent practices for substance use related providers (5/2)
8. Advocate for training and retention of minority substance use related service providers. (4/2)

A few discussions included the items below:

- Cultural intelligent definition is needed so everyone have the same understanding. Mai Zong will ask Bernestine for a federal definition and language.
- The Committee may also need to come up with a broader definition than the federal definition or language on cultural intelligent/competent. This way provider will understand and operate from the same thinking. Perhaps the Committee can have a footnote, if not a definition.
- It should also be noted that disorder only relate to treatment, but does not cover prevention.

The mission, objectives and 2014 goals were discussed and approved. Cathy made motion and seconded by Denise.

**Budget & Legislative Policy Ideas** – see attachment of three recommendations submitted to the full Council in the June meeting.

Below are discussions by the members that shaped the submitted three recommendations.

- AODA school prevention programs are needed for K- K12
- Use of Technology -- Explore ways to educate through the use of technology—especially, telephone counseling, twitter, code of ethic for using technology and record keeping—for minority providers and underserved clients. Why? Because it is the way of the future. (Tish)
- School Tuition Program for Minority Students – there is a need to help pay for school for minority or general students in order to increase the workforce. For example, the cost for those who are attending recovery coach is about \$495/person plus child care and transportation costs. For such educational needs, programs such as loan forgiveness and/or tuition scholarships (include child care & transportation) would help increase the minority workforce. Within the ACA program, there are money built in for schoolings. Culturally competent programs like the Sebastian Family Psychology could be replicated in other places. This would reduce the challenge of a lack of supervised hours agencies to house minority students. (Gail)
- Minority retention and recruitment of minority counselors is much needed. (Jesse)

- We also need to do outreach and recruitment to schools regarding the need of AODA counselors. (Cathy)
- Create Awareness and Training on the needs – bringing community members to share the daily issues, providers (mainstream) to share their experiences, and Hmong professionals (psychologist, therapists, etc.) to teach the providers.
- Peer Recovery Coach – there is a need of peer recovery coach for underserved community.
- Immediate needs: intervention—we need culturally intelligent services for specific community—explore program policy in programs like CCS--how can CCS include services for diverse populations?
- There is a need for DHS to set recommendation policies that CCS providers include Hmong population in their program. The underserved community can benefit from the services within CCS program but currently they are not able to access CCS due to the lack of bilingual and culturally competent services. In Wisconsin, within the Southeast populations, 30% are Hmong. The unmet needs for Hmong are tremendous. For example, with regard to mental health services in relations to substance abuse, there are no resources for addressing our substance abuse and mental health needs.
- In 2014, we already have 2 suicides in Wausau and Sheboygan. We need to acknowledge that there are resources for the Hmong community. We need to identify needs and resources for Hmong community. Thirty years ago we did not have time to think about our feeling because we were busy working to make sure we have foods on the table and shelter over our heads. Today there is no enemy chasing us--our enemy that is chasing us today is our depression. (Thai)
- What kind of training and scope can we provide? E.g. leaders/community and providers. Should the Committee and can the Committee target a few groups first such as the Hmong, Hard of Hearing, LGBT, etc. ? (Jesse)
- We have the same needs as the Hmong and we finally have a summit but we are hitting a wall...no providers understood us. Where do we begin? We need a statewide conference on minority – diversity issues –where community members are recruited to come for a training and cross training. (Denise)
- The trainings can be through an institution to provide some kind of structure. Need money to fund a taskforce committee to come up with a plan. We could do webinar training—a series of training on underserved populations. Keep in mind that underserved people – “they don’t seek services because services don’t meet their needs”. (Gail)
- In August 2013, there was some AODA training for minority and tribes. This training was available then and we should bring it back. There is a lack of diversity training. Black male incarcerations are high....we have a growing needs to look at disparity and treatment approaches for black males in prisons and for moms and co-occurring needs. This is a need for why we must have training and retention, including trainings for providers. (Tish)
- We are the Diversity Committee, the knowledge body that do not exist out there. We need to voice our concerns and advocate for the underserved community. Race, sex, ethnic background, etc. are the marginalized communities. People throw reports and books at resources but not serving our communities due to privilege issue. (Jesse)

- There are a lot of foods but they are not what we eat...allow the underserved community to cook so they can add their flavor. (Thai)

**Diversity Guidelines** – the Committee ran out of time and tabled the Guidelines to the July meeting.

**Others:** The Committee need to discuss doing a Diversity Presentation to SCOADA

**Future Agenda Items:**  
CCS presentation

**Miscellaneous Updates** None

**Future Agenda Items –**

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

**Adjourn:** Jesse made motion to adjourn the meeting; seconded by Cathy with unanimous approval. Meeting was adjourned at 2:45 p.m.



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**DIVERSITY COMMITTEE MEETING**

**Friday, July 11, 2014**

**9:30am – 2:30pm**

Sandy's Office; N7737 County Road A  
Berlin, WI

**MINUTES**

**Present:** Tina Virgil, Sandy Hardie, Gail Kinney, Cathy Scheier, Jesse Heffernan, Mai Zong  
(staff)

**Absent:** Denise Johnson, Sterlon White, Dr. Steve Dakai, Thai Vue, Tish Minor, Rebecca Weise

**Tour of stable**           Sandy and her staff gave everyone a quick tour of the stable.

**Welcome and Introduction**

Tina welcomed and called the meeting to order at 9:45 a.m. Everyone introduced themselves. Some questions were raised during the introduction, including: training counselors—can anyone become a counselor? No, need people with skills, passion, and experience for treatment vs. prevention. GLATTC—what do they do and how do people benefit from their work? Accountability?

**Review of Minutes** –The May meeting minutes was reviewed and approved with the deletion of Gail's comments. Motion to approve by Gail Kinney and seconded by Jesse Hefferman.

**Public Comment** – None

Update of Budget & Legislative Policy Recommendations for 2015-17 – Tina

**Logo Design Update**

Jesse asked a few questions to get committee's feedbacks, including

1. What do you want to see on it, colors, themes, etc
2. What do you want to represent—visually?
3. What images and symbols—something that can mean something to everyone?
4. What co-existing signs and symbols, etc.?

Jesse showed his few drafts of the log and will incorporate everyone's feedbacks, email to everyone for further feedbacks, and have a logo to present at the August meeting.

**Diversity Website.** Jesse, Tina, and Tina's student intern will work on improving the website login so members can login. Diversity's website needs to connect to SCOADA's website. They will work with Ashleah to see if the format is still acceptable to DHS guidelines

### **Training of colors**

After lengthy discussion of the purpose of the training for minority counselors, there were some questions that needs clarification from GLATTC. E.g. Will there be requirements for trainers? If so, what requirement will be given so trainers go and train others in the community? It was suggested that the Diversity Committee should write a letter to inquire what are the training purpose and expectations?

### **Review of 2014 Goals and Action Plan**

A motion was made to accept the 2014 Goals and Action Plan with the addition of the substance used disorder language discussed today. A motion was moved by Gail Kinney and seconded by Sandy Hardie.

### **Diversity guidelines**

The Committee reviewed and edit the draft Guidelines. A lengthy discussion was held on the word "disorder" as Jesse shared that this word is viewed as a negative term for some clients.

### **Others:**

Gail would like to host the November 14 meeting and it was agreed that this meeting will be held at Gail's office.

A brief discussion took place regarding whether or not to organize a conference on diversity issue—to increase awareness for consumers, providers and so forth (4 pillar approach)

### **Future Agenda Items:**

1. CCS presentation by Kenya Bright
2. CLAS presentation by Evelyn Cruz
3. GLATTC presentation by Bernestine Jeffers
4. Logo and website updates

### **Miscellaneous Updates** None

**Adjourn:** Gail made motion to adjourn the meeting; seconded by Cathy with unanimous approval. Meeting was adjourned at 2:40 p.m.

Next meeting will be Friday, August 8 at the NAACP Milwaukee Branch, Milwaukee



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**

**August 8, 2014**

**9:30 a.m. – 2:30 p.m.**

**NAACP Milwaukee Branch – *basement of the HMO Harris Bank***

**2745 N. Dr. Martin Luther King Dr., Suite 202**

**Milwaukee, WI – 414-562-1000**

*Please call Mai Zong Vue at (608) 266-9218 or e-mail [maizong2.vue@wisconsin.gov](mailto: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<br>Diversity Committee vice chair<br>Public Comments   |
|            | Approval of May meeting minutes  |
| 9:40 a.m.  | Review and Approve Diversity Guidelines -- Tina<br>CCS Presentation – Kenya Bright<br>LOGO review – Jesse<br>Diversity 2010-14 Accomplishment Report for September<br>SCAODA meeting |
| 12:00 p.m. | Lunch (decide on lunch options)  |
| 1:00 p.m.  | GLATTC Presentation – Bernestine Jeffers   |
| 2:15 p.m.  | Agenda items for next meeting  |
| 2:30 p.m.  | Adjourn  |

NOTE: Next SCAODA meeting is September 12, 2014; American Family Insurance, Madison

**SCAODA Mission Statement:**

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

**PARKING: Do not park on the BMO Harris Bank's parking lot. Park on the street or park across the street in the parking lot next to the Stella restaurant (closed now).**



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**Cultural Diversity Committee  
2012 - 2014 Annual Report  
Goals and Accomplishments  
From 2010 – 2014 Strategic Plan  
September 13, 2013**

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p>SCAODA with its committees a) effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin b) is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues c) develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.</p> <p><i>Establish the expectation and provide a mechanism for service providers to engage in a documented process of cultural and linguistic competence assessment, improvement, and evaluation and make that information available to citizens and other providers.</i></p> <p><i>Increase the leadership of</i></p>	<ul style="list-style-type: none"> <li><i>The Diversity Subcommittee website becomes a clearinghouse for providers seeking resources to further their efforts at becoming more culturally &amp; linguistically informed, centered, and competent. It will be a repository of cultural &amp; linguistic competence assessments, education tools, work plans,</i></li> <li><i>As a means of demonstrating their commitment to cultural and linguistic competence and to ensure that Wisconsin's citizen have access to and receive culturally competent care, all treatment providers participate in a process of self-assessment to determine their preparedness to provide culturally and linguistic competent care. They develop and make available work plans to address areas for improvement and report their progress. The SCAODA website becomes a repository for listing those programs that have engaged in an organizational cultural and linguistically competence self-assessment and for those organizations to publish their processes.</i></li> <li><i>Ensures that technical assistance is available to programs pursuing cultural and linguistic competence through resources for training and consultation.</i></li> <li><i>Improve the structure of the Diversity Committee in order to stay focus on improving culturally intelligent substance use related services for all underserved</i></li> </ul>	<p>The Diversity committee website is a work in progress. It has an initial resource page and continues to be developed. The Diversity committee developed two additional resource options to select from related to various diversity subject matters.</p> <p>During the past year the Diversity committee has worked to identify options to meet this goal. Some of those options include:</p> <ul style="list-style-type: none"> <li>Identifying broader training opportunities</li> <li>Identifying self-assessment and training options</li> </ul> <p><i>A mission statement and 3 objectives were developed and approved to give clearer direction for the Diversity committee.</i></p> <p><i>Three new members were recruited to join the Diversity committee.</i></p>

<p><i>Diversity committee</i></p>	<p><i>populations.</i></p>	<p><i>A Diversity Guide was developed and approved to improve the structure of the Diversity committee.</i></p> <p><i>The Diversity Chair appointed a vice chair, Thai Vue, to fill in for her when she cannot attend and chair the Diversity meetings.</i></p> <p><i>Goals for 2014-2015 were identified and implementation is on the way.</i></p> <p><i>A Diversity logo was developed and approved for Diversity committee to use in its recruitment and communications to local communities and providers.</i></p>
<p><b>Goal</b></p>	<p><b>Plan to Achieve Goal</b></p>	<p><b>Efforts Accomplished to Achieve Goal</b></p>
<p>Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.</p> <p><i>For all communities, promote consistency between their values and standards and the substance-related behavioral practices of their members.</i></p>	<ul style="list-style-type: none"> <li>• <i>Disseminate relevant data to Wisconsin AODA organizations representing all community groups.</i></li> <li>• <i>Communicate effective ways for community representatives and providers to positively influence community norms and expectations and increase consistency between cultural and linguistic values and standards and the behavioral practices of members.</i></li> </ul>	<p>The Diversity committee hosted a public forum.</p> <p>The Diversity committee sponsored the Drug-Endangered Children presentation to SCAODA.</p> <p>Denise Johnson presented on Deaf and Hard of Hearing issues in recovery to SCAODA.</p>

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p>There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).</p> <p><i>Citizens demand that prevention, intervention, or treatment services are delivered in culturally and linguistically competent ways which are effective in meeting their needs.</i></p>	<ul style="list-style-type: none"> <li><i>Inform members of all Wisconsin community groups of their right to culturally and linguistically informed care, how to recognize programs prepared to provide culturally and linguistically competent care and how to access those programs.</i></li> <li><i>Insure that Wisconsin citizens understand the impact of substance abuse in their communities (including negative impacts and disparities that exist relative to prevalence, access to treatment and public policy) by developing and publicize guidelines to help communities develop PSAs that are delivered in a culturally and linguistically congruent formats</i></li> <li><i>Inform Diversity committee of the ongoing needs and issues in the underserved communities.</i></li> </ul>	<p>Thai Vue presented about the Hmong community in WI, including informing the committee on cultural care, existing programs, identified needs around issues of competent care in AODA and suicide.</p> <p>Rebecca Wigg-Ninham and Raymond Perez presented on women military veterans trauma issues and use of alcohol and other drugs.</p> <p>The Diversity committee held a meeting at the United Community Center and learned about how the Milwaukee Latino center is impacting the community.</p> <p><i>The Diversity committee continues to hold its in-person meeting in agencies that has a strong focus on underserved populations in order to educate themselves to better understand the underserved issues.</i></p> <p><i>Presentations included: Dryhootch presentation: the impact of AODA on veterans; CCS Presentation: the inclusion of AODA and mental health in the expansion of CCS in Wisconsin</i></p>
<p><b>Goal</b></p>	<p><b>Plan to Achieve Goal</b></p>	<p><b>Efforts Accomplished to Achieve Goal</b></p>

<p>Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:</p> <p>a) for effective prevention efforts across multiple target groups including the disproportionately affected</p> <p>b) for effective outreach, and effective, accessible treatment and recovery services for all in need.<sup>1</sup></p> <p><i>Wisconsin's prevention, treatment and recovery workforce is prepared to provide culturally and linguistically competent services.</i></p>	<ul style="list-style-type: none"> <li>• <i>Influence qualified minority group members to seek training and employment in providing treatment and recovery services.</i></li> <li>• <i>Ensure that Wisconsin adequately funds AODA counselor training for members of diverse communities to ensure a competent and diverse workforce.</i></li> <li>• <i>Require that all AODA / MH conferences receiving any funding from the Division have at least one workshop on providing culturally and linguistically competent care.</i></li> <li>• <i>Encourage treatment programs to provide clinical appropriate internship opportunities for qualified minority group members.</i></li> </ul>	<p>Rebecca Wigg-Ninham, Co-Chair of the Diversity committee, served on the needs assessment committee to ensure diversity issues were part of the assessment.</p> <p>The Diversity committee reviewed the needs assessment data to identify the needs of diverse communities around AODA issues.</p> <p>Tina Virgil, Co-Chair to the Diversity committee, sits on the Great Lakes ATTC Wisconsin Local Advisory Board and continues to serve the cultural and linguistic needs of the community.</p> <p><i>The Diversity committee continues to encourage more underserved workshops representations at the annual Mental Health and Substance Abuse Conference in October. Six underserved workshops will be presented in the MH and SA Annual Conference in October 2014.</i></p>
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Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
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<sup>1</sup> Effective prevention, treatment and recovery services include: using science and research based knowledge, trauma informed, culturally competent, and use of practices that have promise to work.

<p>5. SCAODA with its committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remedying historical, racial / ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people</p>	<ul style="list-style-type: none"> <li>• <i>The State of Wisconsin and its leaders issue apologies to the indigenous people of Wisconsin for the historical trauma inflicted on them.</i></li> <li>• <i>Ensure that Wisconsin adopt existing CLAS standard in its contracts with all contracted providers.</i></li> </ul>	<p>To date, the Diversity co-chairs have determined beyond the scope of this committee.</p> <p><i>The Diversity committee revisited the CLAS standard. A future motion to the Council regarding CLAS standard is in discussion.</i></p>
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NOTE: the text in blues are the ones I added to the existing document from Kris. Please add anything else that I forgot in this chart. We need to send this to Kris by next Wednesday. However, I will not be in the office until next Thursday, August 21. So your feedbacks and changes should be sent to me asap. Thanks! --Mai Zong



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING**

**Tuesday, April 8, 2014**

**10:00am – 2:30pm**

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

**MINUTES**

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

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

**Guests:** Kris Moelter

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

**Public Comment** – None

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

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

the Criminal Justice Coordinating Council (CJCC). Rep. Hebl notified SCAODA that he has introduced an amendment adding SCAODA as a member of the CJCC.

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

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

- Kevin Moore reported that DHS and other agencies are working on a proposal through the National Governor's Association for workforce development improvement in the healthcare industry. One issue is how to help substance abuse counselors move more quickly through the process so they can begin practicing their profession.
- DHS has submitted a comprehensive community services report that will be online soon. One of the initiative's goals was to have CCS go statewide. Currently, 61 of 72 counties have agreed to participate. DHS is working on its budget proposals for the next legislative session.
- Anne Hoffman reported that UW system has implemented two screenings—BASICS (Brief Alcohol Screening and Intervention for College Students) and CASICS (Cannabis Screening and Intervention for College Students). They have trained practitioners at each college to administer the screens. The university has purchased licenses for both programs so they can train internally as needed. The hope is that using the screens will help students get control of their alcohol and cannabis use.
- Mr. Fernan reported on results from the Safe and Supportive Schools project. The majority of the schools in the project reported reduced out of school suspension and expulsion rates. They also reported a decrease in 30-day alcohol use and a decrease in being bullied. Most schools had an improved school safety score. Many of the high schools have implemented PBIS (Positive Behavioral Interventions and Supports) and some have implemented SBIRT. They also are implementing Link Crew, where older youth mentor 9<sup>th</sup> graders, and restorative practices to disciplinary matters. DPI currently has a grant for a Safe Schools/Healthy Students project that will provide wraparound services to youth in the Beloit, Menominee Indian, and Racine School Districts. DPI is working with the Department of Justice to promote its heroin awareness campaign by distributing informational packets to Wisconsin high schools.
- DHS will administer crisis intervention training grants designed to train law enforcement agencies in crisis intervention. It also will award grants to counties/regions to establish certified programs to create mobile crisis teams. Under another bill that has become law, DHS will increase the amount of current grants for peer run respite facilities.
- Another new program will create a child psychiatric consultation access lines so providers can receive referral support.
- DHS also received funds to address the primary care and psychiatric shortage in underserved areas of the state

- There is a new law that will allow children who have a severe emotional disturbance to receive in-home therapy without having failed in outpatient therapy first.
- DHS also will administer a program that will provide grants for supported employment and provide technical assistance to counties to implement the new supported employment model.
- DHS needs to submit a report to the legislature by January 1, 2015 describing mental health services provided by counties and regions.
- The FFY14 Substance Abuse Block Grant award is \$27,005,484; an increase of about \$600,000 from FFY13. The budget is on the legislative fiscal bureau website [www.legis.state.wi.us](http://www.legis.state.wi.us).

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

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

**SCAODA and ITC Strategic Planning:** Roger and Norm attended the strategic planning meeting in February. The SCAODA goals remain unchanged and it is requested that all committees try to address each of the priorities. Al stated that it seemed worthwhile to look at narrowing the broad objectives so that they could be tangible and more easily put into practice. There was much discussion about this topic. Over the next week Roger will work with Al (and any other interested ITC member), to determine how to pursue this. The result of this collaboration will be shared with Norm who will schedule a phone call with the Four Chairs Committee. If anyone has ideas please email Roger or Al. Attached is a list of SCAODA Goals and Priorities or 2014-2018.



Strategic Plan Goals  
2014-18.doc

## Section Updates

**CYFT:** Jill shared that the subcommittee met in March and there was very low turnout. The challenge right now is that the Jill can't sustain the subcommittee without staff support. The decline of the group has been evident since the Adolescent Treatment Coordinator at DHS who was previously assigned to this group vacated the position. The objective of the group is to increase access to and capacity of adolescent treatment and recovery opportunities. It was suggested that the Bureau of Prevention Treatment and Recovery be notified of this deficit and recommend that they fill the position as quickly as possible with the job duties to include staffing this subcommittee. Roger will call Lou Oppor at the Bureau and discuss this with him. At this point, CYFT will temporarily be on hold until further developments.

**Older Population:** Sheila Weix (Absent)

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



IDP Best Practices  
Workgroup.docx

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

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

**WiNTiP** – Dave Macmaster (Absent)

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

group. Katie at DSPS is putting together a group to look at the possibility of changing the requirements for AODA certification, however, this may take up to two years to complete. This is a problem as the Workforce Development Ad-Hoc Committee is only charged for one year. Dan will check into how to get on this group so as not to duplicate work and provide collaboration. The group discussed the need to consider cultural competency, so they met with tribal representatives last week at the Tribal State Collaborative meeting. There has been a significant decrease in the number of people entering the AODA field since the Federal Government provided a scope of practice ladder. It was not known at the time that this was a recommendation from SAMHSA and the State of Wisconsin did not implement or pursue it. Steve Dakai will put together a list of issues/barriers and what is needed for the workforce. He specifically highlighted the difficulty to provide services in rural areas, transportation issues and the affordability of school. This list will be sent to Bernestine Jeffers before the next meeting on May 16, 2014. It was suggested that this committee keep a list of issues that may not fit into the charge of the group, but remain important.

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

#### **Task Assignments**

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

**Miscellaneous Updates** None

#### **Future Agenda Items –**

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

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

**Next meetings and dates:**

1. *ITC*

May 13, 2014; 10:00 am – 2:30 pm. Department of Corrections, Madison

2. *Children, Youth and Families Treatment Sub-committee*

On Hold

3. *SCAODA*

June 6, 2014; 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison.

For more information, visit the SCAODA web site

at: <http://www.scaoda.state.wi.us/meetings/index.htm>



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING**

**Tuesday, May 13, 2014**

**10:00am – 2:30pm**

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

**MINUTES**

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

**Absent:** Sheila Weix, Sheri Graber

**Guests:** Kris Moelter , Lila Schmidt

**Welcome, Introductions and Review of Minutes** -Norm Briggs called the meeting to order at 10:14 a.m. The April meeting minutes were reviewed and approved with minor changes to be made. Motion to approve by Dan Nowak; Dave Macmaster seconded.

**Report on Tasks**

- A. Four Chairs Meeting – Al and Roger discussed that they thought it would be helpful to discuss the SCAODA goals and narrow down the assignments so each standing committee isn't working on the same items. Roger will address this idea at the upcoming Four Chairs meeting on Monday, May 19, 2014.
- B. CYFT Discussion: Roger and Norm will speak to Lou Oppor at the Bureau of Prevention, Treatment and Recovery to discuss the need to have a staff person assigned to CYFT committee.
- C. Prescription Drug Monitoring Program (PDMP): The large number of opioids prescribed is tracked by the PDMP. The 2 million prescriptions for opioids prescribed in one year in Wisconsin, (particularly OxyContin and hydrocodone), is compatible with the opioid epidemic in nation. Steve is part of opioid monitoring for the tribal community and indicated that the distribution map on the PDMP website is pretty accurate for Menomonee and Shawano counties. This topic is of great importance and ITC will keep looking at this to determine course of action, if any. Norm will contact Cheryl Wittke

from S.A.F.E. Communities to see if she can provide feedback as to what they are doing as it relates to this issue. To view the reports go to <http://dsps.wi.gov/pdmp/stats>

**Public Comment** – None

**SCAODA/Legislation Update** – Norm discussed the legislative bills and followed up with SCAODA support:

**RELEVANT SUBSTANCE ABUSE-RELATED LAWS ENACTED**  
**DURING THE 2013-14 SESSION**

(NOTE: This list does not include enrolled bills)

**\*List current as of April 10, 2014\***

**Act 65** – Permits a retailer to take civil action against an underage person (or parents if under 18) who commits an underage drinking violation on the retailer's premises. The court must award \$1,000 in damages plus costs and reasonable attorney fees.

**Act 83** – Broadens the definition of intoxicant to include a substance that is consumed in a manner contrary to its intended use or labeling and that is consumed to induce intoxication or change the human audio, visual, or mental processes.

**Act 106** – Allows for consumption of a limited amount of alcohol on commercial quadricycles (pedal pubs).

**Act 129** – Requires DHS to award grants for peer-run respite organizations.

**Act 194** – Provides immunity from certain criminal prosecutions for an aider who gets help for a person suffering from an overdose or other adverse reaction to a controlled substance. The aider may not be prosecuted for possession of a controlled substance under the circumstances that led the aider to get help.

**Act 195** – Requires DHS to establish two or three regional opioid treatment programs in rural, underserved, and high-need areas.

**Act 197** – Provides more money for TAD programs.

**Act 198** – DOJ can authorize the operation of drug disposal programs to receive, for destruction, prescription drugs and controlled substances.

**Act 199** – Schedule II or III controlled substances may not be dispensed unless the person picking them up shows an ID, with limited exceptions. It also requires the person dispensing the substances to record the name on the ID card of the person to whom it was dispensed.

**Act 200** – Allows certified first responders to administer naloxone. It also allows EMTs at all levels of licensure to administer naloxone in opioid-related overdose situations. DHS must provide training.

**Act 215** – Prohibits municipalities from providing to alcohol retail licensees any device capable of scanning an ID card or driver's license.

**Act 224** – A person convicted of a 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> OWI must be given a bifurcated sentence, and the confinement portion must be at least three years. A person convicted of a 10<sup>th</sup> or subsequent OWI must be given a bifurcated sentence, and the confinement portion must be at least four years. Also, a person who injures another while committing an OWI must be incarcerated for at least 30 days but no more than 1 year.

**Act 246** – Allows a tribal facility to conduct assessments and prepare driver safety plans as part of the Intoxicated Driver Program.

**Act 249** – An unaccompanied underage person may be in a winery banquet or hospitality room for the purpose of attending a winery tour.

**Act 250** – Allows wineries to provide taste samples at trade association events for Class B retailers.

**Act 253** - This bill creates penalty enhancements for traffic violations that result in bodily harm, great bodily harm, or death (collectively "harm") to vulnerable highway users. The bill defines "vulnerable highway user" as any of the following: 1) a pedestrian; 2) a bicyclist; 3) an operator of a moped or motor bicycle; 4) an operator of, or passenger on, an animal-drawn vehicle, farm tractor, farm truck tractor, farm trailer, or implement of husbandry; 5) a person riding upon in-line skates, a horse, or a play vehicle; 6) a law enforcement officer, traffic officer, fire fighter, or emergency medical technician, while performing his or her official duties; or 7) a person who is rendering medical or emergency assistance to another person. For most traffic violations, the bill doubles the applicable forfeiture or fine if the violation results in harm to a vulnerable highway user, and this doubling is in addition to any other applicable penalty enhancement.

**Act 260** – Requires specified professionals to refer an infant for evaluation if s/he has suspected fetal alcohol spectrum disorder and requires a doctor who diagnoses FASD to report it to the child abuse agency and requires the agency to offer services and treatment for the infant and mother.

**Act 267** - THC does not include cannabidiol (commonly known as CBD oil extract) in a form without a psychoactive effect if dispensed or documented by a practitioner. Allows CBD oil extract to be dispensed by a practitioner for the treatment of a seizure disorder and allows a practitioner to provide an individual with a letter or other documentation stating that the individual possesses CBD oil extract to treat a seizure disorder.

**Act 268** – Creates an exemption to the supervision requirement when a

municipality issues a temporary Class "B" or "Class B" license to a fair association solely for the purpose of conducting beer or wine judging or tasting events involving servings of beer or wine no greater than one fluid ounce each.

**Act 291** - Prohibits employers and employees performing work on a public utility project from using, possessing, attempting to possess, distributing, delivering, or being under the influence of a controlled substance or controlled substance analog (drug), and from using or being under the influence (substance abuse prohibition).

**Act 293** - Allows a local governmental unit to enact an ordinance to prohibit the possession of any amount of marijuana and to prosecute a person for a second or subsequent offense of possessing marijuana or a synthetic cannabinoid. The local governmental unit, however, may enforce the prohibition against possessing marijuana in a case in which the person is alleged to possess more than 25 grams of marijuana or may prosecute a second or subsequent offense only if the state complaint against the person is dismissed or if the district attorney declines to prosecute the case. In turn, a county may enforce the prohibition against possessing marijuana in a case in which the person is alleged to possess more than 25 grams of marijuana or may prosecute a second or subsequent offense only if, after the state dismisses the complaint or declines to prosecute the case, the local governmental unit with jurisdiction also dismisses the complaint, declines to prosecute the case, or lacks an ordinance under which the complaint could be prosecuted.

**Act 294** - Provides that a pharmacist who is licensed by the Pharmacy Examining Board (pharmacist) may perform any patient care service that is delegated to the pharmacist by a physician licensed by the Medical Examining Board.

**Act 307** – Eliminates the defense of voluntary intoxication.

**Act 309** – Requires DHS to allow qualified health services staff to designate an individual at a camp that lasts longer than three days to administer to an individual who is a camper or a staff member and who is under 18 years of age medications brought to the camp by that camper or staff member, other than medications that a camper or staff member may carry himself or herself.

**Act 351** - Any substance, listed or not, that conforms to the structural definition is controlled by the particular structural class. The law adds several new hallucinogenic and stimulant substances to Schedule I and adds several new Schedule II, III, IV, and V controlled substances by including in those schedules a description of the chemical structure of those substances.

**Act 354** - Requires the Dentistry Examining Board to grant a certificate to administer nitrous oxide inhalation analgesia to a dental hygienist who is licensed by the board and who satisfies certain educational requirements that the bill directs the board to establish by rule. Under the bill, the certificate, once issued, remains in effect while the dental hygienist holds a valid license to practice dental hygiene in Wisconsin, unless the board suspends or revokes the certificate.

Comment on the Bills: Norm will request that Georianna Wilton speak about amendments to ACT 260 as FASD is not a diagnosis. At this time, the Bureau of Prevention Treatment and Recovery is working on the RFP for the 2-3 OTPs outlined in Act 195. The RFP's are intended to go out for bid in July. Kris Moelter commented that there is an existing Criminal Justice Coordinating Council, so the bill introduced is only to codify it not change the existing committee. SCAODA supported 4 of the bills. Over the past year or two the visibility of the state council has been raised. Shel stated that the Mental Health Council met last month and the goal is to have Michal Waupoose attend monthly meetings with Kevin Moore and Linda Harris was going to explore the possibility of SCAODA having regular meetings with Kevin Moore. Norm commented that it would be good to keep in mind that we need to be looking at co-occurring disorders so having two separate meetings may not promote cohesion. Shel countered that the scope and breadth of each council's needs may be a challenge to having combined meetings, but coordination and collaboration of each council's meetings would be necessary. Mac agreed that coordination is good but doesn't want to lose focus of AODA issues in the county. He went on to state that the merger of Dane County Chemical Dependency Consortium and Mental Health Coalition was concerning as each entity thought they may lose their own concerns. However, the greater good of both is being realized. Shel provided a legislative update that last week the Joint Finance Committee released funds for CCS which serves both kids and adults with mental illness and substance abuse issues. This will allow for expansion from 31-62 counties.

**SCAODA and ITC Strategic Planning:**

Committee Action Plan – Norm referred back to last month's minutes that indicate that the Executive Committee proposed to keep the current goals though there were added priorities and minor revisions made. The revisions have been incorporated and will be presented for approval at the June SCAODA meeting. Work plans will be presented by committees at the September SCAODA meeting. Shel stated that the AODA workforce issue was included on the states



State of WI NGA  
Healthcare Workforce



Strategic Plan Goals  
2014-18.doc

application for a Federal workforce policy academy.

The Strategic Plan and Goals has the priorities listed. In 2013, ITC came up with budget priorities that SCAODA was requested to support:

1. Increase access to and capacity of adolescent treatment
2. Educate the population on the impact of adolescent substance use disorders
3. Increase treatment capacity
4. Communicate activities and accomplishments to SCAODA
5. Increase the availability of treatment designed to meet the specialized needs of the population age 50 and older
6. Improve the access to and quality of care provided to those in driver safety plans as a result of

an OWI

7. Increase the availability of women-specific treatment for women and women with children

8. Given the existence of parity requirements in state and federal laws, leverage those requirements to improve access to MH/SA treatment and increase awareness of MH/SA issues

9. Increase the number of Wisconsin AODA treatment programs that become tobacco free and include nicotine dependence treatment in their existing and new programs.

Shel commented that this year has seen positive legislative action and we should build upon that to keep getting involved early in the process to effect the most change. Mac added that it is a constant challenge to blend public safety issues and substance use or mental health disorders to advocate for those who are suffering from addiction/mental illness and ensure that they get appropriate treatment versus sanctioned. By far the vast majority of offenders can benefit from treatment versus sitting in a cell. Steve stated that the Menomonie nation has applied for the TAD grant and recommend that someone from ITC consider attending the national drug court conference in Anaheim, CA. He went on to state that it is important to look at strengthening the veterans treatment court in Wisconsin as well. Shel: the DA's have been very supportive as it is working for them so made it palatable for others who don't want to be soft on crime. Norm commented that drug courts are changing in Dane County and that it is difficult to attract people to participate in these alternative sanctions programs.

Partnering with primary care providers or others like insurers is an option. Norm stated that substance abuse treatment providers are doing a better job of coordination with those who serve primary mental illness. If funds for Substance Abuse and Mental Health treatment at the county level were being increased at regular intervals, additional funding requests would be unnecessary. However, because funding is not increasing it is hard for agencies to afford qualified, master level clinicians. Mac added that there are issues between funding and administrative code; specifically, DHS 75 states that you can treat tobacco dependence as part of another treatment, but not if it is the primary diagnoses. Shel wondered if the Substance Abuse Block Grant (SABG) has training dollars as part of the grant. Mac explained that there is only 3.5 million of state dollars go to AODA as part of the Governor's budget. Roger explained that it seems like there is a need for additional funds, but need a better understanding of what is needed specifically before budget priorities are set. Norm ended this topic discussion stating that North Central Healthcare has a project underway that may need supportive dollars however it may be too soon to determine the amount that is needed. Shel noted that DSPS was represented at the planning meeting for a proposal to the National Governor's Association around health care workforce and they noted this issue, in particular as one that needs to be addressed.

The Needs Assessment Identified treatment for women and children and pregnant women, specifically as the number one priority in the state. 17.8% of women in publicly funded treatment are accommodated to access women's treatment services. The small number is due to lack of this type of treatment being available. Dan made a motion that ITC ask for \$700,000 to fund two women's treatment facilities for each year of the biennium. The facilities will accommodate the woman and her children. These facilities are necessary because women's treatment is identified as one of the top needs and current facilities have waiting lists thus limiting access. Shel seconded. Roger and Al abstained. Motion passed.

## **Section Updates**

**CYFT:** This subcommittee is currently on hold. No report provided.

**Older Population:** Sheila Weix (Absent)

**Intoxicated Drivers:** Steve Dakai. Leann Cooper is in process of putting together Rule 62 change committee. This summer there will be a Tribal IDP trainer school with two representatives from each of the tribes attending that training. Steve also mentioned that there will be a Peer Recovery Training on June 9-12 in Maehnowesekiyah.

**Treatment for Women and Children:** Norman Briggs. Norm shared that Sinikka Sintala recently retired as did her membership on ITC. A representative to replace Sinikka is being considered. The motion that was discussed last meeting is being formatted. The motion is that ITC wants SCAODA to request the Secretaries of DHS and DCF to convene a study group to examine how these two departments can work together to develop a plan to ensure that the parents of kids in child welfare with substance abuse issues are identified and allowed treatment. Eloise Anderson, DCF Secretary is in favor of doing this. Norm will talk with Kevin Moore to see if DHS is interested in doing this. If DHS is on board, Norm and Roger are willing to sit down with the Secretaries to discuss before moving it forward to SCAODA.

**Affordable Care Act (ACA):** Shel Gross/Roger Frings. Roger reported that OCI continues to seek clarification information from the Federal government but has had difficulty receiving responses. This is problematic as it is difficult to prepare adequate feedback for people as inquiries come in. New bulletins are on the website that provides information for consumers and insurers. Roger noted that current Wisconsin enrollment is around 70,000-80,000; Shel noted that the numbers were around 140,000 after April 2014. Mac questioned what the health insurance companies are saying about this and if they are remaining solvent? Roger answered that some insurance agencies have significantly higher enrollees than others yet everyone had to update their systems in preparation, which cost a lot of money. If the company ended up with a low number of enrollees, the return on investment is not good. Dan requested clarification about how one would qualify for Badgercare in this new system. The answer is that those above 100% poverty level went into the marketplace, those below 100% poverty level went into Medicaid. Roger was unsure how the transition from Badgercare to Marketplace is going for those who had to do that. He noted that regardless of where people ended up, the insurance premiums for those enrolled in the Marketplace are not being paid which is problematic. Norm commented that he received information from an informal survey sent to 10 AODA facilities and they have not seen any impact since implementation of ACA. A lot of insurer's plans have a very narrow network of providers so providers are having difficulty getting in the networks. Roger stated that a lot of larger providers have AODA/MH services in-house so are hesitant to provide referrals outside of that. ACCESS community health also provides in-house services and don't tend to partner with anyone else.

**WiNTiP** – Dave Macmaster. Mac provided an update with complete information in the attached word document below. Mac commented that the mental health mailing list is tied to a major product this year which SCAODA endorsed. A readiness survey is going out to mental health and AODA providers to find out what is needed and develop proposals of state wide integration. A Youth in Recovery chapter started which is building viable advocacy which has previously been lacking. The National Association of Behavioral Medicine is now the site for funding and linked to cancer prevention to include tobacco which is now coming to the national level. Mac made a motion that ITC request \$100,000 in the biennium budget for FTE and \$40,000 for training and collateral expenses. The FTE is to be responsible for the transition of including nicotine into AODA services in the state. They would have the task to arrange for the training and do what needs to be done to accomplish the transition. Dan seconded the motion; Al and Roger abstained. The motion was passed.



WiNTiP Update  
SCAODAITC May 2014

**Ad-Hoc Committee on Workforce Development** – Dan Nowak. The committee recently met with the Tribal State Collaboration for Positive Change group in Minocqua. There, the committee was provided with a list of concerns. On Friday, the committee will meet to discuss the roles of the committee members, provide a summary of the meeting held with the Tribal State Collaborative, revisit committee charge and define the focus of the committee. Mac suggested that Michael Kemp, Sherri Graeber, or Lori Geysler be added to the committee. Steve was at the meeting where this list was compiled and believes that DHS need to champion the AODA profession. He was previously told by a DHS representative that it was not the role of DHS to champion AODA counselors. Steve went on to state that the state needed to do more to encourage this profession by speaking up, supporting, advocating and doing what can be done to encourage those getting into the profession. It is necessary that we work as a team to find a solution. Shel asked what the rational or implication for licensure versus certification? Licensure has more credibility and opens door up for future funding and legitimizes the AODA profession. Certification should be to accomplish the qualifications for scope of practice and the other is to offer services to the public. The DSPPS workgroup that was started to look at the certification process is on hold until Katie Pfaff is off maternity leave.

**Mental Health Council Criminal Justice Committee** – Norm. Joann Stevens with Stable Life chairs this subcommittee and a number of DOC people sit on this committee. One issue that was discussed is the rule that was created at the prisons about children visiting their mother at Taycheedah. If child is 11 or older there is no touching the mother other than one hug at greeting and departing. This was implemented effective January 1, 2014. Trauma Informed Care is something that DOC is trying to implement through its entire system to include community corrections. Al mentioned that it is would be helpful to have the name of the person who stated this as there may be some miscommunication occurring. Norm will send the membership list to

Al. There was a brief presentation on the success of the pilot program between DVR and DOC regarding referrals to vocational rehab for incarcerated folks with MH/SA issues.

Treatment Alternatives and Diversions (TAD) Grants – Lila Schmidt. TAD is a legislatively created program from ACT 25 in 2005. It is administered through DOJ but legislatively has to collaborate with other state agencies: DHS, DOC, and Director of State Courts. Initially the grant provided 1 million in grant money to be contracted out to counties so they could implement alternatives to prosecution, incarceration and revocation to persons in the criminal justice system with substance abuse issues and co-occurring mental health issues. In 2007 there were seven sites that received funding. Half of them implemented drug court programs and the other half developed diversionary pre-trial programs. The program functions with the four state agencies meeting regularly and an advisory committee operates regularly and meets quarterly.

In 2011 the money was increased so that there could be expansion to add two more sites: Ashland and Bayfield. Also in the beginning an independent evaluation of TAD projects was contracted out through the UW Population Health to measure if these programs were successful. In 2012 a report utilizing data from 2007-2012, demonstrated a reduction in recidivism post involvement in the system.

Based on the success of TAD programs \$1.5 million was added to the TAD project through DOJ. 13 new projects are being funded which brings the TAD total to 22. After that, in 2014, the Legislature approved \$1.5 million for further expansion. There were 22 applications for this latest funding and 10-15 sites are being proposed which would bring the TAD sites to 32-37.

The average TAD grant is \$140,000 which does not cover enough so other funds are needed to help support the programming. Each county determines how to use the money: some use it to hire a coordinator; some dedicate it to treatment or drug testing.

Some people want to change the focus of TAD to look at better direction of needs to help reduce recidivism. So from time of arrest all the way to incarceration we are looking for ways to divert out of the criminal justice system not just because of mental health/substance abuse needs, but evidence of criminogenic needs. Right now evidenced based decision making initiatives are occurring in Milwaukee and Eau Claire Counties. As well, Wisconsin is applying to be able to expand to other counties thru NIC (National Institute of Corrections). It appears as if Wisconsin will be selected as an Evidence Based Decision Making (EBDM) state and five counties will be selected to implement this in their practices.

Another initiative with the Pugh-McArthur foundation is called Results First and is to develop a cost benefit analyses framework to be used in the criminal justice system. A planning committee being formed right now on the initiative and will find out if Wisconsin is being invited to be part of it. The information can be used statewide to make policy and budgetary decisions. The Effective Justice Strategies committee is a group from Supreme Court that is part of this.

Another thing tied into TAD and Block Grant priorities was to address substance abuse/mental health needs of criminal justice folks. A survey was created by DOJ and put out to 22 TAD sites

looking to gather information about treatment pieces of those projects: degree of communication between treatment system and criminal justice system; degree of collaboration between two systems; and looking at EBP of these systems. The results of this survey will be to develop a training and technical assistance plan to help on the treatment pieces of these initiatives.

Shel made a motion that an additional \$1.5 million be utilized for TAD expansion with another \$200,000 for administrative uses; \$200,000 for project evaluation; and \$200,000 for technical assistance. Dan seconded; Roger and Al abstained. Motion passed.

### **Task Assignments**

- a. Roger and Al will meet to discuss what to propose to the Four Chairs regarding narrowing the four year SCAODA Goals.
- b. Norm will contact Geogianna Wilton regarding FASD presentation.
- c. Norm will contact Cheryl Wittke regarding prescription drug issues in the county.
- d. Roger will follow up on the Rural Institute.
- e. Missing ITC members will be contacted about attendance.

**Miscellaneous Updates** None

### **Future Agenda Items –**

1. Report out on Four Chairs meeting; letter ‘a’ above.
2. Guest speakers: Georgianna and Cheryl.

**Adjourn** – Mac made a motion for adjournment; second by Shel with unanimous approval. Meeting was adjourned at 2:45pm.

### **Next meetings and dates:**

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



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**INTERVENTION AND TREATMENT COMMITTEE MEETING MINUTES  
July 8, 2014**

**Members present:** Norman Briggs, Steven Dakai, Alan Frank, Roger Frings, David MacMaster

**Members absent:** Jill Gamez, Sheri Graber, Shel Gross, Dan Nowak, Sheila Weix

**Guests:** Michael Waupoose

**Staff:** Kris Moelter

**Call to Order** – Norman Briggs called the meeting to order at 10:18 a.m.

**Review of May 13, 2014 minutes** – Tabled until the August meeting. DHS staff will revise the minutes to reflect that Jill Gamez attended the meeting.

**Public comment** – None.

**Four-year plan review** – Michael Waupoose, SCAODA chairperson, talked about the strategic planning process for 2014-18. He explained that the strategic plan is an overarching umbrella that sets forth what SCAODA wants to focus on in the next four years. In addition, SCAODA has established priorities for the first year of the plan. The committees need to develop a work plan that supports the strategic plan goals and priorities. Each committee should focus on those goals and priorities that it can address—it need not address all of them. The committee chairs will work together to ensure that each goal and priority are addressed collectively. The work plans need to be connected to the goals and priorities. The work plans, along with the goals and priorities, will become the SCAODA strategic plan. The work plans will be approved at the September SCAODA meeting. Each year the Executive Committee will review the priorities and see if they need to change. Each year the committees will report work plan progress and determine if they need to revise the work plan. The goals will not change but the priorities may shift and the work plans for each committee may change over the four years.

The committee questioned whether the goals and priorities were specific enough and were concerned that outcome measures were not included. Mr. Waupoose explained that the “goals” are SCAODA’s vision and the word “goals” might not be appropriate. They are the broad, overarching vision. The committees need to develop detailed work plans that should include objectives and outcome measures if possible. Kris Moelter will provide the ITC staffperson with a work sheet for the next meeting to help develop the action plan.

The committee discussed some frustrations with past strategic plans in that SCAODA will pass committee motions but the committees do not know what happens after SCAODA passes those motions. Therefore, it is hard for the committees to see if they are making progress on their work plans. The work of SCAODA and ITC needs to be better publicized.

The committee also talked about its role in advocating for legislation. Mr. Waupoose said that sometimes enacting legislation is not feasible so the committee should also look at other ways to make positive changes. The work plans should be balanced with work that could lead to legislative changes but also include tasks that can be accomplished without legislation.

**Rural Institute public forum** – Roger Frings updated the committee on the June 9, 2014, public forum that was held at the Rural Institute in Menomonie. Two people attended the forum. Both were providers from western Wisconsin. They expressed frustration with counties no longer providing AODA services. They also were concerned about how there is no reimbursement for some services, such as overnight stays in treatment or not providing enough treatment, but for transportation costs. They also talked about how to utilize telehealth services to help provide better treatment and save on transportation costs. Mr. Frings said insurance companies are interested in reimbursing telehealth services but Wisconsin does not have a definition of telehealth so they are hesitant to get into it. The Office of the Commissioner of Insurance is meeting with providers and insurance companies to try to define the scope of telehealth. The Department of Health Services recently certified a clinic to provide telehealth. There are administrative code standards that Mr. Frings will provide to the committee. In the future the committee may want to look at the Medicaid data on transportation costs and how many it pays for.

**2014-18 work plan** – The committee reviewed its goals and strategies under the prior SCAODA strategic plan and talked about what initiatives it wanted to pursue as part of the new plan. It discussed the priorities of the new plan and what, if any, initiatives it could work on to address the priorities.

Priority #1: Substance use disorder workforce – ITC has formed an ad hoc committee to address issues facing the substance use disorder workforce. That committee is active and hopes to have a preliminary report by the end of the year. No other action will be taken to address this priority at this time.

Priority #2: Population-specific needs – ITC has sections that address the needs of children, youth, and families; the older population; intoxicated drivers; women and their children; incarcerated persons; and tobacco users. The committee discussed whether to continue addressing the needs of all those groups or to take a more limited focus. The committee decided to keep addressing the needs of women and their children. After the June SCAODA meeting letters were sent to the Departments of Children and Families and Health requesting they form a study committee to address the substance use disorder needs of parents with children in the child welfare system. The committee agreed to keep working on that issue. It will continue to address the needs of children, youth, and families via the subcommittee. That committee should hopefully reactivate once DHS hires additional staff. The committee also will continue its work to address the needs of tobacco users and its work addressing intoxicated drivers. The tobacco

integration guidelines are being distributed to providers and the plan is to work with legislators to distribute the guideline statewide. The law now allows for tribes to conduct OWI assessments and in August training will be provided to the tribes on conducting OWI assessments. Each tribe can send two representatives to the training. The committee also will address Native American substance use disorder issues. The tribes are in the process of developing a residential treatment center for Native adolescents.

Priority #3: Reduce harmful alcohol consumption – The committee will not focus separately on this priority except as it may relate to the needs of a specific population.

Priority #4: Inform the public about substance use disorder-related consequences – The committee will not focus on this priority except as it may relate to the needs of a specific population.

Priority #5: Increase the use of evidence-based practices and practice-based evidence in prevention, treatment, and recovery – The committee discussed the possibility of creating best practices material for the treatment of heroin and prescription opioid abuse as well as creating educational material for providers on what constitutes best practice related to substance use disorder treatment. It also will look at how to get the provider community to use best practices related to treatment. The committee discussed creating a survey of providers to get some baseline data on who is using what treatment approaches.

Priority #6: Address emerging substance use disorder trends – SCAODA recently approved a report on heroin use and strategies to address issues related to that. ITC will review that report at its next meeting and see if there are strategies it can undertake from a treatment perspective, including developing guidelines for an effective treatment approach to heroin use. The committee also discussed the need for more medication-assisted treatment centers and the need for more funding to establish those centers.

The committee will discuss this again next month and develop some specific strategies and outcome measures for the strategies it will undertake. DHS staff will provide a work plan development worksheet to assist with the discussion.

**2010-14 accomplishments report** – The committee discussed the annual reports for the past three years and the motions that have been introduced in 2013 and 2014 to date. Ms. Moelter will send a draft report to the committee well in advance of the next meeting. The report will contain information from the three previous reports and the current work plan (adopted in February 2013). Some items that may be included in the report are: Shel Gross from the Wisconsin Council on Mental Health has joined the committee and that provides linkage between mental health and substance use issues. Likewise, Mr. Briggs joined the WCMH's Criminal Justice Committee; WiNTiP produced 12 educational webinars for providers on tobacco integration and the committee has promoted equity for tobacco users to receive treatment as other substance users do; and the creation of the ad hoc committee to address substance use disorder workforce issues. It will also include the budget initiatives for the next biennium.

## **Section updates**

- **Children, Youth, and Families** – No report.
- **Older Population** – No report.
- **Intoxicated Drivers** – Steven Dakai reported that tribal training on OWI assessments will be held in August. The best practices group continues to meet and is looking at making revisions to Rule 62.
- **Treatment for Women and Their Children** – Mr. Briggs reported that letters were sent in the middle of June to the Departments of Health Services and Children and Families to form a study group to address substance use disorder issues among parents with children in the child welfare system. SCAODA has not yet received a response.
- **Affordable Care Act** – Mr. Frings reported that OCI is updating provider map for its website so people can see who is providing benefits in that county. It allows people to see the providers and compare plans. OCI is awaiting responses from the federal government on a variety of issues.
- **Workforce Development Ad Hoc Committee** – No report.
- **Mental Health Council Criminal Justice Committee** – Mr. Briggs reported that the committee went to Eau Claire County to see its alternative programs, including a drug treatment court, a court for mothers, a veteran’s court, and a mental health court. Eau Claire County has a committee that meets to review applicants for the alternative systems and decides if person is appropriate and for which alternative court.
- **WiNTiP** – See the attached report. Mr. MacMaster reported that WiNTiP is working with Dane County substance use and mental health services to promote tobacco integration. This is the first regional effort to promote integration. September is Recovery Month and there will be a program at the Capitol on September 13. He reported that they received \$15,000 they were not expecting, so they may work with DOC on tobacco integration and/or produce some more affordable webinars and videos. WiNTiP has developed an email contact list of licensed AODA and mental health programs in Wisconsin. They have used that list to distribute a readiness survey and will use it to distribute other important information. Mr. MacMaster said that they are planning to work on getting a representative on SCAODA who will represent the recovery community. He is part of an ad hoc committee whose purpose is to form resolutions asking directors of national organizations to begin the tobacco integration process. See the attachment for more detailed information.

**Agenda items for next meeting –**

- 2014-18 work plan
- Accomplishments report
- Review the heroin report
- Presentation from DOC on its efforts around substance abuse

The meeting ended at 2:30 p.m.

**Next meeting: August 12, 2014, at 10 a.m.**



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING**

**Tuesday, August 12, 2014**

**10 a.m.**

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

**AGENDA**

- |       |   |            |
|-------|---|------------|
| I.    | Welcome, introductions, review of May and July minutes  | 10 a.m.    |
| II.   | Public comment  | 10:05 a.m. |
| III.  | DOC presentation on AODA services – Alan Frank  | 10:15 a.m. |
| IV.   | Review <i>Wisconsin's Heroin Epidemic: Strategies and Solutions</i> report  | 10:45 a.m. |
| V.    | Four-year work plan - Norman Briggs/Roger Frings  | 11 a.m.    |
| VI.   | Lunch (on your own)   | 11:45 a.m. |
| VII.  | Four-year work plan (cont'd)  | 12:30 p.m. |
| VII.  | Accomplishments report (2010-14) – Norman Briggs/Roger Frings   | 1:30 p.m.  |
| VIII. | Section updates   | 2 p.m.     |
|       | <ul style="list-style-type: none"><li>○ Children, Youth, and Families (Jill Gamez)</li><li>○ Older Population (Sheila Weix)</li><li>○ Intoxicated Drivers (Steve Dakai)</li><li>○ Treatment for Women and Their Children (Norman Briggs)</li><li>○ Affordable Care Act Implementation Update (Shel Gross/Roger Frings)</li><li>○ Ad Hoc Committee on Workforce (Dan Nowak)</li><li>○ Mental Health Council Criminal Justice Committee (Norman Briggs)</li><li>○ WiNTiP (Dave Macmaster)</li></ul> |            |
| VIII. | Future agenda items   | 2:55 p.m.  |

IX. Adjourn

3 p.m.

**Next meetings:**

1. ITC  
October 14, 2014, 10 a.m. Department of Corrections, Madison
2. SCAODA  
September 13, 2014, 9:30 a.m. American Family Insurance Conference Center, Madison.

## Intervention and Treatment Committee 2010-14 Accomplishments Report

Goal	Strategy	Progress
Increase access to and capacity of adolescent treatment	Update Wisconsin Adolescent Treatment Provider Directory	Surveyed adolescent treatment providers in May 2012 and established a workgroup in October 2012 to update the directory.
	Pursue partnership with Wisconsin Mental Health of America to publish on-line version of Adolescent Treatment Provider Directory	The directory has been published on the Mental Health of American website.
	Conduct a gap analysis and trending of adolescent treatment providers	Reviewed data on number of providers and levels of care, surveyed providers on obstacles, strategies, outcomes and messaging, and published a treatment gap analysis
	Explore collaboration with the WI Mental Health State Council CYFT Sub-committee to identify ways to strengthen a comprehensive approach to adolescent treatment	Held a joint meeting with the Wisconsin Council on Mental Health Children and Youth Committee
	Review current sub-committee membership to identify gaps in representation and seek to fill those gaps	Ongoing
	Continue development of CYFT Payer Workgroup	Discussed with HMOs and Medicaid on best practices in adolescent treatment
	Explore increasing sub-committee membership of insurance company representatives	Ongoing
Educate the population on the impact of adolescent SUDs	Pursue delivery of information to Wisconsin's First Lady	Representatives of the First Lady attended the May, 2012 ITC meeting
	Hold bi-monthly meetings in all regions of the State to encourage and provide involvement opportunities	CYFT was, until recently, holding monthly meetings. Those meetings will resume when DHS can provide increased staff support.
	Integrate regular educational presentations on targeted adolescent treatment topics into all CYFT meetings	CYFT sub-committee currently on hold.
Increase provider capacity to deliver evidence-based intervention and treatment programming	Continue to identify ways to disseminate Adolescent Treatment Framework to Providers in Wisconsin	Presented the framework to SCAODA; ongoing.
	Explore collaboration with the Prevention Opiate Workgroup on identifying ways to strengthen a comprehensive approach throughout the state to focus on adolescent opiate prevention, treatment and recovery	Heroin report with adolescent recommendations; implementation is ongoing.
Deliver timely reports to the ITC and engage in solution-based discussions about adolescent and	CYFT representation will be in attendance at all regularly scheduled ITC meetings	CYFT has regular representation at the ITC meetings. CYFT subcommittee is on hold.

family treatment issues		
	CYFT meeting minutes will be submitted to ITC for inclusion in their meeting packets	The CYFT meeting minutes are provided to ITC. CYFT is currently on hold.
	Work collaboratively with ITC to raise motion in SCAODA to get presentation on agenda	Presented to SCAODA at June, 2012 meeting
Increase the availability of treatment designed to meet the specialized needs of the population age 50 and older	Using evidence-based resources and information from consumers and providers, identify barriers to specialized treatment for adults age 50+	Worked with DHS to report concerns of seniors with SUDs being screened out of nursing homes and assisted living facilities
Increase the availability of women-specific treatment for women and women with children	Develop a definition of women-specific treatment for women and women with children	ITC reviewed Women's Treatment Standards and Core Values and made recommendations to DHS
	Identify the current availability of women-specific treatment for women and women with children at all treatment levels in Wisconsin by region	Ongoing
Given the existence of parity requirements in state and federal law, leverage those requirements to improve access to MH/SA treatment, and increase awareness of MH/SA issues	Obtain and review information from OCI about qualifying "benchmark" plans as described by the Department of Health and Human Services in their December 16, 2011 bulletin on essential health services. Provide input to OCI about coverage of MH/SA in various plans, and their compliance with federal requirements	ITC receives regular reports from OCI.
	Meet with Payer/Provider Workgroup convened by the Children, Youth and Family subcommittee to explore how coverage is being provided under parity, especially with regard to transitional treatment services. Potentially obtain input from other MH/SA treatment providers on their experiences in receiving authorization and/or payment for services.	On hold.
	Based on information obtained, explore potential for OCI to do follow-up. Follow-up may consist of any of the Following: obtaining information directly from health plans about utilization of MH/SA treatment services post-parity (which could be compared to data obtained prior to parity implementation); reviewing complaints or grievances related to access to MH/SA services; creating and disseminating additional guidance to payers about the requirements of the parity laws.	A representative from the Wisconsin Council on Mental Health serves on the ITC committee.
Increase the number of Wisconsin AODA treatment programs that	Provide training opportunities through WINTiP	WiNTiP has created webinars that focus on integration, provided

become tobacco free and include nicotine dependence treatment in their existing and new programs		information in newsletters, developed an email list of certified AODA and mental health service providers in Wisconsin, and provided trainings on integration.
	Increase the number of treatment programs that offer integrated nicotine dependence services	SCAODA approved the “equity” motion that people seeking treatment for nicotine use disorders have access to the same range of services as those offered for the treatment of other AODA disorders  Members of the Dane County Chemical Dependencies Consortium are integrating tobacco cessation.  L.E. Phillips adopted a tobacco-free policy for addiction treatment services.
	Promote adoption of integrated services through the award of incentives through WINTiP	Completed Spring 2014
	Provide access to technical assistance through WINTiP and WINTiP partners around the country	Completed Spring 2014
Integrate services to include nicotine care, mental health, and diversity	Have a mental health representative on ITC	Shel Gross from the Wisconsin Council on Mental Health is an ITC member
	Promote nicotine dependence treatment in AODA and mental health systems of care	SCAODA endorsed the tobacco guidelines and those guidelines are being disseminated to service providers throughout the state.
Increase the capacity of the substance use disorder workforce	Create an ad hoc committee	Ad hoc committee formed in February 2014
	Survey workforce	Completed a workforce survey in 2012
Overall intervention and treatment activities	Increase the use of SBIRT	ITC members and Planning & Funding Committee members formed an ad hoc committee to develop recommendations for the implementation of SBIRT. The report was published and implementation is underway.
	Conduct a statewide AODA needs assessment	ITC members participated in the ad hoc committee with the Wisconsin Council on Mental Health to review the needs assessment for the 2014 block grant application.
	Supported legislation to create regional opioid treatment centers	SCAODA sent letters to the legislature supported the bill, which was enacted into law and three
	Improve outcomes for families with substance use disorders who are involved in the child welfare system	SCAODA sent letters to the Department of Health Services and the Department of Children and Families requesting the formation of a study group to recommend how to increase collaboration between the

		agencies to improve outcomes for families in the child welfare system who have SUDs.
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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 MINUTES  
May 9, 2014**

**Members present:** Pamela Bean, Steven Fernan, Norman Briggs (for Karen Kinsey), Tom Fuchs, Bill McCulley, Joyce O'Donnell, Sally Tess

**Members excused:** Todd Campbell, Emanuel Scarbrough, Duncan Shrout

**Guests:** Laura Fabrick

**Staff:** Kris Moelter

**Call to Order** – Joyce O'Donnell called the meeting to order at 9:32 a.m.

**Review of April 11, 2014 minutes** – Tom Fuchs moved (Pamela Bean second) to approve the minutes. Motion passed unanimously.

**Public comment** – None.

**Medicaid reimbursement discussion** – Kris Moelter presented information on the services covered by Medicaid and the reimbursement rates for those services. She also talked about the process for changing the reimbursement rates. Changing the rates requires a budget initiative. The handouts are attached as part of the meeting minutes. The committee agreed to put forth a request to increase Medicaid reimbursement for substance abuse services as part of its 2015-17 budget proposals.

**MOTION: Mr. Fuchs moved (Bill McCulley second) to request a 2.5 percent increase in the Medicaid reimbursement rates for all substance abuse services as part of the 2015-17 biennial budget. The motion passed unanimously (Norman Briggs abstain and Sally Tess was not present for the vote).**

The committee had some questions about the rates, specifically if the legislature earmarks portions of the budget or does the Department of Health Services determine how the budget is spent. It also needs information on if Medicaid rate increases for non-substance abuse services are tied to something other than a percentage increase, such as being based on inflation or the consumer price index. Ms. Moelter will contact Medicaid and have the answers for the July meeting.

**Department of Public Instruction (DPI) update** – Steven Fernan reported on the Youth Risk Behavior Survey results that DPI shared through press releases and earned media. Youth tobacco and alcohol use, including binge drinking, is down considerably. He also reported on the federal grants DPI has received to promote school safety and healthy students. The outcomes from the current Safe and Supportive Schools grant that is operating in 19 school districts show significant reductions in the number of youth expelled and suspended. Many school districts are implementing Positive Behavioral Intervention and Supports (PBIS). High school graduation rates are increasing, generally and across subpopulations. DPI is applying for a SAMHSA grant that would increase access to and the quality of mental health services available in schools. The grant activities would include using SBIRT and coordinated service teams.

**Committee reports** – There were no committee reports. Mr. Fuchs has been nominated to serve on the Legislative Council's interim study committee on diversion and treatment courts. Mr. Fernan's wife was named Wisconsin's Math Educator of the Year. Ms. Tess reported that the Black River Falls Correctional Center has been converted from a boot camp to an earned release program. The program has an AODA component.

**DHS proposed funding process** – Ms. Moelter updated the committee on the proposed budget initiative that Lou Oppor had discussed at the April meeting that might change the way the Department of Health Services administers the federal substance abuse block grant. The proposal is in the initial stages and DHS will seek provider, county, and other key stakeholder before final decisions are made.

**Discussion of 2015-17 legislative session** – Ms. Moelter distributed a list of the last legislative session's SCAODA budget initiatives and the SCAODA 2014-18 goals and priorities. After discussion, the committee agreed that its main budget priority was to increase funding for substance abuse treatment and prevention and to explore options for how to increase the funding. There is a need for additional resources to provide adequate treatment and prevention services. The committee agreed to request an increase in Medicaid reimbursement rates as set forth in the above motion. It also agreed to propose that the following options be considered for increasing substance abuse treatment and prevention funding: an increase in GPR funding, an excise tax, implementing a merit-based funding system, redirecting the OWI surcharge funds, and/or redirecting current funds (such as changing the way the substance abuse block grant funds are allocated).

**Budget review process request** – Joyce O'Donnell talked about the procedure for SCAODA to fulfill its statutory obligation to review the substance abuse-related items in state agency budgets. She said in the past SCAODA sent letters to each department asking for the opportunity to review the substance abuse portions of their budgets and comment on them.

**MOTION: Mr. Fuchs moved (Mr. McCulley second) that SCAODA send letters to the appropriate departments asking that the departments allow SCAODA to**

**review and comment on the substance abuse portions of their budgets. The motion passed unanimously. (Ms. Bean and Mr. Fernan were not present for the vote).**

**Electronic cigarettes discussion** – Ms. Moelter distributed an updated version of the February 14, 2014 memorandum. The FDA has issued proposed regulations. The committee decided more information on the effects of electronic cigarettes was needed before it could recommend SCAODA take any action. It will continue to follow the matter and take action as needed.

**SCAODA four-year plan report** – The committee agreed that it will focus on the following issues for the next four-year plan: substance abuse workforce issues, such as expanding the workforce capacity; treatment alternatives and diversion; women's treatment issues; and implementing SBIRT. The committee will develop its work plan at the July and August meetings.

**Substance Abuse Workforce ad hoc committee** – Ms. Moelter reported that she received an email from Duncan Shroul regarding the committee's activities. The committee will meet on May 16 in Milwaukee. Anyone interested in attending should contact Ms. Moelter.

**OWI surcharge** – At the April committee meeting Sue Shemanski appeared by telephone to talk about the OWI surcharge from the Wisconsin County Human Service Association perspective. She agreed to ask the WCHSA president, Todd Romenesko, to send a letter to Ms. O'Donnell stating WCHSA's opposition to the change. No letter has been received but Todd Campbell reported via email that the letter is being drafted.

**Agenda items for next meeting** – 1. Electronic cigarettes 2. 2014-18 Work plan 3. OWI surcharge letter 4. Report on the June SCAODA meeting 5. Medicaid reimbursement rates 6. The final 2010-14 committee accomplishments report

The meeting adjourned at 1:37 p.m.

**Next meeting: July 18, 2014 at 9:30 a.m.**



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

**PLANNING AND FUNDING COMMITTEE MEETING MINUTES  
July 18, 2014**

**Members present:** Steven Fernan, Tom Fuchs, Karen Kinsey, Joyce O'Donnell, Emanuel Scarbrough, Irene Secora, Duncan Shrout

**Members excused:** Pam Bean, Todd Campbell, Bill McCulley, Sally Tess

**Staff:** Kris Moelter

**Call to Order** – Joyce O'Donnell called the meeting to order at 9:44 a.m.

**Review of May 9, 2014 meeting minutes** – Duncan Shrout moved (Steven Fernan second) to approve the meeting. Motion passed unanimously.

**Public comment** – None.

**SCAODA meeting summary** – Ms. O'Donnell reported on the June 6, 2014, SCAODA meeting. The strategic plan was approved so now the committees will develop work plans to address the goals and priorities of the strategic plan. Mr. Shrout reported that the Executive Committee met on July 16 and decided which legislative initiatives to pursue. It refined the Planning and Funding Committee proposal to increase funding for AODA prevention and treatment to ask for increased community aids funding for counties, and include AODA services. It will also request the 2.5% increase in Medicaid reimbursement. That will be a starting point for the conversation with DHS management and the Governor's Office. Another item that will be pursued is the Diversity Committee request for funding for a Hmong navigator. The committee will pursue it at a lower funding level than the \$1 million requested—instead, asking for funding for a pilot program in five communities at between \$250,000 - \$500,000. The Prevention Committee proposals will be pursued. Those include changing the law to allow for sobriety checkpoints, funding for saturation patrols and compliance checks, funding for training so peer specialists can become certified, and funding for prevention training and conferences. The Intervention and Treatment Committee proposals that will proceed to the next stage are \$1.4 million to create two women's-specific treatment facilities and \$2.1 million to support additional treatment courts and diversion programs.

Ms. O'Donnell, Sandy Hardie, and Tina Virgil are the nominating committee for SCAODA elections that will be in September. Mr. Shrout has agreed to continue to

serve as the vice chairperson and Michael Waupoose as the chairperson. Mary Rasmussen is interested in serving as the secretary.

**Medicaid reimbursement discussion** – Kris Moelter reported that at the Executive Committee's request she reviewed mental health reimbursement rates and the usual and customary charges for AODA services. The mental health and AODA outpatient reimbursement rates are similar. For most mental health services the treating provider must have a master's degree, which is not the case for AODA services. The usual and customary charges are wide-ranging for services, often depending on the individual provider. The Executive Committee will request at least a 2.5% increase in AODA reimbursement rates for the upcoming biennial budget. DHS is looking at expanding some Medicaid coverage, but that is still in the development stages. The current Medicaid rates have generally not been tied to inflation or the consumer price index.

**2014-18 work plan** – The committee agreed that it should focus on funding and systems infrastructure and not specific issues. Other committees are better suited to address specific issues. The items the committee will address in the next year are:

1. Creating steady streams of revenue so AODA prevention and treatment efforts can be adequately funded. This could include increasing the excise tax, creating a different tax structure for alcohol, minimum pricing, increasing Medicaid reimbursement, etc. The committee will create an ad hoc committee to study how Wisconsin can develop and implement a funding structure to adequately fund AODA prevention and treatment. The committee will study the methods, benefits, and challenges of various funding mechanisms. Medicaid reimbursement is a second prong. The ad hoc committee will not study Medicaid and how to increase reimbursement. Medicaid is important because there needs to be adequate compensation to pay for quality providers who can provide effective services and increase the quality of life for the entire community.
2. Develop a marketing plan to create a consistent message for SCAODA to present to the public to begin the change in Wisconsin's cultural norms. The committee should have a representative from the marketing industry who can help the committee develop a brand, a consistent message, and a marketing plan. Right now AODA is not a priority in Wisconsin. SCAODA has too many messages and it needs a simple, concise, consistent message that will resonate with the general public. Other partners need to be involved to bring the message to the legislature and the governor, including AODA coalitions, business coalitions (chambers of commerce, WMC, e.g.), and marketing people to help develop a campaign. Put together SCAODA packet for legislators after November elections and maybe a training.
3. Increase effectiveness of SCAODA's representation. SCAODA has passed some motions requesting a change in the statute to increase the number of members from 22 to 27 and to increase the number of provider representatives. The Diversity Committee is interested in reviewing the state agency statutory representation to see if other agencies should be added as statutory members. The committee discussed other member types who could be effective SCAODA representatives including active

legislators and their staff, industry people, coalition members, and providers. It needs more people who can meet with the Governor's Office and legislators.

**2010-14 accomplishments report** – The committee reviewed the draft accomplishments report. The only substantive change to the draft report is to list some of the legislation the committee supported and opposed. Ms. Moelter will send a revised draft to the committee before the August meeting so it can finalize the report then.

**OWI surcharge and Diversity Committee budget initiative letters** – Ms. O'Donnell reported that she has not received a letter from the Wisconsin County Human Service Association yet regarding the OWI surcharge. Ms. O'Donnell has spoken with WCHSA representative Sue Shemanski and Ms. Shemanski is working with the WCHSA chairperson on the matter.

**Electronic cigarettes discussion** – Karen Kinsey showed the committee an electronic cigarette. She explained that substances other than nicotine can be used in the device. Vaping is unregulated right now, but the FDA has issued draft regulations and the public comment period is still open. The committee will discuss the issue in more detail at the August meeting and may consider a motion requesting SCAODA follow the issue.

**Committee reports** – Mr. Fernan reported DPI has secured some federal grants on safe and supportive schools and healthy students issues. DPI has submitted four new federal grant applications. One is to SAMHSA for Project Aware, a grant to increase access to children's mental health services. The second is a Department of Education school climate transformation grant to implement PBIS to target youth. The third is a DOE emergency management operations grant to improve school safety plans to respond to any number of emergencies, including violence, weather, and traumatic incidents. The fourth is a National Institute of Justice school safety research grant to look at models to study for school safety. The DPI proposal focuses on middle school bullying and it proposes to work with 50 schools on a quasi-experimental design.

He reported that DPI is updating Youth Risk Behavior Survey instrument. It has requested input from partners on questions that should be added or deleted. There will be questions added about vaping and possibly heroin. The survey is limited to 99 questions, so if questions are added some must be deleted.

DPI is developing initiatives for the next biennium. They are developing an initiative around school safety and children's mental health that would allow a revenue cap exemption for items related to school safety. Another potential item is reinstating a competitive grant program for school safety, children's mental health, and AODA. Another possible initiative is to create a statewide school safety center. Wisconsin is one of 23 states that does not have a center. The centers are one-stop shops for school safety resources.

Ms. Kinsey updated the committee on women's services. She talked about having Georgianna Wilton talk about the bill about fetal alcohol spectrum disorder that became

law last session. Some providers have concerns about the law that requires them to report to child welfare if they suspect FASD. Ms. Moelter said that the Intervention and Treatment Committee will have Ms. Wilton present to that committee.

Ms. Moelter reported that the Prevention Committee has formed an ad hoc committee to study marijuana. The committee's scope has not been defined, and it is recruiting members.

**Agenda items for next meeting** – 1. Finalize action plan 2. Finalize accomplishments report 3. Discussion of marijuana subcommittee 4. Vaping 5. Women's issues 6. Update on legislative initiatives

The meeting adjourned at 1:25 p.m.

**Next meeting: August 15, 2014 at 9:30 a.m.**



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**PLANNING AND FUNDING COMMITTEE MEETING**

August 15, 2014

9:30 a.m.

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

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

9:30 a.m.	Call to Order – Duncan Shrout
9:35 a.m.	Review of July 18, 2014, meeting minutes – Duncan Shrout
9:40 a.m.	Public comment – Duncan Shrout
9:45 a.m.	2014 -18 work plan – Committee members
10:15 a.m.	2010 -14 accomplishments report – Committee members
10:30 a.m.	Discussion of marijuana ad hoc committee – Emanuel Scarbrough
11 a.m.	E-cigarettes discussion – Karen Kinsey
11:30 a.m.	Lunch
12 p.m.	Women’s services report – Karen Kinsey
12:15 p.m.	Committee and agency reports
1 p.m.	Update on legislative initiatives – Duncan Shrout
1:15 p.m.	Update on OWI surcharge – Duncan Shrout
1:30 p.m.	Agenda items for next meeting
1:45 p.m.	Adjourn

Future meetings dates:

- October 17, 2014
- November 21, 2014

## Planning and Funding Committee 2010-14 Accomplishments Report

Goal	Strategy	Progress
Review and make recommendations to the governor, legislature, and state agencies regarding the plans, budgets, and operations of all state alcohol and other drug abuse programs.	Provide SCAODA with recommendations on how the plans and budgets related to AODA should be implemented	The committee submitted budget priorities in 2012 and 2014.  In 2010 reviewed agency proposed budgets.
	Expand and fund SBIRT	Committee members served on an ad hoc committee that developed a report for implementing SBIRT. Implementation activities are underway.
	Follow up on the 2011 IDP funding subcommittee report	DOT and DPI reported to SCAODA on how each uses the OWI surcharge funds.
Provide a considered opinion of the effect and desirability of proposed legislation relating to AODA policies, programs, or services.	Review, analyze, and take positions on AODA-related bills are they are introduced into the legislature	SCAODA, at the request of the committee, has taken positions on many pieces of legislation, including: <ul style="list-style-type: none"> <li>• Supporting returning 17-year olds to the juvenile justice system (did not become law)</li> <li>• Supporting a ban on the sale of high-proof alcohol (did not become law)</li> <li>• Supporting allowing tribes to conduct OWI assessments for the driver improvement safety plans (became law)</li> <li>• Supporting the HOPE legislation and other heroin bills (became law)</li> <li>• Opposing legislation that would transfer DPI's OWI surcharge allocation to DOJ (DPI kept its allocation)</li> <li>• Opposing allowing alcohol beverage licensee to sue underage drinkers for entering the premises (became law)</li> <li>• Opposing efforts to allow certain people to use the title "alcohol and drug counselor" without a DSPS certification (did not become law)</li> <li>• Opposing a bill to allow employment discrimination against convicted felons (did not become law)</li> </ul>

	Promote legislation that increase a tax on beer and/or alcohol and directs resources to treatment and prevention	SCAODA supported legislation that was introduced to increase the beer and/or alcohol tax.
	Support legislation that prevents adults from taking underage children into bars	Legislation was introduced but did not pass out of committee.
Provide leadership and coordination regarding AODA issues confronting the state.	Expand and fund SBIRT	Committee members served on an ad hoc committee that developed a report for implementing SBIRT. Implementation activities are underway.
	Identify and address barriers to accessing AODA treatment	The committee addressed women's treatment issues and children's treatment issues through presentations and legislation.
	Keep current on potentially-changing educational standards for the substance use disorder workforce	The committee supported the creation of a substance use disorder ad hoc committee that formed in February 2014.
	Ban the sale of alcoholic beverages that equal or exceed 190 proof	SCAODA supported legislation introduced in 2012 and 2014 to ban high proof alcohol sales.
	Address tobacco use among Wisconsin's citizens	The committee supported the WiNTiP and smoke-free programs.
Identify services that are inadequately funded and create recommendations to increase the funding for those services.	Monitor implementation of the ACA to ensure Wisconsin citizens have healthcare that covers AODA treatment services	The committee and SCAODA receive regular updates on ACA implementation from DHS.
	Monitor developments in the substance use disorder workforce, especially the projected shortage of substance use disorder counselors and the educational requirements necessary to receive Medicaid reimbursement	The committee supported the creation of a substance use disorder ad hoc committee that formed in February 2014.
	Participate in the subcommittee addressing funding for the Intoxicated Driver Program	P&F had a representative on the subcommittee.  SCAODA requested and received a legislative audit of the IDP program.
	Adequately fund primary prevention and early intervention efforts	The committee has submitted a budget proposals calling for increased funding for primary prevention and early intervention efforts.  SCAODA has supported legislation to increase the beer and/or alcohol tax with the additional funds dedicated to AODA prevention, early intervention, and treatment efforts.
Educate providers and potential providers regarding changes in funding systems and structure.	Gather information from stakeholders and qualitative data sources	Committee members joined with members of the Wisconsin Council on Mental Health to complete a needs assessment that formed the basis of the 2014 joint block grant

		<p>application.</p> <p>The committee hosts a public forum at the mental health and substance abuse conference held every October.</p>
	Provide expertise for the DHS infrastructure study regarding public funding for mental health and substance use disorder services	A committee member facilitated a study group and the committee promoted a statewide discussion at its public forums.
Reduce and eliminate racial and ethnic disparities among drug offenders' arrest, charging, and sentencing rates.	Present motions to SCAODA of specific efforts that would be implemented to achieve this goal	Supported legislation to return 17-year olds to the juvenile justice system
	Review evidence-based programming	Committee members served on the SBIRT ad hoc committee and have continued to support efforts to implement SBIRT.
	Educate politicians	There was no systematic approach to educating politicians, but individual committee members met with individual politicians.
	Increase the number of minority substance use disorder counselors	The committee supported the creation of a substance use disorder ad hoc committee that formed in February 2014.



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**Prevention Committee Meeting**

**Wednesday, April 30, 2014**

**9:30 a.m. – 1:30 p.m.**

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

**Present Members:** Judith Hermann, Emanuel Scarbrough, Chris Wardlow, Maureen Busalacchi, Scott Stokes, Mary Rasmussen, Jake Melson

**Guests:** Sarah Linnan attending on behalf of Penny Black

**Staff:** Christy Niemuth, Paul Krupski, Raina Zwadzich

**Welcome and Introductions**

Scott Stokes welcomed Committee Members and asked members, guests and staff to introduce themselves.

**Review Meeting Minutes from February 11, 2014 Meeting**

Members reviewed the meeting minutes from the February 11, 2014 Prevention Committee meeting. There was not a quorum of members present for this meeting, so the review and approval of minutes will be conducted at the next meeting.

**WI Trauma Project**

Judie Hermann thanked everyone for their interest in this project and is happy to share the results with the Prevention Committee members. Judie provided members and guests two handouts, the PowerPoint presentation slides and Barron County's Trauma Project Newsletter. The newsletter is to provide an example of how a county is learning about and implementing trauma informed care into services.

The Department of Children and Families (DCF) Trauma Project started in 2011 with only a couple of counties and a tribe as pilot programs, (Kenosha, Barron, Burnett and the St. Croix Tribe). DCF sent out a survey to counties and tribes asking about their trauma screening tools, available treatment options and what the community has as resources to learn what counties and tribes are already doing and how this project's funds can expand these items. The results showed that counties and tribes had few mechanisms in place to identify and screen trauma, assess the extent to which trauma has had an effect, and how to

respond and health trauma (treatment). The Trauma Project is a cross systems, holistic, three tiered approach, that engages and works with the child, the family and the systems. The Trauma Project's activities include; teaching evidence-based trauma screening, assessment and treatment to professionals; training parents and agency social workers on childhood trauma; creating trauma informed & responsive systems of care; tracking outcomes; and sustaining changes.

A question was raised about how this project and the trauma training projects within the Wisconsin Department of Public Instruction (DPI) are being coordinated. How do we maximize the trainings and not have silo trainings and systems of care. Judie shared that the newly formed Office of Children's Mental Health under the Governor will have a lead role to ensure state departments, counties and local agencies are communicating and collaborating in trauma and child mental health related work. They will be working on a 'collective impact' strategy and ensuring the dissemination of a shared vision of change and understanding of how to implement trauma informed and responsive care.

### **Identify 2015-2017 Prevention Budget Initiatives**

Scott stated SCAODA has requested subcommittees consider budget proposals and items for the upcoming Governor's 2015-2017 biennial budget. Three handouts were provided as references; the 2013-15 biennial budget considerations, the budget proposal for 2015-2017 biennium template, and past SCAODA motions from 2007 through present. The Prevention Committee's suggestions would go to SCAODA during their June meeting for review and discussion. None of the Prevention Committee's 2013-2015 budget considerations were funded during the last biennium.

Suggestions that were proposed by the Prevention Committee:

- Funding for State Prevention Conference
- Alcohol Tax Increase
- Provide funding for alcohol age compliance checks/other alcohol policy enforcement
  - Funding to increase enforcement of drugged driving
- Funding to update the Alcohol Burden Report
- Additional funding for the Alliance for Wisconsin Youth
  - Increase (provide) state funding to community coalitions
  - Connect prevention providers with training in trauma informed care
  - Connect AWY and coalitions with CHIP/Community Benefits with hospitals.

Christy will compile and send the list out to members and ask if we are missing anything. Then Christy will work on writing up the items, expand on them and will send them out to the Committee for review and approval. We will ask for members to rank their top three choices. The top three items based on majority vote will be presented to SCAODA in June.

### **Discuss SCAODA Strategic Plan and Prevention Action Plan**

Scott presented SCAODA's Strategic Plan for July 2014-2018 including the goals and priorities for 2014-15 (please see handout). At the next SCAODA meeting in June there will be more information and directions provided to the Sub-Committee Chairs along with a template for the Prevention Committee to use to draft a committee plan in July. The SCAODA website has the previous Strategic Plan. Each year the Prevention Committee provides SCAODA updates on how we are achieving the SCAODA goals and priorities.

### **Heroin Ad-Hoc Committee draft report review**

The Heroin Ad-Hoc Committee started in November 2013 and the Co-Chairs are the Alliance for Wisconsin Youth (AWY) Regional Centers Representatives, Scott Stokes and Christy Niemuth. The goal was to have a report done in 6 months due to the timeliness of the issue. Currently, the report is still being discussed and revised. For today, the Committee is to review the report and add comments, suggestions and edits so we can approve it prior to the SCAODA meeting in June.

Suggestions, comments and edits from Prevention members included:

- Prevention Pillar
  - Focus on identifying risk factors or articulating risk factors that lead to or potential increase of heroin addiction.
  - Include 'marijuana use' instead of the general term 'gateway drugs' if the research shows it. It will tie into the next report. Make mention in the Executive Summary of marijuana use by vulnerable populations as it is a risk factor to the progression of addiction.
    - Chris W. will send Christy the citation and statistics on this data.
  - Including tobacco/nicotine, alcohol and marijuana to highlight that they are gateway substances. It would be helpful for the prevention community to have this language and refer to it when requesting or defending prevention funding.
  - Recommendation 1: It is implied the importance of educating people to speak with the media about the heroin issue. The recommendation should give specific examples of how to speak with the media on these topics so they create a community conversation that mobilizes a community towards change.
  - Recommendation 2: Clearly state, "currently, there are no state dollars to support community coalitions" and include the idea of collaboration among agencies when conducting local assessment to gather community support in the first sentence.
- Harm Reduction
  - Continue to work on this section since the concept of 'harm reduction' contains stigma. Identify myths and provide research and evidence to support recommendations.
  - Section is missing data and the recommendations that have only sentences will either need to be explained in depth or tucked under another recommendation harm reduction recommendation (specifically HR1, HR3 and HR5).

- Law Enforcement Pillar
  - Include a ‘call to action from Public Health’ to help with this burden.
- Treatment
  - Include in recommendations about receiving ‘timely access to treatment’
  - Recommendation 3: – include the need to build capacity for adolescent treatment options, treatment providers and increase accessibility so no one is on a wait list.
  - Include the need to increase training and support for treatment providers, and fair compensation from insurance companies for substance use disorders services.
  - Physicians should be screening and referring clients to proper the places.
- Business Pillar
  - The title is unclear and especially for smaller businesses and non-profits because they might not identify as ‘businesses’. Suggestion: rename the section “Workplace Pillar” or Business and Workplace Pillar”. Also refer to the association of non-profits as a partner.
  - Smaller employers could implement trauma informed policies if they don’t have EAPS.

Christy thanked everyone for the thoughts and input on the first draft of the heroin report. She will go back with these edits and suggestions to the Chairs and there will be another round of revisions. A teleconference will be set up for a review of the report and a motion and vote will take place so it can be on SCAODA’s June meeting agenda for endorsement.

A dissemination and distribution plan will be discussed at the next Prevention Committee meeting so we can maximize the potential of the report.

### **Zohydro – What is prevention’s response?**

Christy shared a document that discusses the recent introduction of Zohydro and its potential misuse. A request was made from a Committee member for SCAODA to make a motion to not support its availability in Wisconsin. Chris W. said he would look in the Controlled Substance Workgroup (CSW) report to find the recommendation that stated the pharmaceutical industry should take responsibility for their formulation of narcotic pain medication and draft a motion to ask SCAODA to endorse the general policy and write a letter to the Attorney General asking for support repealing the FDA approval. **Chris made a motion that this to be added to the future phone conference for inclusion to SCAODA in June.**

### **Agency Updates**

Christy provided a letter that was sent to the Wisconsin Department of Health Services from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) giving approval for substance abuse block grant dollars to fund additional activities that address overdose prevention and education.

Maureen requested a future discussion on e-cigarettes and how we provide information to community coalitions on passing community ordinances banning the use of e-cigarettes in the workplace. Maureen will forward on information to the Committee for their review prior to the next meeting. The discussion will be added to future meeting agenda.

Judie shared information about the SCAODA Workforce Ad-hoc Committee meeting that took place on February 21. At the meeting the discussion centered about the aging of the substance abuse treatment providers workforce, the uncertainty of counselors' competencies with diverse populations, and the need for professional education. Most of the discussion was about Substance Abuse Counselors and their certification requirements. Bernestine Jeffers will be working on a report with the committee's recommendation and it will be released next week. The next meeting is scheduled for May 16<sup>th</sup>.

The request to have Dr. Miller speak at the Prevention Committee's next meeting in July was made by Chris.

**Future Meeting Dates 2014 are:**

**Thursday, July 17, 2014**  
**Thursday, October 16, 2014**



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**

**Monday, May 12, 2014**

**10:00 a.m. – 11:00 a.m.**

Teleconference

**Meeting Minutes**

**Present:** Jane Larson, Scott Stokes, Dorothy Chaney, Jackie Schoening, Ronda Kopelke, Judith Hermann, Maureen Busalacchi, Rick Peterson, Emanuel Scarborough, Francie McGuire-Winkler, Chris Wardlow, Annie Short

**Guests:** Anne Ziege

**Staff:** Paul Krupski, Christy Niemuth, Raina Zwadzich

**Welcome and Introductions**

Chairman Scott Stokes called the meeting to order at 10:05 a.m. and welcomed everyone. He asked everyone to briefly introduce themselves.

**Review and Approve 02-11-2014 Meeting Minutes**

Scott asked the Committee Members to review the meeting minutes from 02-11-2014. **Peterson made a motion to approve the meeting minutes as drafted, seconded by Larson. Minutes were approved.**

**Review Proposed Budget Initiatives**

Christy provided background information on the proposed budget initiatives and described how each Committee is to review past proposals and put forth recommendations. Last year, SCAODA decided to include all recommendations from all Committees to present to the Governor's Office. We currently do not know what the other Committees are recommending so there might be some overlap in some areas. An edit request from Ronda is to add the words "public health" in front of agencies/organizations.

A discussion about the home-visiting program took place among Committee Members. It is a program that improves maternal and infant health while decreasing infant mortality. The home-visiting program uses a screening and referral process with trained professionals in trauma informed care model. **McGuire-Winkler made a motion to forward the proposed budget initiatives with the removal of the bullet point discussing home-visiting programs and the "public health" edit, seconded by Kopelke. Motion passed unanimously.**

### **Review Zohydro Motion from Chris Wardlow**

Scott shared information about the pharmaceutical drug, Zohydro. The concern is that Zohydro is a high dose of narcotic which could easily be abused. The drug is useful in the marketplace because it only contains hydrocodone (while other comparable drugs include acetaminophen) and is extended-release which provides an alternative for individuals who have compromised liver functioning. **Larson made a motion to follow Wardlow's previous motion to urge the Attorney General to support federal and state efforts to repeal FDA approval of Zohydro ER, Chaney seconds motion. Motion passed unanimously.**

### **Review Draft Heroin Report and Possible Motion for SCAODA's Approval**

At the last Prevention Committee meeting, Co-Chairs shared their pillars' work on the Heroin Report. However, there was not a quorum at the last meeting to act on the report. There were minor changes identified and will be incorporated into the Report at a later date. It is the hope of the Co-Chairs that the Committee will review the Heroin Report again, make recommendations and approve it for presentation to SCAODA.

The Prevention Pillar focused on the seven community strategies for change from the Community Anti-Drug Coalitions of America (CADCA) and the recommendations followed this. Suggestions to add to the Prevention Pillar included:

- Include risk factors.
- Discuss how community coalitions do not receive state funding and that in the future this could change.
- Identify strategies and interventions not only to prevent heroin use but to prevent harmful use of alcohol, marijuana, tobacco, which often leads to the use and abuse of both illegal and prescription drugs. This was an important trend to discuss.
- Highlight that prevention work does more and crosses across all these pillars.

The Harm Reduction Pillar was presented and the following suggestions were offered from Committee Members:

- If there are stand-alone recommendations that do not have bullet points to flush out the idea, or have concrete action steps then they should be re-worked to fit into another recommendation or removed.
- Members thought the recommendations were good and if they include the comments from the last meeting they will suffice.

Dorothy presented the recommendations in the Law Enforcement Pillar. The only recommendation was to ensure that a recommendation is included about education to law enforcement agencies and professionals on addiction and heroin use.

Christy presented the Treatment Pillar's recommendations and no suggestions or edits were identified.

Annie presented the Business Pillar's recommendations and the only requested edit is to change the name from Business Pillar to Workplace Pillar.

**Chaney made a motion to approve the report with the noted changes from the last meeting, seconded by Hermman. Motion passed unanimously.**

Stokes thanked Committee Members for participating in the teleconference and adjourned the meeting.



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 - Public Forum**

**June 24 & 25, 2014**

**2014 Northwoods Coalition Annual Meeting and Training**

**The Plaza Hotel & Suites**

**Eau Claire, WI**

June 24, 2014

**Present:** Scott Stokes, Chairman of the Prevention Committee, Jodi Peters, Lenore Shepard, Kathleen Billek, Amanda Smagacz, Jessica Wilson, Kim Walker, Kari Lerch, Chris Wardlow, Ashley Normington, Ronda Kopelke, and Sarah Turner.

**Staff:** Louis Oppor, Christine Niemuth, Paul Krupski, Raina Zwadzich

Chairman Scott Stokes welcomed everyone to the State Council on Alcohol and Other Drug Abuse (SCAODA) Prevention Committee's Public Forum and introduced himself as the Chairman of the Prevention Committee. Scott provided attendees with information about the State Council and the purpose of today's 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 then take today's input from the public and bring it back to the Prevention Committee and to the full State Council.

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

- Would like to see prevention efforts starting at an earlier age and putting funding into high school age students is already too late in preventing substance use. There are prevention programs that have shown to be effective with elementary school aged children. It would be nice for the state to mandate and endorse prevention programs at a younger age because we aren't seeing people implementing them with this target population.
- Another individual agreed with the above statement and said they would like a focus to be with the fifth and sixth graders because they are identifying them at high risk already for substance use. If we start earlier with our prevention programming the children tend to 'soak it' up and by fifth or sixth grade they can start to relate to the prevention messaging that they received earlier. We need to build a foundation when the children are demonstrating an eagerness to help the community and want to make it better for everyone. "The earlier we can catch them the better."
- A suggestion to watch the movie, "Anonymous People." The attendee shared that she thought was a great movie and it is changing the way we talk about substance use and recovery. It is a documentary film about the 23 million Americans living in long-term

recovery from addiction and that recovery is an option. The attendee thought it was great that people can get the substance use disorders treatment that they need however when they come back to their communities it is still an unhealthy environment for them. Attendee felt that prevention work within the families could help stop the intergenerational cycle of addiction.

- Prevention work with children should include how to take care of oneself if they are among family members who are using substances, teach them listening skills, and calming/soothing techniques.
- “Dovetail Learning” teaches youth at an early age how to cope and identify social-emotional feelings and thoughts. One person stated that they wanted to be trained in “The Toolbox Project”.
- When working with children the prevention program should be family-wide and community-wide. We also need to include a treatment piece in the continuum of care.
- Taking a holistic approach to prevention work would be the best use of funding. Teaching parents/caregivers and children coping mechanisms/skills would help them to not engage in risky behaviors.
- Tribes and tribal communities need to be remembered and represented. Two different Tribes mean two different ways of thinking. To only have one Tribe present does not mean that every American Indian and their Tribe is represented. All Tribes should have their voices at the table. Bob Kovar has done a lot with the Tribes and has shared information about the Block Grant. The Tribes have a right to know how the Block Grant is being spent and they should have a voice at the county and state level.
- The broad prevention dollars are fine but the grants and special initiatives are very helpful to the community coalitions. It would be beneficial to bring in more money to help with prevention programs and services.
- More oversight and guidance from the State would benefit coalitions as to what is considered appropriate primary prevention strategies.

Two questions were asked at the Public Forum which included:

- Are there residential substance use disorder treatment facilities for youth in Wisconsin? Louis Oppor answered the question and stated that there are very few and they are most likely private-pay and tend to be very expensive.
- When will the SCAODA Heroin Workgroup be releasing the report with their recommendations? Christy Niemuth answered the questions and stated that she hopes to have them printed by August 2014.
- Will there be another statewide prevention conference in the future or will regional meetings take the place of it? Discussion about this issue has been taking place among the Regional Prevention Centers and the State. There is value to having the regional trainings and also the need to have a statewide conference to collaborate, share and network with other prevention professionals. The state is looking into switching off every year between a statewide prevention conference and regional trainings.

Chairman Scott thanked everyone for participating in the Public Forum. The meeting minutes will be typed and presented to the Full Committee to follow-up with today’s comments and suggestions.

June, 25, 2014

**Present:** Scott Stokes, Chairman of the Prevention Committee, Mary Ann Krems, JoAnn Parker, Donna Rosner, Byron Hopke, Melissa Dotter, Ann F. Bates, Sara Sedahl, Lisa Listle, Kristie Rauter, and Jean Flood

**Staff:** Louis Oppor, Christine Niemuth, Paul Krupski, Raina Zwadzich

Chairman Scott Stokes welcomed everyone to the State Council on Alcohol and Other Drug Abuse (SCAODA) Prevention Committee's Public Forum and introduced himself as the Chairman of the Prevention Committee. Scott provided attendees with information about the State Council and the purpose of today's 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 then take today's input from the public and bring it back to the Prevention Committee and to the full State Council.

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

- A comment was made about the need for inpatient treatment centers in Central Wisconsin since there is nowhere you can send people to treatment. All the places are either out of state or are too expensive. It would be nice to have a list of treatment places in Wisconsin. Louis Oppor suggested looking at the Substance Abuse and Mental Health Services Administration's (SAMHSA) website under "Treatment Locator" or the Wisconsin Division of Quality Assurance for a list of all certified substance use treatment providers.
- An attendee stated that they were happy to hear that a future goal is to have more money to go to the county and community level to support prevention efforts.
- The need for more treatment options and specifically Community Based Residential Facilities (CBRF). The need for chronic users to get assistance and services within the community is important so they can stay within the community. Chronic users need help with daily skills and they don't have the cognitive abilities to do this anymore because of their use of alcohol and drugs. Louis Oppor discussed a recent bill that was passed to increase the funding for Comprehensive Community Services (CCS) where individuals who either have alcohol, other drug issues and/or mental health needs can be provided with wraparound services. This program is only open to individuals who are Medicaid eligible.

Questions that were asked at the Public Forum included:

- What are the plans for the next SCAODA report? Paul Krupski answered this question and stated the next Workgroup will be focusing on marijuana which was already voted on and approved by the Prevention Committee and SCAODA. Work will start fall 2014 and they will have a year to complete their recommendations and a report. The Heroin Report is in the final stages and it is the hope of the Staff to have it printed by August 2014.
- A question regarding earmarked monies being removed and if the funds would then become competitive where counties/coalitions would have to write for grants? Lou answered this question and stated that first an analysis would have to be done to see who is currently getting the money and then who the "winners" and "losers" would be if the

money was re-allocated. The idea is to increase county funding and provide more flexibility to where the money can go within the county.



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, July 17, 2014**  
**9:30 a.m. – 1:30 p.m.**

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

**Agenda**

- Welcome and Introductions
- Approve Minutes from April 30, 2014 Meeting and May 12, 2014 Teleconference
- Marijuana Ad-hoc Committee
  - Membership and Charge
- Review Committee Accomplishments related to SCAODA four-year plan for 2010-2013
- Discuss SCAODA 2014-2017 Strategic Plan
  - Develop Prevention Action Plan
- Budget Initiative Dollar Amount Allocations
- Public Forum Comments
- Prevention Training and Certification
- Agency/Member Updates
- Future Meeting Dates/Agenda Items

Thursday October 16, 2014



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  
2010-2014 Annual Report  
Goal and Accomplishments**

Goal #1	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p>a. Effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin.</p> <p>b. Is a highly recognized and respected body that serves as a voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues.</p> <p>c. Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.</p>	<p>Strengthen existing and develop new collaborative opportunities.</p>	<p><b>PRESENT:</b> The Prevention Committee convened and drafted the Wisconsin’s Heroin Epidemic: Strategies and Solutions Report and approved for dissemination (approved 06/07/14).</p> <p><b>PAST:</b> The Prevention Committee convened and drafted the 911 Good Samaritan Analysis and Recommendation Report for Reducing Opioid-related Overdoses in Wisconsin (2012-13).</p>
	<p>Identify existing groups which we currently collaborate and identify groups with which we want to collaborate.</p>	<p><b>PRESENT:</b> The Prevention Committee convened and drafted the Wisconsin’s Heroin Epidemic: Strategies and Solutions Report. The resulting report was organized into five pillar sections in an attempt to provide comprehensive approaches for addressing heroin use at the community, municipality, organizational, county, tribal and state levels that included:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Harm reduction</li> </ul>

		<ul style="list-style-type: none"> <li>• Law enforcement</li> <li>• Treatment</li> <li>• Workplace (2013-14)</li> </ul> <p><b>PAST:</b> The Prevention Committee convened and drafted the 911 Good Samaritan Analysis and Recommendation Report for Reducing Opioid-related Overdoses in Wisconsin. The Ad-hoc committee consisted of representatives from many sectors that are affected by opioid related overdoses. The resulting report included recommendations for 911 Good Samaritan Legislation, naloxone administration and use, data collection and reporting as well as additional recommendations for reducing opioid related overdose deaths. (2012-13)</p> <p>The Prevention Committee completed the Prescription Drug Abuse Report Providing recommendations in the following focus areas:</p> <ul style="list-style-type: none"> <li>• Fostering healthy youth</li> <li>• Community engagement &amp; education</li> <li>• Health care policy and practice</li> <li>• Prescription medication distribution</li> <li>• Prescription medication disposal</li> <li>• Law enforcement and criminal justice</li> <li>• Surveillance systems</li> <li>• Early intervention, treatment &amp; across lifespan (2011-12)</li> </ul> <p>The Prevention Committee</p>
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		<p>completed the Alcohol, Culture and Environment Report and included recommendations for:</p> <ul style="list-style-type: none"> <li>• Legislative or state action</li> <li>• Municipal action</li> <li>• Educators or educational institutions</li> <li>• Community groups and organization</li> <li>• Employers (2010-11)</li> </ul>
	Develop and implement collaborative initiatives with identified groups.	<p>Ad-Hoc Committees (n=4) were established to complete the identified reports.</p> <p>New partnerships were built among providers, community coalitions law enforcement community, health care professionals, judicial officials and community advocates in establishing and implementing recommendations.</p>
	Improve Committee operations and effectiveness.	<p>Quarterly meetings held throughout the years with annual public forums being held at the state prevention conference/or other training events (ongoing).</p>
	Explore and enhance membership and participation of the Committee.	<p><b>ONGOING:</b> A review of membership was completed in 2014 and as a result, new members representing Milwaukee county and the National Guard were added to the Committee.</p> <p>A review of membership was completed in 2012 and as a result, new members representing law enforcement, epidemiology and Health First Wisconsin were added to the</p>

		<p>Committee (2011-12).</p> <p>A review of membership was completed in 2010 and as a result, new members representing minority agencies were added to the committee and representatives from law enforcement and the Brighter Futures Initiative (2010-11).</p>
	<p>Provide opportunities to enhance the knowledge and skills of Committee members to educate others.</p>	<p>Prevention Committee quarterly meetings served to keep members apprised of new information and included presentations on synthetic drugs, heroin, and trauma informed care (ongoing).</p>
	<p>Keep apprised of similar initiatives in the State.</p>	<p>The Prevention Committee members are working closely with Health First Wisconsin in developing Alcohol Policy priorities. Many members of the Prevention Committee also serve on HFWI State Leadership Team and provide updates on initiatives at quarterly meetings. (2011-12)</p>
	<p>Explore funding opportunities.</p>	<p><b>PRESENT:</b> Secured Partnership For Success II State Epidemiological Outcomes Workgroup (SEOW) funding (2013-14).</p> <p><b>PAST:</b> Opportunities for new Drug Free Communities and Stop Act grants were explored. The Prevention committee also began serving as the Advisory council for the Department of Health Services Partnership for Success II Grant to reduce prescription drug abuse in nine high need</p>

		<p>communities in the state (2012-13).</p> <p>Opportunities were explored for implementation of new Drug Free Community Grants in Wisconsin (2011-12).</p> <p>Committee explored requesting the Department apply for a Strategic Prevention Enhancement Grant (2010-11).</p>
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<b>Goal #2</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p>Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into health behavioral outcomes.</p>	<p>Develop and implement a mass social marketing plan using the internet and media partners to disseminate critical data, information, resources, and updates to key audiences.</p>	<p><b>PRESENT:</b> The Prevention Committee provided input in to the development of the Parents Who Host Lost the Most Campaign (ongoing). Develop an Underage drinking prevention video for statewide distribution (2013-14).</p> <p><b>PAST:</b> A 911 Good Samaritan Ad-hoc Committee was established to develop recommendations and strategies for reducing opioid –related overdoses in the state. The report will be published in 2013 and will be widely distributed throughout Wisconsin and neighboring states (2011-12).</p> <p>An Alcohol Culture and Environment Workgroup was established to develop recommendations and strategies to impact on Wisconsin alcohol abuse culture. Report was widely distributed and print, radio and</p>

		television news reports regarding the report was reported throughout Wisconsin and neighboring states (2010-2011).
	Use epidemiological data and other valid sources; develop impact data/information sheets and white papers for SCAODA to disseminate to Governor, legislators, community leaders, etc.	<b>PRESENT:</b> Work on developing the fourth State Epi Report is ongoing in 2013-2014 With a completed report in August 2014. <b>PAST:</b> The Prevention Committee consults on the development of Wisconsin's Epidemiological Profile on Alcohol and Other Drug Use. Four Epi reports have now been completed. In 2012, the fourth Epi report was completed and distributed statewide. In addition, the Prevention Committee is consulting on the production of a prescription drug supplement to the 2012 Epi profile.

<b>Goal #3</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity: For effective prevention efforts across multiple target groups including disproportionately affected. For effective outreach and effective, accessible treatment and recovery services for all in need.	Identify key policies and practices.	<b>PRESENT:</b> A number of motions were adopted and presented to the full Council on such issues as: <ul style="list-style-type: none"> <li>• Motion to endorse the Wisconsin Underage Drinking Prevention video with appropriate edits (SCAODA endorsed video).</li> <li>• Motion to urge the Wisconsin Attorney General to support federal and state efforts to repeal FDA approval of Zohydro ER (approved).</li> <li>• Motion to Endorse the</li> </ul>

		<p>Wisconsin's Heroin Epidemic: Strategies and Solutions Report (with appropriate edits) and approve for dissemination (approved).</p> <ul style="list-style-type: none"> <li>• Motion to table the Marijuana Ad-Hoc Committee and creating a Heroin Ad-Hoc Committee (approved).</li> <li>• Motion to endorse the Burden of Alcohol Report and write a letter asking for the introduction of supporting legislation (approved).</li> <li>• Motion to endorse the 911 Good Samaritan Report (approved).</li> </ul> <p><b>PAST:</b> A number of motions were adopted and presented to the full Council on such issues as:</p> <ul style="list-style-type: none"> <li>• Motion opposing a bill that would all alcohol license holders to receive civil compensation (in excess of fines for selling) from underage youth that attempt to purchase alcohol.</li> <li>• Motion to appoint a Prevention Committee Representative to the Ad-Hoc Committee for combined mental/substance abuse needs assessment.</li> <li>• Motion to form a marijuana prevention Ad-Hoc Committee that would develop a recommendation report and a public health response to issues related</li> </ul>
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		<p>to marijuana use.</p> <ul style="list-style-type: none"> <li>• Supporting absolute sobriety of anyone under the age of 21 operating a snowmobile.</li> <li>• Opposing a Bill allowing private college and universities to establish an area to sell alcohol without a permit.</li> <li>• Supported a Bill to establish a Prescription Drug Monitoring Program.</li> <li>• Opposed a Bill to allow alcohol use for passengers riding a quadricycle.</li> <li>• Opposed the medical marijuana Bill.</li> <li>• Requested a Bill be passed to ban the use of synthetic marijuana.</li> </ul>
	<p>Develop a definition/description of a healthy, safe, sober Wisconsin.</p>	<p><b>PRESENT:</b> The Heroin Report will be used to prevent use, reduce the harm and treat heroin dependency in Wisconsin (2013-14).  <b>PAST:</b> The committee continues to use the 2010 Alcohol Culture and Environment report to promote a healthy alcohol culture in the state, the 2012 Reducing Wisconsin’s Prescription Drug Abuse Report to promote safe and secure usage of prescription medications and will be promoting the recommendations from the 911 Good Samaritan report to reduce opioid-related overdose deaths (ongoing).</p>
	<p>Recommend resources to advance the work and effectiveness of local coalitions.</p>	<p><b>Present:</b> AWY regional Centers continue to support local coalition and participate as active members of the</p>

		<p>Prevention Committee. The prevention committee also has several coalition representatives as members.</p> <p><b>PAST:</b> In 2012 new Regional Centers were established through an RFP. They will begin their efforts in 2013 (2012-13).</p> <p>The Alliance for Wisconsin Youth Regional Prevention Centers continues to evaluate the needs of local coalitions and work towards meeting local needs (2012-11).</p> <p>Law Enforcement Training and Environmental Strategies held through the SPF SIG Grant in March 2010 (2011-10).</p>
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<b>Goal #4</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p>SCAODA with its Committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remedying historical, racial/ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people.</p>	<p>Engage and collaborate with stakeholders at all levels who have an impact or influence on alcohol, tobacco and other drug abuse.</p>	<p><b>PRESENT:</b> The Prevention Committee began serving as the Advisory Council for the Department of Health Services Partnership for Success II State Epidemiological Outcomes Workgroup (SEOW) (ongoing, 2013-14).</p> <p><b>PAST:</b> The Prevention Committee began serving as the Advisory Council for the Department of Health Services Partnership for Success II Grant to reduce prescription drug abuse in nine high need communities in the state (ongoing, 2012-13).</p>

## SCAODA work plan

<b>SCAODA goals for 2014-18</b>
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.

<b>SCAODA priorities for 2014-15</b>
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

<b>Committee</b>	<b>Plan to address goal/priority</b>	<b>SCAODA Goal</b>	<b>SCAODA Priority</b>
<b>Diversity</b>	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
<b>Intervention and Treatment</b>	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
<b>Planning and Funding</b>	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
<b>Prevention</b>	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**

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

**ARTICLE I**

**Purpose and Responsibilities**

**Section 1. Authority**

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

**Section 2. Purpose**

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

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

**Section 3. Responsibilities**

The state council on alcohol and other drug abuse shall:

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

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

- j. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- k. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- l. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages to address alcohol, tobacco and other drug abuse problems.

## **ARTICLE II**

### **Membership**

#### **Section 1. Authority**

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

#### **Section 2. Members**

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

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

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

### **2.3 Selection of Members**

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

### **2.4 Ex-Officio Members**

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

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

## **2.5 Selection of Officers**

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

## **2.6 Terms of Voting Members**

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

## **2.7 Code of Ethics**

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

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

## **2.8 Nondiscrimination**

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

## **2.9 Nomination Process for Appointed Members and Officers**

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

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

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

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

## **2.10 Removal from Office**

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

## **Section 3. Officers**

### **3.1 Chairperson**

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

### **3.2 Vice-Chairperson**

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

### **3.3 Secretary**

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

### **3.4 Past Chairperson**

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

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

### **3.5 Vacancies**

In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other Drug Abuse, the following procedure should be followed: In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibility of Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibility of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory membership until such time as new Officers are elected according to the procedures outlined in the By-Laws.

## **ARTICLE III**

### **Council Meetings**

#### **Section 1. Council Year**

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

#### **Section 2. Meetings**

##### **2.1 Regular and special meetings**

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

##### **2.3 Notice of meetings**

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

##### **2.3 Quorum**

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

### **Section 3. Public Participation**

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

### **Section 4. Conduct of Meetings**

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

### **Section 5. Agendas**

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

### **Section 6. Attendance Requirements**

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

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

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

## **Section 7. Staff Services**

The division of mental health and substance abuse services shall provide staff services. Staff services shall include: record of attendance and prepare minutes of meetings; prepare draft agendas; arrange meeting rooms; prepare correspondence for signature of the chairperson; offer information and assistance to council committees; analyze pending legislation and current policy and program issues; prepare special reports, and other materials pertinent to council business.

## **Section 8. Reimbursement of Council and Committee Members**

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

# **ARTICLE IV**

## **Committees**

### **Section 1. Committee Structure**

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

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

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

It is the intent of this section that:

- There should be periodic review of the structure and progress of the work of the committees, subcommittees and ad-hoc committees.
- If the officers have concerns about the work of the standing committees, subcommittees or ad-hoc committees, they could convene an executive committee meeting to discuss options, "for the good of the order."
- The intent of this group is to recommend that ad-hoc committees be time-limited (recommend one year) and the committee chair determines if the work should go forward beyond the original charge.

- The charge should be well-defined and linked to SCAODA's strategic plan.
- The committee chairs should be primarily responsible for creating and disbanding ad-hoc groups.
- The committee chairs should be responsible for monitoring the work and duration of the work in coordination with SCAODA.

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

## **Section 2. Composition of Committees**

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

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

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

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

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

## **Section 3. Requirements for all Committees**

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

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

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

**3.4** Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson

or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.

- 3.5** Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.
- 3.6** The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

#### **Section 4. Requirements for Committee Chairpersons**

The chairperson of each committee is responsible for:

- a. Ensuring that the by-laws and every applicable directive of the council are followed by the committee as indicated in Chapters 15.09, 14.017 and 14.24 of Wisconsin Statutes;
- b. Ensuring that recommendations of the committee are conveyed to the full council;
- c. Submitting meeting minutes in the approved format to the council; and
- d. Coordinating work with other committees where items could be of mutual interest.

#### **Section 5. Executive Committee**

- 5.1** The executive committee shall be comprised of at least three members, including the council chairperson, vice-chairperson and secretary. The immediate past chairperson of the council may also be invited by the council chairperson to be a member of the executive committee.
- 5.2** The executive committee will have the following responsibilities:
  - a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.
  - b. Meet at the request of the chairperson as needed;

- c. Provide for an annual review of the by-laws;
- d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and
- e. Other duties designated by the council.

### **5.3 Rapid Response**

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

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

## **ARTICLE V**

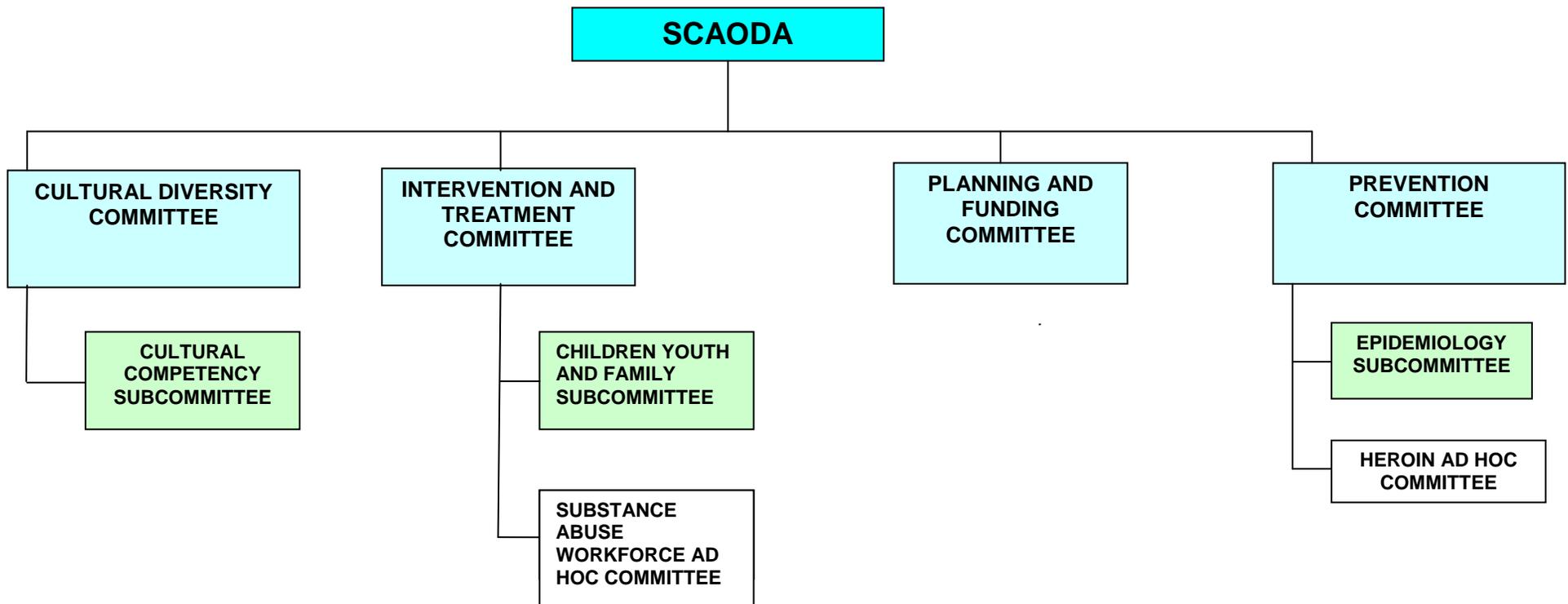
### **Amendments**

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

# SCAODA Organization Chart

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



**Functions**

