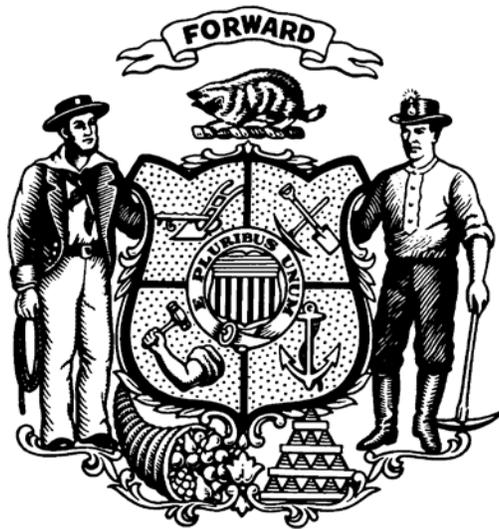


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



June 07, 2013  
MEETING

**Michael Waupoose**  
Chairperson

**SCOTT WALKER**  
Governor

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# State Council on Alcohol and Other Drug Abuse (SCAODA) Strategic Plan Goals: July 2010 – June 2014

## PRIMARY OUTCOME GOAL AND MEASURE:

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

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

## SCAODA GOALS:

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

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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.

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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 2013 Meeting Dates

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

**All meetings will be from 9:30am to 3:30pm and will be in Room A3151**

*The meeting dates are:*

*March 1, 2013*

*June 7, 2013*

*September 13, 2013*

*December 13, 2013*



# SCAODA 2014 Meeting Dates

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

**All meetings will be from 9:30am to 3:30pm and will be in Room A3151**

*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 13, 2013  
MEETING AGENDA

9:30 a.m. – 3:30 p.m.

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

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](mailto:kristina.moelter@wisconsin.gov) to advise 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  
• Kris Moelter, Lead Staff for SCAODA

9:35 a.m. II. Elections – Joyce O’Donnell

9:40 a.m. III. Recognitions – Chairperson  
• Montana Connell  
• Arlene Baker  
• Nina Emerson  
• Rebecca Wigg-Ninham

9:45 a.m. IV. Review / Approval of June 7, 2013 Minutes – Chairperson....pp. 20 – 27

9:55 a.m. V. Public Input (maximum 5 minutes per person) – Chairperson

10:10 a.m. VI. Committee Reports

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

- Executive Committee Report – Chairperson....pp. 28 – 39
  - Executive committee meeting update
  - Governor’s Office appointments
    - Joyce O’Donnell....pp. 31
    - Mary Rasmussen....pp. 32
    - Scott Stokes....pp. 33
  - Four-year strategic plan....pp. 34 – 36
  - Cover letter for 911Good Samaritan Report....pp. 37

- Cover letter for SBIRT Report....pp. 38
- Letter to Governor Walker regarding SCAODA's endorsement of the Burden of Excessive Alcohol Use Report and recommendation for legislation supporting the reduction of the burden of excessive alcohol consumption in the state....pp. 39
- Diversity Committee – Tina Virgil and Raymond Perez....pp. 40 – 48
  - Annual Report....pp. 44 – 46
  - Website Demo
  - Motion: The Cultural Diversity Committee requests the State Council on Alcohol and Other Drug Abuse initiate an executive review of current Council membership as established under State Statute section 14.017(2) and propose appropriate revisions to assure that all State Departments with an interest in substance abuse prevention, treatment or recovery services are represented as voting members of the Council....pp. 47
  - Motion: The Cultural Diversity Committee moves that the State Council on Alcohol and Other Drug Abuse request the Department of Health Services consider options to to implement for implementation of the Minority Training Project.....pp. 48
- Intervention & Treatment Committee – Norm Briggs and Roger Frings....pp. 49 – 66
  - Annual Report....pp. 62 – 65
  - Motion: The Intervention and Treatment Committee requests that SCAODA send a letter to the Department of Safety and Professional Services (DSPS) requesting a workgroup be convened to explore the implications of changes in the educational levels for substance abuse counselors. This is a pressing issue as DSPS has already reached out to ITC, and it is vital we have a voice in any potential changes. We further recommend there be representation from the following stakeholders included in the work group: credential holders, consumers, representatives from each SCOADA standing committee, and tribal nations....pp. 66
- Planning and Funding Committee – Joyce O'Donnell .... pp. 67 – 82
  - Annual Report....pp. 75 – 77
  - Motion: Duncan Shroul moved that SCAODA formally recognize Nina Emerson at the September meeting. Seconded by Tom Fuchs....pp. 78
  - Motion: That SCAODA support a legislative study to do a comprehensive review of the OWI laws, penalties and treatment services in Wisconsin....pp. 79
  - Motion: The Planning and Funding Committee requests that SCAODA send a letter to the Secretary of the Department of

Health Services recommending that the Department budget for increased costs to continue for the re-applications of provider agencies with contracts with the Department. The amount of the increase should be based on the Consumer Price Index or other standard, recognized measure....pp. 80

- Motion: The Planning and Funding Committee requests SCAODA recommend to the Department of Health Services that any organization performing at a high level vis a vis the contract deliverables should be additionally rewarded up to 5% of the current contract....pp. 81
- Motion: SCAODA's executive committee work with the Governor's Office, legislature, and the Department of Health Services Secretary's Office to pursue implementation of the position SCAODA took in 2008 requesting its legislative members introduce legislation increasing the number of statutory members from 22 to 27....pp. 82
- Prevention Committee – Scott Stokes....pp. 83 – 93
  - Annual Report....pp. 89 – 93

- 12:00 p.m. VII. ● Lunch
- 12:30 p.m. VIII. ● State Agency Reports
  - DHS
  - DOR
- 1:00 p.m. IX. ● Review of the By-Laws – Scott Stokes....pp. 94 – 108
- 1:15 p.m. X. ● Wisconsin Voices of Recovery – Flo Hillard
- 2:00 p.m. XI. ● Beyond the Numbers: One Man’s Story (Video) – Nina Emerson
- 2:45 p.m. XII. Agenda Items for December 13, 2013 Meeting
- 3:00 p.m. XIII. Announcements – Joyce Allen and Lou Oppor
  - Block Grant Allocation Update
- 3:15 p.m. XIV. ● Adjourn - Chairperson

**2013 Meeting Dates**  
~~March 1, 2013~~  
~~June 7, 2013~~  
 September 13, 2013  
 December 13, 2013

**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 1, 2013

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center  
6000 American Parkway Madison, WI 53783  
Room A3141

Members Present: Sonya Sidky, Kevin Moore, Steve Fernan, Norman Briggs, Joyce O'Donnell, Tina Virgil, Michael Waupoose, Rebecca Wigg-Ninham, Mary Rasmussen, Duncan Shrout, Craig Harper and Scott Stokes

Members Excused: Sue Shemanski

Members Absent: Sandy Pasch, Sandy Hardie, Douglas Englebert, Charlotte Rasmussen

Ex-Officio Members Present: Matthew Sweeney, Randy Glysch, Katie Bland for Judie Hermann, Anne Hoffman

Ex- Officio Members Excused:

Ex- Officio Members Absent: Linda Preysz, Colleen Baird, Thomas Heffron, Robert B Williams, Raymond Perez, Ray Luick, Don Pirozzoli

Staff: Joyce Allen, Lou Oppor, Tanya Hiser, Faith Boersma, Pat Cork, Arlene Baker, Christy Niemuth, Bernestine Jeffers, Sarah Norberg, Ashleah Bennett, Mike, Quirke

Guests: Steven Dakai, Tammy Molter, Dave MacMaster, Tondra Davis, Paul Krupski, Christine Ullstrup, Denise Johnson, Nina Emerson, Tish Minor, Todd Campbell

**I. Introductions/ Welcome/ Pledge of Allegiance/Announcement Noise Level – Michael Waupoose**

Michael Waupoose welcomed the group. Members, staff and guests introduced themselves. The group recited the Pledge of Allegiance. Mr. Waupoose reminded everyone to avoid talking amongst themselves during the meeting. It makes it difficult to hear and difficult for the interpreters to follow.

## **II. Review/Approval of December 14, 2012 Minutes—Michael Waupoose**

Mr. Waupoose asked for any changes, corrections or additions to the minutes. Hearing none, **Joyce O'Donnell made a motion to approve the minutes of December 14, 2012. The motion was seconded by Duncan Shrout. The motion was approved unanimously.**

## **III. Public Input—Michael Waupoose**

Mr. Waupoose asked if anyone wanted to offer public input, hearing none Mr. Waupoose continued with the next agenda item.

## **IV. Committee Reports:**

- **Executive Committee—Michael Waupoose**

Michael Waupoose reported that based on motions made at the last meeting, letters were sent the Secretary of Department of Transportation and the Secretary of Department of Public Instructions. A letter went to Governor Walker regarding the Planning and Funding committee's approved motion to support the Department of Public Instruction in retaining the \$1.8 million penalty surplus revenue. A letter was sent to Senator Scott Fitzgerald asking his assistance with filling the Senate Majority vacancy and a letter was sent to Senator Chris Larson asking his assistance with filling the Senate Minority vacancy. Duncan Shrout reported Senator Tim Carpenter has volunteered to fill the vacancy for Senate Minority. Senator Tim Carpenter will be appointed to the State Council soon and hopefully attend the June meeting for the State Council on Alcohol and Other Drug Abuse (SCAODA). Mr. Waupoose thanked Mr. Shrout for all his hard work in filling the vacancies of Senate Majority and Senate Minority.

- **Diversity Committee—Rebecca Wigg-Ninham and Sandy Hardie**

Rebecca Wigg-Ninham reported the Diversity Committee Co-Chair Sandy Hardie has stepped down as Co-chair and Tina Virgil has stepped up to fill that position. Ms. Wigg-Ninham reported the Diversity Committee was working on updating their website and Tina Virgil has a student willing to work with them on that. Ms. Wigg-Ninham explained it is the hope of the Diversity Committee that the website update will help in their efforts to attract more diversity in the workforce and the website will hopefully attract the younger generation who spend much of their time working with social media. Ms. Wigg-Ninham reported Diversity Committee had met with Thai Vue to talk about Alcohol and Other Drug Abuse (AODA) issues within the Hmong community. The Committee plans to work with Thai Vue on a way to make treatment accessible and social acceptable within the community. Ms. Wigg-Ninham reported the Diversity Committee is continuing to look for new members. The Committee is

looking to host a public forum soon at a diverse site and hopes that they can get input from the Asian community.

- **Intervention and Treatment Committee (ITC)—Norm Briggs**

Mr. Briggs reported the Intervention and Treatment Committee addresses the Committee's strategic objectives at each meeting to make sure they are still fulfilling them. The Children, Youth and Families subcommittee has been extremely active. They are attempting to undertake a survey of the adolescent treatment services within the state. Mr. Briggs reported the Intervention and Treatment Committee receives an update from WinTip project at every meeting. At the January meeting for the Intervention & Treatment Committee, they had a presentation from Tanya Hiser, the State Opioid Authority. Mr. Briggs reported there is a rise in the number of people under the age of 18 seeking treatment for opioid addiction. There is a pilot program to help those ages 17 and under find treatment, since the methadone clinics are for adults. Mr. Brigg also reported they had a presentation from MOSES, the Madison chapter of WISDOM, on the 11 x 15 initiative. In light of the February presentation, The Intervention and Treatment Committee had one motion but would like to defer the motion until after today's presentation from Wisdom. Mr. Briggs reported the Committee is looking for new members.

- **Planning and Funding—Joyce O'Donnell**

Joyce O'Donnell started by thanking Joyce Allen and Lou Oppor for their work on the Block grant. Ms. O'Donnell reported Health First WI was planning to release their Alcohol Burden on the State of Wisconsin Report soon which, broke down the data by counties. This will help in addressing the concern county by county. Ms. O'Donnell reported the Planning & Funding Committee also had a motion pertaining to WISDOM 11x 15 and would be deferring their motion until after today's presentation from WISDOM. The Planning & Funding Committee has been working on a number of activities including SBIRT grant and the Need Assessment.

**Ms. O'Donnell made the following motion on behalf of P&F:**

**In recognition of the request from Health First Wisconsin, P&F recommends that SCAODA convey the 10 priorities it adopted and recommended to the governor in 2012 as funding priorities in the event of additional funding from a future increase in the alcohol tax. Duncan Shrout seconded the motion. Michael Waupoose asked for discussion but there was none. Mr. Waupoose called for a vote. There were four abstentions (Sidky, Moore, Frings, and Virgil); and the rest in favor. The motion was passed.**

The Planning & Funding Committee would like the State Council on Alcohol and Other Drug Abuse (SCAODA) to be on record that we oppose the Assembly Bill 3 (AB3) which, excludes veterinarians from to being a part of the prescription drug

monitoring program. Ms. O'Donnell explained the Planning & Funding Committee knows that they have held public forums on the issue.

**Ms. O'Donnell made the following motion on behalf of P&F:**

**To oppose AB3 exempting Wisconsin veterinarians from reporting to the Prescription Drug Monitoring Program (PDMP). Duncan ShROUT seconded the motion.** Michael Waupoose asked for discussion: Kevin Moore explained Assembly Bill 3 had literally no opposition from either house and was co-sponsored. Out of 132 legislators, no one voted no. Duncan ShROUT explained that he believed it was the duty of the State Council to oppose Assembly Bill 3. Mr. ShROUT stated we should require any dispenser of controlled substances in Wisconsin to fess up and use the reporting system that will be implemented. Failure to recommend that would be a dereliction of our duty as the State Council on Alcohol and Other Drug Abuse. Michael Waupoose asked for any further discussion. Hearing none, he called for the vote. **There were five abstentions (Sidky, Harper, Moore, Frings, and Virgil); and the rest in favor. The motion was passed.**

Ms. O'Donnell reported the rest of the motion would be deferred until after the presentations. In addition, Ms. O'Donnell reported there was an article on Arizona wrap-around services citing the Milwaukee model. Ms. O'Donnell stated she believes this is a real credit to Milwaukee and the State Department of Health Services. Scott Stokes asked about the press release stating there would be a cut of 1.4 million to Wisconsin's federal funding. Joyce Allen explained the Department of Health Services didn't know much more than that at this time. Ms. Allen stated there was no official notice from the State's Federal funding agency, SAMHSA. It is estimated though that in the first year there will be a five percent cut in the block grant funding and perhaps a nine percent cut in the second year.

- **Prevention Committee—Scott Stokes**

Scott Stokes reported the Prevention committee had no motions for the Council. Mr. Stokes gave the following highlights from the committee's current work: The 911 Good Samaritan Ad-Hoc Subcommittee report will be completed by March 11<sup>th</sup> and the subcommittee will present the report at the June meeting for SCAODA; SPF-PFS II grant will affect eight counties and one tribe and there were two addition tribe covered by the Forest County grant; The Prevention Committee had a presentation from Lou Oppor on the 2012 Epidemiological Study; The State will be running the Parents Who Host campaign again this year; The Marijuana Ad-Hoc committee will begin upon completion of the 911 Good Samaritan Ad-Hoc Committee. Mr. Stokes reported they were still looking for members for the Marijuana Ad-Hoc Committee and the next meeting would be on April 18<sup>th</sup>. Rebecca Wigg-Ninham inquired which tribes would the grant focus on. Christy Niemuth answered that it would focus on the Menomonee Tribe, who would be directly funded by the SPF-PFS II grant and the Potawatomi and Sokaogon would be funded by a grant through Forest County.

- **Michael Waupoose thanked the committee Chairs for all their hard work.**

#### **V. Report on 2012 Epidemiological Study – Lou Oppor**

The Wisconsin Department of Health Services remains strongly committed to moving toward need-based funding of services through improved data collection and analysis. One important aspect of prevention services is the ability to track the needs of communities through epidemiological factors. Based on identified needs, resources can be allocated to address the problem using evidence-based practices.

Like its 2010 counterpart, Wisconsin's *2012 Epidemiological Profile on Alcohol and Other Drug Use* presents data on the use and abuse of alcohol and other substances in Wisconsin and the resulting consequences. This edition of the Profile again includes data at the county level, to make it more useful in understanding and addressing substance abuse problems in Wisconsin communities. This 2012 report also includes a new section, "Community and Individual Risk Factors," providing data factors that increase the risk of unsafe alcohol use and/or the illicit use of drugs.

For a copy of the Wisconsin's *2012 Epidemiological Profile on Alcohol and Other Drug Use*, visit: <http://www.dhs.wisconsin.gov/stats/aoda.htm> .

#### **VI. State Agency Report**

Steven Fernan, Department of Public Instruction, thanked the State Council on Alcohol and Other Drug Abuse for their letter of support drafted from the December 14<sup>th</sup> motion. Mr. Fernan informed the Council that the Governor had found a way to leave the funds intact. Matthew Sweeney, Department of Revenue, reported on the State Excise Tax Revenue. Kevin Moore, Department of Health Services (DHS), reported the Secretary of DHS is has resigned and Kitty Rhodes, the current Deputy Secretary, would be stepping into the position. Mr. Moore thanked the State Council for sitting down with the Governor. The communication has led to provisions in the budget for Alcohol and Other Drug Abuse services.

#### **VII. Needs Assessment – Mike Quirke**

The needs assessment has been completed, and mental health and substance abuse needs have been identified. In an effort to determine which of the needs were of highest priority, various subject matter experts completed rating sheets for each one. The Bureau combined the ratings and then organized the needs by their overall level of priority. The prioritized list served as a tool for the Bureau in determining which needs to include in the Block Grant Application. Also included on the application are a few required priorities which are determined by the federal government. Goals for how to meet the needs have been established and will be reviewed by the DHS Secretary's office.

For a copy of the Needs Assessment, visit the State Council website at:  
<http://scaoda.state.wi.us/presentations.htm> .

### **VIII. Substance Abuse/Mental Health Block Grant – Joyce Allen**

Federal law requires that each state submit an annual application for their allocation of Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Community Mental Health Block Grant (MHBG) funds. This year is the first year that Wisconsin will be filing a combined SAPTBG and MHBG application for FFYs 2014-2016. The combined application is due to the Substance Abuse and Mental Health Services Administration (SAMHSA) on April 1, 2013. SAMHSA has instructed the Division of Mental Health and Substance Abuse Services to assume the same level of funding in FFY 2014 as Wisconsin's final allocation is expected to receive in FFY 2013 (the FFY 13 Budget is still not final) , that amount for the SAPTBG is **\$27,880,736**. The amount for the FFY 2014 for the MHBG is projected to be **\$6,995,270**. This reflects a \$1,020,641 reduction in MHBG from the final FFY 2012 allocation due to the expected redistribution among states due to the periodic application of formula factors.

The Block Grant Application is still open for comment. For a copy of the 2014-2015 Combined Application for the Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Block Grants: Executive Summary for Comment, visit the State Council website at:  
<http://scaoda.state.wi.us/presentations.htm> .

### **IX. Public Forum**

Michael Waupoose asked for anyone who would like to speak on the Needs Assessment or the Substance Abuse/Mental Health Block Grant. No one had comments so the forum was closed.

### **X. Additional Planning and Funding Motions**

**Joyce O'Donnell made the following motion on behalf of Planning & Funding:**

**To request that SCAODA recommends to DHS to fund women's services through the block grant in proportion to the prevalence of women seeking services. Duncan ShROUT seconded the motion.** Michael Waupoose asked for discussion. Ms. O'Donnell explained there are a number of women that are in need of services and, though Wisconsin is at 10% allocation of funds to women services, there should be additional funds provided. Steven Fernan inquired if there is a certain amount that was federally required for funding allocation. Joyce Allen explained there was a five percent requirement for women and children and another 20 percent required for prevention. Norman Briggs believes that we should allocate the funds in a manner that we know will be effective and efficient and that would be funding more

women specific treatment programs. Mr. Waupoose pointed out that women wouldn't always use women specific services and if we give more funds to women specific treatment programs, the other programs would lose money and those women would lose benefits of those program. Mr. Briggs stated we need to ensure there is accessibility statewide. **Mr. Waupoose called for a vote. There were four abstentions (Sidky, Moore, Wigg-Ninham, and Virgil); and the rest in favor. The motion was passed.**

**Ms. O'Donnell made the following motion on behalf of Planning & Funding:**

**To support the Department's "2014-2015 Combined Application for the Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Block Grants: Executive Summary for Comment". Duncan Shroul seconded the motion.** Michael Waupoose asked for discussion but there was none. **Mr. Waupoose called for a vote. All were in favor. The motion was passed.**

## **XI. Presentations**

- **Report from Department of Public Instruction (DPI) on Usage of Surcharge Dollars – Steve Fernan and Dr. Randy Thiel (DPI)**

Steve Fernan and Dr. Randy Thiel from the Department of Public Instruction (DPI) presented information on how DPI uses the \$193,373.70 of allocated funds received from the 40% of the Driver Improvement Surcharge collected from each conviction of Operating While Intoxicated (OWI).

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **Report from Department of Transportation(DOT) Updated on Usage of Surcharge Dollars –Major Sandra Huxtable, Director of Transportation Safety, Division of State Patrol and Sonya Sidky, Alcohol Program Manager, Division of State Patrol (DOT)**

Major Sandra Huxtable and Sonya Sidky from the Department of Transportation (DOT) presented information on how DOT uses the \$1557980.11 of allocated funds received from the 40% of the Driver Improvement Surcharge collected from each conviction of Operating While Intoxicated (OWI).

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **Wisdom 11 x 15 – David Liners, WISDOM State Director**

Wisdom is a statewide, interfaith network that brings congregations together to work on improving social justice issues. The 11x15 campaign is an effort to

motivate Wisconsin to reduce over-population in prisons by using alternative sanctions to decreasing the number of incarcerated individuals to 11,000 by the end of 2015. Many prison inmates are low risk offenders that are suffering from mental health issues or addiction. The idea behind the Wisdom campaign is mental health and addiction should be seen as public health issues and not a reason to punish people. For more information, please visit the WISDOM website at: <http://prayforjusticeinwi.org/>.

The video of the presentation can be found online at:  
<http://scaoda.state.wi.us/presentations.htm>.

## **XII. Additional Committee Motions**

**Joyce O'Donnell made the following motion on behalf of Planning & Funding:**

**The Planning and Funding Committee requests SCAODA endorse Wisdom's 11x15 campaign. Duncan Shrout seconded the motion.** Michael Waupoose asked for discussion. Rebecca Wigg-Ninham requested an amendment for the motion to include “evidence based treatment. **Mr. Waupoose called for a vote. There was one abstention (Virgil); and the rest in favor. The motion was passed.**

**Norman Briggs made the following motion on behalf of Intervention and Treatment Committee:**

**The Intervention and Treatment Committee requests that SCAODA support the concept of reducing the prison population by the use of alternative sanctions which may include, but are not limited to, the Wisdom 11x15 initiative. Duncan Shrout seconded the motion.** Michael Waupoose asked for discussion. Rebecca Wigg-Ninham requested an amendment for the motion to include “evidence based treatment”. **Mr. Waupoose called for a vote. All were in favor. The motion was passed.**

## **XIII. Agenda Items from the March 1<sup>st</sup> Meeting**

Michael Waupoose summarized agenda items for the June 7<sup>th</sup> meeting. They were:

- Good Samaritan Ad-Hoc Committee Report
- Update on the Affordable Care Act
- Medical Homes Presentation
- SBIRT Subcommittee Update
- Presentation from Thai Vue on Alcohol and Other Drug Abuse issues in the Southeast Asian community.

#### **XIV. Announcements—Joyce Allen, Michael Waupoose**

- Joyce Allen reported the Governor's Mental Health Proposal included \$12.57 million to fund the forensic admission units at Mendota Mental Health Institute to reduce the waiting list of patients in jail; Funding to expand our in-home counseling services which allows children to receive in-home outpatient counseling; the expansion of the Coordinated Services Teams which would add 3.75 million. The Coordinated Service Teams are wraparound programs for participants with two or more services; to develop a Peer Respite program. Kevin Moore informed the State Council of the formation of the Office of Children's Mental Health which would be housed at Department of Health Services. The office would work with all state agencies to help coordinate mental health services.
- Michael Waupoose reported Kevin Moore was just appointed Deputy Secretary at the Department of Health Service. In addition, Mr. Waupoose advised Duncan Shrouf would be leading the June State Council on Alcohol and Other Drug Abuse (SCAODA) meeting since he will be unable to attend.

#### **XV. Adjournment – Michael Waupoose**

A motion was made to adjourn the meeting. The motion was seconded. The meeting adjourned. The next State Council on Alcohol and Other Drugs (SCAODA) meeting is scheduled for June 7<sup>th</sup>, 2013 from 9:30 am to 3:30 pm in room A3151.

2013 SCAODA Meeting Dates:

~~March 1, 2013~~

June 7, 2013

September 13, 2013

December 13, 2013



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 7, 2013

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center  
6000 American Parkway Madison, WI 53783  
Room A3141

Members Present: Kevin Moore, Sandie Hardie, Roger Frings, Norman Briggs, Joyce O'Donnell, Tina Virgil, Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Scott Stokes, Michael Waupoose, Doug White for Steve Fernan

Members Excused: Rebecca Wigg-Ninham

Members Absent: Randy Romanski, Dennis Baskin, Sandy Pasch, Garey Bies, Tim Carpenter, Douglas Englebert

Ex-Officio Members Present: Ray Luick, Matthew Sweeney, Anne Hoffman, Raymond Perez

Ex-Officio Members Excused:

Ex-Officio Members Absent:

Staff: Joyce Allen, Lou Oppor, Tanya Hiser, Faith Boersma, Pat Cork, Lila Schmidt, Arlene Baker, Christy Niemuth, Sarah Norberg, Ashleah Bennett, Raina Zwadzich, and Donna Riemer

Guests: Denise Johnson, David "Mac" MacMasters, Paul Krupski, Bill McCulley, Lara Skye Tikkanen, Katie Gruber, Christie Ullstrup, Kathy Geijer, Penny Black

**I. Introductions/ Welcome/ Pledge of Allegiance/Announcement Noise Level – Michael Waupoose**

Michael Waupoose welcomed the group. Members, staff and guests introduced themselves. The group recited the Pledge of Allegiance. Mr. Waupoose reminded everyone to avoid talking amongst themselves during the meeting. It makes it difficult to hear and difficult for the interpreters to follow.

## **II. Review/Approval of March 1, 2013 Minutes—Michael Waupoose**

Mr. Waupoose asked for any changes, corrections or additions to the minutes. Hearing none, **Joyce O'Donnell made a motion to approve the minutes of March 1, 2013. The motion was seconded by Norman Briggs. The motion was approved unanimously.**

## **III. Public Input—Michael Waupoose**

Mr. Waupoose asked if anyone wanted to offer public input, hearing none Mr. Waupoose continued with the next agenda item.

## **IV. Committee Reports:**

### **• Executive Committee—Michael Waupoose**

Michael Waupoose reported the executive committees of the State Council on Alcohol and Other Drug Abuse (SCAODA) and the Wisconsin Council on Mental Health (WCMH) had recently had a joint meeting. The Committees had a few recommendations including: Explore how the two councils might be integrated into a “behavioral health council” over the long term, identify issues that cut across the scope of both councils and make decisions about how these might best be addressed in a coordinated fashion by the two councils, and explore how to enhance the current level of cross-population of membership on the two Councils and their committees. Mr. Waupoose stated the merging of the two councils would be very complicated and would present legislative challenges. He requested the Planning and Funding Committee look at the recommendations from the joint Council meeting, come up with thoughts on them and bring them to the next meeting. Mr. Waupoose advised the September SCAODA meeting would include election and he was looking for volunteers to staff the Nomination Committee. Joyce O'Donnell volunteered to chair the Committee and Tina Virgil and Sandy Hardie would agree to also sit on the Committee. Mr. Waupoose reported Joyce O'Donnell, Scott Stokes and Mary Rasmussen's appointments are up at the end of the month and they were all interested in being reappointed. The Governor's Office is working on the positions and we have asked for them to be reappointed. Mr. Waupoose informed the Council Rebecca Wigg-Ninham has accepted a position with the Department of Health Service and has chosen to give up her seat on the Council. The Governor's office is working on appointing a new member from the Criminal Justice Coordination Committee. Also with Ms. Wigg-Ninham's departure, there is a vacant chair position open on the Diversity Committee.

### **• Prevention Committee—Scott Stokes**

Scott Stokes reported the 911 Good Samaritan Ad-Hoc Committee was formed after the finish of the Prescription Drug Workgroup finish. They had many good people who formed the 911 Good Samaritan Ad-Hoc Committee and worked hard to complete the report.

**Mr. Stokes made the following motion: “Endorse the 911 Good Samaritan Recommendation Report (with appropriate edits) and approve for dissemination” Mr. ShROUT seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There was one abstention (Pat Cork for Kevin Moore); and the rest were in favor. The motion passed.**

Mr. Stokes updated the council on the following: The partnership grantees that include eight counties and Menominee tribe is up and running. They will be working on strategies for reduce prescription drug availability and proper disposables; The Prevention Committee will be hosting a public forum at the September Prevention Conference; There is a substance abuse specialist training in Wisconsin Dells, WI on June 25-28; and the Prevention Committee has had two Ad-Hoc committees now that have stressed the need for a heroin Ad-Hoc committee.

**Mr. Stokes made the following motion: “To table the creation of a Marijuana Prevention Ad-hoc Committee in order to form a Heroin Prevention and Treatment Ad-hoc Committee that would develop a recommendation report and a public health response to issues related to heroin use” Mr. ShROUT seconded the motion.** Michael Waupoose called for a discussion. Joyce O’Donnell voiced concern over the idea of tabling the Marijuana Ad-Hoc Committee. She worried the issue of a Marijuana Ad-hoc Committee to just get lost. A question was asked if they could combine the Marijuana and Heroin in to one Ad-Hoc Committee. The reply was no they would rather focus on one at a time. Mr. Waupoose called for further discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Mr. Stokes made the following motion: “As a Committee we endorse the Burden of Excessive Alcohol Use Report and recommend that SCAODA write a letter to the Governor and State Legislature supporting legislation that will reduce the burden of excessive alcohol consumption in the state” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed**

- **Diversity Committee—Tina Virgil**

Tina Virgil reported there was no updated from the Diversity Committee. Ms. Virgil stated that the Committee was planning to meet soon and that if someone wants to fill the co-chair position, to simply reach out. Raymond Perez volunteered to co-chair the Diversity Committee.

- **Intervention and Treatment Committee (ITC)—Norm Briggs**

Mr. Briggs reported the Comprehensive, Continuous, Integrated Systems of Care (CCISC) will be taking place in Dane County. They are also working on establishing

CCISC in Milwaukee County. Mr. Briggs informed the Council that Francine Feinberg has resigned from the Intervention and Treatment Committee. He stated that they finally have a representative from the Department of Children and Families to seat on the Committee.

**Mr. Briggs made the following motion: “The Intervention and Treatment Committee requests that the State Council on Alcohol and Other Drug Abuse (SCAODA) support the Screening, Brief Intervention, and Referral to Treatment (SBIRT) practice” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

- **Planning and Funding—Joyce O’Donnell**

Joyce O’Donnell reported the Planning and Funding will continue to look at biomarkers and their use in identifying alcohol and other drug use. They are planning inviting an expert to provide information on this field of study and report back to the Council in September.

**Duncan ShROUT made the following motion: “that SCAODA accept the SBIRT Subcommittee Report dated May 1, 2013.” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Mr. ShROUT then made the following motion: “that SCAODA forward the accepted SBIRT Subcommittee Report to the Wisconsin Council on Mental Health and the Wisconsin Council on Public Health for their information and further action.” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Mr. ShROUT then made the following motion: “that SCAODA forward the accepted SBIRT Subcommittee Report to the Majority and Minority Leadership of the Wisconsin Senate and Assembly for their information and further action.” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Mr. ShROUT then made the following motion: “that SCAODA forward the accepted SBIRT Subcommittee Report to Governor Scott Walker for his information and further action.” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Ms. O'Donnell made the following motion: "That SCAODA requests the Department consider the priority recommendations from the Ad Hoc Needs Assessment Committee report if budget reductions are necessary due to any future cuts to the substance abuse block grant." Mr. ShROUT seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were two abstentions (Moore and Virgil); and the rest were in favor. The motion passed.**

**Ms. O'Donnell made the following motion: "That SCAODA endorse the full "Burden of Excessive Alcohol Use in Wisconsin" report and the goals of Health First Wisconsin which include limiting the consumption of alcohol in bars and restaurants to persons 21 and older, increasing alcohol taxes and legalizing sobriety check points." Mr. ShROUT seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all "ayes" and no one in opposition or abstaining. The motion passed.**

- **Michael Waupoose thanked the committee Chairs for all their hard work.**

## **V. State Agency Report**

- **Department of Public Instruction – Doug White**  
Doug White reported the Department of Public Instruction (DPI) just finished Wisconsin Youth Risk Behavior Survey. It is significant because it is the only statewide survey looked at for youth substance abuse and risk behaviors. They would be able to present the information to the Council later this winter, if interested. DPI is also looking at repeating a survey of parent's attitudes regarding teen alcohol abuse.
- **Department of Revenue – Matthew Sweeney**  
Matthew Sweeney gave a report on the excise tax collection.
- **Office of Justice Assistance – Ray Luick**  
Ray Luick reported Office of Justice Assistance will become part of Department of Justice very soon. Mr. Luick also reported there was an additional one million dollar expansion of Treatment Alternatives and Diversion programs and an additional half a million dollars for the expansion of drug courts in the budget.
- **Department of Veteran's Affairs – Michael Waupoose**  
Michael Waupoose reported on the video "Free the Mind" in which Professor Richard Davidson worked with return veterans to lessen PTSD through meditation and yoga.

## **VI. Presentations**

- **Report on Governor Walker's Entitlement Reform & Patient Protection And Affordable Care Act (PPACA) – Kevin Moore, Deputy Secretary, Department of Health Services**

Kevin Moore presented on the following topics related to the Governor Walker's Entitlement Reform & Patient Protection and Affordable Care Act (PPACA):

- Governor's Entitlement Reforms
- PPACA Provision Background
- BadgerCare Plus Reforms
- BadgerCare Plus & Marketplace Estimated Enrollment
- What is ahead

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **Good Samaritan Ad-Hoc Presentation – Skye Tikkanen, Connections Counseling**

There is growing evidence that drug overdose deaths are increasing nationally and in Wisconsin. The increasing number of deaths caused by heroin and opiates, prescription drugs like OxyContin®, Vicodin® and morphine, is a major concern. Poisoning deaths have surpassed vehicle crashes as the number one cause of accidental death in Dane County, and two-thirds of these poisoning deaths are drug overdoses. In recognition of this growing problem, the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) established the 911 Good Samaritan Ad-hoc Committee in January 2012. The Ad-hoc Committee was charged with researching and discussing the incidence of opiate overdoses in Wisconsin and 911 Good Samaritan Laws as a tool to reduce fatal overdoses. The Ad-hoc Committee will report out on their findings and develop recommendations to SCAODA for possible legislation as it relates to overdose prevention.

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **SBIRT Presentation – Scott Caldwell, Division of Mental Health and Substance Abuse Services, Department of Health Services**

The SBIRT Ad Hoc Committee was created in 2012 to explore the continued implementation and financing of Wisconsin's nascent SBIRT program. Most of the Ad Hoc Committee's deliberations centered on the question: What would need to happen if SBIRT were to achieve large-scale implementation? This report summarizes the Ad Hoc Committee's findings in terms of systems and settings in which SBIRT could be delivered, provider implementation factors, behavioral targets of services, workforce training and development, financing, and drivers of demand. The picture that emerged is that health care is the system best suited for large-scale implementation and that SBIRT should address a broader range of risk behaviors and conditions beyond just alcohol and drug use, and that these services should ideally be delivered by well-trained paraprofessionals hired for the sole purpose of delivering SBIRT. Recommendations by the SBIRT Ad Hoc

Committee include: 1) increasing coordination of implementation activities, 2) creating incentives for providers to take up and deliver services, 3) encouraging purchasers to have SBIRT covered in health plans, 4) adjusting reimbursement policies to maximize effectiveness, and 5) disseminating the findings of this report to other State Councils.

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **Integrated Care Delivery in Medical Assistance – Joyce Allen, Division of Mental Health and Substance Abuse Services, Sean Gartley, Division of Health Care Access and Accountability, Department of Health Services**

Integrated care is a comprehensive team-based health care, meeting physical, mental health and substance care needs; Care includes prevention and wellness as well as acute and chronic care management; and Care provided is person-centered, recovery-oriented, trauma informed, evidence-based and culturally competent.

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- ***Burden of Excessive Alcohol Use in Wisconsin* report - Maureen Busalacchi, Executive Director, and Paul Krupski, Alcohol Policy & Grassroots Specialist, Health First Wisconsin and Penny Black, Assistant Researcher, UW Population Health Institute**

The purpose of this report is to present estimates of the economic cost of excessive alcohol consumption in Wisconsin and its impact on the state. It is our hope that these estimates will be used to more fully assess the public health impact of excessive drinking and inform discussions of public policy.

Excessive alcohol consumption in Wisconsin is a public health problem that affects every man, woman, and child living in the state. This study estimates the economic costs of excessive alcohol consumption in Wisconsin using a national study of the estimated economic cost of excessive alcohol consumption in the United States and Wisconsin's proportion of binge drinkers. Data from the national study, conducted in 2006 and published in 2011, was adjusted to 2012 dollars. The estimated cost of excessive alcohol consumption in Wisconsin was \$6.8 billion in 2012. This cost is borne by everyone in the state, not just the drinkers themselves. Revenue generated by current alcohol taxes covers less than 1% of the total economic cost.

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **UW Law School Position Cuts – Major Sandra Huxtable, Director of Transportation Safety, Division of State Patrol, and Zachary Wyatt, Department of Transportation**

Major Sandra Huxtable from the Department of Transportation (DOT) along with Zachary Wyatt presented information on how DOT is going to handle the University of Wisconsin Law School position cuts.

The video of the presentation can be found online at:  
<http://scaoda.state.wi.us/presentations.htm> .

## **VII. Agenda Items from the March 1<sup>st</sup> Meeting**

Michael Waupoose summarized agenda items for the June 7<sup>th</sup> meeting. They were:

- **Thai Vue**
- **Elections**
- **Annual Reports**
- **An Update on Governor Walker’s Entitlement Reform & Patient Protection And Affordable Care Act (PPACA) from Kevin Moore**

## **VIII. Announcements—Joyce Allen, Michael Waupoose**

- The Committees’ annual report will be sent out after the meeting in preparation for the September meeting.
- Tina Virgil reported the Attorney General has identified \$125,000 in a discretionary budget to be used for grant funds to help with the heroin epidemic. They posted the information in May and are looking forward to reviewing and awarding applicants in the upcoming months.

## **IX. Adjournment – Michael Waupoose**

A motion was made to adjourn the meeting. The motion was seconded. The meeting adjourned. The next State Council on Alcohol and Other Drugs (SCAODA) meeting is scheduled for September 13, 2013 from 9:30 am to 3:30 pm in room A3151.

2013 SCAODA Meeting Dates:

~~March 1, 2013~~  
~~June 7, 2013~~  
 September 13, 2013  
 December 13, 2013

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  
Wednesday, August 14, 2013  
2 p.m.**

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

**DHS staff present:** Kris Moelter, Lou Oppor

Chairperson Waupoose called the meeting to order at 2:05 p.m.

**2014 SCAODA meetings**

The committee discussed the location of the 2014 SCAODA meetings. Currently meetings are held at the American Family Center in Madison, and they are scheduled to remain at that location in 2014. Concerns have arisen that the meeting room may be getting too small to host the meetings comfortably and there have been issues with internet access not being readily available and it being too slow to live stream the meetings. Also, by always having the meetings in Madison there have been concerns that other areas of the state are not having input into SCAODA's plans and activities.

The committee agreed that the meetings need to be kept in Madison to ensure maximum member attendance. Most of the members are in the Madison area. Also, having the meetings in Madison make it easier for staff to be fully prepared for the meetings and have access to information SCAODA members might need during the meeting. SCAODA holds public forums throughout the year (see below) at different locations around the state so there is opportunity for input. Also, the committees could consider having meetings in locations other than Madison.

The committee directed staff to consider other locations in Madison that would have free parking, a free room, and better internet access.

**Four-year strategic plan and annual report**

The committee discussed the timeline for the next four-year strategic plan and the annual report period.

The current strategic plan (2010-2014) expires on June 30, 2014. It covers the fiscal year(s). The annual reports cover a calendar year. The committee decided that both the plan and the report should cover fiscal years, not calendar years. The 2012 annual report will be approved by SCAODA in September 2013. The next annual report will be approved at the September 2014 meeting and will cover the fiscal year (July 1, 2013 – June 30, 2014). In addition, committees also need to present a four-year report detailing accomplishments over the course of the 2010-2014 time period.

The committee decided to ask for volunteers to serve on a strategic planning work group. This will be done at the September 2013 meeting. The executive committee members and the individual committee chairs will be on the work group but other SCAODA members may participate. This work group will set the goals for the next strategic plan and the committees will create work plans to accomplish the goals. The details of the strategic planning process will be decided upon by the work group.

### **Public forums**

The committee discussed whether it should change the way it gathers public input. SCAODA currently holds public forums at the Rural Institute on Alcohol and Drug Abuse (June), the Prevention Conference (September), and the Mental Health/Substance Abuse Conference (October). DHS staff have raised concerns about the lack of attendance at some of the public forums and the lack of structure.

The committee wants a sense of who attends the public forums so it can be in a better position to re-evaluate the process. Lou Oppor said that DHS might have the registration information for some of the conferences but probably does not know who participated in the public forums. He said we can try to get that information for the October conference.

The committee directed DHS staff to come up with ideas to improve the process and report back at the next executive committee meeting. Two ideas the committee had were to hold the public forum during lunch on a day when there is no luncheon speaker and try to offer continuing education credits for attending the public forum.

### **Legislator involvement with SCAODA**

The committee discussed the past lack of participation by legislators with SCAODA. Senator Tim Carpenter (D), Representative Garey Bies (R), and Representative Sandy Pasch (D) are members of SCAODA. The September meeting will be Sen. Carpenter's first meeting and Rep. Bies has not attended a meeting. No Republican senators have expressed interest in joining SCAODA despite repeated outreach attempts. Chairperson Waupoose will ask the SCAODA members if they know a Republican senator with whom SCAODA representatives could meet and discuss the necessity of having a senator on SCAODA at the September meeting. Lou Oppor will talk with Kevin Moore for his input. DHS staff will send letters to the legislators thanking them for their past and future participation and also to Rep. Bies asking how SCAODA can help with his attendance at the quarterly meeting.

Kris Moelter reported that she had spoken with the Governor's Office and it is in the process of trying to find a representative from the Criminal Justice Coordinating Council. She also is working with the Department of Justice to determine if Tina Virgil will remain its representative or if Ray Luick will take her place. Mr. Luick was an ex-officio member representing the Office of Justice Assistance. That agency no longer exists and is part of the Department of Justice.

### **Legislative testimony**

The committee discussed SCAODA's role in monitoring and commenting on alcohol and drug legislation. The committee agreed it needs to establish a process for providing timely input on legislative matters SCAODA considers a priority. The committee directed DHS staff to monitor legislation related to AODA and keep the executive committee informed of legislation and where

it is in the process. Duncan Shroul, Lou Oppor, and Kris Moelter will meet before the next executive committee meeting to discuss a process.

The meeting adjourned at 3:10 p.m.

The next meeting is October 9, 2013 at 3 p.m.



**SCOTT WALKER**  
**OFFICE OF THE GOVERNOR**  
**STATE OF WISCONSIN**

P.O. Box 7863  
MADISON, WI 53707

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June 19, 2013

Ms. Joyce O'Donnell  
5507 West Hayes Avenue  
West Allis, WI 53219-2228

Dear Ms. O'Donnell:

I am pleased to appoint you to the State Council on Alcohol and Other Drug Abuse, effective July 1, 2013. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find innovative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

A handwritten signature in black ink, appearing to be "S. Walker".

Scott Walker  
Governor



**SCOTT WALKER**  
**OFFICE OF THE GOVERNOR**  
**STATE OF WISCONSIN**

P.O. Box 7863  
MADISON, WI 53707

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June 19, 2013

Ms. Mary A. Rasmussen  
N11825 County Road F  
Boyceville, WI 54725

Dear Ms. Rasmussen:

I am pleased to appoint you to the State Council on Alcohol and Other Drug Abuse, effective July 1, 2013. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find innovative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

Scott Walker  
Governor



**SCOTT WALKER**  
**OFFICE OF THE GOVERNOR**  
**STATE OF WISCONSIN**

P.O. Box 7863  
MADISON, WI 53707

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June 19, 2013

Mr. Scott A. Stokes  
AIDS Resource Center of Wisconsin  
445 S. Adams Street  
Green Bay, WI 54301

Dear Mr. Stokes:

I am pleased to appoint you to the State Council on Alcohol and Other Drug Abuse, effective July 1, 2013. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find innovative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

Scott Walker  
Governor

**WISCONSIN**  
**STATE COUNCIL ON ALCOHOL**  
**AND OTHER DRUG ABUSE (SCAODA)**  
**STRATEGIC PLAN: July 2010 – June 2014**

**PRIMARY OUTCOME GOAL AND MEASURE:**

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

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

**SCAODA GOALS:**

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

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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.

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.

## **STRATEGIC OBJECTIVES:**

### **1. VIABILITY AND VISIBILITY OF THE COUNCIL**

- a. Generate ongoing strong and effective communication and relationship with the Governor and Legislators including face-to-face meetings at least twice annually with the Governor.
- b. Regularly produce and / or widely disseminate meaningful and timely information on AODA impacts and critical ongoing or emerging issues through the media and partners to both targeted and broad public audiences.
- c. Prepare recommendations for development of legislation, and advise on pending legislation including the state budget based on information provided by relevant state agencies.
- d. Collaborate with key partners and stakeholders to examine issues and align action toward a common vision and strategic directions.

### **2. EFFECTIVE LAWS AND POLICIES**

- a. Attain strong leadership from the Governor and Legislature to accomplish the SCAODA goals.
  - Ensure that the Governor and Legislature fully understand the Epidemiological (EPI) Study and the serious economic, community, and individual / family consequences if the SCAODA goals are not achieved.
  - Provide the Governor and Legislators with copies of the EPI report and a summary of findings.
  - Meet with the Governor and key Legislators to present and discuss the EPI report.
- b. Ensure that the Governor, Legislature, key Legislative Committee Chairs and other leaders create laws and policies that provide adequate and sustainable capacity and resources for:
  - effective AODA prevention, outreach, treatment and recovery strategies to all in need across multiple target groups including the disproportionately affected
  - building sufficient AODA capacity among systems for effective reciprocity and assurance of effective prevention, intervention and services
  - a diverse AODA workforce that is culturally competent, and qualified

- addressing bias in systems, policies and practices that generate inequities toward any group of people
- AODA treatment parity / comprehensive coverage of services
- Enforcement of existing AODA laws

## **CAPACITY OBJECTIVE:**

### **3. EFFECTIVE COUNCIL OPERATIONS**

- a. SCAODA and committee meetings are conducted effectively and address defined meeting objectives. They provide a forum for fruitful dialogue and action toward achievement of the Council's goals.
- b. SCAODA and committee members value "leadership" and receive orientation / training appropriate to serve effectively in carrying out their role and responsibilities.
- c. SCAODA establishes guidelines, plans and activities to best fulfill the strategic directions of the Council.
- d. SCAODA and its committee membership is full, active and provides an appropriate mix of representation
- e. SCAODA and its committees function in alignment with shared strategic direction and effective communication
- f. SCAODA and its committee members advance the directions and work of SCAODA within their own professional fields and networks to expand statewide collaboration, coordination and capacity

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

August 2013

To Interested Parties:

On behalf of the State Council on Alcohol and Other Drug Abuse (SCAODA) I am pleased to provide you with a copy of the final report and recommendations from the 911 Good Samaritan Ad-hoc Committee; *911 Good Samaritan Analysis and Recommendations for Reducing Drug-Related Overdoses in Wisconsin*.

There is growing evidence that drug overdose deaths are increasing nationally and in Wisconsin. The increasing number of deaths caused by heroin and opiates, prescription drugs like OxyContin®, Vicodin® and morphine, is a major concern. Poisoning deaths have surpassed vehicle crashes as the number one cause of accidental death in Dane County and two-thirds of these poisoning deaths are drug overdoses. Recent increases in the number of treatment admissions for opiate abuse, the number of hospital visits for opiate overdoses and the number of naloxone (Narcan®) administrations statewide are clear indicators that Wisconsin is facing a growing public health concern related to opiate use.

The Prevention Committee of SCAODA, in recognition that opioid abuse is a growing problem in the state, established an Ad-hoc committee to research the incidence of opiate overdoses in Wisconsin and to look specifically at 911 Good Samaritan Laws as a tool for reducing fatal overdoses. The resulting report details the research findings and statewide recommendations that the Ad-hoc Committee developed after careful discussion and review of available data.

This report will be a valuable tool for those around the state who are interested in promoting the health, safety and well-being of Wisconsin residents. If you have any questions about the *911 Good Samaritan Analysis and Recommendations for Reducing Drug-Related Overdoses in Wisconsin*, please contact Skye Tikkanen at: [skye.tikkanen@connectionsounseling.com](mailto:skye.tikkanen@connectionsounseling.com). If you or anyone you know would like additional copies of this report, it is available online at: [www.scaoda.state.wi.us](http://www.scaoda.state.wi.us).

Sincerely,

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

Michael Waupoose  
Chairperson

Cc: Governor Scott Walker  
Kitty Rhoades  
Kevin Moore

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

September 2013

To Interested Parties:

On behalf of the State Council on Alcohol and Other Drug Abuse (SCAODA) I am pleased to provide you with a copy of the final report of the Planning and Funding Committee's SBIRT Ad-hoc Committee report; *Screening Brief Intervention and Referral to Treatment (SBIRT) Report to the State Council on Alcohol and Other Drug Abuse*.

Wisconsin continues to rank nationally among states for the highest rates of risky and problem drinking, alcohol use disorders, and related consequences. Approximately one million adults show signs of risky drinking (Linnan, Lecoanet, & Moberg, 2012) and an additional 384,000 meet clinical criteria for an alcohol use disorder (SAMHSN). Alcohol misuse and abuse is costing the state an estimated \$6.8 billion annually (Black & Paltzer, 2013). Existing prevention, intervention, and treatment services are inadequate to meet the immense need; however, the well-established and evidenced-based service, Screening, Brief Intervention, and Referral to Treatment (SBIRT), can greatly enhance the continuum of care. Delivery of SBIRT in settings such as primary health care can reduce risky drinking by 20%. This reduction on a population-level is associated with 33% less injuries, 20% less emergency visits, 37% less hospital admissions, 46% less arrests, and 50% less automobile crashes. Moreover, SBIRT cost-benefit analyses show that these reductions offer significant cost savings. If implemented fully to scale, it is estimated that SBIRT could save Wisconsin Medicaid \$170 million within the first year and, for businesses, \$895 per employee annually. Despite the benefits of SBIRT, few health care providers actually deliver these services.

This report will be a valuable tool for those around the state who are interested in developing and implementing SBIRT services in Wisconsin. If you have any questions about the *Screening Brief Intervention and Referral to Treatment (SBIRT) Report to the State Council on Alcohol and Other Drug Abuse*, please contact Scott Caldwell at [scott.caldwell@wi.gov](mailto:scott.caldwell@wi.gov). If you or anyone you know would like additional copies of this report, it is available online at: [www.scaoda.state.wi.us](http://www.scaoda.state.wi.us).

Sincerely,

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

Michael Waupoose  
Chairperson

Cc: Governor Scott Walker  
Kitty Rhoades  
Kevin Moore



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

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

Duncan ShROUT  
Vice-Chairperson

Scott Stokes  
Secretary

September 4, 2013

To Interested Parties:

On behalf of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am pleased to provide you with a copy of *The Burden of Excessive Alcohol Use in Wisconsin*. This report was produced by Health First Wisconsin and its partner, the University of Wisconsin Population Health Institute, with support from the Wisconsin Partnership Program.

Excessive alcohol consumption in Wisconsin is a public health problem that affects every man, woman and child living in the state. This study **estimates that excessive alcohol consumption in Wisconsin cost \$6.8 billion in 2012**. The economic costs of excessive alcohol consumption in Wisconsin were calculated using a national study of the estimated economic cost of excessive alcohol consumption in the United States and Wisconsin's proportion of binge drinkers. Data from the national study, conducted in 2006 and published in 2011, was adjusted to 2012 dollars. This cost is borne by everyone in the state, not just the drinkers themselves. Revenue generated by current alcohol taxes is equivalent to less than 1 percent of the total economic cost of excessive drinking.

The purpose of this report is to present estimates of the economic cost of excessive alcohol consumption in Wisconsin and its impact on the state. Excessive alcohol consumption is associated with many negative health and social consequences, which come at a great economic cost. In 2011, excessive drinking in Wisconsin resulted in approximately 1,500 deaths, 48,500 hospitalizations, 46,500 treatment admissions, 60,000 arrests and 5,700 motor vehicle crashes. Wisconsin ranks number one in the U.S. in rates of binge drinking and number one in intensity of drinking – Wisconsin adults engaging in binge drinking report drinking an average of nine drinks per occasion.

This report includes economic costs for the state as whole as well as data for each county and will be a valuable tool for those around the state who are interested in addressing problems associated with Wisconsin's excessive alcohol use. If you have any questions about *The Burden of Excessive Alcohol Use in Wisconsin* report, please contact Paul Krupski at [pkrupski@healthfirstwi.org](mailto:pkrupski@healthfirstwi.org). If you or anyone you know would like additional copies of this report, it is available online at: [www.healthfirstwi.org](http://www.healthfirstwi.org).

Sincerely,

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

Michael Waupoose  
Chairperson

Cc: Governor Scott Walker  
Kitty Rhoades  
Kevin Moore



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 Meeting**

April 19, 2013

Independence First

540 S. 1st Street

Room 106C

Milwaukee, WI 53204

9:30-12:00

**Agenda**

Introductions:

**Member Present:** Rebecca Wigg-Ninham, Denise Johnson, Tina Virgil, Thai Vue (telephone) Sandy Hardie (telephone)

**Members Absentee:** Steve Dakai, Raymond Perez and Montana Connell;

**Staff:** Bernestine Jeffers, Arlene Baker

1. The meeting was called to order at 9:45am by Rebecca Wigg-Ninham.
2. The committee members reviewed the minutes and requested additional time to review the minutes. Committee members agreed to submit corrections and approval of the minutes electronically. At this time, the only change the committee recommended was moving the student intern, Montana Connell from the members list to the committee staff line.
3. **Mission statement and goals:**

Arlene Baker read the two mission statements options:

- The SCAODA Diversity Committee's purpose is to focus on issues related to access to care, intervention and treatment of ATODA in diverse populations.
- The SCAODA Diversity Committee's purpose is to understand and support intervention, prevention, access to treatment and recovery services for diverse underserved populations across Wisconsin.

The committee discussed the two mission statements and concluded that the two options did not articulate the committee's mission. Some members preferred the inclusion of the word "minority" and the "Inclusion of recovery supports".

Members agreed to an online discussion and will vote by the next committee meeting.

#### **4. Updates SCAODA:** (excerpts from the SCAODA minutes)

Rebecca Wigg-Ninham provided the committee with a summary of the March SCAODA meeting. For additional information committee members may reference to the SCAODA website

#### **5. Communities Updates:**

**Thai Vue Updates:** Thai Vue testify before the Bipartisan Task Force on Mental Health; empathizing the need for culturally approach resources to save the lives of the Hmong people. The requested resources and support as an investment in the Hmong community would ensure that the Hmong people will not become a major burden on the government and society. There is no other Hmong/Asian organization that deals with the issues of the Hmong community at a statewide level as his organization, the Wisconsin United Coalition of Mutual Assistance Associations, Inc. (WUCMAA). During this meeting Thai had a chance to meet DHS Secretary Kitty Rhodes and the Secretary's staff members.

#### **6. Website:**

The committee has planned to go ahead with working on the website. Montana Connell will work as the student intern to assist in the upkeep of the website along with its creation. The committee began to talk about the content of the web such as Videos with closed caption and scripts, translation services for non-English speaking. The purpose is to design a site that would fit a variety of cultural populations in Wisconsin and to provide a balance on service resource support.

#### **7. Executive Diversity meeting:**

The Executive Diversity Committee: Present for the meeting was Tina Virgil, Rebecca Wigg-Ninham, Bernestine Jeffers, and Arlene Baker. Discussed Sandy Hardie decision to stepping down as Co-Chair to pursue other projects and Tina Virgil assuming the co-chair position; Sandy will still be a part of the committee. This was a productive meeting where we worked on and reviewed the mission statement, goals and accomplishments, future meeting places, the Diversity welcome letter and SCAODA and Diversity website. The Executive Committee also worked on what key members should be a part of the Cultural Diversity committee.

#### **8. Warrior Summit:**

Bernestine Jeffers gave a brief update on the warrior summit. The summit had various workshops that were geared toward the families of veterans, Veterans and Active Military along with providers. The keynote speaker was Cornell Southerland. There was an estimate of 200+ attendees to the conference. Workshop topics were: Assessments for Veterans; Workforce Adaption (Translating military training to civilian experience); Military Sexual Trauma; Mental Health issues for woman; and how Veterans, Military and their families can access services and benefits. There is another Summit planned in Madison.

The sponsors will be Mental Health America and Easter Seals. There is a hope that in 2014 the next summit will be held in Northern Wisconsin.

**9. Announcements:**

- Thai Vue will be asked to present at the next SCAODA Committee meeting in June.
- Reviewed and highlighted previous emails and new online documents.
- Discussed development of a minority training motion.
- WAAODA: UW Madison will finish the WAAODA training contact.
  
- State Governors budget: Proposal for CST teams for mental health issues, children and SA parents. CCS Medicaid benefits. - Expansion. More in rural communities. Covers MH and SA issues.
  
- COOP plan (Continuum of Operations plan): It was pointed out that the Plan did not cover services for the deaf and hard of hearing population, language barriers and contacting those who need services from different cultures in community. The community agreed that maybe getting various underserved communities to participate in providing information relevant to that community. For example, hearing people are the planners and may not be sensitive to the needs of non-hearing individuals. There should be a representative or a subcommittee of non-hearing to consult for the creation a plan for their community.

The committee has decided to change the next meeting date to accommodate the deadlines for the June SCAODA meeting to May 1, 2013 2pm to 3:30pm.

1. Tour of Independence First
2. Meeting Adjourned.

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

**Cultural Diversity Committee Meeting**

DHS Building  
1 West Wilson Room 630  
Madison WI 53703  
1:30-3:30

**Call-in information: 877-873-8017**

**Access Code 2212649**

July 15<sup>th</sup>, 2013

**Agenda**

1. Introductions
2. Approval Meeting Minutes:  
(Distribution for review vote approval at the August meeting)
  - a. April
  - b. May
3. 2012 -2013 Annual report draft
  - a. Goals
  - b. Accomplishments
  - c. Future goals
4. Announcements
5. Next meeting August ( before the 27<sup>th</sup>)



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 - 2013 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>	<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> </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>

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<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> </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>

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<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>

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<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> </ul>	<p>To date, the Diversity co-chairs have determined beyond the scope of this committee.</p>

<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.

## SCAODA Motion Introduction

Committee Introducing Motion: Cultural Diversity
Motion: The Cultural Diversity Committee requests the State Council on Alcohol and Other Drug Abuse initiate an executive review of current Council membership as established under State Statute section 14.017(2) and propose appropriate revisions to assure that all State Departments with an interest in substance abuse prevention, treatment or recovery services are represented as voting members of the Council.
Related SCAODA Goal: 1) SCAODA with its committees: <ol style="list-style-type: none"><li>effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin</li><li>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</li><li>develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.</li></ol>
Background: <ul style="list-style-type: none"><li>Positive impact: All State Departments with an interest in substance abuse prevention, treatment and recovery services would have an opportunity to vote on issues related to the State Council on Alcohol and Other Drug Abuse.</li><li>Potential Opposition: Citizen members and or Governor Appointees may also be under represented and membership review should also include a review of appropriate citizen members in addition to Departmental representation.</li></ul>
Rationale for Supporting Motion: Over the years there have been a number changes in the creation or elimination of State Departments. There has also been other State Agencies who have expressed interested regarding issues related to alcohol and other drug abuse prevention, treatment or recovery services. The State Council has attempted to be inclusive by accepting ex-officio representation from appropriate agencies, although those representatives are not voting members. Broading the State Statute to be more inclusive would allow all appropriate State Departments/Agencies to become voting members of the Council.

## SCAODA Motion Introduction

Committee Introducing Motion: Cultural Diversity
Motion: The Cultural Diversity Committee moves that the State Council on Alcohol and Other Drug Abuse request the Department of Health Services consider options to to implement for implementation of the Minority Training Project.
Related SCAODA Goal: 3) There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).
Background: <ul style="list-style-type: none"><li>• Positive impact: Increase in the number of minority counselors</li><li>• Potential Opposition: Lack of funding or other resources for implementation</li></ul>
Rationale for Supporting Motion: Due to a lack of available funding, the Minority Training Project was discontinued in 2011. A recent AODA Counselor Survey was completed in 2012 by the Bureau of Prevention Treatment and Recovery, reflecting a future shortage of AODA Counselors. Minority populations are among the highest underserved populations in Wisconsin. To address these issues, the re-institution of this project, or components of this project would benefit those underserved populations in Wisconsin.



State of Wisconsin

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

1 West Wilson Street, P.O. Box 7851  
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**INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING**

**Tuesday, May 14<sup>th</sup>, 2013**

**10:00am – 2:30pm**

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

**MINUTES**

**Present:** Norm Briggs, Roger Frings, Nina Emerson, Dave Macmaster, Dan Nowak, Shel Gross, Francine Feinberg, Jill Gamez (phone), Sarah Norberg (staff)

**Absent:** Kevin Moore, Sheila Weix, Sheri Graeber, Sinikka Santala, Steve Dakai

**Guests:** Faith Boersma and Kenya Bright (Bureau of Prevention Treatment and Recovery)

**Welcome, Introductions, and Review of Minutes** – Norm Briggs/Roger Frings

Norm brought the meeting to order at 10:06am with introductions. The April meeting minutes were reviewed and approved with a correction on page three to separate The Family and Children's Center and La Crosse making them two entities not one.

Motion to approve by Mac and seconded by Dan.

**Children, Youth and Families Subcommittee Update** – Jill Gamez

CYF met on May 1<sup>st</sup> in Appleton.

A consumer around the age of 16 and her mother attended the meeting to provide the consumer voice portion which has become a standing agenda item. They shared their experience and perspective on the process of accessing and receiving treatment. They felt they had positive and negative experiences that they discussed with the group and the subcommittee was able to gain some important information on what areas need attention in the adolescent treatment system.

Two representatives of the Young People in Recovery (YPR) advocacy group also attended the meeting to share what their mission and goals are. YPR is a national group with a new Wisconsin chapter that is based out of Madison. All members of the group are in recovery and use their stories to advocate, educate, and collaborate within the community and across the nation. Important insight into adolescent treatment systems was gained from the stories of these two as well. The representatives seem interested in maintaining involvement in the CYF subcommittee. Scott Stokes might be a good connection for this group.

Members brain-stormed ideas to present to the planning committee for the annual mental health and substance abuse conference that takes place in the fall. In addition, the sub-committee decided to be more involved with ensuring providers are educated about the topic of adolescent substance abuse screening and treatment by introducing session topics and becoming involved in conferences throughout various disciplines. Kimeko Hagen, a member of the subcommittee, submitted a proposal for a topic for the Social Workers conference that is currently being planned.

The Parent Peer Specialists certification was also discussed at the meeting. There was a representative from the Children and Youth Committee of the Mental Health Council where this is a significant topic as Parent Peer Specialists are primarily a development of mental health as opposed to AODA.

A press release draft from the sub-committee will be ready to be reviewed at the next ITC meeting. The group wants to get the word out about their committee, and their goal is to complete one press release this year.

The adolescent treatment status workgroup, whose purpose is to assess the number of adolescent treatment providers there are in Wisconsin, has begun collecting information from providers. A 12-question survey was created and sent out to over 400 licensed treatment providers throughout the state. The list of providers was created through the DHS 75 licensed provider list, the SAMHSA treatment locator database, and other search engines such as Psych Today. So far, 93 responses have been received. Of these, 63 indicated that they provided services to individuals under the age of 18.

The subcommittee agreed that the payor workgroup they planned to create is a much larger project than the group can handle. This issue involves all treatment, not just that which is specific to adolescents. This matter needs to be addressed in a meaningful way, but unfortunately, the subcommittee does not have the clout or capacity to do so. CYF suggests that perhaps ITC or SCAODA would like to take on the creation of a workgroup to address this topic.

Lastly, John Frederick, a long standing member of the CYF subcommittee, will be retiring soon. This was his last meeting.

#### **SBIRT ad hoc Committee Report – Nina Emerson**

There has not been any new information reported to the committee members since the last meeting. The report is scheduled to be presented at the next SCAODA meeting by the Planning and Funding committee. Norm suggested that ITC offer a parallel motion to the one that Planning and Funding is presenting in order to show our support of the SBIRT project. Some discussion was had about the effectiveness of the referral to treatment portion of SBIRT. Some questions presented were: are people who are identified with a substance use disorder actually receiving the treatment they need? Are there enough counselors to take on these additional people who will discover they have an SUD? Is this treatment actually reducing consumption and increasing treatment?

After the discussion, a motion was made by Mac to support the SBIRT practice. The motion was seconded by Nina.

### **Integrated Care Delivery in Medical Assistance – Norm Briggs**

Health exchange enrollment is coming up, and there should be some discussion about what impact that will have on the medical assistance system. How are we going to get integrated care into the medical assistance system?

There are several aspects of the Affordable Care Act that support integrated care (mental health and substance abuse with primary care). One in particular is an incentive program for states to implement health homes. Health homes are a model of integrated care that would allow for more coordinated and complete care for consumers. States that implement these get enhanced federal matching for eight quarters. The target population for these models is those who have a mental health or substance abuse issue and a medical condition who are not already in a managed care program. North central Wisconsin is the potential site for a health home pilot.

In terms of the number of people who will soon be able to receive services, there may actually be people who discover they are eligible for Medicaid and didn't know. It is also expected that there will be people who are now eligible for Medicaid who were not previously, particularly in the childless adult population. There will be a variety of changes with the implementation of the Affordable Care Act and the beginning of enrollment in the exchanges.

### **WiNTiP Updates – Dave Macmaster**

Mac handed out a WiNTiP update to everyone.

Two one-hour webinars were done and presented at the UW-Center for Tobacco Research & Intervention's Brown Bag Series. The webinars detail the WiNTiP story including its creation and history, as well as their current projects and grants. They are available online.

There is now a website ([helpusquit.org](http://helpusquit.org)) available for tobacco integration education and training resources. WiNTiP has partnered with the UW-Center for Tobacco Research & Intervention and is offering videos and other AODA materials on the site. This can be found on the WiNTiP website.

The four ambassador programs in the Dane County Project will be getting \$500 each from the \$10,000 WiNTiP grant to help with their expenses. There will also be three \$750 scholarships available to programs that are investing in sending someone to the Mayo Clinic's Tobacco Treatment Specialist Certification Program in Rochester. WiNTiP is also looking for additional ambassadors to implement tobacco free programming.

WiNTiP will be presenting their progress at the 7<sup>th</sup> annual summit. The presentation will include what the current \$10,000 grant is going toward as well as the four ambassador program's projects. At the summit, a new organization made up of the Dane County Chemical Dependency Consortium and the Adult Mental Health Coalition will be introduced.

The closing of WAAODA makes it difficult to get presentations in for conferences. However, the negotiations are still in the works for WiNTiP to bring in a representative from New York to present on the tobacco free programs in their state.

Grantees are not required to be 100% tobacco free, but they do need to show that progress is being made toward it as a goal. To help the grantees with this, WiNTiP has provided them with a menu of items they can use to determine what things they can and would like to implement within their current programs. So far, there have been many positive outcomes and side effects of being tobacco free or reducing tobacco use in treatment programs.

It has been difficult to get information regarding the implications of the nicotine resolution which was brought to the state council as a motion and did not pass. Concerns of the council members need to be addressed before bringing the motion back, but finding answers to their questions has been a challenge. Hopefully the Office of the Commissioner of Insurance can help.

**Recovery Coach Training and Certification Presentation** – Faith Boersma/Kenya Bright  
Recovery Coaches have a similar counterpart on the mental health side which is the Peer Specialists. Certified Peer Specialists are a Medicaid reimbursable service and has been implemented throughout the state. A peer specialist has to identify as having had a mental health issue and attend one of four approved trainings in order to become certified. There is also an exam that must be passed before certification will be issued. There is also a requirement for continuing education hours, but there is a recognition that the topic of substance abuse is weak within the trainings the Peer Specialists receive.

The role of Peer Specialists and Recovery coaches is based on the shared experience of these professionals and the clients. The goal of both is to help the client be successful and further their recovery. At this time, it is unclear whether these two will be part of a co-occurring effort, or if they will be separate and distinct certifications with different and appropriate trainings. Stakeholder input is crucial at this point on this topic.

Some current assumptions about the Recovery Coach are that it would be:

1. Based on shared lived experience with clients
2. A certified role
3. Stakeholder involvement on how this would be developed and how it would fit into care

This is where the Recovery Coach development stands as of right now. At this point, DSPS is not interested in licensing this provider type.

Initially, there was some federal money that came through to pay for the Peer Specialists. Since then, the state has had some additional money to help fund it. Also, consumers have been able to pay for their training themselves or gotten a sponsor to pay. Recovery Coaches do exist in other states, and models are available, but Wisconsin has yet to decide the best way to approach this role and how it would be most beneficial to this state.

One of the most significant challenges to the development of Recovery Coaches is Medicaid billing for services. It is unclear how the Recovery Coaches would be reimbursed. Advocacy to Medicaid might be helpful with this.

## **SCAODA and ITC Strategic Planning**

### Section Updates:

- A. *Affordable Care Act Implementation Update* – Roger Frings/Shel Gross  
Frequently Asked Questions were posted on the Office of the Commissioner of Insurance website regarding the Affordable Care Act. They will be updated as new information comes in. The Joint Finance Committee is currently dealing with the budget. There are a few things in the deliberations that may impact the FAQs.

There will be resources and a helpline to call for assistance with navigating the exchange marketplace. Insurance companies would be paying commissions to these individuals, and it is unknown what impact this will have on consumers.

- B. *Other* – Norm Briggs  
ITC submitted three budget proposals awhile back at the request of the State Council and all were accepted. Perhaps the new committee member Sinikka, can assist the ITC with taking some action on the proposal initiative regarding evidence-based treatment services for women and children.

The yearly annual report needs to be provided to SCAODA in September. ITC will be working on putting that together at upcoming meetings.

## **Legislation/Miscellaneous Updates** – Norm Briggs/Roger Frings

### Joint Finance Budget Deliberations:

Joint Finance began deliberations about a week ago on the insurance commission budget. There was a report claiming they hope to wrap up their proceedings the last week in May or the first week in June. The budget will then go to the Assembly and Senate and could possibly be passed before July 4<sup>th</sup> which is the requirement in Statute.

### Other:

Nina sent out a document containing information regarding a consolidation of all her past work projects as well as the new contacts and procedures for anything pertaining to the work the Center on Impaired Driving did in the past. The new procedures will go into effect at the completion of the Center on Impaired Driving grant.

## **Future Agenda Items** – Committee Members

Mike Quirke will present on the PPS system at an upcoming meeting

## **Adjourn**

The meeting was adjourned by Norm.

**Next meetings and dates:**

1. *ITC*

July 9, 2013; 10:00 am – 2:30 pm. Department of Corrections, Madison

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

August 7, 2013; 10:30pm – 3:00pm. Arbor Place, Menomonie

3. *SCAODA*

June 7, 2013; 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>



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

1 West Wilson Street, P.O. Box 7851  
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**INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING**

**Tuesday, July 9<sup>th</sup>, 2013**

**10:00am – 2:30pm**

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

**MINUTES**

**Present:** Norm Briggs, Roger Frings, Dave Macmaster, Dan Nowak, Shel Gross, Jill Gamez, Sheri Graeber, Sinikka Santala, Steve Dakai (Phone), Sarah Norberg (staff)

**Absent:** Kevin Moore, Nina Emerson, Sheila Weix

**Guests:** Katie Paff (Department of Safety and Professional Services)

**Welcome, Introductions, and Review of Minutes** – Norm Briggs/Roger Frings

Norm brought the meeting to order at 10:10am with introductions. The May meeting minutes were reviewed and approved with the addition of the WiNTiP Tobacco Integration web address. Motion to approve by Shel and seconded by Jill.

**June SCAODA Meeting Update** – Norm Briggs/Roger Frings

The executive committee conveyed ITC's request to have the Department of Transportation (DOT) explain how it intended to carry out the functions that were once a responsibility of the UW law school resource center since it will no longer be funded. A presentation from DOT was made at the June meeting.

WAAODA was a key component in counselor continuing education that will no longer be in operation. Planning and Funding expressed concerns about the development of the workforce and the future educational programs for incoming AODA counselors. The Bureau of Prevention Treatment and Recovery is preparing to contract with the UW Division of Continuing Studies Professional Development and Applied Studies to continue WAAODA's work on advising educational institutions on appropriate training; remaining WAAODA funds will be used. The Bureau is not releasing information about this topic at this time.

WAADAC has been revitalized and is now the Recovery and Addiction Professionals of Wisconsin (RAP-WI). A new mission statement has been created and goals have been developed. This new group recognizes all the voices involved in the field of recovery and wants

to consider all of them in their new approach. Eventually, there will be a website available for people to keep up with the group and what they are working on.

The SBIRT and Good Samaritan Reports were presented at SCAODA.

**Rural Institute Public Forum Update** – Norm Briggs/Jill Gamez

The most significant concern at the rural institute was education and whether or not AODA counselors will need a Bachelor's degree in the future. Currently, insurance companies determine who they are going to reimburse. With the Affordable Care Act implementation, private insurance companies will be determining who will be reimbursed, not the state. At present, there is no plan to change anything related to reimbursement rates based on education level under the MA rules. There was a request at the forum to publish what, if any, new requirements there will be. There was also concern about the barriers to education in rural areas should the issue of a degree become a problem.

There was also a concern about the certification process of recovery coaches. Steve Dakai was given as a resource for details about a plan to certify using the Connecticut model. Steve is currently working on this issue.

It was suggested that Lou attend the next ITC meeting to provide some clarity on some of the issues and topics that have come up in the meeting so far. The committee is going to put together a list of main points and concerns they would like him to address.

Attendees of the forum were also interested in knowing what the priorities would be if the state had to cut funds. Last August, a motion was passed at SCAODA that advised the Bureau to use the priorities established by the ad hoc committee of both councils (Mental Health and AODA).

There were many concerns about prevention as well. There are evidence based practices that could be used and there needs to be more promotion regarding these practices. Concern about the lack of adolescent treatment was also brought up at the forum. Jill gave an update on the adolescent treatment provider survey results that she has been gathering. The responses are still being sifted through and hopefully will be complete in August.

**WiNTiP Updates** – Dave Macmaster

Mac sent out the WiNTiP update.

Kris Hayden is the new half-time Outreach Specialist for the Western Region, and will be assisting Dave with WiNTiP initiatives.

Journey Mental Health Center in Dane County has just requested to become an ambassador of WiNTiP and will begin the process of becoming tobacco free.

Technical Assistance continues throughout the state and site visits are being arranged.

Marshfield is closing all of their services. This was the first tobacco free program in the state and continued their efforts for the past 10 years.

Budget approvals will allow the WiNTiP grants to continue in 2014. Funds will not be cut, and there should be money available for the next couple years. About a third of the counties programs are opting to begin the process of tobacco integration.

The 7<sup>th</sup> annual summit was successful. The Dane County project was presented and went over well with attendees. There were over 100 people present. The Chemical Dependency Consortium merged with the County Adult Mental Health Services to form the Recovery Coalition of Dane County; the coalition will be meeting for the first time in about a month.

WiNTiP will be deciding next week on five, \$750 scholarship recipients to send to the Mayo Clinic's Certified Tobacco Treatment Specialist Training in Rochester, MN. These people can be valuable resources in Dane County Clinics.

Statewide conference is coming up October 22<sup>nd</sup>. Tony Klein will be the feature trainer at a breakout session. There will also be an informal evening program for questions that may come out of the breakout session. Exhibits will be at the conference as well.

The "Mac on Tobac" videos are available on Youtube. There are 9 commentaries that have been released.

#### **Press Release and Payor Workgroup – Jill Gamez**

The CYFT subcommittee wanted to do at least one press release this year. The group decided to start with a release containing general information about the group and what their mission. Jill sent out a draft to the ITC members for feedback. Distribution would be through various listserves and local papers.

Suggestions for improvements included adding a human interest element into the press release to capture people's attention. Using elements of the consumer voice from the last meeting could accomplish this.

The payor workgroup suggestion that came out of the CYFT subcommittee could potentially focus on four areas to serve a meaningful purpose:

1. Funding approvals for the appropriate level of care
2. Funding for providers to work together with providers of other services, particularly (but not necessarily), with adolescents, to make treatment more effective.
3. Funding that would allow treatment to include the family or parents of a client
4. Initiating discussion with the payors about what they are offering for payment

Discussion about the different language used between payors and providers is also an issue that could hopefully be addressed as well.

#### **SCAODA and ITC Strategic Planning**

##### Section Updates:

- A. *Affordable Care Act Implementation Update* – Roger Frings/Shel Gross

Frequently Asked Questions were posted on the Office of the Commissioner of Insurance website regarding the Affordable Care Act. They will be updated as new information comes in. The Joint Finance Committee is currently dealing with the budget. There are a few things in the deliberations that may impact the FAQs.

There will be resources and a helpline to call for assistance with navigating the exchange marketplace. Insurance companies would be paying commissions to these individuals, and it is unknown what impact this will have on consumers.

*B. Other* – Norm Briggs

ITC submitted three budget proposals awhile back at the request of the State Council and all were accepted. Perhaps the new committee member Sinikka, can assist the ITC with taking some action on the proposal initiative regarding evidence-based treatment services for women and children.

The yearly annual report needs to be provided to SCAODA in September. ITC will be working on putting that together at upcoming meetings.

**Legislation/Miscellaneous Updates** – Norm Briggs/Roger Frings

Joint Finance Budget Deliberations:

Joint Finance began deliberations about a week ago on the insurance commission budget. There was a report claiming they hope to wrap up their proceedings the last week in May or the first week in June. The budget will then go to the Assembly and Senate and could possibly be passed before July 4<sup>th</sup> which is the requirement in Statute.

Other:

Nina sent out a document containing information regarding a consolidation of all her past work projects as well as the new contacts and procedures for anything pertaining to the work the Center on Impaired Driving did in the past. The new procedures will go into effect at the completion of the Center on Impaired Driving grant.

**Future Agenda Items** – Committee Members

Mike Quirke will present on the PPS system at an upcoming meeting

**Adjourn**

The meeting was adjourned by Norm.

**Next meetings and dates:**

1. *ITC*

August 13th, 2013; 10:00 am – 2:30 pm. Department of Corrections, Madison

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

August 7, 2013; 10:30pm – 3:00pm. Arbor Place, Menomonie

3. *SCAODA*

September 13<sup>th</sup>, 2013; 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, August 13th, 2013**

**10:00am – 2:15pm**

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

**AGENDA**

- |       |  |                   |
|-------|--|-------------------|
| I.    | Welcome, Introductions and Review of July Minutes–<br>Norm Briggs/Roger Frings   | 10:00am – 10:10am |
| II.   | Substance Abuse Treatment Workforce Follow-up  | 10:10am-10:40am   |
| II.   | Children, Youth, and Families subcommittee update – Jill Gamez   | 10:40am – 11:00am |
| III.  | WiNTiP Updates – Dave Macmaster  | 11:00am – 11:15am |
| IV.   | ITC annual report  | 11:15am – 12:00pm |
| V.    | Lunch on your own  | 12:00pm – 12:30pm |
| VI.   | PPS Presentation – Mike Quirke   | 12:30pm – 1:30pm  |
| VII.  | SCAODA and ITC Strategic Planning – Norm Briggs/Roger Frings   | 1:30pm – 2:00pm   |
|       | <ul style="list-style-type: none"><li>• Section Updates<ul style="list-style-type: none"><li>○ Affordable Care Act Implementation Update (Shel Gross/Roger Frings)</li></ul></li><li>• RAP-WI Update (Sheri Graeber)</li><li>• Task Assignment</li></ul> |                   |
| VIII. | Legislation/Miscellaneous Updates – Norm Briggs/Roger Frings   | 2:00pm – 2:10pm   |
|       | <ul style="list-style-type: none"><li>• OWI Discussion</li><li>• Other</li></ul>   |                   |
| IX.   | Future Agenda Items  | 2:10pm – 2:15pm   |
| X.    | Adjourn  |                   |

**Next meetings:**

1. ITC  
October 8, 2013; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
November 6, 2013; 10:30am – 3:00pm. Milwaukee
3. SCAODA  
September 13, 2013; 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  
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**Intervention and Treatment Committee**

**2012 - 2013 Annual Report**

**Goals and Accomplishments**

From 2010 – 2014 Strategic Plan

September 13, 2013

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p><b>Increase access to and capacity of adolescent treatment</b></p>	<p>Increase access to and capacity of adolescent screening, treatment and recovery opportunities.</p>	<p>Identified data sources on the Statewide gaps in treatment services as a SCAODA motion request – February 2012</p>
		<p>Joint meeting with the Mental Health Council’s Children and Youth Committee and plan to explore means of cooperation and coordination to improve capacity of providers to provide treatment for co-occurring disorders- July 2012</p>
		<p>Established a workgroup to assess the current capacity and prepare another directory- October 2012</p>
	<p>Raise awareness of adolescent treatment and treatment standards with insurance companies.</p>	<p>Insurance companies invited to participate on payer workgroup- July 2012</p>

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p><b>Educate the population on the impact of adolescent substance use disorders</b></p>	<p>Educate targeted groups/people within WI about issues related to adolescent SA treatment</p>	<p>Representatives of the First Lady attended the ITC meeting for briefing on the CYF activities – May 2012</p>
		<p>Adolescent Treatment Provider Directory (2008) made available on Mental Health America-Wisconsin website- August 2012</p>

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<b>Increase treatment capacity</b>	Increase provider capacity to deliver evidence-based intervention and treatment programming	<a href="#">Motion from ITC and Diversity Committee collaboration to SCAODA to convene a meeting of the public and private educational institutions to address the impending critical need for well-trained treatment professionals- September 2012</a>
	Focus on adolescent opiate treatment	<a href="#">Began collaboration with WI Community Health Alliance- August 2012</a>

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<b>Communicate activities and accomplishments to SCAODA</b>	Deliver timely reports to the ITC and engage in solution-based discussions about adolescent and family treatment issues	<a href="#">Minutes of all CYF meetings presented to ITC at first meeting following approval- July 2012</a>
	Pursue completion of presentation to SCAODA on adolescent and family treatment challenges, current trends and committee reports	<a href="#">Presentation to SCAODA- June 2012</a>

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<b>Increase the availability of treatment designed to meet the specialized needs of the population age 50 and older</b>	Develop an evidence-based description of specialized treatment needs for the population age 50 and older	
	Identify the current availability of specialized treatment for the population 50+ for all treatment levels in Wisconsin by region	

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<b>Improve the access to and quality of care provided to those in driver safety plans as a result of an OWI</b>	Insure that OWI assessors have the skills and knowledge necessary for providing accurate and quality AODA assessments	
	Insure coordination and cooperation with other system components	
	Coordinate with other committees to keep WI citizens informed	

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<b>Increase the availability of women-specific treatment for women and women with children</b>	Develop a definition of women-specific treatment for women and women with children	Revised Core Values and Women's Treatment Standards for submission to BPTR-November 2012

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<b>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</b>	Monitor and provide input, as appropriate, to the development of health care exchanges in WI and the essential benefits	Received regular reports from OCI representative and provided comment- July 2012 – present
	Collaborate with providers, payers and the Office of the Commissioner of Insurance to understand whether/to what degree plans are complying with requirements of the federal Mental Health Parity and Addiction Equity Act and the Wisconsin Parity Act, and the impact of these changes on both access to care and the cost of treatment	This has been brought to the attention of DHS (via meeting with Kevin Moore) and OCI (via Roger) and there was discussion of addressing this after exchanges are up and running.

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<b>Increase the number of Wisconsin AODA treatment programs that become tobacco free and include nicotine dependence treatment in their existing and new programs</b>	Educate and train AODA counselors in the skills necessary to provide effective tobacco cessation treatment.	Supported WINTIP grant proposals
	Increase the number of treatment programs that offer integrated nicotine dependence services.	Motion to SCAODA that people seeking treatment for nicotine use disorders have access to the same range of services as those offered for the treatment of other substance use disorders- December 2012
		Agency members of the Dane County Chemical Dependencies Consortium adopted a resolution to begin tobacco cessation integration- July 2012
		Hosted Public Forum at the National Rural Institute on AODA – June 2012
	L.E. Phillips adopted a tobacco-free policy for addiction treatment services- July 2012	

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
Other activities		Motion that SCAODA develop a set of budget priorities and inform key decision makers about those priorities- June 2012
		Motion that SCAODA oppose any proposal to eliminate or weaken the specialized training requirements necessary for anyone to present themselves as a substance abuse counselor-June 2012
		ITC members joined with P&F committee members on Ad Hoc SBIRT Committee- July 2012 – May 2013
		ITC members participated in the combined Ad Hoc committee with the Mental Health Council to review the needs assessment for the combined block grant application- September 2012 – March 2013
		Motion requesting SCAODA send a letter to the Governor’s Office requesting an appointment of a substance abuse credentialed professional to the MPSW Board- September 2012
		Motion to amend the by-laws and provide a stipend to SCAODA committee members not otherwise reimbursed for their time in order to increase participation from consumers- December 2012

## SCAODA Motion Introduction

<p>Committee Introducing Motion: Intervention and Treatment (ITC)</p>
<p>Motion: The Intervention and Treatment Committee requests that SCAODA send a letter to the Department of Safety and Professional Services (DSPS) requesting a workgroup be convened to explore the implications of changes in the educational levels for substance abuse counselors. This is a pressing issue as DSPS has already reached out to ITC, and it is vital we have a voice in any potential changes. We further recommend there be representation from the following stakeholders included in the work group: credential holders, consumers, representatives from each SCAODA standing committee, and tribal nations.</p>
<p>Related SCAODA Goal: Goal #4 Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity for effective outreach, and effective, accessible treatment and recovery services for all in need.</p>
<p>Background: With the implementation of the Affordable Care Act (ACA) and the Scopes of Practice document that was put out by SAMHSA, states are looking at possibly heightening the education requirements for Substance Abuse Counselor certification. WI does not currently require a post-secondary degree to obtain a certification and changes would need to be made should DSPS decide to align with SAMHSA's guidelines. However, there could be some significant implications to consider in determining whether or not adjusting the criteria to require a college degree is appropriate for Wisconsin.</p> <ul style="list-style-type: none"><li>• Positive impact: The workgroup would explore implication of potential changes and provide guidance and input to those involved with the process of making the changes.</li><li>• Potential Opposition: None known</li></ul>
<p>Rationale for Supporting Motion: ITC believes that stakeholder input is vital in making decisions about issues that will directly impact the field of Substance Abuse. Furthermore, ITC recognizes the importance of DSPS being fully informed of the implications of all possible decisions prior to determining a course of action regarding the potential heightening of education requirements for Substance Abuse Counselor certification. A workgroup would be an appropriate forum to explore the implications of any and all actions regarding this issue and develop recommendations.</p>



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**

Friday May 24, 2013 – 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608/283-6426

**MINUTES**

**MEMBERS PRESENT:** Joyce O'Donnell, Norman Briggs, Emanuel Scarbrough, Todd Campbell, Sally Tess, William McCulley

**EXCUSED:** Tom Fuchs, Duncan Shrout, Steve Fernan, Pamela Bean

**ABSENT:** Mark Seidl, Blinda Beason, Karen Kinsey

**STAFF:** LeeAnn Cooper

I. Call to Order – Joyce O'Donnell

The meeting was called to order by Chair O'Donnell at 9:34 a.m.

II. Review of April 19, 2013 Minutes - Joyce O'Donnell

**Motion by Todd Campbell to approve the April 19, 2013, minutes. Seconded by Emanuel Scarbrough. Motion carried.**

III. Biomarkers letter of support - Pamela Bean

Pamela Bean was not in attendance so no action was taken on this agenda item. There was discussion about whether it is proper for the committee to endorse a specific activity that may benefit or appear to benefit an individual committee member. The committee decided it would be proper to endorse research-based strategies but not to provide individual letters of support. It is interested in a presentation about biomarkers before endorsing this strategy.

IV. Burden of Excessive Alcohol Use Report – Maureen Busalacchi, Health First

Paul Krupski from Health First Wisconsin presented information about *The Burden of Excessive Alcohol Use in Wisconsin*. The report is available at <http://www.healthfirstwi.org/issues/alcohol-misuse-prevention/>.

**Motion: Bill McCulley moved to request SCAODA endorse *The Burden of Excessive Alcohol Use in Wisconsin* report and to endorse the goals of Health First Wisconsin which include limiting the consumption of alcohol in bars and restaurants to persons 21 and older, increasing alcohol taxes and legalizing sobriety check points. Seconded by Emanuel Scarbrough. Motion carried.**

V. Scope of Practice - Norman Briggs

Norman Briggs reported that the minority training project Request for Proposal (RFP) will not be issued. He requested the Executive Committee of SCAODA to follow up with higher educational institutions to work on whether there can be programs developed for those who do not hold master degrees. He reported that the Affordable Care Act and the Federal Government would not be grandfathering providers but says the public position will be moot because private insurance will be driving the reimbursement rate depending on degrees. He reported that discussion is needed about what counties will reimburse with public funds. Todd Campbell noted that this will fall back on the state with whatever DHS 75 requires.

VI. Report on Women's Services - Norman Briggs

Norman Briggs reported that it is his understanding that, pending guidance from SAMHSA, the State will be evaluating all grants and contracts to deal with the anticipated 9% reduction in the block grant. He reported the plan is not to make an across the board cut but to target cuts. Pregnant woman and women of child-bearing age are a priority in the budget so this committee could recommend that SCAODA recommend no cuts in those programs. The needs assessment ad hoc committee made recommendations for priorities and that report should be used to make recommendations for cuts.

**Motion: Todd Campbell moved to request the Department consider the priority recommendations from the Ad Hoc Needs Assessment Committee report if budget reductions are necessary due to any future cuts to the substance abuse block grant. Seconded by Norman Briggs. Motion carried.**

VII. Committee Reports - Group

No reports.

VIII Review of SCAODA motions made over the past year and progress on activities

The committee reviewed the motions document distributed. No further recommendations at this time.

IX. Lunch (on your own)

X. Annual Report to the State Council on Alcohol and Other Drugs

The committee received a copy of their 2012 report. This item will be placed on the July agenda.

XI. Pending legislation

No action taken

XII. Agenda Items for Next Meeting - Joyce O'Donnell

1. Affordable Care Act (ACA) (Emanuel Scarbrough is interested in a 1 page summary about the ACA including information about implementation that can be shared with minority newspapers in Madison. There was also a question about whether there will be any efforts undertaken to reach out to minorities across the state).
2. Discussion of mechanisms for gathering input from professionals in the SUD field other than through public forums at conferences.
3. Biomarkers – research-based presentation.
4. A representative from the Department of Safety and Professional Services, perhaps at a joint meeting with ITC.
5. P&F Annual report to SCAODA

XIII. Adjourn

Meeting was adjourned.



State of Wisconsin

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

1 West Wilson Street, P.O. Box 7851  
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**PLANNING AND FUNDING COMMITTEE MEETING**

Friday July 26, 2013 – 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608/283-6426

**MINUTES**

**MEMBERS PRESENT:** Joyce O'Donnell, Norman Briggs, Tom Fuchs (left at 12 p.m.), Duncan Shrout, William McCulley, Todd Campbell, Sally Tess, Pamela Bean (arrived at 12:15 p.m., departed at 2 p.m.),

**EXCUSED:**

**ABSENT:** Blinda Beason, Karen Kinsey, Steve Fernan

**STAFF:** LeeAnn Cooper, Ashleah Bennett

I. Call to Order – Joyce O'Donnell

The meeting was called to order by Chair O'Donnell at 9:31 a.m.

II. Review of May 24, 2013 Minutes - Joyce O'Donnell

**Motion by Duncan Shrout to approve the May 24, 2013, minutes. Seconded by William McCulley. Motion carried.**

III. Scope of Practice - Norman Briggs

Norman Briggs stated that during the executive committee report at the June SCAODA meeting, there was a report that since WAAODA dissolved there was funding for a meeting with the public and private educational institutions regarding what mechanism could be put into place to allow providers to obtain their Bachelor or Master degree while continuing to work full time. Norman Briggs reported that he saw Flo Hillard at a conference and Flo said she knew nothing about this. He requested an update of the status and timing of this project. Duncan requested an official response at the August P&F committee.

VI. Report on Women's Services - Norman Briggs

Norman Briggs reported that the women's conference was last week and there were 136 in attendance.

## VII. Committee Reports - Group

Norman Briggs reported that he is uncertain where things stand regarding the anticipated cuts for the FFY 14 block grant. He reported that Planning and Funding along with the Intervention and Treatment Committee recommended that the priorities established by the Ad Hoc Needs Committee be considered. The committee discussed whether there is a process for ongoing committee and SCAODA input regarding budget priorities or potential budget cuts and requested that Planning and Funding continue to be involved with recommended proposals. The committee discussed that it would be helpful to have a document that lays out Department priorities for anyone who wants to talk with their representatives so that a consistent message is being given. The committee discussed its interest in reviewing the block grant application and requested a commitment from the bureau to have a conversation with them prior to the final budget for substance abuse services.

Norman Briggs reported receiving some emails from Mike Quirke and Lou Oppor about the Wisconsin Uniform Placement Criteria (WI-UPC). He reported that the bureau is no longer going to be supporting WI-UPC and wants everyone to use the American Society of Addiction Medicine (ASAM) criteria. He also reported that ASAM is proprietary so providers have to pay for it and that WI-UPC was developed for use within Wisconsin for free and pretty much mimicked ASAM. With the changes in ASAM and DSM-5, WI-UPC will no longer be consistent with the new criteria and the Department does not plan to update it. In addition, Norman reported that every insurance company uses their own criteria to determine level of care benefits and it's likely the criteria is not consistent between payers. Norman reported that DHS will not revise DHS 75, Wis. Admin. Code, which allows for use of either WI-UPC or ASAM so agencies will be able to use either one. Norman reported that agencies will now be looking at an additional expense to purchase ASAM. The manual is \$95. Tom Fuchs reported this is used to justify the level of care for a person who is addicted and that it is about having a conversation with the payer to justify the level of care. He shared that there seems to be little concern on the part of payers about the additional cost to providers considering there has been no considerable increase in reimbursement rates. He stated that this is a provider issue that could be addressed by a professional organization but there is none in Wisconsin.

## VIII Recognition of Nina Emerson

The committee thanked Nina Emerson for her years of service to the substance abuse field and wished her well in her new endeavors. Based on the tone of the DOT presentation at the last SCAODA meeting, the committee recommends that a written response is requested from agencies in the future rather than a personal appearance.

**Motion: Duncan Shroul moved that SCAODA formally recognize Nina Emerson at the September meeting. Seconded by Tom Fuchs. Motion carried.**

Nina shared a DVD and requested *Beyond the Numbers: One Man's Story* is shown at the next SCAODA meeting. P&F would like to pursue further answers to the questions posed to BOTS

as they believe many of them were not answered. Duncan Shroul will address the lack of answers received from BOTS with the executive committee. The committee discussed the possibility of requesting a legislative study of the Intoxicated Driver Program in Wisconsin.

**Motion: Tom Fuchs moved that SCAODA support a legislative study to do a comprehensive review of the OWI laws, penalties and treatment services in Wisconsin. Seconded by Bill McCulley. Motion carried.**

IX. Lunch

X. Annual Report to the State Council on Alcohol and Other Drugs

The committee discussed some of the issues that P&F has talked about over the past year but are not reflected in the current goals. The committee was reminded of their 4 year plan that was based on SCAODA's strategic plan. Pamela Bean suggested that the committee needs to be more proactive rather than reactive. The committee would like a 1-page document that can be shared with others interested in talking with their legislators so that everyone is sending the same consistent message.

Chair O'Donnell requested each committee member to review the 2011 report and 2012 meeting minutes and send items to include in the annual report to LeeAnn Cooper by August 6, 2013.

DSPS discussion – Katie Paff

Katie Paff reported that substance abuse counselors are currently certified by DSPS and require a HS diploma, completion of an approved course plus 4000 hours of experience. She reported that DSPS is aware that the Affordable Care Act (ACA) has heightened the requirements for Substance Abuse Treatment Professionals. Norman Briggs reported that ITC hosts a public forum at the rural institute conference that is attended by providers from northern Wisconsin. He reported that a lot of the attendees work with Tribes and expressed concern that increasing educational requirements for SAC certification would have a devastating effect on Tribal treatment centers. He stated that with the ACA and its incentives to get more clients into private insurance, it will be the insurance companies that will determine who is reimbursable and stated that it is usually those with a Master's degree. He also stated that there will be more push on treatment outcomes rather than on the number of years of education and/or experience. He stated that recruitment in rural areas is difficult and that rural areas are less likely to attract staff with advanced degrees so while grandfathering has been discussed, there should also be some consideration towards making exceptions for areas that experience recruitment difficulties.

Norman Briggs reported that DSPS administrative codes currently requires that at least 50% of educational hours be face-to-face which limits educational opportunities, especially for those who have to work full time while pursuing a degree. P&F recommends that DSPS consider removing the face-to-face requirement to allow a broader variety of courses to be approved.

XI. Pending legislation

AB 69/SB 56 – These bills require a mandatory minimum sentence for causing bodily harm to another while driving while intoxicated.

AB70/SB 57 – These bills impose a mandatory minimum sentence of 10 years in prison for homicide by intoxicated use of a motor vehicle.

AB71/SB60 – These bills make an OWI 3<sup>rd</sup> offense a felony.

## XII. Agenda Items for Next Meeting - Joyce O'Donnell

1. Plan for meeting with the educational institutions and funding for doing so. (Lou Oppor)
2. Request for update on budget and ability for P&F to provide input on the budget. (Lou Oppor)

Duncan Shroul agreed to review the priorities for the block grant and come up with a list so they can create a fact sheet that can be taken to representatives. Norman Briggs and Duncan Shroul will bring back budget priorities. Duncan will discuss this at the executive committee. He requested a copy of the Ad Hoc Needs Committee report and the committee budget priorities. Norman Briggs will include information about the discretionary grants.

3. Feasibility of consolidating the SCAODA and MH councils into a behavioral health council. Duncan will discuss this with the executive committee and report back to P&F.
4. Discuss mechanisms for gathering input from professionals in the SUD field other than through public forums at conferences.
3. Biomarkers – research-based presentation.
5. P&F Annual report to SCAODA
6. October conference public forum

## XIII. Adjourn

Meeting was adjourned at 2:40 p.m.

## Parking lot

1. Affordable Care Act (ACA) (Emanuel Scarbrough is interested in a 1 page summary about the ACA including information about implementation that can be shared with minority newspapers in Madison. There was also a question about whether there will be any efforts undertaken to reach out to minorities across the state).



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**

Friday August 23, 2013 – 9:30 A.M. – 2:30 P.M.

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

Please call LeeAnn Cooper at (608) 266-2453 or e-mail [leeann.cooper@wisconsin.gov](mailto:leeann.cooper@wisconsin.gov) to advise if you will not attend.

- |            |       |  |
|------------|-------|--|
| 9:30 a.m.  | I.    | Call to Order – Joyce O’Donnell  |
| 9:35 a.m.  | II.   | Review of July 26, 2013 Minutes - Joyce O’Donnell  |
| 9:45 a.m.  | III.  | Budget discussion – Lou Oppor <ul style="list-style-type: none"><li>• Mental Health and Substance Abuse Block Grant Application</li><li>• Status of contract with Division of Continuing Studies</li><li>• Budget cuts for FFY 14</li><li>• Mental Health Council and SCAODA consolidation</li></ul> |
| 10:45 a.m. | IV.   | Affordable Care Act and Medicaid – Sarah Norberg   |
| 11:15 a.m. | V.    | Scope of Practice - Norman Briggs  |
| 11:30 a.m. | VI.   | Report on Women’s Services - Norman Briggs   |
| 11:45 a.m. | VII.  | Committee Reports - Group  |
| 12:00 p.m. | VIII. | Lunch (on your own)  |
| 12:30 p.m. | IX.   | Mike Quirke, PPS discussion  |
| 1:15 p.m.  | X.    | Annual Report to the State Council on Alcohol and Other Drugs  |
| 2:00 p.m.  | XI.   | Pending legislation  |
| 2:05 p.m.  | XII.  | Public forums  |
| 2:15 p.m.  | XIII. | Agenda Items for Next Meeting - Joyce O’Donnell<br>September - biomarker discussion  |
| 2:30 p.m.  | XIV.  | Adjourn  |



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**

**2012 Annual Report**

**Goals and Accomplishments**

From 2010 – 2014 Strategic Plan

September 13, 2013

<b>Goal #1</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p>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 regarding the plans, budgets, and operations of all state alcohol and other drug abuse programs.</p>	<p>Provide SCAODA with recommendations on how the plans, budgets and operations of all state alcohol and other drug abuse programs should be implemented or changed.</p>	<p>In September 2012 submitted the following budget priorities: (1) increase the number of certified AODA counselors prepared to practice under the requirements of insurance companies; (2) increase the number of women’s specialized treatment completions and decrease drug and alcohol abuse among women; (3) to divert drug and alcohol offenders from jails and prisons thereby decreasing rates of incarceration, drug and alcohol use, and breaking the cycle of drug-driven crimes and incarceration; (4) implement SBIRT in primary care settings, trauma centers and emergency departments, and schools (middle school through college). ALL PASSED.</p>
	<p>Expand and fund SBIRT</p>	<p>Formed the SBIRT committee and held four meeting in 2012. The final report was completed in June 2013.</p>
	<p>Follow up on 2011 IDP Funding subcommittee report</p>	<p>September 2012 – MOTION to accept the LAB “Driver Improvement Surcharge Funding Report”. MOTION PASSED.</p> <p>December 2012 - DOT and DPI report to SCAODA on how each department uses the surcharge to prevent intoxicated driving.</p>

<b>Goal #2</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p>When legislation that relates to alcohol and other drug abuse policies, programs or services is introduced or offered in the legislature, SCAODA will provide considered opinion of the effect and desirability as a matter of public policy of the legislation.</p>	<p>Review, analyze, and take positions on AODA-related bills as they are introduced into the legislature.</p>	<p>MARCH 2012 - Motion to oppose AB 464 and SB 358 – Providing a private right of action for bars against persons engaged in conduct that is an underage drinking violation. MOTION PASSED.</p> <p>Motion to oppose AB 547 allowing a certified social worker to provide substance abuse counseling without obtaining an SA counselor license. MOTION PASSED.</p> <p>Motion directing the SCAODA executive committee to create a strategy to increase legislative representation on SCAODA. MOTION PASSED.</p> <p>December 2012 – Motion to support the addition of the definition of intoxicant (“any alcohol beverage, substance used contrary to s. 941.316, controlled substance, controlled substance analog or other drug, or any combination thereof”) to the vehicle statutes that apply to the OWI laws. MOTION PASSED.</p> <p>Motion to support DPI retaining the \$1.3 million allocation received from the penalty surcharge into the next biennium and for the foreseeable future. MOTION PASSED.</p>

<b>Goal #3</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p>Provide leadership and coordination regarding AODA issues confronting the state.</p>	<p>Expand and fund SBIRT</p>	<p>Formed the SBIRT committee and held four meetings in 2012. The final report was completed in June 2013.</p>

<b>Goal #4</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
Identify services that are inadequately funded and create recommendations to increase the funding for those services.	Continue to follow DHS Affordable Care Act implementation plans to assure all Wisconsin citizens will have health care adequate to cover AODA treatment services.	The committee joined other SCAODA committees in monitoring Wisconsin's ACA implementation plans throughout 2012 and will continue to review in 2013.
	Affirm the DHS AODA counselor workforce estimates that predict the need for 1,000 additional qualified AODA counselors by 2020.	This topic was reviewed throughout 2012 and will continue to be reviewed in 2013.
	Create opportunities for certified, non-degreeed counselors to obtain degrees that will allow them to obtain Medicaid reimbursement for eligible services.	The committee joined other SCAODA committees in reviewing the proposed federal Scope of Practice Guidelines and maintaining a dialogue with DHS.

<b>Goal #5</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
Educate providers and potential providers regarding changes in funding systems and structures.	Gather information from stakeholders and qualitative data sources	Formed a joint committee with the Mental Health Council to complete a mental health/AODA needs assessment that formed basis for the 2014 joint block grant application.  Hosted two public forums (May 21, 2012 and October 23, 2012)

<b>Goal #6</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
Identify racial and ethnic disparities among drug offenders' arrests, charging and sentencing rates in Wisconsin during specified periods of time.	N/A	N/A

### SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Duncan Shroul moved that SCAODA formally recognize Nina Emerson at the September meeting. Seconded by Tom Fuchs. Motion carried
Related SCAODA Goal:
Background: Nina Emerson with the UW Madison Center on Impaired Driving has provided support and consultation to SCAODA and its committees for nearly 20 years under a DOT grant. Funding for this position was eliminated beginning in FFY 14. SCAODA and its committees would like to recognize Nina for her passion and commitment to the substance abuse field. <ul style="list-style-type: none"><li>• Positive impact: To recognize and thank Nina Emerson for her 20 years of support for substance abuse services.</li><li>• Potential Opposition: None</li></ul>
Rationale for Supporting Motion: To recognize Nina Emerson for her 20 years of support for substance abuse services.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: That SCAODA support a legislative study to do a comprehensive review of the OWI laws, penalties and treatment services in Wisconsin.
Related SCAODA Goal: 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.
Background: The Intoxicated Driver Program is a very complex program involving law enforcement agencies, courts, IDP assessment agencies, the Department of Transportation, the Department of Corrections, treatment providers, community corrections programs. Laws have been passed over the years that have resulted in complex laws and inconsistent penalties. A legislative study would provide insight as to the various issues and concerns as well as recommend strategies to improve the entire system. <ul style="list-style-type: none"><li>• Positive impact: A more effective OWI program in the State.</li><li>• Potential Opposition: None</li></ul>
Rationale for Supporting Motion: A legislative study would research the problems and issues within the OWI system and provide strategies to improve it.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee requests that SCAODA send a letter to the Secretary of the Department of Health Services recommending that the Department budget for increased costs to continue for the re-applications of provider agencies with contracts with the Department. The amount of the increase should be based on the Consumer Price Index or other standard, recognized measure.
Related SCAODA Goal: Goal #4 Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity for effective, outreach, and effective, accessible treatment and recovery services for all in need.
Background: Agencies with contracts with the Department typically are required to submit a budget with the re-application for continuation of a grant that is identical to the amount requested in the initial grant proposal. Because agencies face the same increases in costs as other businesses for rent, utilities, supplies, etc., the lack of increases to compensate for those increased costs over time results in stagnant wages, staff reductions and decreased capacity. <ul style="list-style-type: none"><li>• Positive impact: Increases in the re-application grant amount to adjust for inflation will allow agencies to maintain qualified staff and maintain client capacity.</li><li>• Potential Opposition: Without increases in the Department budget, increases for costs to continue will have to be derived from other funded programs. All other programs funded by the Department would oppose this.</li></ul>
Rationale for Supporting Motion: As the population grows, so does the demand for effective, accessible treatment and recovery services for all in need. Without increases in funding to at least maintain the current capacity, Wisconsin will fall farther and farther behind in addressing the demand for care.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee requests SCAODA recommend to the Department of Health Services that any organization performing at a high level vis a vis the contract deliverables should be additionally rewarded up to 5% of the current contract.
Related SCAODA Goal: Goal #4 Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity for effective, outreach, and effective, accessible treatment and recovery services for all in need.
Background: The Department should encourage agencies to employ best practices and to evaluate their program outcomes. Providing a financial incentive for agencies that meet and/or exceed contract deliverables will improve outcomes for consumers. <ul style="list-style-type: none"><li>• Positive impact: Rewards agencies that perform at high levels and provides incentives for others to employ best practices to improve consumer outcomes.</li><li>• Potential Opposition: Without increases in the Department budget, financial incentives will have to be derived from other funded programs. All other programs funded by the Department would oppose this.</li></ul>
Rationale for Supporting Motion: As the population grows, so does the demand for effective, accessible treatment and recovery services for all in need. By rewarding high-performing agencies, Wisconsin will achieve better outcomes more cost-effectively.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: SCAODA's executive committee work with the Governor's Office, legislature, and the Department of Health Services Secretary's Office to pursue implementation of the position SCAODA took in 2008 requesting its legislative members introduce legislation increasing the number of statutory members from 22 to 27.
Related SCAODA Goal: Goal #1 SCAODA with its committees (a) effectively fulfills 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; and (c) develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
Background: In June 2008 SCAODA passed a motion requesting its legislative members introduce legislation increasing the number of statutory members from 22 to 27. <ul style="list-style-type: none"><li>• Positive impact: Adding five members will increase the cultural and geographic diversity of the SCAODA and ensure more voices are heard, particularly if citizen members are added.</li><li>• Potential Opposition: There are state agencies that have been created since the SCAODA statute was enacted and some of those agencies should be represented on SCAODA but are not. If the five new members come from state agencies SCAODA could become "top heavy" with government voices.</li></ul>
Rationale for Supporting Motion: New voices are needed on SCAODA to address concerns in a contemporary way. And, SCAODA already passed this motion so action is needed to implement it.

Scott Walker  
Governor

Kitty Rhoades  
Secretary



DIVISION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

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PO BOX 7851  
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**State of Wisconsin**  
Department of Health Services

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

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

**SCAODA Prevention Committee Meeting**

**Thursday, April 18, 2013**

**9:30 am – 2: 00 pm**

Ultratec Building  
5901 Research Park Blvd.  
Madison, WI 53719

**Members Present:** Sgt. Rob Kappleman, Judith Hermann, Paul Krupski, Kathleen Marty, Francine McGuire Winkler, Rick Peterson, Emanuel Scarbrough, Annie Short, Scott Stokes & Lee Wipfli , Chris Wardlow

**Guests:** Arlene Baker, Penny Black, Robin Lecoanet, Christine Niemuth, Louis Oppor, Julie Swanson & Mary Raina Zwadzich

**Welcome, Introductions and Approval of Last Meeting's Minutes**

The meeting was called to order by Chairman Scott Stokes at 9:32 am. Scott welcomed those in attendance and asked members and guests to introduce themselves. Meeting minutes from the 01/17/13 meeting were reviewed by the Committee. Scott would like to make a change to the minutes to include Julie Sherman in attendance at the last meeting. Chris Wardlow moved to approve the minutes with edits, seconded by Emanuel Scarbrough. Minutes were approved.

**Strategic Prevention Framework Partnerships for Success II Grant (PFS II)**

Christy Niemuth shared an overview of the PFS II grant that was received in October 2012. The main goal of the grant is to reduce prescription drug abuse among 12-25 year olds. Eight counties and the Menominee Tribe accepted the funding and have contracts. The grantees will be using strategies from the *Reducing Wisconsin's Prescription Drug Abuse: A Call to Action*, (also known as the 'CSW Report'). Four workgroups have been created to look at the four main strategic prevention areas. They include: 1) Education and Public Awareness, 2) Medication Disposal and Collection, 3) Health Care and Prescribing Practices, and 4) Tracking and Monitoring. The Workgroups will be meeting via teleconference and will be providing a final report with recommendations to grantees by the end of June. Once the strategies are developed (or 'packaged') within the Workgroups and approved by the State and SAMHSA, they will be implemented in the grantees' local communities. Implementation of the strategies are planned to start October 1, 2013. Each grantee will be receiving \$92,649.00 a year, for up to three years. Evaluation will be done by Penny Black from Population Health Institute (PHI).

Additional funds were recently released as a 'request for proposal' from SAMHSA for states and territories that were awarded a PFS II grant. The supplemental funds are to expand and enhance

the State Epidemiological Outcomes Workgroup (SEOW) activities funded under the PFS II. The State will be applying for these funds and have started the process. The application/proposal is due on May 31, 2013 and it would fund the state for 2 years starting October 2013 with \$198,000 for the first 12-months and up to \$150,000 in the subsequent 12-month period.

### **Burden of Excessive Alcohol Use Report**

Paul Krupski with Wisconsin Health First Wisconsin updated the Committee about the recent release of the *Burden of Excessive Alcohol Use Report*. He shared a brief overview of the Report to the Committee, how it came about, the big findings, the big release day and the next steps. As co-author of the report, Penny Black is able to answer any questions relating to the data and analysis.

Health First Wisconsin received a planning grant from Wisconsin Partnership Program from the University of Wisconsin-Madison, School of Medicine and Public Health. The planning grant allowed Health First Wisconsin to hold regional meetings across the state and hear from communities, coalitions and leaders about how Health First Wisconsin could support the local and state efforts.

After identifying a need to have a Burden Report similar to ones that had been created for tobacco control, Health First Wisconsin worked with UW PHI in creating and presenting the Report findings on the Burden of Excessive Alcohol Use. According to their findings, the annual economic cost of excessive alcohol use in Wisconsin is \$6.8 billion, or \$1,200 per person. This figure was strategically framed and focused on the 'excessive use of alcohol' indicators and definitions from federal agencies (binge drinking, heavy drinking, any alcohol consumption by youth aged <21 years, and any alcohol consumption by pregnant women).

The Report was released through press release events in five major media markets: Madison, Green Bay, La Crosse, Wausau, and Milwaukee. Health First Wisconsin partnered with health care agencies, physicians, business owners, judges, professors coalitions and other important stakeholders in the five cities to ensure a minimum of three speakers per location to talk about the Report and the three strategies that are endorsed by Health First Wisconsin that include: 1) making the drinking age 21 for bars and restaurants without exception, 2) increasing alcohol taxes, and 3) legalizing sobriety checkpoints.

Paul reported that lobbyists have been using the Report at all of their meetings with state legislators. Sen. Carpenter had once discussed a sobriety checkpoint bill and Health First Wisconsin is encouraging re-examination and re-introduction of this bill. Paul is hoping that local coalitions are using it with their local governments and local elected officials to support local policies.

Any updates and revisions to the Report to clarify terms or methodology are tracked, dated, include description of edits, and can be found on the Wisconsin Health First's webpage - <http://www.healthfirstwi.org/alcohol/resources.php>. Committee members shared that in the near future they will be holding Town Hall Meetings and asked questions about how to phrase Report findings and their local, county's data.

Future reports and suggestions from the Committee included:

- Is there a way or mechanism that we could find out how much the alcohol industry in Wisconsin makes? Have we looked into their profits statewide?
- Investigation into how the alcohol industry affects job development and how an increase in the beer tax would impact jobs.
- Continue to find funding to update the report every two years with more data in order to continue improving the report.

*Wardlow made the Motion: As a Committee we endorse the Burden of Excessive Alcohol Use Report and recommend that SCAODA write a letter to the Governor and State Legislature supporting legislation that will reduce the burden of excessive alcohol consumption in the state. Motion was seconded by McGuire-Winkle. Motion was approved.*

### **911 Good Samaritan Recommendation Report Review**

Lou Oppor reported that the 911 Good Samaritan Ad-hoc Committee meet yesterday and made revisions to the Report and recommendations. The Good Samaritan Ad-hoc Committee has agreed on the recommendations and would like to present a rough draft to the Prevention Committee for their review, suggestions and ultimately endorsement. Scott Stokes (co-chair of the ad-hoc committee) led the group through the report and answered questions and concerns from the Committee members.

Suggestions and edits to the Report discussed by the Committee included:

- Would like the history of heroin, how it was the first ‘drug crisis’ in the US and that culture plays a big part of how individuals become addicted to heroin (availability, low price, ‘business model’ of drug dealing, etc.)
- The title of Report is misleading, since the recommendations are more about reducing fatal opioid overdoses with a focus on 911 Good Samaritan legislation. Suggestion was to look at re-wording the title and organization of the report.
- Two figures are labeled; “Figure 6” and Christy will make the appropriate edits.
- Choose one name to refer to needle exchange programs, syringe access programs, or clean needle programs for consistency and to frame it in a way that is acceptable to the public.
- More information to show support for the creation and sustaining of drug courts in Wisconsin.
- Scott offered to write ‘Talking Tips’ in response to the Report to help clarify facts, myths, and provide data to support the recommendations (for instance, individuals released from jail/prison have a 9 fold increase in relapsing if they are not provided Naloxone due to tolerance, purity, etc.).

*Emanuel Scarborough made a motion to adopt the 911 Good Samaritan Recommendation Report and send the final to SCAODA for review. Seconded by Wardlow. The motion passed.*

The Committee discussed the rising Heroin problem in the state. Lou Oppor will be emailing Members the ‘Baltimore Report,’ a resource of how a community decreased heroin use and death. Oppor also presented a short video clip from a recent news report on heroin use.

[http://www.fox11online.com/dpp/news/local/on\\_assignment/heroin-epidemic-in-marinette-county](http://www.fox11online.com/dpp/news/local/on_assignment/heroin-epidemic-in-marinette-county)

### **Parents Who Host Campaign Update**

The materials for the Parents Who Host Campaign will be sent out tomorrow. If there are extra materials, Arlene Baker will let coalitions know as soon as possible. 57 communities requested materials this year. This is a decrease from previous years, which may be due to coalitions retaining materials ordered in past years. Billboards are up and they have been seen by Committee Members in Madison and Milwaukee.

### **Prevention Conference/Ancillary Meetings**

Julie Swenson, Co-Director of the Wisconsin Clearinghouse of Prevention Resources at the University of Wisconsin – Madison introduced herself to the Committee and shared the latest updates and news about the Clearinghouse.

The Clearinghouse will no longer be offering ‘free resources’ on their website, library or to be mailed to interested individuals. An identified need for the Clearinghouse was getting the most meaningful and relevant information to people so they could be responsive to their communities’ need. Recently, the Clearinghouse staff have been trained in and implemented project management skills, strategies, collective impact in supporting mutual activities and will be focusing on adult learning techniques in the future.

The Prevention Conference’s theme this year is, “Creating Health Communities Together” with a focus on leadership, collective impact and community engagement. If individuals are interested in assisting the Clearinghouse with planning for the Prevention Conference contact Natalie White at [nmwhite@uhs.wisc.edu](mailto:nmwhite@uhs.wisc.edu).

### **Ad-hoc Committees**

The Prevention Committee had previously made a motion, that was accepted by SCAODA, to form an Ad-hoc committee on marijuana use. Discussion on ‘tabling’ the Marijuana Ad-hoc Committee and establishing the Heroin Ad-hoc Committee took place. Both the CSW report and the 911 Good Samaritan Committee’s report recommend the creation of a Heroin Ad-hoc Committee.

Scarborough and McGuire-Winkler shared their insight on marijuana issues and related problems taking place in their areas. They are currently opposed to tabling the creation of a Marijuana Ad-hoc Committee. They also shared that their communities’ data does not support heroin as being a current priority as where marijuana does due to the high rates of consumption. Committee’s discussion continued with prioritizing the two reports, while stating the need for the Marijuana Ad-hoc Committee since states have increasingly approved legalizing marijuana for recreational and medicinal uses.

A request was made, with several in agreement, to form a Heroin Ad-hoc Committee to develop a report within a year.

*Peterson made a motion to table the Marijuana Ad-hoc Committee and start a Heroin Ad-hoc Committee. Motion was seconded by Short. The motion was approved with one abstention.*

Krupski would like it recorded that this was a good discussion which demonstrates the Committee values both reports and Ad-hoc Committees.

### **Sequestration and the Substance Abuse Block Grant**

Oppor reported that a notice from SAMHSA directed all states to cut 5% from their Block Grants. This translates to about 1.4 million dollars that needs to be cut in Wisconsin. The Bureau is currently going through a process to identify which Block Grant-funded programs have statutory requirements and which are discretionary. Decisions will then be made as to where cuts will be made. Cuts would not be made to 2013 funded programs, but will more likely affect 2014 funding.

The Bureau should have a better sense of what needs to happen by the end of May after the President has posted his budget.

### **Agency Updates**

Kathy Marty shared a recent experience with her Drug Free Communities grant. While meeting with the County Board the local Tavern League was in attendance and with little time Kathy involved parents, kids, and sheriffs to organize a presentation that had a large impact. The presentation included a 7-8 minute video of the Grant's activities. Over an hour of structured and well-organized questions followed, which worked in the Grant's favor. They were approved and re-funded.

Krupski updated the Committee about the Joint Finance Committee Hearings. Currently, there are no alcohol-related items in the budget. If Members were interested in voicing their concerns about tobacco and obesity issues they can go on Health First Wisconsin's website and submit testimony.

Kappleman updated the Committee members about the UW Law Resource Center on Impaired Driving's future and specifically, Nina Emerson's position as the Executive Director. She was notified that the Department of Transportation will not fund the Center for the 2014 fiscal year. Kappleman shared his concern that no person or agency will be able to provide the service and resources that was provided by Nina and the Resource Center which includes, alcohol-related data, legal information and historical knowledge about impaired driving in Wisconsin. He believes the dissolution of funding for the Resource Center will have a negative impact on law enforcement.

### **Future Meeting Dates/Agenda Items:**

Report out on Marinette Heroin Meeting.

Further discussion on ancillary meetings at prevention conference.

Next meeting: Thursday, July 18, 2013 at the Deforest State Patrol

**Adjourn:** Chairman Stokes adjourned the meeting at 2:03 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

**Prevention Committee Meeting  
Wednesday, August 14, 2013  
9:30 a.m. – 1:00 p.m.**

Waunakee Village Center  
333 South Madison Street  
Waunakee, WI 53597

**Agenda**

- Welcome and Introductions
- Approve Minutes from April 18, 2013 Meeting
- Strategic Prevention Framework Partnerships for Success II Grant
- 2012 Prevention Committee Annual Report
- Updates from SCAODA
  - Good Samaritan Report Publication
- Report out on heroin strategies
- Heroin Ad-hoc committee membership
- Prevention Conference/Ancillary Meetings
- Public Forum at the Prevention Conference
- Workforce development – Prevention Specialist Certification
- Agency Updates
- Future Meeting Dates/Agenda Items
  - Next meeting is scheduled for Oct. 17, 2013 – which conflicts with the Alcohol Policy Summit. Discuss alternative dates.

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

<b>Goal #1</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<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 the 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>The Prevention Committee convened and drafted the 911 Good Samaritan Analysis and Recommendation Report for Reducing Opioid-related Overdoses in Wisconsin.</p>
	<p>Identify existing groups with which we currently collaborate and identify groups with which we want to collaborate.</p>	<p>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.</p>
	<p>Develop and implement collaborative initiatives with identified groups.</p>	<p>The 911 Good Samaritan Ad-hoc Committee was established to complete the report identified above. New partnerships were built among providers, law enforcement community, health care professionals, judicial officials and community advocates in establishing and implementing recommendations.</p>

	<p>Improve Committee operations and effectiveness</p>	<p>Quarterly Meetings were held throughout the year and a public forum was held at the annual state prevention conference.</p>
	<p>Explore and enhance membership and participation of 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 committee.</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.</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.</p>
	<p>Explore funding opportunities.</p>	<p>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 communities in the state.</p>

<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 healthy 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>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.</p> <p>The Prevention Committee also provided input into the development of the Parents Who Host Lost the Most Campaign.</p>
	<p>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.</p>	<p>The Prevention Committee consults on the development of Wisconsin's Epidemiological Profile on Alcohol and Other Drug Use. In 2012 the fourth Epi reports 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.</p>

<b>Goal #3</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p>Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:</p> <ol style="list-style-type: none"> <li>a. For effective prevention efforts across multiple target groups including disproportionately affected.</li> <li>b. For effective outreach, and effective, accessible treatment and recovery services for all in need.</li> </ol>	<p>Identify key policies and practices</p>	<p>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 allow 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 health/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 to marijuana use.</li> </ul>

	Develop a definition/description of a healthy, safe, sober Wisconsin.	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.
	Recommend resources to advance the work and effectiveness of local coalitions.	The Alliance for Wisconsin Youth Regional Prevention Centers continues to evaluate the needs of local coalitions and work towards meeting local needs. In 2012 new Regional Centers were established through an RFP. They will begin their efforts in 2013.

<b>Goal #4</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
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.	Engage and collaborate with stakeholders at all levels who have an impact or influence on alcohol, tobacco and other drug abuse.	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.

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

*<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, Regulation and Licensing, Veteran Affairs and Children and Families, and the Office of Justice Assistance, 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 interdepartmental coordination, 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**

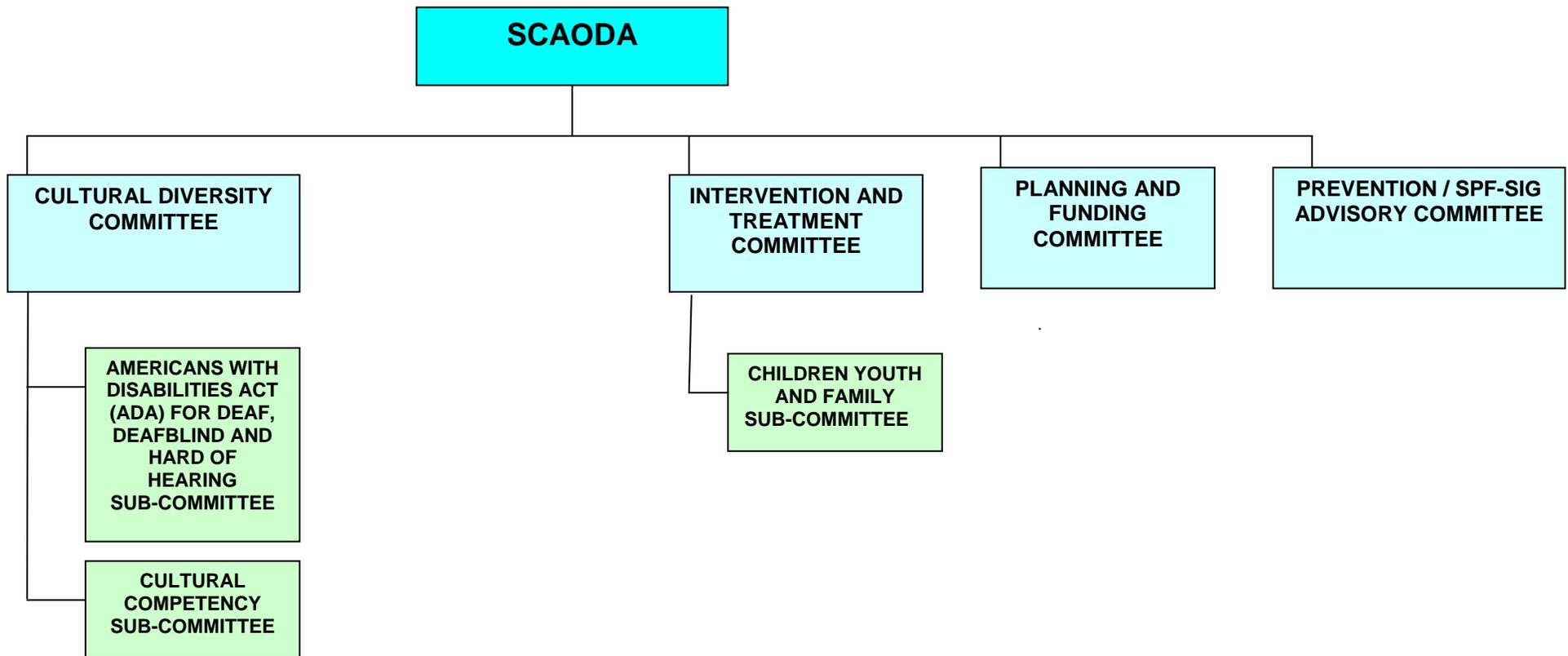
### **Amendments**

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.

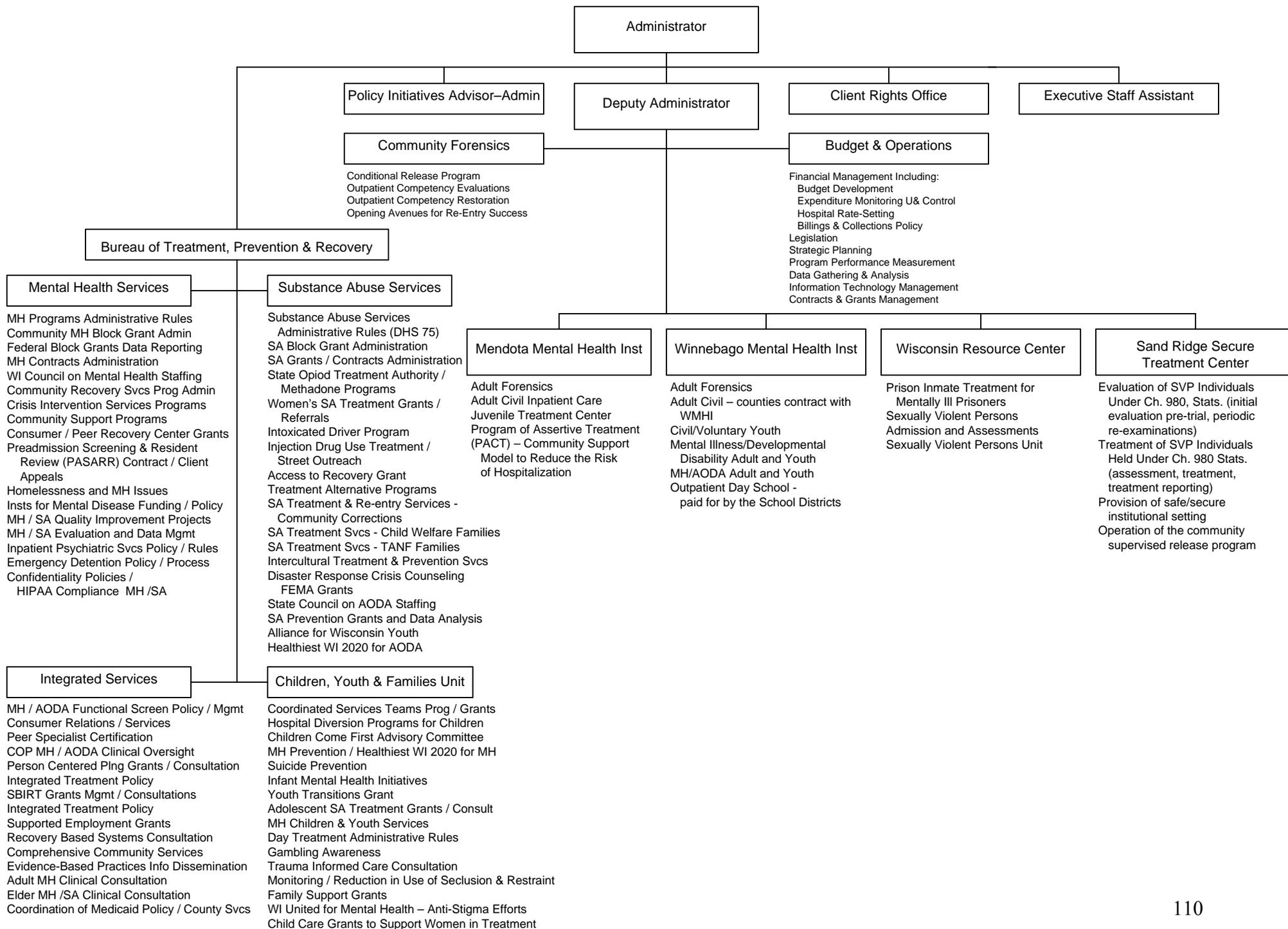
# SCAODA Organization Chart

January 2013

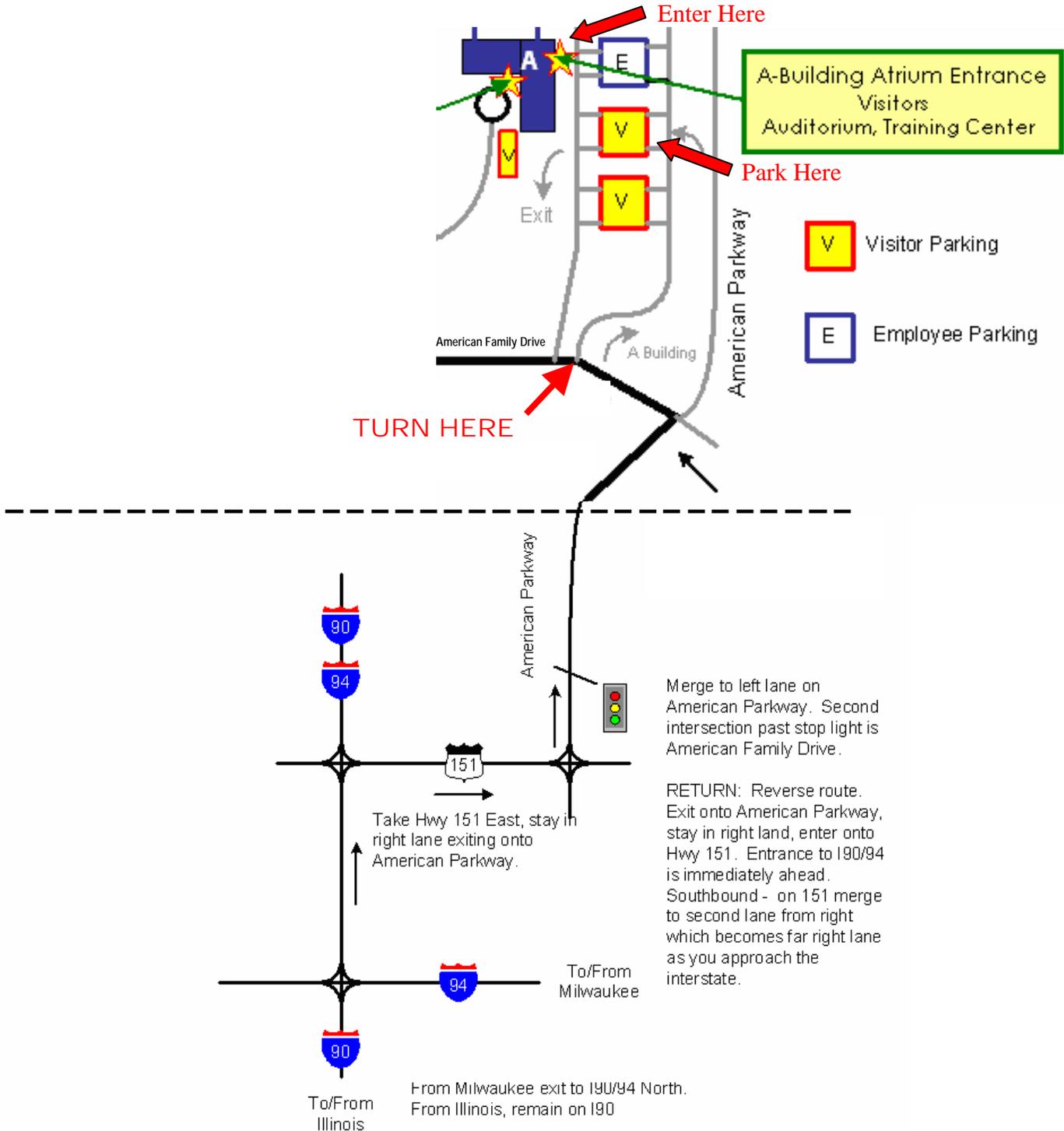
1. Cultural Diversity Committee
  - a. Americans with Disabilities Act (ADA) For Deaf, Deafblind and Hard of Hearing Sub-Committee
  - b. Cultural Competency Sub-Committee
2. Interdepartmental Coordinating Committee
3. Intervention and Treatment Committee
  - a. Children Youth and Family Sub-Committee
4. Planning and Funding Committee
5. Prevention / SPF-SIG Advisory Committee
  - a. 911 Good Samaritan Law Ad-Hoc Committee



**Functions**



# Directions to American Family's Training Center and Auditorium



**Highway Directions to AF-NHQ Campus**

