

Scott Walker
Governor



Duncan ShROUT
Chairperson

Scott Stokes
Vice Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

PLANNING AND FUNDING COMMITTEE MEETING

August 11, 2016

9:30 a.m.

1409 Emil St., MADISON

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

- 9:30 a.m. Call to Order – Joyce O’Donnell
- 9:35 a.m. Review of July 14, 2016, meeting minutes – Joyce O’Donnell
- 9:40 a.m. Public comment – Joyce O’Donnell
- 9:45 a.m. Review Annual Report and accomplishments – Joyce O’Donnell
- 10:30 a.m. Planning and Funding Committee proposed budget initiatives - Joyce O'Donnell
- 11:00 a.m. Review of Block Grant Spending – all
- 11:30 p.m. PFS II grant - review of criteria
- 11:45 p.m. Discussion of public forum at the SA&MH conference October 26-27, 2016
- 12:15 p.m. Committee and agency reports – Committee members
- 12:30 p.m. Agenda items for next meeting
- 12:45 p.m. 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 MINUTES

July 14, 2016

Members present: Joyce O'Donnell (chair), Todd Campbell, Brian Dean, Karen Kinsey, Irene Secora (10:10 a.m.-12:10 p.m. by telephone conference), Duncan ShROUT (9:50 a.m. – 11:05 a.m. by telephone conference)

Members excused: Sally Tess, Emanuel Scarbrough

Staff: LeeAnn Cooper

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

Review of May 19, 2016, meeting minutes – Correction to May 2016 minutes: under committee reports, new Dept. of Labor guidelines for hourly and salaried employees will take affect November 1, 2016, and affect agencies. Fostering Futures is a state initiative, not federal. Under DPI report, winter/spring of 2017, not 2016. Ms. Kinsey moved (Mr. Campbell second). Passed unanimously as amended.

Public comment – None.

Report on June SCAODA meeting

Ms. O'Donnell reported on the Marijuana report at the June SCAODA meeting. She reported that the Planning & Funding Committee (P&F) moved to delete recommendations #7, #8 and #9 from the report. All were deleted on that motion but then there was a second motion to reinsert #8 and #9 which passed so only #7 was removed. Ms. Kinsey stated that there is a new study that big pharma is fighting legalization of marijuana because it was found to have a dramatic drop in the use of opiate medication. She will send the article. Mr. Dean commented that seniors are one of the largest populations to increase marijuana use while decreasing opiate use so pharma is concerned about marijuana replacing opiates and are lobbying against legalization that could result in the loss of a lot of money.

Mr. Dean reported that the Colorado version of YRBS showed a slight drop in teen marijuana usage.

Mr. ShROUT commented that the marijuana report is advisory and for educational purposes so is happy it will go forward and give additional information to legislators.

The approved report will be available, with #7 removed, containing the remaining 21 recommendations. Mr. Shrout stated he does not know whether the Prevention Committee will take any other actions regarding recommendation #7.

Sandy Hardie and Ms. O'Donnell have volunteered to lead the nominating committee. Ms. O'Donnell reported that Mr. Shrout is interested in remaining chair of SCAODA.

Members appreciate the agency reports at SCAODA and asked that the Department of Revenue provide a hard-copy of their annual report at the September meeting giving a full summary of alcohol and tobacco excise taxes collected.

Mr. Campbell said he inquired to DHS about the nicotine report and received a response from Tom Engel who said the department will look into the recommendations.

Next SCAODA meeting is September 9, 2016.

Ad Hoc Funding Committee report

Mr. Campbell reported to SCAODA on the funding report at their June meeting and summarized recommendations from the report. He reported there were two objections to the report, most likely due to the recommended increase in the excise tax. There were no other specific questions that stood out. Mr. Shrout stated he thought the report was well-received and that SCAODA now has a report outlining its position. The recently-enacted CARA legislation was discussed. Mr. Shrout stated he felt it was good to have P&F input on any future funding and thanked the ad hoc committee for their work on this report.

Planning and Funding Committee annual report

Goal #1: Create steady revenue funds – Mr. Campbell suggested that after treatment efforts, remove “by creating ad hoc;” and to change ‘study’ to ‘studying.’

Goal #2: no change.

Goal #3: no change.

Goal #4: no change.

Add Goal #5: Increase the ability of SCAODA to advise the state on AODA-related spending by collaborating with various state agencies.

Motion: adopt annual report to submit for September 2016 meeting: Mr. Campbell (second: Mr. Dean) passed unanimously.

In September, each committee will make 2 reports: an annual report and funding recommendations. In August, P&F will be asked to create 3-4 funding initiatives for the future.

Planning and Funding Committee proposed budget initiatives - Joyce O'Donnell

Agenda item moved to August 2016 meeting.

Ideas discussed:

1. To obtain contract information identifying statutorily required activities vs discretionary activities.
2. To focus on gathering information on how Medicaid rates are set (reimbursement rates are too low). Ms. O'Donnell suggested that SCAODA could appoint an ad hoc committee to discuss this.
3. To learn more about how badgercare+ managed care contracts actually work; possibility that some agencies are not going to be serving straight Medicaid clients vs those on an HMO.

SCAODA coalitions presentation - Duncan Shrout

Mr. Shrout asked Ms. Secora how the committee could help the coalitions. Ms. Secora reported that the Substance Abuse and Mental Health Administration (SAMHSA) denied their request to transfer fiscal agents. The co-chair of her coalition has appealed to SAMHSA to reverse that decision so it looks like this is being reconsidered and they may get the funds back. Ms. O'Donnell asked for a request from their coalition so that the Planning and Funding Committee could take it to SCAODA. Ms. Secora said she will put a recommendation together that the Planning and Funding Committee could support. Mr. Campbell suggested a joint motion with the Prevention Committee. Ms. O'Donnell requested something be sent to the prevention committee about this motion.

Preliminary discussion of public forum at the Substance Abuse and Mental Health Conference on October 26- 27, 2016

Ms. O'Donnell stated that she is not available so Mr. Campbell will chair the forum. AJ Ernst from DHS will staff. Ms. O'Donnell will talk to Mr. Scarbrough to see if he is available to assist. The forum is scheduled for October 26 from 4:45 – 5:45 p.m. Ms. Secora and Mr. Dean are tentative, Ms. Kinsey is unlikely. The SCAODA information brochure could be updated and passed out at the forum.

Committee and agency reports – Committee members

Ms. Kinsey – The RFP for women’s projects are coming out very soon. She reported that there are no longer prepayments available so it’s difficult for smaller providers to participate in the process.

Mr. Dean – Department of Public Instruction (DPI) has been working with Scott Caldwell to promote Screening, Brief Intervention and Referral to Treatment (SBIRT) in schools. The group is currently working on slowing down the process so it’s implemented with fidelity. DPI is working with Mr. Caldwell to come up with stronger administrative buy-in, using grants to do professional learning communities, and working on collection of data on SBIRT to determine effectiveness in reducing risky behaviors. They are using the GAIN, which looks at social problems, violence, criminal behavior, depression, and AODA. This helps to get a baseline and hit on other issues and data collection over time. They are training schools on SBIRT, using CESA staff as trainers to train counselors, social workers, and nurses. Training is free, supported by Mr. Caldwell’s position, DPI contracts with WISH centers; school districts can get AODA grants to pay for staff to be part of professional learning communities. Grants are coming out in December for a 2-year period. Ms. O’Donnell asked if they will be doing a presentation at the school board convention in January 2017. Mr. Dean said he will look into it.

Mr. Campbell – Dane County is applying for a TAD grant through DOJ for their drug court or their pretrial diversion program. There are currently 32 TAD sites, \$6 million is available, and the application closes next week. The grants will help expand options available to those caught up in the criminal justice and AODA systems. Dane County is continuing to look at alternatives to jail/incarceration; looking at current jail facilities and their old cell-block

Agenda items for next meeting

1. CARA – invite AJ to meeting for update and plans if the state receives funds
2. Develop funding recommendations for Sept SCAODA meeting
3. Block grant spending – percentages of how it’s distributed
4. Discuss forum needs
5. PFS II – What criteria was used to select the counties? written information

Adjourned at 12:10 p.m.

Mr. Campbell moved (Mr. Dean second)

Next meeting August 11, 2016

2015-2016 Planning and Funding Annual Report

	<u>Goal</u>	<u>SCAODA Goal</u>	<u>SCAODA Priority</u>	<u>Activities Accomplished</u>
1.	Create steady revenue streams to fund AODA prevention and treatment efforts studying possible funding structures and supporting adequate Medicaid reimbursement for AODA services.	4	1, 3, 5	<ol style="list-style-type: none"> 1. The committee completed the <i>Funding Ad Hoc Committee Report</i> on the current state of AODA funding and made recommendations that were adopted by SCAODA. 2.
2.	Develop a clear and consistent SCAODA message that the public and legislators will support.	1, 2, 3	3, 4	<ol style="list-style-type: none"> 1. The committee updated informational materials around SCAODA and will update those for the newly-elected legislators. 2.
3.	Increase the capacity of SCAODA to effectively advocate on AODA matters.	1, 4	3, 4	<ol style="list-style-type: none"> 1. SCAODA may use the <i>Funding Ad Hoc Committee Report</i> to advocate on substance use matters. 2. Hosted a public forum in October to gather key stakeholder input on substance use disorder issues. 3. Tracked legislation and forwarded to the executive committee bills that may be of interest to SCAODA.

				4.
4.	Advise the department on how various grants should be spent.	1, 4	3, 4	<ol style="list-style-type: none"> 1. SCAODA and the Planning and Funding committee may use the <i>Funding Ad Hoc Committee Report</i> to advocate on AODA matters. 2.
5.	Increase the ability of SCAODA to advise the state on AODA-related spending by collaborating with various state agencies.	1, 4	3, 4	<ol style="list-style-type: none"> 1. SCAODA may use the <i>Funding Ad Hoc Committee Report</i> to advocate on AODA matters. 2.

DRAFT 8/11/16

State Council on Alcohol and Other Drug Abuse (SCAODA)

Strategic Plan July 2014 – June 2018

SCAODA GOALS:

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

SCAODA PRIORITIES for 2015-16

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget proposal for 2017 – 2019 biennium

Committee:

Proposal:

Reason for proposal:

Estimated cost:

SAPTBG 2015-2017 Planned Budget Projections

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1	Substance Abuse Prevention and Treatment Block Grant Budget Projections 2015 - 2017														
2															
3															
4															
5															
6															
7															
8															
9															
10					Anticipated Award	\$ 27,005,481.00				\$ 27,023,040.00			\$ 27,023,040.00		
11					Carry-Over	\$ 3,000,000.00				\$ 2,314,563.00			\$ 1,691,685.00		
12					Amount Avail.	\$ 30,005,481.00				\$ 29,337,603.00			\$ 28,714,725.00		
13	2015/16/17 Budget Detail														
14															
15	Appr.	Program Activity Area	Remarks/Funding Authority	Contract Period	Total Available Contract Admin.	2015 Obligated	Womens (5%)	Prevention (20%)	2016 Planned	Womens	Prevention	2017 Estimated	Womens	Prevention	
16	544	Brighter Futures Tribal	No State or Fed Mandate	FFY	Paul K.	\$ 132,000.00		\$ 132,000.00	\$ 132,000.00		\$ 132,000.00	\$ 132,000.00		\$ 132,000.00	
17	544	Brighter Futures County	48.545, 48,487, 20.437(1)(eg)(kb)(nL)	CY	Paul K.	\$ 1,575,000.00		\$ 1,575,000.00	\$ 1,575,000.00		\$ 1,575,000.00	\$ 1,575,000.00		\$ 1,575,000.00	
18	544	TAP	1987 WI Act 339 - 46.48(4)	CY	Lorie M.	\$ 741,300.00			\$ 741,300.00			\$ 741,300.00			
19	590	DOC TAD Evaluation	No State or Fed Mandate	SFY	Lorie M.	\$ 16,817.00			\$ 16,817.00			\$ 16,817.00			
20	544	Urban/Black Hispanic	46.975 (2) (a)	CY	Bernestine J.	\$ 200,000.00			\$ 200,000.00			\$ 200,000.00			
21	544	AODA Inner City Youth	1989 WI Act 31	CY	Mai Zong V.	\$ 200,000.00		\$ 200,000.00	\$ 200,000.00		\$ 200,000.00	\$ 200,000.00		\$ 200,000.00	
22	544	IV Drug Abuse Treatment	1989 WI Act 31	CY	Beth C.	\$ 1,298,480.00			\$ 1,298,480.00			\$ 1,298,480.00			
23	544	IV Drug Abuse Prevention	1989 WI Act 31	CY	Beth C.	\$ 555,000.00		\$ 555,000.00	\$ 555,000.00		\$ 555,000.00	\$ 555,000.00		\$ 555,000.00	
24	544	HIV Prevention	252.12(2)(c)	CY		\$ 75,000.00		\$ 75,000.00	\$ 75,000.00		\$ 75,000.00	\$ 75,000.00		\$ 75,000.00	
25	544	Juvnile Justice Screening	No State or Fed Mandate	CY	Jamie M.	\$ 1,340,000.00			\$ 1,340,000.00			\$ 1,340,000.00			
26	544	Adolescent AODA Treat.	No State or Fed Mandate	CY	Lucas M.	\$ 50,000.00			\$ 50,000.00			\$ 50,000.00			
27	597 & 544	Urban/Womens Treat	46.89(6)(a), 20.435(5)(gb), 20.435(7)(md), 46.55, 46.23, 51.42 (Funding is split between SABG and DAPIS. DAPIS funding is \$156,272)	CY	Bernestine J.	\$ 2,117,089.00	\$ 2,117,089.00		\$ 2,117,089.00	\$ 2,117,089.00		\$ 2,117,089.00	\$ 2,117,089.00		
28	597	Womans AODA Treatment (ARC)	46.86(5), 20.435(7)(md)	CY	Bernestine J.	\$ 235,000.00	\$ 235,000.00		\$ 235,000.00	\$ 235,000.00		\$ 235,000.00	\$ 235,000.00		
29	597	Treatment Cocain Families	46.86(1)(5), 20.435(7)(md)	CY	Bernestine J.	\$ 1,105,000.00	\$ 1,105,000.00		\$ 1,105,000.00	\$ 1,105,000.00		\$ 1,105,000.00	\$ 1,105,000.00		
30	544 & 597	Tribal Family Services	46.71 Allocates a total of not more than \$500,000 in each fiscal year	FFY	Mai Zong V.	\$ 451,400.00		\$ 451,400.00	\$ 451,400.00		\$ 451,400.00	\$ 451,400.00		\$ 451,400.00	
31	590	Operations		FFY		\$ 2,156,900.00			\$ 2,156,900.00			\$ 2,156,900.00			
32	594	SABG Community Aids	46.40 allocate not more than \$9,735,700 annually	CY	Moelter	\$ 9,735,700.00		\$ 1,947,140.00	\$ 9,735,700.00		\$ 1,947,140.00	\$ 9,735,700.00		\$ 1,947,140.00	
33	597	Methamphetamine Treat.	Governor's 2005 Meth Initiative	CY	Andrea	\$ 199,995.00			\$ 199,995.00			\$ 199,995.00			
34	597	Bureau of Milw. Child Welfare	48.561(1)(3) 2, 46.40(2m)(a)	CY	Bernestine J.	\$ 1,583,000.00		\$ 316,600.00	\$ 1,583,000.00		\$ 316,600.00	\$ 1,583,000.00		\$ 316,600.00	
35	597	Coordinated Service Team	?	FFY		\$ 93,197.00			\$ 93,197.00			\$ 93,197.00			
36	597	My Baby and Me	No State or Fed Mandate	FFY	Bernestine J.	\$ 55,000.00		\$ 55,000.00	\$ 55,000.00		\$ 55,000.00	\$ 55,000.00		\$ 55,000.00	
37	597	OWI Pilot Courts	No State or Fed Mandate	FFY	LeeAnn C.	\$ 191,063.00			\$ 191,063.00			\$ 191,063.00			
38	597	Parents Who Host Lose the Most	No State or Fed Mandate	FFY	Raina Z.	\$ 73,988.00		\$ 73,988.00	\$ 73,988.00		\$ 73,988.00	\$ 73,988.00		\$ 73,988.00	
39	597	Indian Halfway House	1987 WI Act 339	SFY	Lorie M.	\$ 152,400.00			\$ 152,400.00			\$ 152,400.00			
40	597	Probation and Parole	1987 WI Act 339	SFY	Lorie M.	\$ 406,300.00			\$ 406,300.00			\$ 406,300.00			
41	597	Taycheedah Correctional DOC	1987 WI Act 330	SFY	Lorie M.	\$ 202,600.00			\$ 202,600.00			\$ 202,600.00			
42	597	Female Halfway House DOC	1987 WI Act 339	SFY	Lorie M.	\$ 352,200.00			\$ 352,200.00			\$ 352,200.00			
43	597	Lincoln Hills DOC	1987 WI Act 339	SFY	Lorie M.	\$ 235,700.00			\$ 235,700.00			\$ 235,700.00			
44	597	Alliance for WI Youth PRC	No State or Fed Mandate	SFY	Paul K.	\$ 328,716.00		\$ 328,716.00	\$ 328,716.00		\$ 328,716.00	\$ 328,716.00		\$ 328,716.00	
45	597	STAR-SI	No State or Fed Mandate	FFY	Mike Q.	\$ 123,600.00			\$ 123,600.00			\$ 123,600.00			
46	597	Tribal Treatment Services	No State or Fed Mandate	FFY	Mai Zong V.	\$ 21,800.00			\$ 21,800.00			\$ 21,800.00			
47	597	Wisconsin FASD	No State or Fed Mandate	FFY	Bernestine J.	\$ 75,000.00		\$ 75,000.00	\$ 75,000.00		\$ 75,000.00	\$ 75,000.00		\$ 75,000.00	
48	597	Wisconsin Womens Ed. Network	No State or Fed Mandate	CY	Bernestine J.	\$ 60,000.00			\$ 60,000.00			\$ 60,000.00			

SAPTBG 2015-2017 Planned Budget Projections

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
49	597	Youth AODA Services, OJA	2013 Assembly Bill 40, Section 175, 165.987 (2), 20.455 (2) (k)	FFY	Jamie M.	\$ 281,600.00		\$ 281,600.00	\$ 281,600.00		\$ 281,600.00	\$ 281,600.00		\$ 281,600.00
50	597	IDP Enhancement Projects	No State or Fed Mandate	FFY	LeeAnn C.	\$ 483,209.00			\$ 438,209.00			\$ 438,209.00		
51	597	UW Law School	No State or Fed Mandate	FFY	Christy N.	\$ 136,812.00			\$ 136,812.00			\$ 136,812.00		
52	597	SA/MH Regional Pilots	No State or Fed Mandate	CY	Sarah C.	\$ 200,000.00			\$ 200,000.00			\$ 200,000.00		
53	597	Recovery Coaches	No State or Fed Mandate	CY	Faith B.	\$ 63,240.00			\$ 63,240.00			\$ 63,240.00		
54	597	Trauma Informed Care	No State or Fed Mandate	FFY		\$ 100,000.00			\$ 100,000.00			\$ 100,000.00		
55	597	DAPIS Shortfall	No State or Fed Mandate			\$ 150,000.00			\$ 150,000.00			\$ 150,000.00		
56		UW Population Health, Prev Spec.	No State or Fed Mandate	CY	Christy N.	\$ 136,812.00		\$ 136,812.00	\$ 136,812.00		\$ 136,812.00	\$ 136,812.00		\$ 136,812.00
57		Certified Peer Specialists												
58	Totals					\$ 27,690,918.00	\$ 3,457,089.00	\$ 6,203,256.00	\$ 27,645,918.00	\$ 3,457,089.00	\$ 6,203,256.00	\$ 27,645,918.00	\$ 3,457,089.00	\$ 6,203,256.00
59	Amount Available/Required					\$ 30,005,481.00	\$ 1,350,274.05	\$ 5,401,096.20	\$ 29,337,603.00	\$ 1,351,152.00	\$ 5,404,608.00	\$ 28,714,725.00	\$ 1,351,152.00	\$ 5,404,608.00
60	Balance					\$ 2,314,563.00	\$ 2,106,814.95	\$ 802,159.80	\$ 1,691,685.00	\$ 2,105,937.00	\$ 798,648.00	\$ 1,068,807.00	\$ 2,105,937.00	\$ 798,648.00
61														
62	Shades of Gray Amount		\$			7,433,929.00								

**2017 Combined Application for the
Substance Abuse Prevention and Treatment Block Grant and
Community Mental Health Services Block Grants**

Executive Summary

July 19, 2016

**Bureau of Prevention Treatment and Recovery
Division of Mental Health and Substance Abuse Services
Wisconsin Department of Health Services**

Background

Federal law requires that each state submit an annual application for their allocation of Substance Abuse Prevention and Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG) funds. Wisconsin filed a combined SABG and MHBG application for FFYs 2016-2017. An updated application for FFY 2017 for the combined application is due to the Substance Abuse and Mental Health Services Administration (SAMHSA) on September 1, 2016. The projected amount Wisconsin will receive in FFY 2017 via the SABG is **\$27,197,983** and **\$8,267,157** via the MHBG.

Block Grant Priority Areas

The following priorities for planning and system development were presented for public input and comment and approved by DHS and SAMHSA last year and will not change in this application process.

2016-2017 SABG Priorities
FEDERALLY REQUIRED PRIORITIES
1. At least 98% of all certified Alcohol and Other Drug Abuse (AODA) treatment agencies in Wisconsin will be compliant with Tuberculosis (TB) screening, information and referral policies, and practices.
2. Increase prevention, street outreach and access to recovery-oriented treatment for intravenous drug users (IVDU) by 2%.
3. Increase access to culturally appropriate and comprehensive services for special populations such as Hispanic/Latinos, Native Hawaiian or Pacific Islander, African American, Asians, American Indian or Alaska Native, Lesbian Gay Bisexual Transgender and Questioning (LGBTQ), and veterans.
4. Reduce youth access to tobacco products and maintain at retail outlets non-compliance rate of less than 10 percent.
5. Increase the number of women-specific, recovery-oriented, evidence-based services within five counties or tribes with a focus on pregnant women or women with dependent children.
6. Provide services for individuals in need of primary substance use disorder prevention by spending 20 percent of the SABG funds on primary prevention. <i>(This is a new required population)</i>
ADDITIONAL STATE PRIORITY AREAS
7. Reduce adult binge drinking (ages 18-34).
8. Reduce the non-medical/unauthorized use of prescription opiates.
NEW STATE PRIORITY AREAS
9. Provide direction, training and technical assistance for Screening, Brief Intervention, Referral to Treatment (SBIRT) in schools throughout Wisconsin.
10. Increase the capacity of substance use disorder professionals and prevention specialists to provide effective substance use disorder services.
11. Reduce youth binge drinking.
2016-2017 MHBG Priorities
12. Improve service outcomes for youth with Severe Emotional Disturbance (SED) through the use of Coordinated Service Teams (CST) initiatives.
13. Improve consumer satisfaction with recovery-oriented mental health and substance abuse services received through Comprehensive Community Services (CCS) programs by

increasing the percent of adult consumers, youth consumers, and family caregivers who report satisfaction with the outcomes of treatment services.
14. Increase the use of effective and recovery-oriented evidence-based behavioral health services for persons coming in contact with the criminal and juvenile justice system.
15. Reduce the rate of suicide in Wisconsin, including but not limited to persons age 50-59, service members and veterans.

Proposed 2017 SABG High Level Allocation

The following is the proposed high level allocation to be included in the 2017 SABG. There are both federal (see Attachment A) and state statutory requirements (see citations below) for the disbursement of the SABG funding which are included in the block grant documents submitted for review.

SABG FFY 2017 ALLOCATIONS DRAFT	
Community Aids (s. 46.40(2m)(a))	\$9,735,700
State Operations and Administration (20.437(5)(mc))	\$2,219,600
Department of Corrections	\$1,347,417
Department of Children and Families (s. 48.561(3)(a)2, s. 48.545)	\$3,158,000
Women’s AODA Initiatives (s. 46.86, s. 46.55(3m))	\$3,558,233
Juvenile Justice Treatment Grants (s. 48.547(2), s. 165.987(2), s. 20.455(2)(k))	\$1,621,600
Other Primary Prevention Initiatives (s. 46.71, s.252.12(2)(c), s. 6.49(1))	\$2,134,477
Other Treatment Related Grants (s. 46.65, s. 6.49(1))	\$3,422,956
TOTAL Allocations FFY 2017 (October 1, 2016 – September 30, 2017)	\$27,197,983

SABG 2017 Updates

The Federal Fiscal Year (FFY) 2017 SABG allocation for Wisconsin is projected to be \$27,197,983 which is the same as FFY 2016. The funding allocations among the various programs funded by the SABG for 2017 will be amended somewhat based on the ending date of some projects, including: Regional Pilot grants and two Operating While Intoxicated pilot programs. In addition, recent clarification about what constitutes prevention has necessitated a change in re-allocating the \$500,000 Injection Drug Use intervention street outreach program as intervention and not prevention. In order to assure a level of 20% of the SABG expenditures, an additional \$250,000 has been added to the Wisconsin Alliance for Youth regional prevention contracts. To address the growth in methamphetamine addiction related issues, especially in Western Wisconsin, the division proposes to add \$200,000 in one time grants for counties or tribes that implement the evidence-based Matrix Model intensive outpatient program in 2017. The Division is providing training for counties in this model in September of 2016.

Proposed 2017 MHBG High Level Allocation

The following is the proposed high level allocation to be included in the 2017 MHBG. There are both federal (see Attachment B) and state statutory requirements (see citations below) for the disbursement of the MHBG funding which are included in the Block Grant documents submitted for review. The specific state statute references that guide the distribution of funding are included if applicable.

MHBG FFY 2017 ALLOCATIONS	
Community Aids (46.40(2m)(b))	\$2,513,400
Children’s Mental Health/Coordinated Services Teams (CST) (46.56)	\$1,826,500
Family/Consumer Self-Help & Peer-to-Peer Support (46.54)	\$1,127,329
Transformation Activities	\$546,842
Systems Change (46.52)	\$54,287
Recovery, Early Intervention	\$1,231,991
Training (46.53)	\$181,808
Wisconsin Protection and Advocacy (51.62(3m))	\$75,000
State Operation and Program Development Costs	\$710,000
TOTAL Allocations FFY 2017 (October 1, 2016 – September 30, 2017)	\$8,267,157

MHBG 2017 Updates

Wisconsin filed a combined SABG and MHBG application for FFYs 2016-2017. This updated application for FFY 2017 includes some changes. The federal proposed Wisconsin MHBG allocation for FFY 2017 is \$8,267,157 compared to \$8,440,552 that was awarded for the FFY 2016. The planned 2017 MHBG budget has changes in the area of Transformation Activities. This includes the Regional Shared Pilots being completed as well as small increases to training on evidence-based practices for children and youth and evaluation services. In addition, the Peer Specialist training was moved from the Training category to the Family/Consumer Self-Help & Peer-to-Peer Support category.

Public Review Required

The federal requirements for submission of the block grants include insuring that the block grant plan is reviewed by the state planning council, which is the Wisconsin Council on Mental Health. The State Council on Alcohol and Other Drug Abuse is the appropriate body to comment on issues related to substance use and the SABG. The Department must submit the Wisconsin Council on Mental Health’s comment letter regarding the block grant plan with the Block Grant application. In addition, states must consult with federally recognized Tribal governments in their state. In July of 2015 the DMHSAS solicited feedback from the two Councils and the Council committees. The July 15, 2015 meeting of the WCMH also served as an opportunity for public review and comment. DMHSAS received comment from the Tribal Health Directors and from the Tribal State Collaborative for Positive Change. In addition, the FFY 2017 Application Summary will be reviewed with the Wisconsin Council on Mental Health on July 20, 2016.

ATTACHMENT A: Federal Specific Requirements for SABG

There are federal parameters on the use of the federal Substance Abuse Prevention and Treatment Block Grant (SABG) as noted below:

- States must expend no less than 20% on primary prevention.
- States must expend no less than 5% on treatment services for pregnant women and women with dependent children.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services. Further, all entities that serve women and who receive block grant funds must provide preference in the following order:
 - To pregnant injecting drug users first.
 - To other pregnant substance abusers second.
 - To other injecting drug users third.
- Grant funds shall not be used to provide inpatient hospital services unless the safety of the patient is in jeopardy.
- Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for substance abuse and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program).
- Grant funds shall not be used to make cash payments to intended recipients of health services.
- Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition.
- Grant funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
- Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor.
- Grant funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
- Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.
- No funds provided directly from SAMHSA or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization.

ATTACHMENT B: Federal Requirements for the Community Mental Health Block Grant

There are federal constraints on the use of the federal Community Mental Health Block Grant as noted below:

- The primary target groups for the funds are adults with a serious mental illness or children with a severe emotional disturbance.
- The state will provide services only through appropriate, qualified community programs.
- Cannot be used for inpatient services.
- Cannot be used to make cash payments to intended recipients of health services.
- Cannot be used to purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment.
- Cannot be used to satisfy any requirement for the expenditure of non-federal funds as a condition of the receipt of federal funds.
- Cannot be used to provide financial assistance to any entity other than a public or nonprofit entity.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- Must maintain a level of spending in the block grant for a system of integrated services for children not less than the amount expended by the state in 2008.
- The State must maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the two-year period preceding the fiscal year for which the state is applying for the grant.
- States must allocated 10% of the MHBG towards early intervention programs for serious mental illness.

Comprehensive Addiction and Recovery Act (CARA)

S.524/H.R.953

The Comprehensive Addiction and Recovery Act (CARA) establishes a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

The bill passed the U.S. Senate on March 10, 2016, by a vote of 94-1.

Brief Summary of Provisions of CARA

- Expand prevention and educational efforts—particularly aimed at teens, parents and other caretakers, and aging populations—to prevent the abuse of methamphetamines, opioids and heroin, and to promote treatment and recovery.
- Expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives.
- Expand resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.
- Expand disposal sites for unwanted prescription medications to keep them out of the hands of our children and adolescents.
- Launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country.
- Launch a medication assisted treatment and intervention demonstration program.
- Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion and to help at-risk individuals access services.

Section-by-Section Summary of Provisions of CARA

Title I: Prevention and Education

Sec. 101 – Development of Best Practices for Prescribing of Prescription Opioids: This section requires the establishment of an inter-agency task force, composed of representatives from HHS, VA, DEA, CDC, and other federal agencies, as well as addiction treatment organizations and other stakeholder communities to develop best practices for pain management and pain medication prescribing. It also requires the Task Force to submit a report to Congress outlining a dissemination strategy and other recommendations.

Sec. 102 – Awareness Campaigns: This section requires HHS and the Attorney General to advance the education and awareness of the public of the risk of abuse of prescription opioid drugs if they are not taken properly. It also establishes a national drug awareness campaign led by the Office of National Drug Control Policy (ONDCP) to bring attention to the association between prescription opioid abuse and heroin use, as well as focus on the dangers of fentanyl.

Sec. 103 – Community-Based Coalition Enhancement Grants to Address Local Drug Crises: This section authorizes HHS, in consultation with the Director of ONDCP, to make grants to entities suffering from drug crises (experiencing above average rates of prescription drug, heroin, or methamphetamines abuse for extended periods or sudden spikes) to implement community-wide prevention strategies.

Title II: Law Enforcement and Treatment

Sec. 201 – Treatment Alternative to Incarceration Programs: This section authorizes HHS, in coordination with the Attorney General, to make grants to states, local governments, Indian tribes, or nonprofits to develop, implement, or expand treatment alternatives to incarceration under specific circumstances (including with the consent of prosecuting and defense attorneys, corrections officials, and other appropriate stakeholders) for individuals who meet certain criteria. It requires periodic updates on the progress of individuals placed in alternative settings.

Sec. 202 – First Responder Training for the Use of Drugs and Devices that Rapidly Reverse the Effects of Opioids: This section authorizes HHS, in coordination with the Attorney General, to make grants to state, local, and tribal law enforcement agencies for training in the use of naloxone and for the purchase of naloxone.

Sec. 203 – Prescription Drug Take Back Expansion: This section authorizes the Attorney General, in coordination with the Administrator of the Drug Enforcement Administration (DEA), the Secretary of HHS, and the Director of ONDCP, to coordinate with State, local, or tribal law enforcement agencies, as well as pharmacies and others, to develop or expand disposal sites for unwanted prescription medications.

Sec. 204 – Heroin and Methamphetamine Task Forces: This section authorizes the Attorney General to make grants to State law enforcement agencies to locate or investigate illicit activities related to the distribution of heroin or fentanyl, or the unlawful distribution of prescription opioids.

Title III: Treatment and Recovery

Sec. 301 – Evidence-Based Prescription Opioid and Heroin Treatment and Interventions Demonstration: This section authorizes the Director of the Center for Substance Abuse Treatment to award grants to State substance abuse agencies, units of local government, Indian tribes or tribal organizations, or nonprofit organizations in geographic areas that have a high rate of—or have had rapid increases in—heroin or other opioids to expand activities (including those making available medication assisted treatment) in the relevant areas.

Sec. 302 – Criminal Justice Medication Assisted Treatment and Interventions Demonstration: This section authorizes HHS, in coordination with the Attorney General, to make grants to eligible entities for the administration of medication assisted treatment programs through criminal justice agencies.

Sec. 303– National Youth Recovery Initiative: This section authorizes the Secretary of Health and Human Services, in coordination with the Secretary of Education, to make grants to eligible entities (including high schools, institutions of higher learning, nonprofit organizations, and others) to provide

support for recovery from substance use disorders to individuals in high school or enrolled in institutions of higher learning.

Sec. 304 – Building Communities of Recovery: This section authorizes HHS to award grants to certain independent nonprofit organizations for the development and expansion of recovery services.

Title IV: Addressing Collateral Consequences

Sec. 401 – Correctional Education Demonstration Grant Programs: This section authorizes the Attorney General to award grants to states, local governments, nonprofit organizations, or Indian tribes to design, implement, and expand educational opportunities for offenders in jails, prisons, and juvenile detention facilities. Grants under this section may be used to pay for basic education, secondary level education, high school equivalency examination preparation, career technical education, and English as a second language education. They may also be used for instructor hiring and teaching and the screening and assessment of individuals to determine educational and other needs, risk, and aptitude.

Sec. 402 – National Task Force on Recovery and Collateral Consequences: This section creates a task force made up of representatives from the health care, housing, employment, substance use disorder, law enforcement, and legal communities to identify the collateral consequences faced by individuals with state or federal drug convictions and to recommend ways of reducing and, where possible, eliminating them.

Title V: Addiction and Recovery Services for Women, Families, and Veterans

Sec. 501 – Improving Treatment for Pregnant and Postpartum Women: This section authorizes the creation of grants for the purpose of expanding a State's services for women offenders who are pregnant and women offenders with dependent children who are suffering from substance use disorder.

Sec. 502 – Report on Grants for Family-Based Substance Abuse Treatment: This section directs the Attorney General to submit to Congress an annual report that describes the number of grants awarded under section 2921(1) of the Omnibus Crime Control Bill that are used for family-based substance abuse treatment programs that serve as alternatives to incarceration for custodial parents to receive treatment and services as a family.

Sec. 503 – Veterans' Treatment Courts: This section amends the Omnibus Crime Control and Safe Streets Act of 1968 to allow for veterans who were discharged or released from service under dishonorable conditions, if the reason for that discharge was attributable to a substance use disorder.

Title VI: Incentivizing State Comprehensive Initiatives to Address Prescription Opioid and Heroin Abuse

Sec. 601 – State Demonstration Grants for Comprehensive Opioid Abuse Response: This section authorizes the Attorney General, in coordination with the Secretary of Health and Human Services and the Director of the Office of National Drug Control Policy, to award planning and implementation grants to eligible state, units of local government, territories, or Indian Tribes, or combination thereof, to prepare a comprehensive plan for, and implement, an integrated opioid abuse response initiative. The comprehensive response must include specific improvements to state prescription drug monitoring

programs, as well as prevention/education efforts, expanded treatment programs, and plans for reversing opioid overdoses.

Title VII: Miscellaneous

Sec. 701 – GAO Report on IMD Exclusion: This section requires GAO to publish a report, within 365 days, on the impact that the Medicaid Institutions for Mental Disease exclusion has on access to treatment for individuals with substance abuse disorders.

Sec. 702 – Funding: This section authorizes \$62 million for each FY 2016 through FY 2020 in funding for the Attorney General and HHS to carry out the provisions of the bill.

Sec. 703 – Conforming Amendments: This section amends the Omnibus Crime Control and Safe Streets Act to include the heading “Comprehensive Addiction and Recovery”.

Sec. 704 – Grant Accountability: This section requires all grants awarded under the provisions of the bill to be subject to audits and other accountability measures.

Sec. 705 – Programs to Prevent Prescription Drug Abuse under the Medicare Program: This section authorizes amendments to the Social Security Act to ensure the prevention of prescription drug abuse within Medicare among at-risk individuals.

Title VIII: Transnational Drug Trafficking Act

Sec. 801 – Short Title: This section names the Title of the bill as the “Transnational Drug Trafficking Act of 2015”.

Sec. 802 – Possession, Manufacture, or Distribution for Purposes of Unlawful Importations: This section makes it illegal to manufacture or distribute a Schedule I or Schedule II controlled substance with the knowledge that this will be imported into the U.S.

Sec. 803 – Trafficking in Counterfeit Goods or Services: This section adds trafficking in a drug to the U.S. while knowingly using a counterfeit mark with the drug as a crime to be punished by fine or imprisonment.

<http://www.cadca.org/comprehensive-addiction-and-recovery-act-cara>

CONTACT US

The State Council on Alcohol and Other Drug Abuse is supported by staff within the Department of Health Services, Division of Mental Health and Substance Abuse Services. Please direct questions to:

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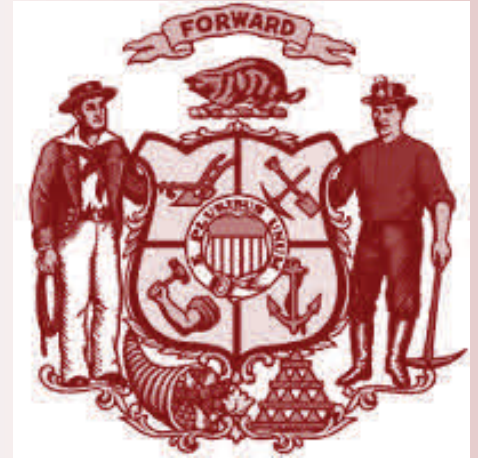
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**State Council On
Alcohol and Other
Drug Abuse
(SCAODA)**

The State Council on Alcohol and Other Drug Abuse (SCAODA) is a statutory council that provides leadership in Wisconsin on substance use issues. This includes the review of legislation concerning alcohol and other drug use.

Members have expertise on substance use issues that impact the health, welfare, and well-being of Wisconsin's citizens.

PRIORITIES

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

COMMITTEES

SCAODA has four standing committees:

- * Diversity Committee
- * Intervention and Treatment Committee
- * Planning and Funding Committee
- * Prevention Committee

Committees draw on the expertise of those in the field by recruiting members from across the state. Committee membership is open to interested parties. Contact the Department of Health Services for more information.

REPORTS

SCAODA has authored several reports.

- * *Marijuana in Wisconsin: Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana*, June 2016
- * *Wisconsin's Heroin Epidemic: Strategies and Solutions*, July 2014
- * *911 Good Samaritan Recommendations: Analysis and Recommendations for Reducing Drug-Related Overdoses in Wisconsin*, August 2013
- * *Reducing Wisconsin's Prescription Drug Abuse: A Call to Action*, January 2012
- * *The ACE Report*, April 2010

These reports are available at:
scaoda.wisconsin.gov.

MEETINGS

SCAODA meets quarterly in Madison.

Meetings are scheduled from 9:30 a.m. to 3:30 p.m. and include time for the public comment.

Meeting materials are posted on the SCAODA website.

2016 Meeting Dates

- ◆ March 4
- ◆ June 3
- ◆ September 9
- ◆ December 9

Committees meet during the months when there is no SCAODA meeting.