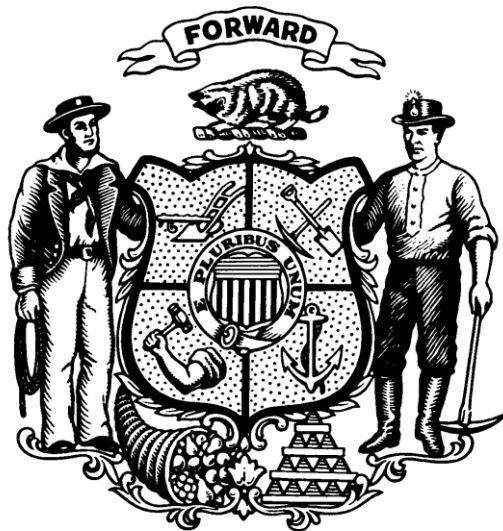


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



March 2, 2018  
MEETING

**Duncan ShROUT**  
Chairperson

**SCOTT WALKER**  
Governor



## **Tobacco-Free Environment**

The Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

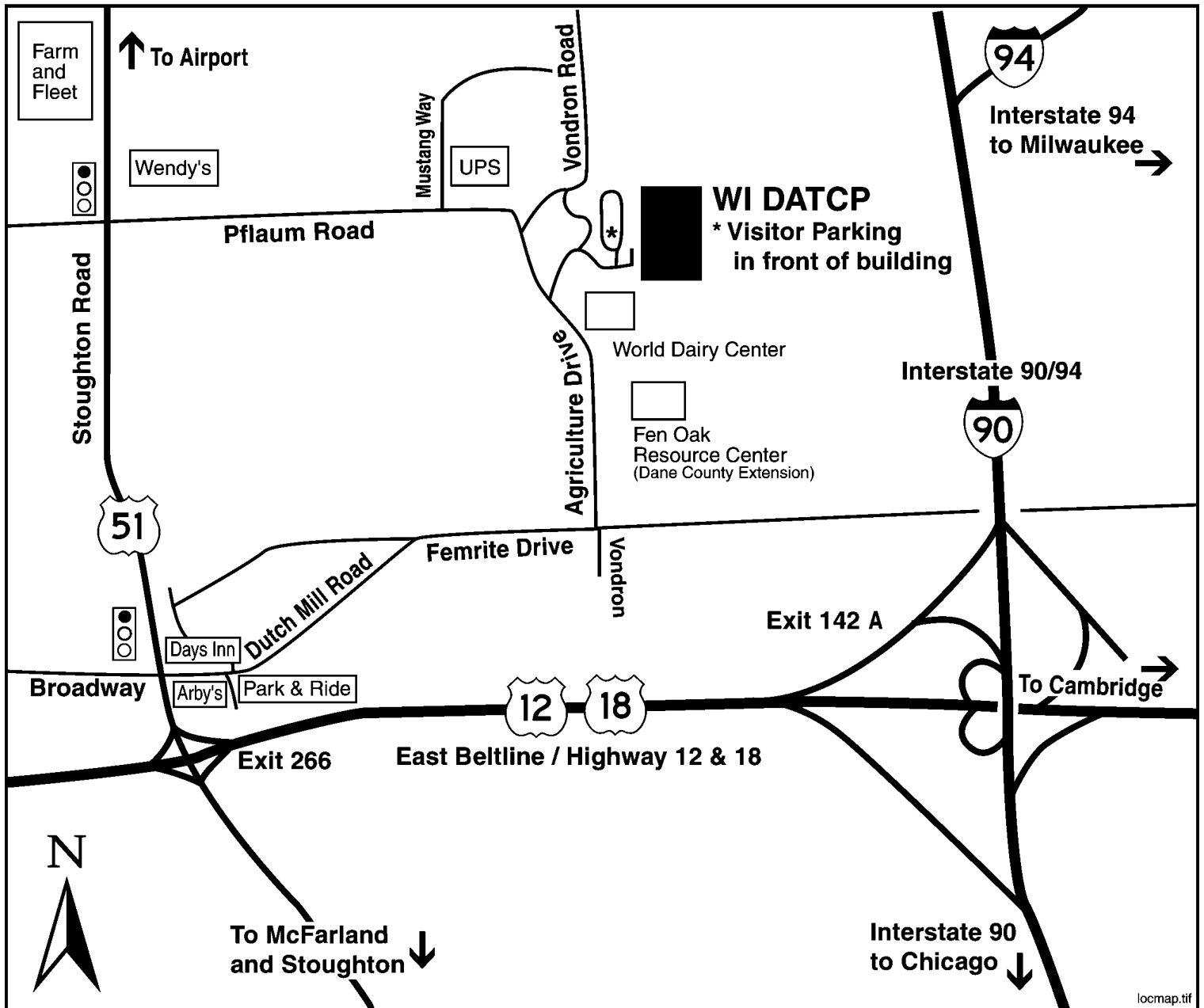
- Use of tobacco products is prohibited in all interior and exterior spaces, including inside your vehicle while on company property and in parking ramps and parking lots.
- We ask that you refrain from using tobacco products while using our facility.

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





**Location Map**  
Wisconsin Department of Agriculture, Trade & Consumer Protection  
2811 Agriculture Drive, Madison, WI 53718-6777



**Directions:** From Highway 12/18 (S. Beltline), exit at Highway 51 North (Stoughton Road) and immediately turn right on E. Broadway/Dutch Mill Road. Follow this as it curves and becomes Femrite Drive. You will turn left onto Agriculture Drive (formerly Vondron Road). Follow Agriculture Drive to the entrance to the Prairie Oak State Office Building on the right. Our building is at the top of the hill. Parking is in the visitor's lot near the front entrance to the building.

**Directions:** From I-90, take the Highway 12/18 (S. Beltline) exit. Stay in the right lane and exit at Highway 51 North (Stoughton Road) and immediately turn right on E. Broadway. Follow this as it curves and becomes Femrite Drive. You will turn left onto Agriculture Drive. Follow Agriculture Drive to the entrance to the Prairie Oak State Office Building on the right. Our building is at the top of the hill. Parking is in the visitor's lot near the front entrance to the building.



State of Wisconsin

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

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

**OPEN MEETING NOTICE**

March 2, 2018, 9:30 AM to 2:30 PM  
WI Dept. of Agriculture, Trade and Consumer Protection  
2811 Agriculture Drive, Madison, WI 53708  
1<sup>st</sup> Floor Board Room

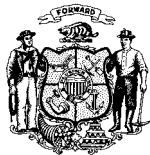
**MEETING AGENDA**

1. Welcome and introductions.....Duncan ShROUT, SCAODA Chairperson
2. Approval of December 8, 2017 meeting minutes..... p. 7
3. Public input (maximum five minutes per person).....Duncan ShROUT
4. Committee reports:
  - Executive Committee.....Duncan ShROUT... p. 13
    - ✓ Update on Council Membership
  - Diversity Committee..... Thai VUE... p. 14
    - ✓ Update on CLAS Standards Training
  - Intervention & Treatment Committee..Norman Briggs & Roger Frings.....p. 28
    - ✓ Update on Substance Use Workforce Report
    - ✓ Motion on Treatment of Tobacco Dependence
  - Planning and Funding Committee.....Duncan ShROUT..... p. 43
  - Prevention Committee.....Chris Wardlow..... p. 48

5. Presentations from SABG & Other Grant-Funded Programs..... Guest Presenters...p. 57
  - ED2Recovery Coach Program
  - Wisconsin Voices for Recovery
  - Meta House – Residential Treatment and SWIFT programs
  - United Community Center – Residential treatment and other programs
6. Latest Recommendations - Governor’s Task Force on Opioid Abuse .....Paul Krupski, DHS Secretary’s Office, and Chris Borgerding, Rep. John Nygren’s Office..... p. 76
7. Lunch
8. SCAODA 2014-18 Strategic Plan – Status.....Duncan Shrout.... p. 98
9. Agency reports:
  - Department of Health Services.....Jennifer Malcore
  - Department of Revenue.....Matthew Sweeney
  - Department of Public Instruction.....Brenda Jennings
  - Department of Safety & Professional Services.....Brittany Lewin
  - Department of Veterans Affairs.....Mike Ayers
  - Wisconsin Technical Colleges.....Katie Roberts
  - UW Systems.....Gary Bennett
  - WI Board for People with Developmental Disabilities.....Ann Sievert
10. Bureau of Prevention, Treatment and Recovery Update.....Joyce Allen, DHS
  - HOPE 2.0 Grant Competition
  - 2018 Training Programs and Conferences
  - Other Program Updates
11. Report from Wisconsin Council on Mental Health .....Mishelle O’Shasky, WCMH Chair
12. Next Meeting Agenda Items.....Council Members
13. Adjournment..... Duncan Shrout

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. Members of the State Council are appointed by the Governor. The Council’s primary function is charged with providing leadership in Wisconsin around substance use disorder issues, advising Wisconsin state agencies on substance use disorder prevention, treatment and recovery activities, and coordinating substance use disorder planning and funding initiatives across state agencies. The Bureau of Prevention Treatment and Recovery within DHS staffs the Council.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-267-7704 or at [Michael.Derr@wisconsin.gov](mailto:Michael.Derr@wisconsin.gov).



State of Wisconsin

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

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

**STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE  
MEETING MINUTES**

December 8, 2017

9:30 a.m.

Wisconsin Department of Agriculture, Trade and Consumer Protection - Madison, WI

Members present: Duncan ShROUT, Kristi Sullivan (Thad Schumacher), Norman Briggs, Roger Frings (Ted Nickel), Sandy Hardie, Thai Vue, Caroline Miller, Sue Shemanski, Dr. Subhadeep Barman, Senator Janet Bewley, Jennifer Malcore (Linda Seemeyer), Representative Jill Billings via Skype, Ryan Shogren via Skype (Brad Schimel), Michael Knetzger, Jan Grebel (Dave Ross), Brian Radday and Emily Jensen (Senator Devin LaMahieu)

Members excused: Christine Ullstrup, Zach Bemis (John Nygren), Brenda Jennings (Tony Evers), Autumn Lacy (John Litscher)

Ex-officio Members present: Mishelle O'Shasky, Mike Ayers (Daniel J. Zimmerman), Brittany Lewin (Laura Gutierrez), Matt Sweeney (Rick Chandler), Jennifer Fyock (Craig Harper), Dasha Young (Eloise Anderson), Katie Roberts via Skype (Morna Foy), Mark Wegner

Ex-officio Members excused: B.J. Dernbach (Ray Allen), Gary Bennett (Ray Cross), Dr. David Galbis-Reig, Ann Sievert (Beth Swedeen)

Staff: Mike Derr, Joyce Allen, Christy Niemuth, Chino Amah Mbah, David Nelson, Lorie Goeser, Mai Zong Vue, Kate Rifken, Beth Collier, Joann Stephens, Bernestine Jeffers, Allison Weber, Alexandra Wright-O'Neil

Guests: Raeanna Johnson, Gary Roth, Paul Krupski, David Macmaster, Dr. Robin Joseph, Harold Gates, Joe Muchka, Karen Doster, Sheila Weix, Peter Thao, Nancy Michaud, Irene Secora via Skype

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**Call to Order:** Chairperson Duncan ShROUT called the meeting to order at 9:32 a.m.

**Introductions:** Members, guests, and staff introduced themselves.

**Approval of September 8, 2017 Minutes:** Norman Briggs moved to approve the meeting minutes, and Sandy Hardie seconded. Mike Derr noted misspellings in the members section that



he would correct. The motion to approve, subject to Derr's addendum, was approved unanimously.

**Public input:** No public input was offered today either in person or by phone.

**Election of Officers:**

Sue Shemanski, as member of the Elections Committee, announced three candidates for the three open positions: Duncan Shroust as the Chairperson, Norman Briggs as the Secretary, and Sandy Hardie as the Vice Chairperson. Each candidate gave a brief presentation on their background. Shemanski moved that the Council members vote by acclamation to elect the slate of three candidates into their respective positions, and Dr. Subhadeep Barman seconded the motion. The Council voted unanimously in favor of the slate of candidates for one year terms. Following the election, Chairperson Shroust strongly encouraged voting members to consider running for elected positions in the future.

**Medicaid Allocations:** Mike Derr referenced the October 2017 announcement from the DHS Division of Medicaid Services that more federal and state Medicaid funding will be allocated to cover mental health and substance use disorder outpatient services. Rates will be raised on January 1, 2018, at a level which meets and/or exceeds rates from surrounding states. This change was initially announced on 10/23/17 at the annual Mental Health and Substance Use Disorder Recovery Conference in Wisconsin Dells. Rates for inpatient services have not yet been affected. Joyce Allen clarified that this increase is not a one-time lump sum-type payment, but will occur continuously. She added that the next Forward Update will provide specific details on the new rates, and that all SCAODA members will have that information forwarded to them.

**Committee Reports:**

*Executive Committee* – There have not been any committee meetings since prior to June 2017 due to vacant officer positions. Duncan Shroust reported that the 2018 council meeting dates have been established, and are found on page 120 of the booklet.

*Diversity Committee* – Sandy Hardie announced that during the Mental Health and Substance Use Disorder Recovery Conference last October, the Diversity Committee held a dialogue session that was really well received. Attendance at the dialogue session continues to grow each year. The Committee sponsored a panel discussion at the conference, and there were several diversity-related breakout sessions. The Peer Specialist presentation was held during the last session, and the committee is currently working with Anthony Harris to refine it further.

*Intervention and Treatment Committee (ITC)* – Norman Briggs summarized the discussion from October and November meetings. The committee received a preview of a software system that shows real-time job openings at various levels of care for treatment programs and social services. The software is not yet ready for distribution, but it should be of great interest for council members. Subhadeep Barman asked about the estimated release date of the software, and Briggs guessed that it would be within the next year. Briggs added that non-profit agencies would not need to pay a fee to use the software, though hospitals and insurance companies would. Guest Sheila Weix clarified that the service is currently used only for Dane County, but that the software developers plan to expand it statewide.

Briggs noted that during the September 2017 Council meeting, Jennifer Malcore moved to incorporate DSPS recommendations in the Workforce Report. The motion did not pass, but the committee took note of her suggestion and decided to wait until the DPS 160-168 administrative rule changes have been adopted by DSPS before considering that agency's recommendations regarding the Workforce Report. At the November meeting, a motion to include a smoking cessation services representative in the ITC was adopted by committee members.

Senator Bewley inquired about what is being done about the methamphetamine crisis in northwestern and other areas of Wisconsin. Briggs replied that vendors who receive second round of HOPE grant funds are being required to provide both methamphetamine and opioid treatment, and that the committee will study best practices. David Nelson added that the federal Opioid STR Grant project administered by BPTR will also assist in this matter. Seven applicants for HOPE 2.0 grant awards are from the northwest part of the state and were listed as high-need areas. Proposals are currently in the award review process.

*Planning and Funding Committee* – Duncan ShROUT said that approximately 35 people attended the open forum that was held at the Mental Health and Substance Use conference. Several suggestions were made, including the following: given how many people come to the meetings and provide information and ideas with little understanding of the state council, one strategy is having an educational session about the state council before holding future open meetings. Several council members offered suggestions regarding DHS rulemaking that encouraged working closely with legislators. The Committee is changing its focus to have a broader understanding of substance abuse funding in Wisconsin and who is being served by the funding, and to achieve more equity in urban/rural distribution. Mishelle O'Shasky expressed interest in having a representative from the Wisconsin Council on Mental Health (WCMH) work with the Committee.

*Prevention Committee* – Christy Niemuth announced an upcoming report on workplace prevention issues that will be developed by the Workplace Prevention Ad-Hoc Committee, headed by Jill Gamez. The Ad-Hoc Committee recently held its first meeting, and more will be held over the next year, with the report being presented to SCAODA for review in late 2018. Stakeholders include representatives in the labor, recovery, business and industry sectors. Opioid STR grant funding that Division of Care and Treatment Services (DCTS) is awarding will go to state coalitions within the Alliance for Wisconsin Youth organizations. Suggestions on how to use the funding included supporting the cost of lock boxes, deactivation units, permanent drop off locations, "take back" events, naloxone trainings for public-facing personnel, and community events. The Prevention Committee also works with an opioid advisory workgroup, which is currently establishing the workgroup's vision and goals. Paul Krupski will be joining this workgroup. Niemuth replied to Norman Briggs that the workgroup is seeking an EAP representative to join them.

**Presentations from Outpatient Treatment Programs:** Bernestine Jeffers provided an overview of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). An accompanying PowerPoint presentation, which was distributed as a handout to the group, will be included on the SCAODA website. Program presenters were from ARC Community Services, Community Advocates, Lutheran Social Services (LSS), and the Wisconsin Department of

Children and Families, Division of Milwaukee Child Protective Services. During the presentations, a lengthy discussion occurred between Senator Janet Bewley and Lorie Goeser regarding housing for former methamphetamine convicts. Additional discussion was held concerning the Treatment Alternative Program (TAP) administered by LSS, including discussion among several Council members and DHS staff for increasing the likelihood of preventing sexual harassment and other abuse in such programs. Mishelle O'Shasky asserted that DHS and the Council need to assure that when overseeing grant-funded programs, staff and other monitors consider quality control and clients' rights issues and concerns. In response to O'Shasky's question, Norman Briggs clarified that ARC Community Services' outpatient services are available to any eligible clients, not just to persons released from the Department of Corrections. All SAPTBG-funded programs are required to use evidence-based practices.

Dr. Robin Joseph presented on the Children Welfare Substance Abuse Program on behalf of the Division of Milwaukee Child Protective Services. She reported that in approximately nine out of ten co-sleeping related deaths, substance use is involved. Children with parents who have substance use disorders often receive in-home safety services. She clarified how the parents are identified as having substance use disorders throughout the process. Thai Vue asked if there was any demographic data available, and Dr. Joseph confirmed that the program is required, by contract, to collect that data, and that it is available in the full performance reports. Mike Derr agreed to include more of that data for future presentations.

**Tracking Performance Outcomes of SABG-funded Programs:** Mike Derr gave a presentation on the Bureau's processes and forms used to track the performance outcomes of programs funded under the Substance Abuse Block Grant. He also presented the Contract Site Visit Base Checklist forms to the group. The materials of this presentation were included in the booklet. Norman Briggs asked if the AODA peer reviews are still being conducted, and Derr confirmed that they are, but that the process is being revised. Mishelle O'Shasky asked if SCAODA members are invited to site visits, and Bureau staff responded that this could be arranged. Harold Gates asked about how CLAS (Culturally and Linguistically Appropriate Services) standards will be implemented. Bernestine Jeffers mentioned that in March, Mai Zong Vue will be training SABG staff on CLAS standards and how to incorporate them into contract.

**Federal Fiscal Year 2018 SYNAR Report on Youth Access to Tobacco:** Nancy Michaud presented the FFY 2018 SYNAR report, which was conducted and written jointly by UW-Madison and the Division of Care and Treatment Services. The report was included in the booklet. The survey is typically conducted during the summer, over the course of 1 month, to determine retailer violation rates. In 2017, the results show that violation rates continued remaining under the required 20%, at 7.7%. Michaud cautioned that the rate had increased 0.5% from the prior year, and increased 2% since 2013. Wisconsin's violation rate is currently lower than the national average (which is about 10%). In previous years, the compliance survey focused only on cigarettes. More recently, the presence of and focus on other products such as cigarillos, e-cigarettes, and smokeless tobacco may have skewed the violation rate upward. In addition, Michaud noted that packaging and flavoring for cigarette alternatives are more discreet than cigarettes, so they are more likely to be sold to minors. She added that 13% of high school students in Wisconsin use e-cigarettes, more so than regular cigarettes at 10%. One of the videos

used in the “Tobacco is Changing” initiative, a media campaign targeted towards the parents of preteens and teenagers, was shown to the Council.

**Agency Reports:**

*Department of Health Services* – Jennifer Malcore introduced Paul Krupski, the new Director of Opioid Initiatives who works in the DHS Secretary’s Office. The Director’s responsibilities fall within three primary categories: coordinating opioid-related policy internally within DHS; serving as a liaison among DHS, other state agencies, and external partners; and leading innovation in fighting the opioid crisis. Malcore mentioned that the ForwardHealth update regarding Medicaid increases will be sent out next week. Also, the Pew Charitable Trust and the Governor’s Opioid Abuse Task Force have been working on how to move forward addressing the opioid crisis. Recommendations will be given next week and released to the public in January.

*Department of Revenue* – Matt Sweeney presented various tax collection numbers and updates. He noted that the excise tax revenues had declined 2.1% over the past year, including a 1.0% decline in liquor tax revenues and 2.7% in beer tax revenues.

*Department of Public Instruction* – On behalf of Brenda Jennings, Mike Derr announced that the 2017 Building the Heart of Successful Schools Conference was scheduled for Dec. 7-8, 2017 in Appleton. The primary conference focus was on the Whole School, Whole Community, Whole Child model. Also, the AODA Student Mini-Grant competition to support prevention education was now completed, with funding awarded to 64 programs. Finally, the results of the 2017 Wisconsin Youth Risk Behavior Survey were now posted on DPI’s website.

*Department of Safety and Professional Services* – Brittany Lewin announced that a public hearing on proposed changes to administrative rule chapters SPS 160-168 has been scheduled for February 2, 2018. On November 30, 2017, Andrea Magermans, the department’s managing director of the Prescription Drug Monitoring Program (PDMP), testified before the US Senate about the program. (To view testimony, see <https://www.help.senate.gov/imo/media/doc/Magermans.pdf>.) In addition, Lewin stated that many activities and initiatives are happening across the state to prevent prescription drug abuse.

*Department of Veterans Affairs* – Mike Ayers gave updates on the VORP program. There have been 829 veterans in 49 counties that the VORP staff has had contact with. Of that number, 330 veterans have been assessed and diagnosed. Ten percent of those assessed have been placed in treatment, with follow up services offered afterward. The program is ending at the end of 2017, but a bill has been introduced to make the program permanent by March 2018. A public hearing will be held in the legislature shortly. Ayers clarified that the total budget is for \$1.3 million for 9 months. Thai Vue asked if those services could be applied to Hmong veterans of the Laos military. Ayers responded that he will get in touch with him later to clarify. Caroline Miller mentioned that training is offered by the Wisconsin Voices for Recovery’s ED2 Recovery Program that may also be a resource for veterans.

*Wisconsin Technical Colleges* – There were no updates given.

*UW Systems* – There were no updates given.

**Bureau of Prevention, Treatment and Recovery Update:** Joyce Allen presented on several Bureau updates. Joann Stephens is the new Consumer Affairs Coordinator. Kate Rifken has been hired on as the Data and Evaluation Specialist. Jason Harris will now be serving as the STR Grant Program coordinator. Kimberly Wild has been hired to serve as the SPF-Rx Grant coordinator. Kristine Palmer was hired last summer to serve as the Opioid Data Specialist. In addition, Allen noted that the Bureau is leading efforts to revise Chapter DHS 75 of the Wisconsin Administrative Rules, with the statement of scope being finalized. The STR Grant program is moving forward with funding opportunities.

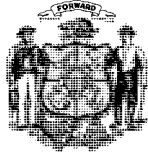
Allen also referenced recent updates to the Integrated Peer Specialist training and certification program; more information was included in the meeting booklet. In addition, the Bureau continues to maintain frequent contact with SAMHSA on several fronts. Mike Derr announced the completion and submission of the FFY 2018 SABG Annual Report, which reported on the most recently-available program outcomes and expenditures. The state has remained in compliance with the SABG requirements, and the new two-year plan (FFY 2018-19) is now in effect. Finally, Allen mentioned that staff assisted the Planning and Funding Committee with holding its annual public forum at the October 2017 Mental Health and Substance Use Disorder Recovery Conference.

**Report from the Wisconsin Council on Mental Health:** Mishelle O’Shasky reported that most of the most-recent Council meeting discussion focused on the strategic plan. She also mentioned Council efforts to keep the committees diverse and the council broad in scope, as well as to include components about advocacy.

#### **Next Meeting Agenda Items**

The next SCAODA meeting will be held on March 2, 2018 at the Wisconsin DATCP. Topics will include block grant program presentations and the ED2 Recovery coach presentation.

The meeting was adjourned at 2:24 p.m.



Duncan Shrout  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Norman Briggs  
Secretary

State of Wisconsin

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

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

**OPEN MEETING NOTICE**

Executive Committee

February 5, 2018

1:00 PM

Via conference call

**MEETING AGENDA**

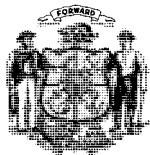
- 1. Call to Order .....Duncan Shrout  
(Council Chair)
- 2. SCAODA Council March 2, 2018 Agenda.....Duncan Shrout
- 3. Status of Council Membership .....Duncan Shrout/Mike Derr
- 4. Public Comment: Substance Use Disorder (SUD) Planning Topics.....Duncan Shrout
- 5. Other Topics.....Committee Members
- 6. Adjournment.....Duncan Shrout

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Executive Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA), and consists of the Council’s three officers. The Committee’s primary objective is to provide leadership and direction to the Council in the setting of Council meeting agendas and prioritizing of Council activities.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-267-7704 or at [Michael.Derr@wisconsin.gov](mailto:Michael.Derr@wisconsin.gov).

**Conference Call:** 1-877-820-7831

**Access Code:** 554523#



State of Wisconsin

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

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

**Diversity Committee Meeting Minutes**

**August 25, 2017**

Badger Rock Center; 501 E. Badger Street  
Madison, WI

**Members Present by Phone:** none

**Members Present:** Denise Johnson, Cathy Scheier, Tish Minor, and Thai Vue

**Members Excused:** Anthony Harris, Harold Gates, and Sandy Hardie

**Members Absent:** Gail Kinney

**Interpreter:** Scottie and Amy

**Staff:** Mai Zong Vue & Allison Weber

**Call to Order:** Thai called the meeting to order at 10:00 a.m. Everyone introduced themselves. Members met a new prevention staff, Allison, who has a background in Latino communities and experiences working with diversity.

**Public Comments:** None

**Approval of Meeting Minutes:** Discussion of the July 28 meeting minutes include Denise's comments that there was no deaf and hard of hearing data report from Mike. Staff will ask Mike to look into adding deaf and hard of hearing data and sending it to the Committee. Gail sent comments for the July meeting minutes on DSPS updates. Cathy moved to approve the July meeting minutes with the addition of Gail's comments. Thai seconded the motion and the motion was approved unanimously.

**DCTS Updates:** DCTS staff got approval to attend and be certified in providing CLAS Standards training. Thai raised issue of cross cultural training for providers. Denise asks for a revised DCTS organization chart. Mai Zong will look for one to share at the next meeting.

**Diversity Workshop:** Cathy will not have a video and will talk about the issues clients faced and answer questions. Members will work on the final details of the workshop format and brief the Committee about the workshop at the Diversity Committee meeting on Monday, October 23.

**Review goals and accomplishments:**

Mai Zong shared Anthony's email comments with the Committee. A discussion on the need to break down the "process to identify unmet needs of underserved populations (SCAODA Priority 2)" took place. Should we make the goals specific and outline specific accomplishment? What

does this mean? Denise reminded the Committee that a strategic plan was done for Diversity not long ago. Due to limited time, the Committee will review the 2018 goals at the next meeting.

**LGBTQ Brochure:** Chino, the fellowship staff, worked on an LGBT booklet for DHS. However, due to publication limitation, she would like to ask if Diversity would be interested to adopt and endorse the brochure.

Many comments were shared and a lengthy discussion was held. Denise welcomed the project. Thai commented that there is a lot of work ahead for the Hmong community on this issue—the pressure, lack of understanding, and consequences that will come if we don't prepare for it, especially the need to prepare and educate clan and cultural leaders to understand LGBT issues. Tish asked about the suicide rate in the Hmong community. Thai shared that majority of the suicide are among young people. They don't know why. This is something that needs research.

What is the plan for the brochure? Should we develop a speaker's bureau to discuss the issues and distribute the booklet? Places to distribute the booklet may include: offender office, annual conferences, speakers bureau work, website, etc. Something to add to the booklet is a personal story in the beginning, to connect to the data in the booklet.

Should the Committee come up with a vision and goal for having Chino draft a series of brochure on the underserved populations? Denise thought this is a good start, for we have not scratched the surface as Thai indicated. We need to plant the seed by having booklets like this available. This is a good example of the unmet needs, which includes the lack of materials about the underserved communities. October is domestic abuse month. This booklet can be used to raise awareness in October.

Thai shared that two Hmong couples were murdered by a soldier who had lots of trauma. The soldier would not have killed these two couples if he received mental health services. Also, in Wausau this summer if the Hmong man who killed an officer, two friends and the lawyer have received appropriate services (domestic abuse, build up tensions and trauma within the family), these lives would not had been lost. Hmong men, in general, carry a heavy burden of social pressure that leads to suicide. Cathy shared that she is still seeing gang issue in Ethan Ellen now a day. Thai said the sensitivity issue is about how we frame our service: Are we the intruders or the planners?

Do we need a formal vote to accept the booklet project? Not necessary because there was a consensus by everyone at this meeting. Cathy made a motion to adopt and approve the LGBT booklet as a project of the Diversity and approve Chino to work on a series of other underserved communities booklets. The Diversity Committee will develop a guideline for the series, including a definition/glossary page that shows what different colors mean in the LGBT booklet. Tish seconded the motion. Motion was approved unanimously.

**Website:** The Committee reviewed the current website format and discussed the following areas: What should Diversity Page look like? Denise asked if Mike can set up the top bar to include key words like: contact us, about us, etc. Should we have a member directory that



includes Committee bios, pictures, number of years each member has been on the Diversity Committee?

Thai commented that he has reviewed Denise's agency website and liked to model the Diversity Page after it. The bars should be: about, what, our committee, resources, contact information, events. Some of the assignments agreed upon were:

1. Denise and Tish will work on the About page.
2. Cathy will draft the page on Our Committee to include bio, photo, position and year, meeting minutes, agenda and annual reports.
3. Gail will work on the Resource page (articles, brochures, links, etc.).
4. Mai Zong will work on the Events page (upcoming training and conferences), webpage purpose using the Diversity Strategic Plan (where citizens can find diversity information, leadership, change, raise diversity awareness and changes, advocacy, and education), and Contact Information page
5. Allison will work on the F/A/Q page (Diversity definition, etc.)

The "what" bar should include the mission--what, who, why was diversity established and how did it get formulate into a committee. Why do you need culturally specific treatment modality?

Everyone should work on their page and send the information to Mike by September 22 and see if he can work on it and show a draft at the October meeting.

**Improving Cultural Competence in Substance Abuse Treatment Review & Discussion:** Due to limited time, this item will be postponed to the October meeting. The electronic version will be sent to members for review and discussion at the next meeting.

**Others:** The original date set for November falls on Thanksgiving week. It was agreed that the November meeting be moved to November 17.

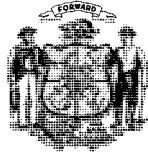
**Next Agenda Item:**

- Improving Cultural Competence
- FFY 2018 Goals
- Website Diversity 2018 Meeting Date Change (1<sup>st</sup> Friday is good for Cathy, Denise and Tish)

Next meeting date is October 23, 2017 at Kalahari Resorts, WI Dells.

**Adjourn:** Cathy made a motion to adjourn the meeting at 2:12 and seconded by Denise.

*Meeting notes by Mai Zong Vue; 608-266-9218*



State of Wisconsin

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

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

**Diversity Committee**

October 23, 2017; Kalahari Resorts  
Wisconsin Dells, WI

**Meeting Minutes**

**Present:** Harold Gates, Anthony Harris, Denise Johnson, Gail Kinney, Cathy Scheier, and Thai Vue

**Staff:** Kenya Bright, Mike Derr, Chino Amah Mbah, Scott Stokes, Mai Zong Vue & Allison Weber

**Guest:** Interpreters

**Call to Order:** Thai called meeting to order at 6:32 p.m. and welcomed everyone.

**Introduction:** Everyone introduced themselves.

**Public Comments:** None

**Approval of August 25 Meeting Minutes:** Meeting minutes was tabled for the next meeting.

**DCTS Updates:** Members met the new Substance Abuse Section Chief, Scott Stokes. Scott gave a brief introduction of himself. Scott joined DCTS with a wealth of experience, including 33 years of experience in the substance abuse. Scott shared that the problem is great and he will do what he can in his new role.

Also, Scott shared a few updates with the Committee. The implementation of the \$7.6 STR grant is underway. The implementation included awarding \$2.4 to expand medication assistance treatment for 16 counties and three tribes. Scott and his team are still working to get these contracts out the door. A Request for Proposal (RFP) for \$2 million (\$1 million is state dollars and \$1 million is required match) to add two opioid centers will be out shortly. There are 11 communities interested in this application. About \$1.4 is awarded to University of Wisconsin for the development of recovery coaches. Wisconsin Voice Recovery will be recruiting and training people to be recovery coaches. The training takes off this month. Committee members asked about the training criteria for recovery coaches. Scott indicated he was not sure, but the concepts are to train people with lived experiences.

In addition, another RFP for \$1 million will be out to fund four additional programs to expand medical assistance treatment. The application amount is \$250,000. RFP is expected to be released in the next couple of weeks. Services can include intensive outreach and education.

Questions and comments asked by the Committee include the need to integrate cultural competency into all substance use programs. Funding is needed for cultural competency training. “We need to start to do something about CLAS Standards training and not just talk about it,” said Thai. How is NIATX, the new SAMHSA regional trainer, coming? Kenya said she will be reaching out to them to see how they are doing after the conference.

Mai Zong shared that DCTS sent her to Seattle in early October for the Equity & Inclusion Train-the-Trainer Program. A cultural competency training schedule will be out soon for DCTS staff, Diversity Committee, and providers.

**Peer Specialist Update:** Kenya introduced herself that she is the Section Chief for the Integrated Section and oversees the Community Comprehensive Services (CCS) Program. Kenya gave a brief presentation on the status of the Dual Peer Specialist Program. In 2010 a peer specialist certified program was in place to certify peer specialist in the area of alcohol and drug abuse. There was a need for mental health peer specialist. Therefore, the purpose was to integrate the services that many people need—mental health and substance abuse services. A new group was formed to develop a dual certification program.

In 2015, the dual peer specialist was finished. They now have an integrated training and exam to serve both mental health and substance abuse. It is important for staff to have both skill sets to meet the clients’ needs. Currently, the program is a two-year pilot training program. There are a lot of people interested. As a new program, a focus will include evaluation. Data collection will be done as people got trained, including if the training met the trainees’ needs, how many people have taken the training, how many people have passed the training, etc. The training is based on Wisconsin’s Peer Specialist Competency Curriculum.

As of now, 12 trainers completed the training. Of these 12, 9 trainers left the program as they got different jobs after trainings. A new group of 50 people were trained in summer 2017. The class size was 25. DCTS contracts with eight Independent Living Centers (ILC) in Wisconsin to conduct the trainings. ILC will host three trainings in January. DCTS will support eight trainings, which means there is no cost for the participants. The last exam date will be December 13. A priority is to offer the training to the people in the northern part of the state. If there is a demand for the training, it can be repeated. A training consists of 48 hours. The training can be done in a 2-day or 3-day setting. There are some weekend trainings available.

A few questions asked by the Committee to Kenya include: who are the trainees, what are they trained to do, why do they want to be trained in as a peer specialist, and how will these peer specialists be used, and do they have connection to people on the street? Kenya shared the following comments: peer specialists in programs like CCS can be trained; job posting will be posted in online at state and WISC jobs. Any job announcement can be sent to Alice Pauser so she can post it on the website. Alice can also send it out to Peer Specialist in the field who are interested. Peer run-respite center also employs peer specialists. Denise asked if there is a

requirement of continuing education credit for peer specialist. Are there any trained specialist who are of the deaf and hard of hearing community? Kenya indicated she was not sure if the survey has a deaf category. Denise shared that she knows of a friend who couldn't find work in WI and now works in MN in this field. Thai asked about the training selection process, who are the trainers and if there is diversity within the pool of trainers. Is there a training fee? Kenya shared the trainers select the trainees based on their interest, training preparation and recovery status in life during a brief interview. Lived experience is a requirement. Now the trainers are predominantly Caucasian. How do we reach out to different community? The training fee, after exhausting the state dollars for eight trainings, is \$300 per person. DVR will pay for training costs if you are involved with DVR.

Committee suggested that there be different training levels. At the November meeting, Mai Zong can share the TOT manual and Committee can help design three different levels such as Beginners, Intermediate and Advanced Cultural Competent Trainings. The Committee feels that Diversity should be a professional requirement for all counselors. Perhaps, there should be a preconference on diversity next year.

Mike thanked the Committee for getting its goals done for SCAODA and shared that the two-year block grant application was submitted to SAMHSA prior to September 1.

**Diversity Reception & Workshop Updates:** Gail and Mai Zong reported that there are over 300 people who signed up for the Diversity Reception. We may have a good problem (run out of refreshments) should everyone attend as they've indicated.

**LGBT brochure approval:** A brief overview of the LGBT brochure background and discussion from the August meeting was shared. Chino, the author of the brochure, was there to take notes and answer any questions.

A lengthy discussion was held on the purpose, distribution, and improvement. Discussion questions include: Where would we distribute it? Do we need SCAODA approval for printing? Why start with LGBT group? Are we reinventing the wheel (does this information available on federal or state level)? What does adoption of this booklet look like? Chino shared that there are limited data and materials on LGBT at state. There is a bit more at the federal level. Anthony added that data is really small in Wisconsin. This brochure can be distributed at the different statewide conferences. Feedbacks from Denise include making the font size bigger for vision impairment readers.

After a lengthy discussion, members agreed that the correct term for the discussion of the brochure was "endorsement". Does Diversity endorse the LGBT brochure or not. If yes, Diversity can recommend to SCAODA for adoption. It was agreed that the next step is for Anthony to work with Chino and present a revised copy at the next meeting for Committee approval.

**Website:** Mike gave an update of the few changes made to the Diversity website. Many suggestions were given to Mike for further updates on the website. There was a brief discussion

about the purpose of having a bio and drop down bar on the website. Mike will revise the website and share at future meetings.

**Review and Approve FFY 2018 Goals:** Members reviewed and made some changes to the 2018 goals as listed below:

- What is the difference between goal #2 and #6? Goal #6 is more about workforce for minority counselor. Promote training for improving culturally competent service delivery (CLAS Standards, etc.) After a brief discussion, it was agreed that goal #6 should be deleted.
- The Committee agreed to add new goal: Maintain the diversity membership that is representative of the broader community. A question was raised about needing to address the question, “What does our membership diversity look like?” in the future.

A suggestion was made to put the recruitment application on Diversity’s webpage as well as making it available at the annual Mental Health and Substance Abuse Conference.

**Improving Cultural Competence in Substance Abuse Treatment Review and Discussion (Tips 59):** Due to time limitation, this topic will be tabled for the next meeting.

**Others:** Gail gave brief overview of the DSPS committee that Sandy was part of and walked through their last meeting. Gail highlighted that page 3 discussed the proposed changes for the licensure requirements of becoming a substance abuse counselor. The purpose of bringing this to Committee attention is for all members to review and read on it for further discussion in future Diversity meetings. The concern here is that this change will add a burden for those who want to get their license, for the requirement will make it harder for a new counselor to get a license than those currently in practice.

**Agenda for next meeting:**

Improving Cultural Competence in SA Treatment – Harold

Comments for federal fund cuts on diversity training and work – Harold will send to Mai Zong

**Adjournment:** Cathy made a motion to adjourn the meeting and Harold seconded at 9:10 p.m.

**OPEN MEETING MINUTES**

Instructions: F-01922A

Name of Governmental Body: SCAODA Diversity Committee			Attending: Denise Johnson, Thai Vue; Peter Thao, guest; Mai Zong Vue, staff; and Kate and Carol, interpreters
Date: 11/17/2017	Time Started: 10:14 a.m.	Time Ended: 12:15 p.m.	
Location: 419 Sand Lake Road, Suite B2, Onalaska, WI 54650			Presiding Officer: Thai Vue, Vice Chair

**Minutes**

Welcome and Introductions: Thai welcomed everyone. Self introductions were made.

Public comment: None

Approval of Meeting Minutes: Due to lack of quorum, the August 25 and October 23 meeting minutes were table to the next meeting.

The item onf improving cultural competence in substance abuse treatment was postponed since Harold was not able to make it to the meeting.

Comments for federal fund cuts on Diversity Training: The Committee review the federal fund cut proposal's section on diversity, Objective E, and suggested the following comments:

1. Needs to ensure that federal and state work closely with faith based and community based organizations.
2. Providers such as doctors needs to be culturally competent in serving disability communities.
3. Ensure that financial resources are provided to implement the strategies.
4. Include diverse population in their strategic planning and anything related to cultural aspects

**Diversity Workshop and Reception Feedbacks**

There was a low turn-out for the Diversity workshop this year. For future workshops, it may need to be more substance with detailed information. Other factors that may contribute to the low attendance in the workshop may have to do with incorrect online signs on the program and door. These caused a lot of confusion.

For the Diversity Reception, some members were surprised that the turnout was much lower than those who signed up. How can we improve it? When people say they will go, how do we make sure they show up? A suggestion is to ensure that the signs at the door or online program have correct title name, time and location. It was suggested that if Diversity wants to take a break on the workshop, Harold and Mai Zong can co-present on doing a culturally competent workshop. Tish will send information on a wonderful workshop on indigenous women for next year's conference.

**Next Agenda Items**

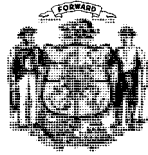
- Improving Cultural Competence in Substance Abuse Treatment – Harold Gates
- Review and approve LGBT Brochure – Anthony Harris
- DSPS SPS 160-168 Recommendations – Sandy Hardie
- Diversity Workshop & Reception
- CLAS Standards
- Harm Reductions – Scott Stokes
- Diversity Committee Strategic Planning

There should be ice breakers activities to help members get to know each other more. The Strategic Planning should be at least two hours of engaging, learning and planning together. The goal is to energize and deepen the working relationships among the members in order for Diversity Committee to meet the 2018 goals set forth for 2018. Can we get a facilitator to facilitate this planning meeting? Staff will look into getting a facilitator for this Strategic Planning session.

Adjourn – The meeting was adjourned at 12:15 p.m. Denise made the motion to adjourn and Thai seconded it.

Prepared by Mai Zong Vue on 1/22/2018.

These minutes are in draft form. They will be presented for approval by the government body on 2/2/2018.



State of Wisconsin

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

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

**OPEN MEETING NOTICE**

Diversity Committee

February 2, 2018

9:30 AM to 2:30 PM  
Diverse & Resilient  
2439 N. Holton Street  
Milwaukee, Wisconsin 53212

**MEETING AGENDA**

- 1. Welcome and Introductions..... Committee Chair
- 2. Public Comment: The committee will accept comments from the public relating to any committee business.....Committee Chair
- 3. Approve Minutes from August 25, October 23, 2017, and November 17, 2017 Meeting.....Committee Chair
- 4. DCTS Updates.....Mai Zong Vue
- 5. Improving Cultural Competence in Substance Abuse Treatment.....Harold Gates
- 6. 2018 Strategic Planning and Goal Review (2018).....Facilitator
- 7. Harm Reduction Discussion.....Scott Stokes
- 8. DSPS SPS 160-168 Recommendations.....Sandy Hardie
- 9. Diversity Reception and Workshop 2018.....All
- 10. Future Agenda Items.....Committee Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Diversity Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s mission is to enhance and honor the lives of Diverse Populations of Wisconsin by providing access to culturally and linguistically appropriate substance disorder use related services.



DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mai Zong Vue at 608-266-9218 or at [maizong2.vue@wisconsin.gov](mailto:maizong2.vue@wisconsin.gov).

**Conference Call:** 1-877-820-7831

**Access Code:** 554523#

## Comments on Proposed Changes to SPS 160-168

Submitted by the Intervention and Treatment Committee  
of the State Council on Alcohol and Other Drug Abuse

In September of 2017, the State Council on Alcohol and Other Drug Abuse approved the “Report on the Workforce for the Treatment of Substance Use Disorders in Wisconsin” as submitted by the Intervention and Treatment Committee (ITC). In January of this year the ITC reviewed the “Substance Use Disorder Treatment and Prevention Policy Recommendations for the State of Wisconsin” submitted to the Co-Chairs of the Governor’s Task Force on Opioid Abuse by the Pew Charitable Trusts’ Substance Use Prevention and Treatment Initiative (Pew Report). The following comments use those two documents as reference.

1. While the DSPS proposes deletion of the archaic terms “substance dependence” and “substance abuse” in favor of the current terminology “substance use disorder”, it does so only in certain sections. We recommend consistency in language that would change, for example, “SPS 161.02 Substance abuse counselor application” to “Substance use disorder counselor application”.
2. *SPS 160.015 is created to read: ...*
  - (2) *Chapters SPS 160 to 168 do not apply to any of the following: ...*
    - (b) *A clinical social worker as defined in s. 457.01 (1r), who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment or prevention services within the scope of his or her licensure.*

The Pew Report notes that Wisconsin places barriers psychotherapists to obtain the Substance Abuse Specialty Authorization, However, even though this exception was in previous rule, it appears, per the DSPS application form #2680 for LCSW, the following education requirements can be met with NO coursework required in substance use disorders if the applicant chooses 2 other coursework areas in (a) through (f)

### ***EDUCATION REQUIREMENT:***

*An applicant must have a master’s or doctorate degree in social work with a concentration in clinical social work, including completion of supervised clinical field training:*

*To qualify as master’s or doctoral degree in social work with a concentration in clinical social work, the course of study shall include one course in psychopathology in social work and, 2 theory and practice courses from among the following:*

- (a) *Case management.*
- (b) *Psychopathology in social work.*
- (c) *Clinical assessment and treatment of specific populations and problems, such as children, adolescent, elderly, alcohol and drug abuse, family or couples relationships.*
- (d) *Psychopharmacology.*
- (e) *Psychotherapeutic interventions.*
- (f) *Electives such as family therapy, social work with groups, sex- or gender-related issues, and topics.*

3. *Section 13 repeals and recreates the requirements for certification chapter. Requirements for the substance abuse counselor are:*

- *Completion of 360 hours of substance use disorder education;*
- *Pass the NCAC I exam; (also required for CSAC)*

The Pew Report states “Overall the lack of SUD counselors in Wisconsin can be attributed to potentially over restrictive training requirements, both through hours required and supervisory elements...” It further recommends “identifying evidence-based and promising practices {for counselor certification} from national associations...” DSPS has chosen the NAADAC model. However, the change to the NAADAC NCAC I exam will cost applicants more in money, change the time frame for completing the testing and potentially limit the ability to move up to higher credential.

The current IC&RC exam can now be taken as soon as candidates complete their 360 hours of education. Once they complete their education requirements and pass that exam, they only need to keep working under supervision to complete the required practice hours to move up from SAC-IT to SAC.

Although the NCAC I credential says only 3000 work experience hours are required, candidates cannot take the exam until AFTER those hours are completed- creating a distance of at least a year and half from their education experiences to the test time, maybe more if they haven't secured full-time employment. It may appear that the 3000 hours of work experience somehow is less of a burden than the 4000 currently required to move from SAC-IT to SAC- but, it is not the IC&RC that determines those experience hour requirements, it is DSPS. DSPS could easily reduce the work experience hours from 4000 to 3000 and still use the IC&RC exam, allowing newcomers to the field to complete the exam immediately after their education hours are confirmed and move forward into the profession with some momentum rather than fearing the looming test later.

The connection to the IC&RC has significant benefit when it comes to reciprocity with other states. Licensure or certification doesn't always cross state boundaries without some extra requirements, but the NAADAC exam is simply not as recognized and accepted. Additionally, the IC&RC exam currently costs applicants \$125. The NAADAC NCAC I application currently costs \$235.

Finally, the NCAC I credential requires no degree. The next NADAAC credential level, the NCAC II requires a BACHELOR'S degree. This can prevent many people from moving up in the profession. Is DSPS simply suggesting using that exam? Or are they moving toward using NADAAC's credential process as well? They currently only use the IC&RC exam, but not the IC&RC credential process, so perhaps they are only considering the exam change, but why?

4. ***SPS 161.04 Clinical supervisor-in-training application.***

*Requirements for the intermediate clinical supervisor or independent clinical supervisor are:*

- or*
- *Holds a clinical substance abuse counselor credential or a credential at the master's level higher under ch.457 with the substance abuse specialty;*
  - *2 years clinical supervisory experience as a supervisor-in-training or intermediate supervisor within the last 5 years;*

- *Complete 30 hours of education in clinical supervision or hold an intermediate clinical supervisor credential; and*
- *Pass the NCSE exam.*

The Pew Report concludes that “The problem of training requirements [for substance use disorder counselors] is compounded by a lack of clinical supervisors to serve in an oversight role for counselors-in-training”. Current rules allow a CSAC to become a clinical supervisor. The CSAC only requires an associate degree, The NCSE requires a minimum of a bachelor degree and \$235 fee. The IC&RC exam fee is currently \$125. Many current practitioners may be dissuaded from seeking intermediate or independent clinical supervision credentials which are required to supervise counselors-in-training.

Further, this change doubles the time requirement for a clinical supervisor-in-training from one year to two years. We suggest that changes should expedite the process of becoming an intermediate clinical supervisor, not impede it.

*5. SECTION 23. Ch. SPS 166 is repealed and recreated to read:  
SPS 166.01 Approval of substance abuse counselor education.*

*(4) Approvals remain in effect for 5 years. After 5 years, the program shall resubmit a new application to become an approved education program.*

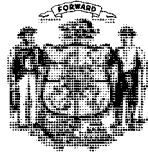
*(5) Approved programs shall provide certificate of completion or transcripts to students and retain student records for 7 years after a student has completed the program.*

If education programs are pre-approved (as they have been) will DSPS find transcripts enough proof of student successful completion or continue to require Form 3079 in addition to a pre-approved transcript of degree completion. When a degree has been completed (specifically for CSAC applications), the transcripts should be enough.

Thank you for the opportunity to comment.

Norman Briggs, Co-Chair  
Intervention and Treatment Committee of the Wisconsin State Council on Alcohol and Drug Abuse.

Joe Muchka, LPC, NCC, CSAC, Member  
Intervention and Treatment Committee of the Wisconsin State Council on Alcohol and Drug Abuse.  
Ad Hoc Committee, ‘Report on the Workforce for the Treatment of Substance Use Disorders in Wisconsin.’



State of Wisconsin

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

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

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

January 9, 2018

10:00 a.m. to 2:30 p.m.

**Location of the Meeting:**

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

**AGENDA**

1. Call to Order and Roll Call
2. Review and Approval of November minutes
3. DSPS Rule Change (Gail Kinney call-in 10:15 am)
4. SCAODA December Meeting Discussion (Norman Briggs)
5. Statement of Scope Update on Chapter 75 (David Nelson)
6. Grant Funding for Opioid/Methamphetamine Treatment Updates (David Nelson)
7. Section updates
  - Children, Youth and Families (Jason Cram)
  - Treatment for Women and their Children (Norman Briggs)  
Urban Rural Women's Grants
  - Heroin/Opiate Update (Elizabeth "Beth" Collier)
8. Public Comments
9. Announcements and/or additional information
10. Future Agenda Items
11. Adjourn

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse. The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

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**Conference Call: 1-877-820-7831 Passcode: 793544**

Next ITC Meeting: February 13, 2018

## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Intervention and Treatment Committee			Attending: Norman Briggs, Roger Frings, Jill Gamez, Caroline Miller, Bill Lauer, Lindsay Just, Al Frank, Dave Macmaster, Sheila Weix (phone), Steven Dakai (phone), David Nelson
Date: 11/14/2017	Time Started: 10:02 am	Time Ended: 2:29 pm	
Location: Dept of Corrections 3099 E. Washington Ave, Madison, WI			Presiding Officer: Norman Briggs and Roger Frings
<b>Minutes</b>			

### Intervention and Treatment Committee Minutes

November 14<sup>th</sup>, 2017

Dept of Corrections

Madison, WI

#### 1. Roll Call and Call to Order

In Attendance: Norman Briggs, Roger Frings, Jill Gamez, Caroline Miller, Bill Lauer, Lindsay Just, Al Frank, Dave Macmaster, Sheila Weix (phone), Steven Dakai (phone).

Excused: Joe Muchka, Jason Cram, Sarah Bremser

Visitor: Richelle Masteler

DHS Staff: David Nelson

Called to Order at 10:02 am by Norman Briggs

#### 2. Review and Approval of Minutes

Minutes of October's meeting reviewed. Motioned to accept by Roger Frings, seconded by Steven Dakai. Caroline Miller and Bill Lauer abstained. Motion passed.

#### 3. Wintip Updates

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WiNTiP updates from David Macmaster. Mr. Macmaster reviewed WiNTiP's document titled *Wisconsin Behavioral Health Delivery System: Opportunities to Promote Tobacco Dependence Treatment* and a draft of *The Case for Integrating Tobacco Dependence Treatment in Wisconsin Substance Use Disorder Treatment*. Mr. Macmaster gave a quick history of the necessity of nicotine cessation and the difficulties in getting certain language written into the Substance Abuse Block Grant. He also mentioned he would like to see new language in the update of Chapter 75 for nicotine cessation, as well as counselors receiving specialized training in nicotine cessation. Roger Frings motioned for Mr. Macmaster to be the ITC representative for smoking cessation to Chapter 75 revision. Al Frank seconded. Approved. It was also suggested that Mr. Macmaster bring forth a motion to SCAODA for their recommendation that counselors receive training for smoking cessation.

#### 4. Statement of Scope on Chapter 75

David Nelson provided an update on the Statement of Scope. He is currently forming the Advisory Committee to review the Statement prior to sending it to the Governor's office. It has preliminary approval from Grant Administration and BPTR administration. It was also mentioned how 75 will be revised with ASAM and evidence-based treatments in the forefront.

#### 5. Review of DSPTS comments on the Workforce Report

The ITC decided to not include DSPTS's comments into the Workforce Report, indicating DSPTS was invited to "the table" to address the report but did not participate. It was decided if they wish to have their comments noted, there comments can be a different report or be added as an addendum to the Workforce Report. This subject was tabled to January to further discuss this issue.

#### 6. Discussion of next steps to address the Methamphetamine crisis in Northwest Wisconsin.

A review of the Meth issue was discussed with data presented by Norman Briggs. The difficulties in delivering services to a rural area were noted and discussed. The current DHS GFO for Opioid/Methamphetamine Treatment Centers was noted, and informed the deadline for proposals is this Friday, November 17. Proposers are to address this issue. David Nelson, as Contract Administrator for the current HOPE's grants and current GFO, it is important to utilize the active in-time data to address issues. These projects reflect current data, and challenges, and successes.

#### 7. Section Updates

Children, Youth, and Families – Jason Cram was ill today, and could not attend. Jill Gamez mentioned DHS's GFO for MultiDimensional Family Counseling for ages 16-25 is in the process of review. She also mentioned she would be interested in helping with this section.

Treatment for Women and their Children – Norman Briggs mentioned the Urban Rural Women's Grant contracts have been extended six months.

Heroin/Opiate Update – Paul Krupski is now the Opioid Director. Jason Harris is now the STR Coordinator.



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8. Public Comments

No public comments.

9. Announcements and/or additional information

David Macmaster noted Wintip did a presentation at Problem Gambling Conference.

Norman Briggs mentioned Joe Muchka did a terrific job presenting the Workforce Report at UW-Hospital in Madison recently.

10. Future Agenda Items

None noted.

11. Adjourn

Meeting adjourned at 2:29 pm. Motioned by Bill Lauer. Seconded by Al Frank. Carried.

Prepared by: David Nelson on 1/10/2018.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/9/18



State of Wisconsin

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

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

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

February 13th, 2018

10:00 a.m. to 2:30 p.m.

**Location of the Meeting:**

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

**AGENDA**

1. Call to Order and Roll Call
2. Review and Approval of January minutes
3. DSPS Rule Change – Continued discussion
4. Motion – David Macmaster
5. A discussion about ITC’s overall ‘workplan’ and areas identified we might want to be working on/assigning.
6. Update on recovery housing initiatives – Bill Lauer
7. What’s happening from an ITC perspective in our respective regions? Can some of our committee members report out with some brief information?
8. Opiate Initiatives Update – Paul Krupski (guest)
9. Section updates
  - Children, Youth and Families (Jason Cram)
  - Treatment for Women and their Children (Norman Briggs)  
Urban Rural Women’s Grants
10. Public Comments
11. Announcements and/or additional information
12. Future Agenda Items
13. Adjourn

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse. The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

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**Conference Call: 1-877-820-7831 Passcode: 793544**

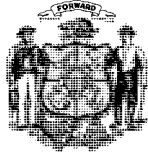
Next SCAODA Meeting: March 2<sup>nd</sup>, 2018

Next ITC Meeting: April 10th, 2018

## SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment Committee
Motion: Revise the Chapter 75 Administration code to remove language that prohibits the treatment of tobacco dependence and add language that establishes such treatment as the expected standard of care; and establishes a committee within the Bureau of Prevention, Treatment and Recovery to develop a strategic plan that will lead to the implementation of evidence-based tobacco use disorder treatment in all levels of Wisconsin substance use disorder intervention and treatment services by 2020.
Related SCAODA Goal: (2) Change Wisconsin's cultural norms to transform the state's AODA problems into healthy behavioral outcomes and (4) Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.
<p>Background: As Wisconsin works to address the opioid epidemic and engages in strategic planning to lessen the devastating impact that addiction has on Wisconsin families and communities, continuing to look at evidence-based approaches to increasing positive SUD treatment outcomes is paramount. See: Wisconsin Behavioral Health Delivery System: Opportunities to Promote Tobacco Dependence Treatment (WNTIP).</p> <p>Substance Use Disorders, and other behavioral health concerns, are highly correlated with tobacco use and tobacco use disorders and significantly, tobacco use continues to be associated with negative treatment outcomes. According to a recent National Survey on Drug Use and Health, about 50% of people who use alcohol use tobacco, while 77% of those with an opiate or heroin use disorder use tobacco (SAMHSA, 2013). In Wisconsin, these statistics are even higher; the prevalence of tobacco use disorders in those admitted for Wisconsin substance use disorder treatment ranges from 85.6%-92%, according to qualitative data from two rural SUD treatment facilities (St. Clare Center, Baraboo; St. Joseph's Hospital, Marshfield).</p> <ul style="list-style-type: none"><li>• Positive impact: Importantly, tobacco cessation interventions are associated with a significant increase in long-term sobriety as well as improvements in depression, anxiety, stress, and overall quality of life (NSDUH, 2009-11). Treating tobacco dependence as part of treating other addictions leads to better clinical outcomes for all addictions, including opioid use disorders. Research shows that providing smoking cessation interventions during addictions treatment was associated with 25% greater likelihood of long-term abstinence from alcohol and illicit drugs (Prochaska et al., 2004). Based on national survey data, among people in recovery from a substance use disorder, relapse was twice as high among smokers who continued to smoke compared to smokers who quit (Weinberger et al., 2017). Successful 100% tobacco free integration has been confirmed as achievable in Wisconsin substance use disorder treatment (without losing market share) with St. Joseph's Hospital, Marshfield and L.E. Phillips, Chippewa Falls. Importantly, success has been demonstrated in other states' rule and administrative code revisions.</li><li>• Potential Opposition: Wisconsin lacks the resources or capacity to support statewide implementation of tobacco use disorder treatment into SUD and other behavioral health treatment.</li></ul>
Rationale for Supporting Motion:

1. Those with a Substance Use Disorder have a very high prevalence of tobacco use (Guydish et al., 2011; Richter et al., 2001; SAMHSA, 2014).
2. There are clear and proven health consequences associated with prolonged tobacco use and misuse (DHHS, 2014; Grant et al., 2004; Palmersheim et al., 2015).
3. Treating tobacco dependence as part of treating other addictions leads to better clinical outcomes for all addictions, including opioid use disorder (Prochaska et al., 2004; Weinberger et al., 2017).
4. Current administrative codes do not support inclusion of tobacco use disorder or cessation education and treatment (see: DHS 75: 5-16).



State of Wisconsin

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

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

**OPEN MEETING NOTICE**

Children, Youth, and Family Treatment Subcommittee (CYFT)

December 11, 2017

10:00 a.m. to 12:00 p.m.

**Location of the Meeting:**

Department of Corrections

3099 E. Washington Ave.

Room 1M-K

Madison, WI

**AGENDA**

1. Call to order and roll call
2. Review membership and discussion on member recruitment
3. Discussion on recommendations to ITC regarding future direction of CYFT
4. Update on status of youth treatment initiatives grant
5. Update on current Wisconsin legislation on substance use disorder topics/issues
6. Public comments
7. Announcements and/or additional information
8. Future agenda items
9. Adjourn

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Children, Youth, and Family Treatment Subcommittee of the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA). The mission SCAODA is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

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**Conference Call: 1-877-820-7831 Passcode: 458043**

2018 CYFT Meeting Dates: To Be Determined

**OPEN MEETING MINUTES**

Instructions: [F-01922A](#)

Name of Governmental Body: Children Youth and Family Treatment Subcommittee of the Intervention and Treatment Committee of SCAODA			Attending: Sara Bremser, Daniel Cousins, Christi Gaus-Bemis, Cynthia Green, Mari Kriescher, Jennifer Witkowski, Jason Cram
Date: 12/11/2017	Time Started: 10:00 AM	Time Ended: 11:40 AM	
Location: Department of Corrections; 3099 E Washington Ave; Madison, WI			Presiding Officer: Mari Kriescher

**Minutes**

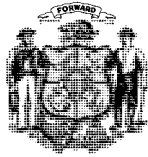
1. Call to order and roll call
  - a. Mari Kriescher volunteered to chair the meeting
  - b. Committee members present in person or via teleconference: Sara Bremser – DOC; Daniel Cousins – Northwoods Behavioral Health; Christi Gaus-Bemis – DPI; Cynthia Green – UW Health; Mari Kriescher – Oneida Nation; Jennifer Witkowski – Portage County HHSD; Jason Cram – DHS
  - c. Committee members not present either in person or via teleconference: Kimeko Hagen – Options Treatment Program; Paul Schmidt – Vernon County; Sara Hungerford – Wisconsin Council on Problem Gambling
2. Review membership and discussion on member recruitment
  - a. Committee discussed need to increase membership and identified the need for parent or consumer involvement and increased service provider involvement
  - b. Committee discussed it is challenging to recruit members as the CYFT does not have a clear mission or direction and the requirements of a committee member are not clearly articulated or documented
3. Discussion on recommendations to ITC regarding future direction of CYFT
  - a. Committee discussed options on continuation of CYFT
    - i. Recommending dissolution was discussed
    - ii. Struggles of committee membership and meeting attendance was discussed
    - iii. Time commitment of committee chair was discussed
  - b. Committee resolved to recommend CYFT continue for the following reasons
    - i. Treatment for children and adolescents very different than treatment for adults
    - ii. Voice of children and adolescents needs to be represented and heard
    - iii. Committee has the ability to influence policy in terms of treatment services for the child and adolescent population
  - c. Action Plan:
    - i. Jason Cram will attend the 01/09/2018 ITC meeting and seek guidance/direction on committee chair, committee makeup, and recommendations for committee members; additionally Jason Cram will provide the ITC with a status update on the CYFT
    - ii. At a subsequent CYFT meeting, agenda items will include: identifying committee makeup gaps such as a parent of a consumer; developing a CYFT mission and vision; developing a “job description” and term length for committee members; developing a “job description and term length for committee chair
4. Update on status of youth treatment initiative grant
  - a. Jason Cram informed committee that a GFO Announcement was made in October and as a result, two of four provider have been identified
  - b. Jason Cram informed committee that a new GFO Announcement will be issued this month with the intent of identifying two additional providers
  - c. Committed discussed that there may have been some confusion in the original GFO in regards to reimbursement; Jason Cram stated this was

- 
- clarified in the GFO that will be issued this month
- d. Jason Cram will send the committee the VendorNet link to the new GFO once it is posted and requested the committee send the link to provider organizations who they believe may be qualified and interested
5. Update on current Wisconsin legislation on substance use disorder topics/issues
    - a. Jason Cram, after the meeting, sent to all committee members the most recent “SCAODA Bill Tracking Sheet” dated 11/16/2017
  6. Public comments
    - a. There were no public comments
  7. Announcements and/or additional information
    - a. Christi Gaus-Bemis announced a DPI, WI FACETS, and UW Whitewater sponsored conference titled “Endless Possibilities” on 08/02/2018 and 08/03/2018 at UW Whitewater; the target audience for the conference includes parents, educators, providers, and social workers; the conference will include a keynote address and three breakout sessions
    - b. Mari Kriescher agreed to be the temporary chair of the CYFT
  8. Future agenda items
    - a. Review/approve 12/11/2017 minutes
    - b. Report-back from Jason Cram on his attendance at the 01/09/2018 ITC meeting
    - c. Report-back from Jason Cram on the Youth Treatment Initiative Grant
    - d. Strategic planning for CYFT to develop a mission and vision
    - e. Develop a work-plan for CYFT which will structure future direction and agendas
    - f. Revisit the SWOT analysis results the committee worked on in the spring of 2017 and use this as a basis for the work-plan
    - g. Bring in speakers to CYFT on a routine basis
      - i. Christi Gaus-Bemis will speak with Dr. Kate McCoy and request she present to the CYFT at an upcoming meeting on the most recent Wisconsin Youth Risk Behavior Survey data
    - h. Draft expectations for committee members and committee chair/co-chairs and include term length
    - i. Evaluate makeup of committee and identify specific gaps so committee recruitment can be targeted
  9. 2018 CYFT committee dates, times, locations – the committee discussed and concluded that meeting every other month on the 2<sup>nd</sup> Monday for three hours starting in February with the majority of the meeting occurring in Madison would meet the needs of the committee
    - a. February 12, 2018 10:00 AM – 1:00 PM – Wisconsin Department of Corrections
    - b. April 9, 2018 10:00 AM – 1:00 PM – Wisconsin Department of Corrections
    - c. June 11, 2018 10:00 AM – 1:00 PM – Wisconsin Department of Corrections
    - d. August 13, 2018 10:00 AM – 1:00 PM – Location TBD
    - e. October 8, 2018 10:00 AM – 1:00 PM – Location TBD
    - f. December 10, 2018 10:00 AM – 1:00 PM – Location TBD
  10. Adjournment – the meeting was adjourned at 11:40 AM

Prepared by: Jason Cram on 12/13/2017.

These minutes are in draft form. They will be presented for approval by the governmental body on: 2/12/2018





State of Wisconsin

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

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

**OPEN MEETING NOTICE**

Children, Youth, and Family Treatment Subcommittee (CYFT)

February 12, 2018

10:00 AM – 1:00 PM

**Location of the Meeting:**

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

**AGENDA**

1. Call to order and roll call
2. Review and approve 12/11/2017 meeting minutes
3. Report: 01/09/2018 Intervention and Treatment Committee
4. Report: "2017 Report to the Wisconsin Legislature"
5. Report: "Consumer Satisfaction with Wisconsin's Public Mental Health Services"
6. Membership and leadership description, expectations, and requirements
7. Prioritizing recommendations made to and approved by ITC on 05/09/2017
8. Update on status of youth treatment initiatives grant
9. Public comments
10. Announcements and/or additional information
11. Future agenda items
12. Adjourn

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Children, Youth, and Family Treatment Subcommittee of the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA). The mission of SCAODA is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

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**Conference Call: 1-877-820-7831 Passcode: 142792**

2018 CYFT Meeting Dates (all meetings scheduled for 10:00 AM – 1:00 PM):

- April 9; June 11; August 13; October 8; December 10

[www.scaoda.state.wi.us](http://www.scaoda.state.wi.us)

**OPEN MEETING MINUTES**

Instructions: [F-01922A](#)

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse, Planning & Funding Committee			Attending: Committee Members: Brian Dean; Christine Ullstrup; Raeanna Johnson; Vonda Benson (for Silvia Jackson); Karen Kinsey; Kevin Florek DHS Staff: Mike Derr. Absent: Duncan ShROUT; Todd Campbell; Irene Secora.
Date: 11/16/2017	Time Started: 9:35 am	Time Ended: 11:51 am	
Location: ARC Community Services, 1409 Emil St., Madison, WI			Presiding Officer: Christine Ullstrup, Committee Member (Interim Chair for meeting)

**Minutes**

**Call to Order:**

Interim Committee Chair Christine Ullstrup called the meeting to order at 9:35 a.m. Attendees briefly introduce themselves, including newest committee member Kevin Florek.

**Approval of 8/10/17 and 10/12/17 Meeting Minutes:**

Committee members received both Aug. 10<sup>th</sup> and Oct. 12<sup>th</sup> meeting minutes in their packets for review. Brian Dean moved to approve the Aug. 10<sup>th</sup> minutes, and Kevin Florek seconded the motion. No further discussion. The motion carried. Kevin Florek moved to approve the Oct. 12<sup>th</sup> minutes and Brian Dean seconded the motion. No further discussion. The motion carried.

**Public Comment:**

No person offered any comments either in person or by phone. With regard to attendance of State Council on Alcohol and Other Drug Abuse (SCAODA) meetings, Committee member Dean stated that all committee members are invited and encouraged to attend Council meetings.

**Orientation on Committee and SCAODA for New Members:**

DHS staff person Mike Derr gave a brief overview of the SCAODA structure, including the various working committees, and also referenced the various handouts in the meeting packet describing this structure. Committee member Karen Kinsey urged the committee to more proactively discuss and explore substance use disorder (SUD) system issues. She would like DHS to share highlights of SAMHSA visit findings and recommendations, and share feedback on SUD system flaws and needed improvements, noting that DHS staff used to share such information and issues. Also, Kinsey suggested that the committee review the overall state biennial budgets for substance use disorder (SUD) programming. The various SCAODA committees have relied on DHS staff to find out SUD trends and best practices so that the committee is best positioned to offer the full Council recommendations to address. Several members noted “trend” topics discussed by the Governor’s Task Force on Opioid Abuse, including joint certification for SUD and mental health services, and not requiring licenses for psychotherapists.

Kinsey suggested that the DHS Rule 75 Advisory Workgroup could report to this committee, and that more providers be included on the committee and the full Council. Committee member Brian Dean similarly suggested that rule advisory committees should include one or more members of a SCAODA committee.

**Substance Use Disorders in Various State Regions:**

Mike Derr summarized the handout entitled, “Highlights – Substance Use Needs Assessment 8/28/17 Draft,” which was based on the most current needs assessment developed for the FFY 2018-19 SABG Application and Plan. Committee members talked at length about some of the highlighted assessment data and findings, including a greater phasing out of inpatient and residential treatment, particularly for juveniles. Members also made several requests and suggestions for specific information, including:

- Availability of specific overdose rates per county for opioids, including heroin
- Use of TeleHealth resources as a vehicle for increasing access to SUD services, particularly in northern and rural regions (while acknowledging that IT communication must be made secure, and that the problem of insufficient numbers of providers, including psychiatrists, must also be addressed)
- Understanding better where SABG and other substance abuse funding is directed and awarded to; does this align sufficiently with the needs assessment findings?

**Other Information and Updates:**

Vonda Benson attended this meeting on behalf of committee member Silvia Jackson. Benson is the Department of Corrections coordinator for the various contract projects that are funded with SABG funds. She described this various projects, which includes women treatment programs for persons recently released from prison, and she also gave a history of projects and programming funded through DHS. Committee members are interested in learning more about program services and outcomes.

Mike Derr gave a summary of the SCAODA Public Forum held on October 24, 2017 during the Statewide Mental Health & Substance Use Disorder Recovery Conference, and went over the list of highlights included in the meeting packet.

**2018 Meeting Dates; Agenda Items for Next Meeting:**

Committee members approved the suggested meeting dates for 2018 that were included in the meeting packet. These dates include: Jan. 18<sup>th</sup>, Feb. 15<sup>th</sup>, April 12<sup>th</sup>, May 17<sup>th</sup>, July 12<sup>th</sup>, Aug. 9<sup>th</sup>, Oct. 11<sup>th</sup>, and Nov. 15<sup>th</sup>. Committee members suggested that during the Jan. 18<sup>th</sup> meeting, Mike Derr include an overview of where SUD funding is awarded across the state, by county or region. In addition, the committee will further address how it can increase its role in developing and prioritizing where funding is directed and the types of best practices that are implemented to address substance use disorders.

**Adjournment:** Interim Committee Chair Christine Ullstrup adjourned the meeting at 11:51 a.m.

Prepared by: Mike Derr, DHS Staff, on 1/4/2018.



Duncan Shrout  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Norman Briggs  
Secretary

State of Wisconsin

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

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

**OPEN MEETING NOTICE**

Planning and Funding Committee

January 18, 2018

9:30 AM to 12:30 PM

ARC Community Services Building, 1409 Emil Street  
Madison, Wisconsin 53707

**MEETING AGENDA**

- 1. Call to Order and Roll Call.....Duncan Shrout  
(Committee Chair)
- 2. Review Nov. 16, 2017 meeting minutes.....Duncan Shrout
- 3. Public Comment: Substance Use Disorder (SUD) Planning Topics.....Duncan Shrout
- 4. Reduce Number of Committee meetings to Six.....Duncan Shrout
- 5. Review SUD Public Spending—Types and Regions.....Mike Derr (DHS Staff)
- 6. Two Rolling “Sub-committee” work groups – Assigning Members.....Duncan Shrout
  - Update on DHS AODA Activities and Issues.....Mike Derr
- 7. Agenda Items for Feb. 15, 2018 Committee meeting.....Committee Members
- 8. Adjournment.....Duncan Shrout

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies.

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**Conference Call:** 1-877-820-7831

**Access Code:** 554523#

**OPEN MEETING MINUTES**

Instructions: F-01922A

Name of Governmental Body: Planning and Funding Committee, State Council on Alcohol and Other Abuse (SCAODA)			Attending: Members: Duncan Shroust; Irene Secora; Karen Kinsey; Christine Ullstrup; Raeanna Johnson and Kevin Florek; Michele Krueger (for Vonda Benson); Brian Dean. Absent Members: Todd Campbell Staff: Michael Derr.
Date: 1/18/2018	Time Started: 9:34 am	Time Ended: 11:35 am	
Location: ARC Community Services, 1409 Emil St., Madison, WI			Presiding Officer: Duncan Shroust, Committee Chair

**Minutes**

**Call to Order:**

Committee Chair Duncan Shroust called the meeting to order at 9:34 a.m. Attendees introduced themselves. Shroust noted that Todd Campbell is resigning from the Committee, and will assist him with identifying another person who would serve as this Committee's county representative.

**Review of 11/16/2017 Meeting Minutes:**

Duncan Shroust referenced the draft minutes from the last Committee meeting and asked for comments and corrections. None were offered. He then entertained a motion to approve the minutes as written. Motion carried unanimously.

**Public Comment:**

No persons offered any public comment on Committee business either in person or via telephone.

**Number of Annual Committee Meetings:**

DHS staff person Mike Derr discussed the handout listing a revised set of 2018 meeting dates for the committee that would reduce the number of annual meetings from eight to six. This would include no longer meeting in April and July. Committee members expressed their approval of this plan. In addition, due to a scheduling conflict for DHS staff and others, it was decided to reschedule the February 2018 Committee meeting to Friday, 2/9/18.

**Substance Use Disorder (SUD) Public Spending:**

Mike Derr briefly discussed with Committee members how SUD expenditures can be viewed and analyzed from several perspectives: geographic; funding source; programmatic and purpose, for example. He referenced the Committee's 2016 Funding Ad-Hoc Committee Report as an excellent resource for a starting point in a new funding analysis. As one example, public funding can be broken down by the five DHS Area Administration regions to determine the allocation of such funding by region and whether it matches the nature and intensity of needs within each region. Included in the handouts was one example of this -- a breakdown of SABG Community Aids grant awards in 2017, as allocated by each of the five DHS regions.

Derr also referred to the Division of Care and Treatment Services's Status Report table for the various grants to address the opioid abuse crisis, as another example of tracking the amount of grant funding addressing specific SUD needs and where such funding is allocated on a county or regional basis. Committee members requested that for future meetings, it would be helpful to review the 2018 SABG program obligations budget, and requested the list of grant recipients for the latest HOPE 2.0 grant awards.

**Creation of Two Working Committees:**

Duncan Shroust proposed that moving forward, Committee members explore AODA needs and programs from two distinct perspectives. First, consider what is currently happening across Wisconsin in terms of needs and treatment and prevention programming. And second, from a larger perspective consider funding levels and allocations by regions and across the

state. Overall goals should be for the Committee to focus more on policy initiatives, increase the number of citizen members or representation, and to speak intelligently with legislators to meet SUD needs, particularly in northern Wisconsin. Committee members should also work with DHS staff and providers to promote the measuring of SUD treatment outcomes, the implementation of evidence-based practices (EBPs), and the degree to which EBPs are implemented with fidelity. The upshot of this effort would be for the committee to develop an overall strategy and package of proposals and recommendations to share with legislators and policymakers.

Shrout added that another way to view this comprehensive effort is for one group of committee members to review data and updates provided from DHS staff and others to define specific program needs and outcomes. A second group would analyze more broadly current SUD problems and needs, programming and interventions, and most current EBDs and driving events. As such, Shrout proposed that two "rolling" committees or workgroups be defined to engage in this effort. These would not be more formal "ad hoc" committees appointed to achieve specific tasks, but instead more flexible working groups with charges that could change over time.

One rolling committee would focus on specific SUD treatment and prevention programming and their challenges, looking at funding and sustainability issues and how programs respond to current SUD needs and experiences. Shrout suggested that Christine Ullstrup, Karen Kinsey and Kevin Florek could serve on this first "Treatment" committee. A second rolling committee could examine statewide funding strategies, statewide and regional trends in SUD needs and programming, and gain a better understanding of Substance Abuse Block Grant and other grant program requirements and how they relate to overall trends in funding allocation and programming. He proposed that Raeanna Johnson, Vonda Benson/Michele Krueger, Irene Secora, and Duncan Shrout serve on this second "Larger Trends" committee.

As example, one committee could examine the political factors that are behind the statewide and regional allocation of AODA funds, such as the larger size of a county providing greater capacity and logistics to administering large-scale grant funding. Conversely, northern Wisconsin counties might need assistance with having their infrastructure and capacity increased so that they can effectively administer grant funds. Christine Ullstrup suggested that a committee might consider whether grant funding should be allocated to regions that are more equipped to efficiently deliver treatment or prevention programming to a widespread, rural population.

Karen Kinsey encouraged a rolling committee review of policies strategies such as increasing the beer tax, decreasing the blood level concentration for prosecuting drivers of OWI, and reducing the number and types of retailers that are licensed to sell alcohol. Committee members also mentioned the need to look at pharmaceutical companies and other manufacturers and consider who resistant they may be to policy changes addressing the opioid crisis or alcohol abuse. Kevin Florek suggested committees take a closer look at strategies providers are now using for fiscal sustainability, noting that Tellurian has moved away from seeking public funds, given the unpredictability and trend toward receiving fewer funds. Brian Dean talked about the continuing need to consider what schools can provide in this arena. He mentioned the \$200,000 per year has been budgeted in state funds over the next two years for the expansion of SBIRT programming to 30-60 additional school districts.

Looking ahead, Planning and Funding Committee members agreed that at the February 9<sup>th</sup> meeting, members should continue discussing and structuring how the two rolling committees should be developed and the scope of their review, including a list of concerns and topics that each committee should explore and come up with some sort of proposals. For the May 17<sup>th</sup> meeting, Mike Derr will share and provide a full rundown of available SUD data as it relates to treatment, recovery and prevention programming, as well as statewide and regional needs. Both rolling committees will use such data and information to move forward with their reviews and start developing policy recommendations. Along the same line, Mike Derr will work with all committee members by suggesting specific policy and grant funding-related projects that individual members could work on. Derr encouraged members to contact him and other Bureau members for information and data to assist in these efforts.

Update on DHS SUD Activities:

Mike Derr gave a quick overview and update on current initiative activities within DHS' Bureau of Prevention Treatment and Recovery. He recited the newest staff working within the Bureau and their areas of responsibility. Derr gave an update on the outcomes and activities of the various Opioid Abuse grant programs recently initiated. Also, Derr shared the recent grant funding announcement for the awarding of at least two new HOPE 2.0 grants to providers to serve opioid and methamphetamine abuse needs within higher need areas of the state. A brief update was shared that the Bureau is still awaiting the formal findings and recommendations from SAMHSA relating to the August 2016 site visit and review of the Substance Abuse Block Grant program administration. And finally, Derr gave an update on the bureau's efforts to rewrite Administrative Code DHS 75 (Community Substance Abuse Service Standards).

At 11:35 am, Duncan Shroust accepted a consensus motion from Committee members to adjourn the meeting.

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Prepared by Michael Derr on 2/6/2018. These minutes are in draft form, and will be considered by the Planning and Funding Committee at its 2/9/2018 meeting.



Duncan Shrout  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Norman Briggs  
Secretary

State of Wisconsin

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

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

**OPEN MEETING NOTICE**

Planning and Funding Committee

February 9, 2018

9:30 AM to 12:00 PM

ARC Community Services Building, 1409 Emil Street  
Madison, Wisconsin 53707

**MEETING AGENDA**

- 1. Call to Order and Roll Call.....Christine Ullstrup  
(Interim Committee Chair)
- 2. Review Jan. 18, 2018 meeting minutes.....Christine Ullstrup
- 3. Public Comment: Substance Use Disorder (SUD) Planning Topics.....Christine Ullstrup
- 4. Continue Discussion of Committee Priorities & Concerns.....Duncan Shrout
- 5. DHS, Bureau & Prevention Treatment & Recovery Updates.....Mike Derr
- 6. Agency and Provider Updates.....Committee Members
- 7. Agenda Items for May 17, 2018 Committee meeting.....Committee Members
- 8. Adjournment.....Christine Ullstrup

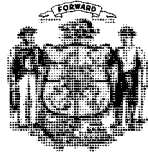
The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies.

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**Conference Call:** 1-877-820-7831

**Access Code:** 554523#





State of Wisconsin

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

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

**Prevention Committee Meeting**

**Thursday, October 19**

**12:30 p.m. – 3:00 p.m.**

**Waunakee Village Center**

**333 S. Madison Street**

**Waunakee, WI 53597**

**Members Present:** Emanuel Scarbrough, Carol Wright, Sarah Linnan, Emily Holder, Sarah Johnson, Kari Lerch, Annie Short, Ronda Kopelke, Frank Buress, Julia Sherman, and Chris Wardlow.

**Members Absent:** Louis Oppor

**Staff:** Chino Amah Mbah, Raina Haralampopoulos, Christy Niemuth, and Allison Weber

**Guests:** James Morgan (in-person), Sheriff Chris Fitzgerald (phone), and Sarah Turner (phone)

**Welcome and Introductions:** Chris Wardlow, Interim Chair appointed by Duncan ShROUT, Chair of the State Council on Alcohol and Other Drug Abuse (SCAODA) welcomed everyone to the Prevention Committee meeting. He asked everyone to introduce themselves since the Committee has some new attendees.

**Public Comment:** The Committee will accept comments from the public relating to any Committee business. No public comment.

**Approve Minutes from July 20, 2017 Meeting:** Chris requested Members to review the meeting minutes from the July 20<sup>th</sup> meeting. Motion to approve the July meeting minutes was made by Sarah Johnson, seconded by Julia Sherman, and the motion passed without discussion.

**Partnership for Success 2015 (PFS2015) Grant Update:** The grant is a five year grant that is in its third year, and it's the second year of implementation and funding. More information will be shared in future meetings about certain strategies.

- **State Epidemiological Outcomes Workgroup (SEOW)** – The Workgroup is a requirement of the PFS2015 grant. This group has been meeting to discuss how to represent state level data on substance use for the general public through a dashboard. They have selected five opioid indicators that they want to start with and discuss how to structure the online dashboard. The goal at their next meeting is to test these indicators they chose on the data dashboard to make sure they are accessible, comprehensible, and user-friendly. The group also hopes to have community input on the usability of the dashboard, especially as they test new indicators. Dashboards presently created in the state (at the state level) include the PDMP (Prescription Drug Monitoring Program) and WISH 2.0 (Wisconsin Interactive Statistics on Health).

- Another product that comes out of this workgroup is the State Epidemiological Profile on Alcohol and Other Drug Use (Epi Report). Another epi report will be developed in print, after that, the group hopes to have the epi report available on the dashboard as well.
- In addition to the epi reports, factsheets are also created and distributed. A factsheet on *Substance Use in the Transgender Population* will soon be published. Future factsheets include *Substance Use in the Veterans Population* and *Substance Use among Pregnant Women*.
- **Great Lakes Inter-Tribal Council (GLITC)/Tribal Update** – GLITC is in their third year of the Strategic Prevention Framework Partnerships for Success (SPF PFS) grant which is addressing underage drinking and prescription drug misuse and abuse. The first year of the grant was on collecting data and assessing community readiness. The community readiness assessments found that they should be increasing awareness within the four Tribes. Three Tribes interact with the state’s PFS2015 county grantees. Grant activities and strategies include media campaigns (Dose of Reality) and increasing protective and resiliency factors that are culturally appropriate. A past prevention curriculum program is being looked at for adoption as a way to be culturally sensitive and responsive in increasing awareness and promoting cultural activities. GLITC is still without an epidemiologist which has delayed data collection efforts.

**Prevention in the Workplace Ad Hoc Committee Update** – The first meeting will be on November 15, 2017 in Madison. Jill Gamez is the chair of the Ad-Hoc Committee. More updates will follow after the first meeting.

**Opioid State Targeted Response (STR) Grant:** It is a two year opioid-related grant with 7.6 million dollars awarded annually. 20 percent of the grant is aimed towards prevention. There is an STR application open to all coalitions who are members of the Alliance for Wisconsin Youth (AWY). AWY member coalitions can apply up to \$7,300 to implement prevention related activities stipulated in the application.

**PDO/SPF Rx/Advisory Committee Update:** The Committee met recently and developed a mission statement. At the next meeting, Members will work on defining prevention, harm reduction, levels of prevention, and identifying goals and objectives of the Advisory Committee.

**SPF Rx** – The SPF Rx grant coordinator position has been filled and the individual will start on October 31, 2017.

- Other staffing updates at the Wisconsin Department of Health Services (DHS) include a new Opioid Coordinator in the Division of Care and Treatment Services (DCTS) that is in its final stages of hiring; and the DHS Opioid Director position in the Secretary’s Office has been filled by Paul Krupski. The Prevention Coordinator position, which Christy Niemuth just vacated, has also been posted.

**Place of Last Drink (POLD) Presentation:** Julia Sherman presented on the place of last drink (POLD) data from Dane County’s law enforcement agencies and “Click and Collect” grocery stores alcohol sale programs. Handouts were shared with Members in addition to the PowerPoint presentation.

**Methamphetamine Prevention in Wisconsin:** Sheriff Chris Fitzgerald and Sarah Turner from Barron County presented on current methamphetamine prevention strategies, specifically the “kNOw Meth” campaign in the Northern and Western regions of the state.

**Agency/Member Updates:**

Department of Public Instruction: Emily Holder

- Student alcohol and other drug abuse (AODA) grants are in the external review process.
- Building the Heart conference is on December 7-8, 2017 with two preconference sessions.
- The Centers for Disease Control and Prevention (CDC) has released Wisconsin's Youth Risk Behavior Survey (YRBS) data for 2017. CDC is planning to release national (U.S.) statistics from the YRBS 2017 in June 2018.
- The state budget for FY 2017 provided funds for mental health, SBIRT (Screening, Brief Intervention, and Referral to Treatment), and other infrastructure/services essential for safe and healthy schools.
- There is a new version of the safe and drug free schools funding. The public release is planned for January 2018 and Emily will inform the Committee when it is released.

Marquette County Healthy Community Healthy Youth Coalition: Frank Buress

- On March 22, 2018 there will be a town hall meeting with dinner for residents of Marquette County to address opioids and alcohol. The treatment court will be presenting.
- A review is taking place of the prevention curriculums for 8<sup>th</sup> and 9<sup>th</sup> graders in the county and they will be looking to see if there are ways to update and enhance the curriculum.
- Law enforcement officials who were previously not carrying Narcan reported that they were pleased to be trained and are carrying it with them.

Center for Community Outreach, Marshfield Clinic: Ronda Kopelke

- In Minocqua, the Clinic is creating a program through Americorps to have 15 new recovery coaches within the region. The orientation was last week.

Madison and Dane County Public Health: Sarah Johnson

- They are looking at presenting data in a different way.
- They are also taking a look at alcohol license locations and the relationships with the increase in violence and EMS runs (Emergency Medical Services) related to use of alcohol and other drugs.

Catalpa Health: Chris Wardlow

- A new drop box was installed in Outagamie County.

If anyone has any questions or concerns please contact Christy Niemuth at [Christine.Niemuth@wisconsin.gov](mailto:Christine.Niemuth@wisconsin.gov). Chris thanked everyone and adjourned the meeting.

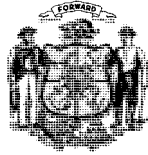
**2018 Prevention Committee Meeting Dates**

January 18, 2018

April 19, 2018

July 19, 2018

October 2018 – TBD



State of Wisconsin

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

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

**OPEN MEETING NOTICE  
Prevention Committee**

January 18, 2018

12:30 PM to 3:00 PM

Wisconsin State Patrol DeForest Post  
911 W. North Street  
DeForest, Wisconsin 53532

**MEETING AGENDA**

1. Welcome and Introductions.....Caroline Miller and Chris Wardlow, Co-Chairs
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Co-Chairs
3. Approve Minutes from October 19, 2017 Meeting.....Co-Chairs
4. Updates on Discretionary Prevention Grants.....Sarah Linnan, Christy Niemuth, Kimberly Wild, and Carol Wright
  - Great Lakes Inter Tribal Council/Tribal Grant PFS (GLITC)
  - Opioid State Targeted Response (STR)
  - Partnership for Success 2015 (PFS 15)
  - Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)
  - State Epidemiological Outcomes Workgroup (SEOW)
  - Strategic Prevention Framework for Prescription Drug (SPF Rx)
5. Updates on the Ad Hoc and Workgroup
  - Prevention in the Workplace Ad hoc Committee.....Allison Weber
  - Opioid Advisory Workgroup.....Christy Niemuth
6. Review the Prevention Committee Workplan.....Co-Chairs
7. Introduction and Implementation of *Healthy Wisconsin* and the Priority Action Teams.....Team from the Office of Policy and Practice Alignment, Division of Public Health, Wisconsin Department of Health Services (OPPA, DPH, DHS)

- 8. Agency Member Updates.....Committee Members
- 9. Future Agenda Items.....Committee Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Prevention Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Raina Haralampopoulos at 608-267-3783 or at [Mary.Haralampopoulos@wisconsin.gov](mailto:Mary.Haralampopoulos@wisconsin.gov).

**Conference Call: 1-877-820-7831**      Passcode: 441096

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: SCAODA Prevention Committee: Workplace Prevention Ad-hoc Committee		Attending: Duke Vair, Eva Scheppa, Frank Buress, Chino Amah Mbah, Mary Raina Haralampopoulos, Allison Weber	
Date: 12/14/2017	Time Started: 9:00 am	Time Ended: 12:00 pm	
Location: Brakebush Brothers Inc, Westfield WI		Presiding Officer: Duke Vair for Jill Gamez	

Minutes

- **Welcome and introductions** – Members introduced themselves and included what organization they represent for the new member present. Duke Vair served as the temporary chair for the meeting since Jill had an emergency and could not make the meeting.
- **Approval of Previous Meeting Minutes** – Allison made a correction to the spelling of her name. A motion was made to approve the meeting minutes and the motion passed.
- **Public Comment** – No public comment made.
- **Framework discussion** – This discussion was geared towards the workgroup thinking about suggestions, recommendations, different sectors in employment, and prior reports targeted towards different populations in the past and how they can use these past examples to develop a framework for the product the workgroup will create. Some of the following were ideas the members present wanted to see reflected in the product created:
  - Competition in hiring practices: how that affects drug testing in different and similar industries
  - The concept of second chances: second chances given by employers to individuals looking for employment who fail drug tests; the second chance depends on the ability of these individuals to go to treatment and complete treatment and also the requirement to attend a stipulated number of Employee Assistance Program (EAP) visits. The group is hoping that they can make a recommendation in the product where businesses will be incentivized by the government to embrace this second chance approach. It was decided that this will be looked into some more and the group will see what other states are doing and if they can get someone from the Dept. of Workforce Development to provide more insight on this.

The group decided to use the framework of pre-employment, employment, and community

Chairperson Jill was able to write to the group stating that it would be best if the group starts to section out parts. The group decided to section out parts for the products based on what they felt strongly about and what they felt they could do. They will be responsible on reading up the literature on their sections and coming with recommendations for the group to react to. The following were some of the possible sections and the persons who volunteered to do them:

- Frank: Drug testing, especially marijuana and how that affects drug testing. What other states are doing regarding drug testing
- Duke: Look into other employees who have done second chances and what that entailed

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- Michelle: Support for people in the workplace who have a substance use disorder

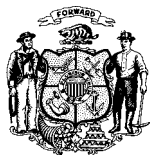
- **BCORP Workplace Grant** – Michelle Devine gave a presentation to the group about the proposed grant they wrote to SAMHSA on helping people with substance use disorders (SUDs) who are in treatment come back to the work environment and how employers can make their work environments helpful for people with SUDs in recovery. She also shared with the group the work her organization does around this which includes providing residential treatment, helping people in treatment develop skill sets that they will need in the workforce, and helping them in job applications and requirements for jobs they are interested in.
- **Types of Communication and Education Targeting Employers Regarding Substance Use Disorders and Their Employees** – the group decided to look at SMAHSA’s toolkit for employers and to also look at media campaigns that have targeted employers. Other things the group decided to consider are possible alternatives to substances such as pain medication and its impact in reducing the chances of employees having an addiction to opioids, and how to create a trauma-informed workplace where the employers and also employees know about the impact of trauma and adverse childhood experiences in the lives of people and know how to be sensitive to them and respond to them. The group decided it will be best if they can get a presentation from someone that knows more about trauma-informed care.
- **Action items and Future Agenda items**
  - Allison to talk with a DHS person that does trauma informed care to see if they can give a presentation to the group
  - Frank to present a report on drug testing options
  - The possible development of a comprehensive resource listing and packet with sample programs
  - A possible presentation from someone from the Department of Workforce Development to probably talk about if it possible for “second chance programs” to be incentivized

Next meeting date is scheduled for 1/17/2018.

Prepared by: Chino Amah Mbah on 1/5/2018.

These minutes are in draft form. They will be presented for approval by the governmental body on 1/17/2018.

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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

**OPEN MEETING NOTICE**  
**Prevention Committee:**  
**Workplace Prevention Ad-Hoc Committee**

January 17, 2018  
Division of State Patrol  
Southwest Region Headquarters  
911 W. North Street  
DeForest, WI 53532  
1:00PM-4:00PM

**MEETING AGENDA**

1. Welcome and Introductions.....Jill Gamez, chairperson
2. Approval of previous meeting minutes
3. Public Comment: The committee will accept comments from the public relating to any committee business
4. Framework discussion
5. Scott Webb of DHS-trauma informed care and EAP( employee assistance programs)
6. Discuss possible connections with DWD (department of workforce development)
7. Discuss "Second Chance" programs used by employers-case study?
8. Future Ad Hoc Committee Meeting Dates and Agenda Items

February 22, 2018: 1:00-4:00PM at Neenah, WI

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Workplace Prevention Ad Hoc Committee's primary mission is to consider preventing substance use with the goal of creating safe and productive workplaces by researching, evaluating and developing recommendations for Wisconsin workplaces.

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another language or in alternative format, you may request assistance to participate by contacting Allison Weber at 608-261-5156 or at [allison.weber@wisconsin.gov](mailto:allison.weber@wisconsin.gov)

**Conference Call: 1-877-820-7831** Passcode: 441096



## Wisconsin Voices for Recovery – ED2Recovery Summary

January 2018

Wisconsin Voices for Recovery is working with **10 organizations** in **12 counties** within **14 hospitals** across the state to employ over **65 certified Recovery Coaches** to provide peer support to individuals who have survived an opioid overdose.

**Phase 1 Map** identifies the organizations and Counties where ED2Recovery is being implemented!

The following hospital systems or ED Settings have confirmed participation in partnership with Phase 1 awardees:

Aurora Sheboygan - WIRCO

Aurora Manitowoc - WIRCO

Holy Family Memorial, Manitowoc - WIRCO

SSM/St. Mary's – Safe Communities

Mercy Health, Janesville – Rock Valley Community Programs

Bellin Healthcare, Green Bay – Darjune

Beaver Dam Community Hospital - CARE

Agnesian Healthcare Waupun - CARE

Agnesian Healthcare Fond Du Lac - CARE

Memorial Medical Center, Ashland – New Horizons North

Fort Healthcare, Fort Atkinson – Dave Gallup Foundation

Aspirus Riverview Hospital and Clinics

Mayo Clinic Health System/Franciscan Healthcare, La Crosse – Coulee Council

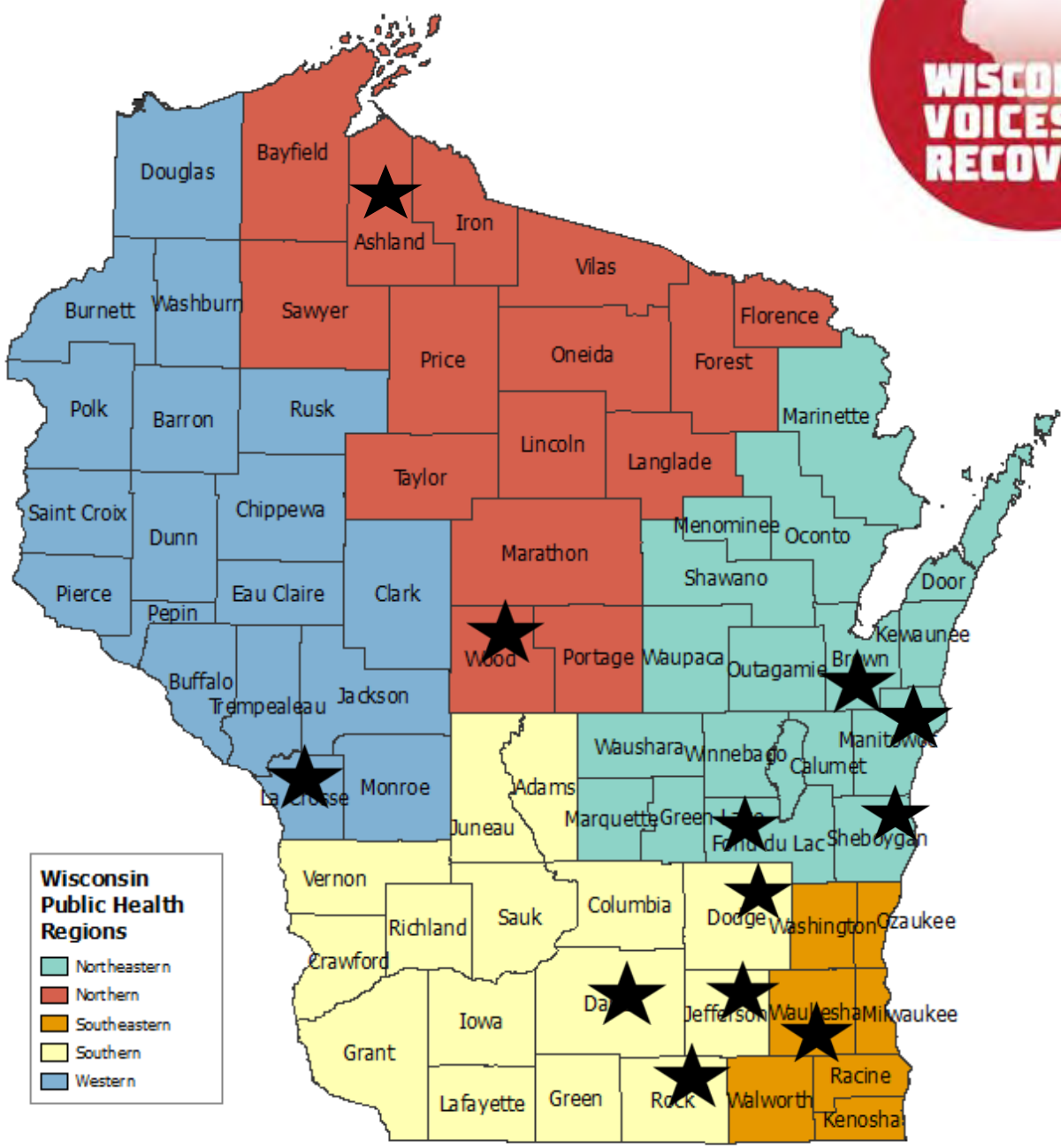
Gundersen Health System – Coulee Council

Additionally, Wisconsin Voices for Recovery has worked with each site on completing numerous early implementation activities including:

1. Development **of Stakeholder-peer Advisory Committees, including County representatives**
2. Creation of a **Recovery Resource Map** for specific region/community
3. Completion of necessary processes for Research and Sponsored Programs at the University of Wisconsin, Madison
4. Completed and approved Liability Insurance and Criminal Background Check procedure in line with ED setting requirements (varies based on ED setting and region)
5. Conducting trainings for Recovery Coaches for each organization, including a winter and spring **ED2Recovery Orientation**
6. Training on ED2Recovery model for each hospital setting and organization

Other activities completed May 2017-January 2018:

1. Created online continuing education resource: Recovery U, for peer support providers with expert contributors from across Wisconsin including Dr. Richard Brown, Dr. Matthew Felgus, Scott Webb and Skye Tikkanen.  
<http://wisconsinvoicesforrecovery.org/resources-and-training/>
2. Coordinated and conducted a CCAR Recovery Coach Trainings (no trainer availability for the CPS Curriculum over the summer) and currently working to coordinate at least 2 WI Certified Peer Support Specialist trainings after Jan 2018
3. Increased recovery coaches by 50 coaches statewide who will participate in ED2Recovery
4. Conducted research on best practices in the area of peer support supervision and created a system for supervision and support of network of peer support providers
5. Expanded model of ED2Recovery based on research and best practices in the field of recovery support including additional components of continuing care and follow-up and more rigorous data collection and evaluation methods and tools
6. Created Access Database to track and evaluate multiple sites and data; additionally, created accompanying evaluation tools and tracking measurements
7. Hosted a Train the Trainer Naloxone Administration training with Preventative Health Strategies
8. Planning to explore options for Phase 2 implementation of ED2Recovery



**Wisconsin Public Health Regions**

- Northeastern
- Northern
- Southeastern
- Southern
- Western

**Phase 1 Awards**

New Horizon North – Ashland  
 Bellin Health/Darjune – Brown  
 WIRCO – Sheboygan, Manitowoc  
 CARE for Dodge County – Dodge, Fond du Lac  
 Rock Valley Community Programs – Rock  
 Safe Communities – Dane  
 Just Listen – Waukesha  
 Dave Gallup Foundation – Jefferson  
 --  
 Coulee Council – La Crosse  
 Aspirus Riverview Hospitals and Clinics – Wood

**Meta House**

Christine Ullstrup, LCSW, CSAC, ICS  
 cullstrup@metahouse.org  
 414-977-5871

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Mission



**Meta House ends the generational cycle of addiction by healing women and strengthening families.**

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Brandi's Story

- <https://www.youtube.com/watch?v=kEdJou6A1nA>

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### Philosophy & Service Methodologies

- We provide Treatment that is:
  - Gender Responsive
  - Trauma Informed
  - Client Centered
  - Culturally Competent
  - Co-occurring Capable

Using a Family Centered Treatment Model

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### We receive DCTS Block Grant dollars

- Specially to provide Family-Centered Treatment Services for Cocaine & Other Substance Use in Milwaukee County
- Population of focus is Women from MC and one other system
  - Children in treatment with them
  - Children who are not living with them
  - Other family members
- Residential Family -Center Treatment Program
- Goal: Provide positive outcomes for the women, infants, children and other family members

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### Residential




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**Outpatient**

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**Transitional Housing**

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**In 2017 Meta House Served...**  
 502 women    56 pregnant women    250 children

**Women Served by Program**

■ Residential [VALUE]  
 ■ Outpatient [VALUE]  
 ■ Housing [VALUE]

**82** - percent of clients who are mothers  
**2.4** - average number of minor children

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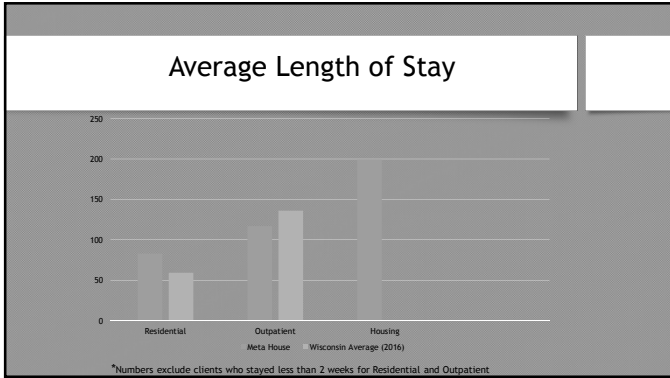
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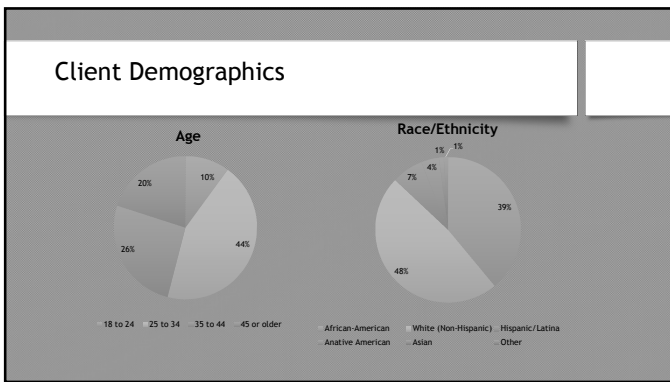
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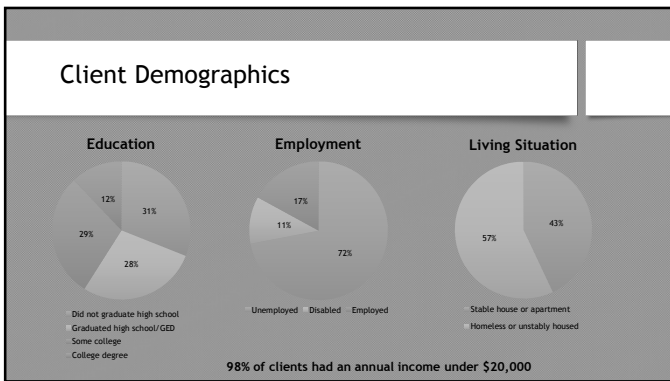
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**Systems Involvement**

**Criminal Justice Involvement**

- Any criminal justice involvement in lifetime - 86%
- Currently on probation/parole - 26%

**Child Welfare Involvement**

- Involved with child welfare - 50%

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**Abuse History**

- Experienced any abuse - 84%
- Experienced multiple types of abuse - 73%

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**Prior Treatments**

- One or more prior treatments - 80%
- Average number of prior treatments - 3

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### Residential Outcomes

<p>Successful completions <b>71%</b></p> <p>Average length of stay <b>83 days</b></p>	<p style="text-align: center;"><b>At discharge:</b> <small>(For women who stayed for over 60 days)</small></p> <ul style="list-style-type: none"> <li>• 91% were abstinent from or reduced their drug and alcohol use between admission and discharge</li> <li>• 78% of the women were discharged to a supportive living environment</li> <li>• 76% were employed, enrolled in a training program, or had another legal source of income (compared to 14% at admission)</li> <li>• 69% had stable housing (compared to 21% at admission)</li> <li>• 88% of women involved in Child Welfare improved their parenting skills, had children returned to their care, or had increased visitation with their children</li> <li>• 93% of women who participated in parent-child relational therapy showed improvement in their interaction with their children</li> </ul>
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### Birth Outcomes

- 100% of pregnant women were linked to prenatal care
- 12 babies born at Meta House in 2017
- 11 babies born to women who came to treatment at least one month before giving birth
  - 100% had normal Apgar scores
  - 91% were born without any long-term health problems
  - 91% were born at a healthy weight for their gestational age
  - 100% were born free of alcohol and illegal drugs
  - 91% were full term (not premature)

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### Outpatient Outcomes

<p>Successful completions <b>51%</b></p> <p>Average length of stay <b>117 days</b></p>	<p style="text-align: center;"><b>At discharge:</b> <small>(For women who stayed more than 90 days)</small></p> <ul style="list-style-type: none"> <li>• 75% reduced their substance use</li> <li>• 74% were discharged to support living environment</li> <li>• 96% had not been arrested</li> <li>• 80% were employed, enrolled in training program, or had another legal source of income</li> <li>• 71% had stable housing (compared to 42% at admission)</li> <li>• 30% of women who smoked reduced their tobacco use or quit smoking</li> </ul>
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**Meta Housing Outcomes**

**Average length of stay**  
**199 days**

**At discharge:**  
(for women who stayed at least 6 months)

- 71% moved into permanent housing after leaving Meta Housing
- 100% moved to a drug-free location
- 93% had an identifiable source of income
- 93% had not been arrested
- 85% maintained their reduced level of substance use
- 89% of women who had minor children in their care demonstrated improved parenting skills

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**Meta House Services:**

- **Gender-Responsive Substance Use Disorder & Mental Health treatment for women using Evidence Based Practices**
- **Specific Services for Pregnant and Post Partum women**
- **Child & Family Services**
- **Case Management**
- **Psychiatric Evaluations**
- **Psychological Testing**
- **RN on Staff**
- **Father Involvement Specialist**
- **Vocational / Educational skill building- and job placement**
- **Living Skills**
- **Transportation**
- **Child Care**
- **Smoke-free Facility**

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**Peer Supports**

We usually have about 9 or 10 Peer Supports on the team  
Involved in all programs

Various activities:

- OP calls to remind about appointments
- Pick up intakes & for first few weeks of treatment
- Residential assist with Access Point assessments for Milwaukee Co
- Spend time with all new intakes
- Take clients to Self-Help groups
- Transport to medical & legal appointments
- Sit in on groups
- Live-ins at Recovery Housing Community

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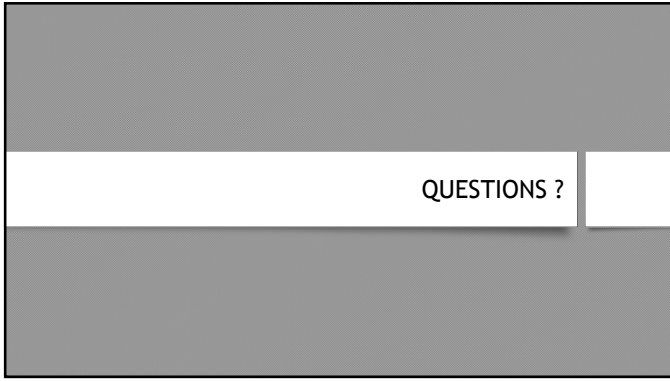
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**OVERVIEW**

“Our agency has been built on love, traditions, and the goal of strengthening our families. For 47 years, each family we have served has had one thing in common: the desire to improve the life of their family, which is something we all want for those we love.”

Ricardo Diaz, Director

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**SERVICES/PROGRAMS INCLUDE**

- Educational Services (1,350 children in the K-4 through Middle School)
- Elder Programs (485 clients served in Family Care, 120 attendees per day at the Senior Center and 65 seniors served daily at the Adult Day Center)
- César Pabón Fitness Center
- Neighborhood Development Initiative (educated over 800 clients on the home buying process, helped 120 families buy a home resulting \$7.5 million in home purchases invested in Milwaukee)
- Latino Arts (provides Hispanic culture and arts to the community)
- Human Services Department

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# HUMAN SERVICES DEPARTMENT

(HSD)

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## OUR STAFF



Ms. Laura Haas is a State Certified Peer Specialist – she joined UCC staff in 2016



Part of our clinical and administrative team

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## WE ARE UNIQUE

- 1 of 4 organizations Residential Treatment Providers in the *Wiser Choice* network
- 1 of 2 facilities that has the capability to accept mothers with their children
- Only program offering monolingual Spanish treatment/services at all levels of care
- Only treatment site that serves as an Access Point for Milwaukee County's public sector substance use services delivery system
- Only community based treatment facility that has a collaborative engagement with a Federally Qualified Health Center (Sixteenth Street Community Health Center)
- Only program with a complete continuum of care for both men and women

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# PRIORITY POPULATIONS

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**WHAT IS OFFERED**

- **Interim Services** will be provided to priority populations, if lack of available capacity:
- HIV and tuberculosis (TB) counseling and education
- how to implement safe behaviors to ensure HIV and TB transmission does not occur
- Pregnant women will also receive referral for prenatal care and counseling on the effects of alcohol and drug use on the fetus

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**DATA**

- **UCC specializes in serving priority populations**
  - Pregnant Women (PW)
    - Provided treatment to an average of 47 PW annually over the past 3 years
  - People Who Inject Drugs(PWID)
    - Represented 54.9% of those in residential treatment in 2016, up 85.5% from the 29.6% of those who were PWID in 2013
    - The percentage was higher for Hispanics, with 69.4% reporting opioids as their primary substance
    - Of the 117 PWID treated in 2016, 112 (95.7%) were injecting opioids

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### 2017 MEN

- 124 men served in Residential Treatment
  - *Of the 124 men:*
    - 61 (49.2%) were Hispanic/Latino
    - 110 (88.7%) stayed longer than 7 days
    - Peer Specialist supports engagement and retention
- Average length of stay: 43 days

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### 2017 WOMEN & CHILDREN

- 177 women served in Residential Treatment
  - *Of the 177 women:*
    - 28 (30%) were Hispanic/Latino
    - 148 (86%) stayed longer than 7 days
    - 120 children were served; of those, 16 lived onsite
    - Peer Specialist supports engagement and retention
- Average length of stay: 38 days
- 20 babies were born free of psychoactive drugs (9/14 - 9/17)

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# CONTINUUM OF CARE




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## WHAT IS AVAILABLE

- Residential; Day Treatment; Outpatient (DHS75)
- Mental Health Outpatient (DHS35)
- Co-occurring approach
- Culturally competent/Language specific
- Gender/Trauma Responsive Care
- Family Focused approach
- Alumni Group (supports, special speakers)
- Recovery events

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## FAMILY FOCUSED APPROACH

- Nursery Services\*
- Parenting Services and Intervention Fatherhood Initiative
- Family preservation and reunification
- Services for children
  - *Inclusion in residential treatment/facility*
  - *Screening and Services*
  - *Pediatric Care referrals*
  - *Childcare coordination for all children (living onsite)*
  - *Child visitation coordination for all children (living offsite)*
  - *Age appropriate parent-child activities*

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**\*WHAT IS NEW**

- Nursery Services
  - Development of nursery style childcare services began in June 2017
  - Nutritious snacks are provided to children in the program
  - Healthy play and activities
  - Enhance the mother's attachment and parenting support
  - Awareness and education activities on healthy family functioning (in coordination with Parent/Child Specialist)

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**MORE ABOUT OUR RESIDENTIAL PROGRAM**

- **WHAT IS INCLUDED:**
  - **Referrals To Primary Health Care Provider**
    - We have a collaborative partnership with Sixteenth Street Community Health Center
  - **Prenatal Care**
  - **On Site Appointments with Medical Director**
    - Ongoing, weekly
  - **Orientation and education on Medication Assisted Treatment**
    - Referrals are made as needed/appropriate (client choice)
    - Ongoing monitoring and oversight
    - Whenever possible, ongoing service coordination with the prescriber

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**LATINAS UNIDAS I & II**

- **Women's Program**
  - Two Facilities
  - DHS 75.11 Medically monitored treatment service & DHS 75.14 Transitional residential treatment service
  - 16 Beds
  - Single Rooms
  - Family Suites
  - Allows women to bring their children into treatment (10 years and younger)

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## NEW BEGINNINGS

- **Men's Program**
  - DHS 75.11 Medically monitored treatment service & DHS 75.14 Transitional residential treatment service
  - 15 Bed facility
  - Double Rooms
  - Private room for visitations
  - Increased visitation times for children visits

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## EVIDENCE BASED PRACTICES

(EBP)




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## SOME OF THE MODELS USED

- Dr. Stephanie Covington ~ Helping Women Recover/ Helping Men Recover
- Seeking Safety
- Matrix Model (in the implementation process)
- All curricula can be delivered in English and Spanish by trained bilingual staff

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# FUNDING SOURCES

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- ## PRIMARY FUNDERS
- SAMHSA
  - Division of Care and Treatment Services/Bureau of Prevention Treatment and Recovery
  - Milwaukee County/Community Access To Recovery Services
    - *Wiser Choice*
    - *Comprehensive Community Services*
  - Medicaid
  - Private Insurance

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# THANK YOU

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# SCOTT WALKER

OFFICE OF THE GOVERNOR

**FOR IMMEDIATE RELEASE**

January 19, 2018

Contact: Amy Hasenberg, (608) 266-2839

## **Governor Walker Takes Additional Action to Fight Opioid Crisis** *Wisconsin continues to lead the way forward*

**MADISON** – Governor Scott Walker will issue two Executive Orders today addressing the opioid crisis in Wisconsin. The orders embody recommendations set forth by the Governor's Task Force on Opioid Abuse to create a Commission on Substance Abuse Treatment Delivery to study the "hub-and-spoke" opioid treatment model and to implement new practices in multiple state agencies. Governor Walker will sign the orders later today in a signing ceremony at the Eau Claire County Sheriff's Office along with Task Force Chairs Lt. Governor Rebecca Kleefisch and Representative John Nygren (R—Marinette).

"Wisconsin is a national leader in addressing the opioid crisis, as we've signed 28 bipartisan bills into law so far," said Governor Scott Walker. "But there's more work to be done: too many Wisconsin families feel the painful effects of this crisis every day. Through the guidance and recommendations of the Task Force, we've created reforms that will open the door to the best treatment outcomes for patients and their families."

The prevalence of opioid misuse and abuse throughout Wisconsin, and the rest of the country, is at a dangerous level, and the ramifications are tragic and wide-ranging. According to the Department of Health Services (DHS), in 2016, 827 people died in Wisconsin of opioid overdose deaths caused by heroin, or prescription drugs, or both. From 2000 to 2016, the number of deaths in Wisconsin due to prescription opioids increased 600 percent, from 81 to 568 in 2016. Heroin overdose deaths increased 12 times, from 28 deaths in 2000 to 371 deaths in 2016.

"Wisconsin has not been left untouched by the opioid crisis that is sweeping America," said Lt. Governor Rebecca Kleefisch, co-chair of the Governor's Task Force on Opioid Abuse. "This epidemic doesn't have geographic or socioeconomic boundaries—it affects all our communities. Every day we have to raise awareness among families, friends, neighbors, and coworkers. Together as a task force we will continue our working to identify and implement solutions that keep Wisconsin as a model of best practices for the nation."

The state of Wisconsin has taken numerous important steps in recent years to address the public health crisis of opioid abuse. Governor Walker signed the Heroin, Opiate Prevention and Education (HOPE) legislative package into law in April 2014, which among other reforms provides immunity to people

contacting authorities for help for someone suffering an overdose and increases funding for substance abuse treatment providers. In September 2016, Governor Walker issued Executive Order #214 creating the Task Force on Opioid Abuse to thoroughly study the opioid crisis and plan approaches to both restrict access to dangerous opioids and increase access to substance abuse treatment. To date, 28 bipartisan bills have been signed into law to combat opioid abuse in Wisconsin.

In addition to the two executive orders Governor Walker will sign today, the Task Force co-chairs also presented the Governor with a report that provides additional recommendations for legislative action.

"I am thrilled to join Governor Walker today in Eau Claire to announce a number of executive orders aimed at combatting the opioid epidemic in Wisconsin," said State Representative John Nygren (R—Marinette), co-chair of the Governor's Task Force on Opioid Abuse. "Today is the culmination of months of hard work: a collaboration of industry experts, health care professionals and the recovery community have led to these monumental recommendations. I look forward to continuing to work with Governor Walker as we take historic step towards increasing access to treatment and care to our most vulnerable."

Executive Order #273 instructs multiple state agencies to adopt the Task Force on Opioid Abuse co-chairs' recommendations to improve awareness and prevention practices relating to opioids:

- DHS will work to improve the efficiency of care for ex-offenders, cooperate with law enforcement officials in developing training regarding opioid-abuse, convene a faith-based summit on opioids for faith-based officials, and develop a statewide standard for data submission on people seeking substance abuse treatment.
- The Department of Children and Families will revise its Child Protective Services Standards to better reflect the impact of substance abuse issues arising in child welfare cases.
- The State Patrol and Capitol Police will incorporate software involved in reporting and responding to overdose incidents.

Executive Order #274 creates the Governor's Commission on Substance Abuse Treatment Delivery to study the "hub-and-spoke" delivery model for opioid treatment. The model relies on regional "hubs" that commit to serving as resource centers for addiction treatment and on "spokes" in communities that refer cases in and take referrals from the hubs. The model provides increased access to treatment and addiction care providers throughout the state, and has proved successful in improving treatment delivery in several other states.

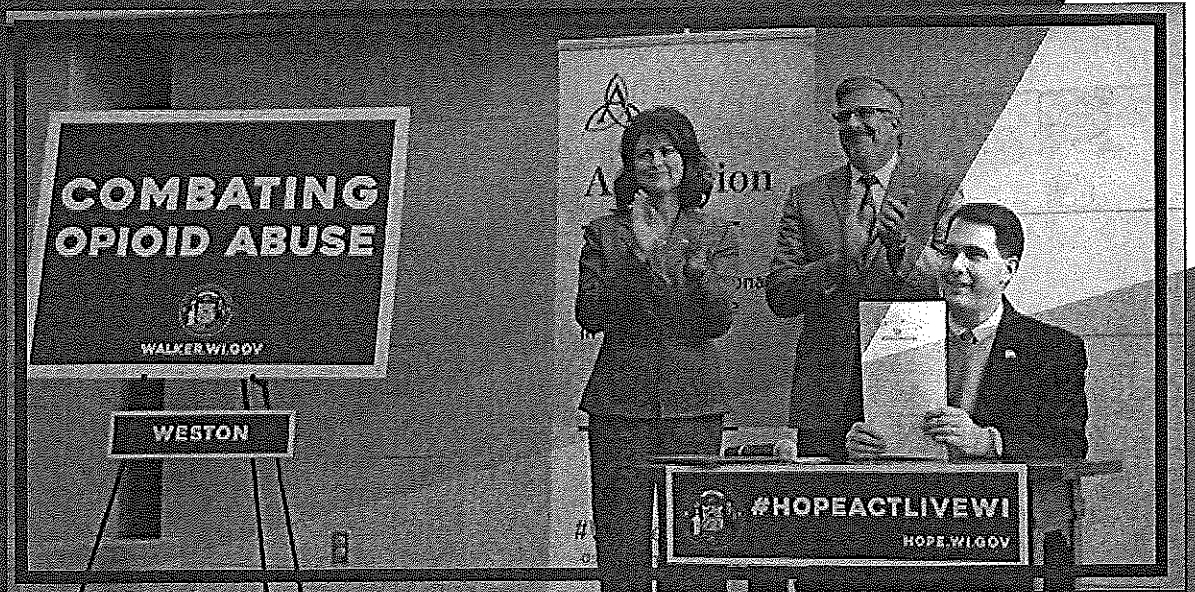
Copies of Executive Orders #273 and #274 are attached. Also attached is the report from the Task Force co-chairs to the Governor.

###

- [Task+Force+Co-Chair+Report.pdf](#)
- [EO+%23273+-+Implementation+of+Opioid+Task+Force+Recommendations.pdf](#)
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2017

# Combating Opioid Abuse



A Report to Governor Scott Walker

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## Acknowledgments

First and foremost, our thanks to the members of the Governor's Task Force on Opioid Abuse:

Lt. Governor Rebecca Kleefisch, *co-chair*  
Representative John Nygren, *co-chair*

Attorney General Brad Schimel  
Secretary Jon Litscher, Dept. of Corrections  
Secretary Laura Gutierrez, Dept. of Safety and Professional Services  
Deputy Secretary Tom Engels, Dept. of Health Services  
Deputy Commissioner J.P. Wieske, Office of the Commissioner of Insurance  
Senator Leah Vukmir  
Senator Janet Bewley  
Representative Jill Billings

Judge William Domino, Waukesha Circuit Court  
John Weitekamp, R.P.H., Pharmacy Society  
Dr. Toni Simonson, Wis. Hospital Association  
Dr. Nameeta Dookeran, Wis. Medical Society  
Dr. Tim Westlake, Wis. State Coalition for Prescription Drug Abuse Reduction  
Joan Mack, R.N., Director, C.A.R.E  
Jesse Heffernan, Helios Addiction Recovery  
Heather VanZile, Public Member  
Jen Rombalski, La Crosse County Health Dept.  
Randy Guttenberg, Waunakee School District

**We wish to note, however, that this report represents only the views of the co-chairs and does not purport to represent the views of every task force member.**

Holding task force meetings all across the state was made much easier thanks to the hard work and hospitality of each host location: UW Health, Northcentral Technical College, Marshfield Clinic, and the Medical College of Wisconsin. We benefited from the advice of many witnesses, citizens, and stakeholders who spoke to our offices and who presented to the task force. We also appreciate the hard work of the agency steering committees and our friends at The Pew Charitable Trusts, especially Glenn Wright and Andrew Whitacre.

Finally, this task force and report owe much to the staff in various agencies that brought the ideas and events together, including Monica Young from the Governor's Office; Daniel Suhr and Alex Lech from the Lt. Governor's Office; Zach Bemis and Chris Borgerding from Representative Nygren's Office; and Jennifer Malcore, Paul Krupski, Julie Lund, and Taylor Stanek from the Department of Health Services.



## *From the Co-Chairs*

It's official. The opioid epidemic is now a national public health emergency, a declaration issued by the U.S. Secretary of Health & Human Services at the direction of the President. That follows on a recommendation from a report issued by the White House Commission on Combating Drug Addiction and the Opioid Crisis.

Just as the national commission has been fully focused on this issue, our state's Task Force on Opioid Abuse has not relented in its mission since our first Co-Chairs' report one year ago. We have continued meeting as a task force, and we have individually maintained an active presence across the state visiting care centers, touring hospitals, talking to law enforcement, and speaking to people in recovery and the families of overdose victims. Moreover, we have benefited in Wisconsin from the wise counsel and hard work of the staff at The Pew Charitable Trusts, national experts who have lent their insight and resources to our ongoing project.

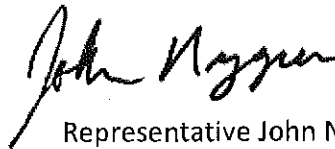
On the basis of our continuing engagement with citizens across Wisconsin, and with the benefit of Pew's expertise, we are releasing this next set of recommendations to the Governor, Legislature, and people of our state. These recommendations address the full spectrum of responses to this epidemic, including law enforcement and supply reduction, treatment and recovery, and education and prevention. We are grateful to our colleagues on the Task Force, those have provided testimony and information, and the agency staff responsible for developing and implementing the policies that make these recommendations concrete in the lives of people.

Reviewing the White House Commission's interim and final reports, we were encouraged to see that we are already implementing a number of the best practices identified nationwide. Wisconsin is leading the way, and while those reports confirm our state's proactive approach, they also prompt us to recommit to maintaining our state's position on the forefront of innovation addressing this crisis. Our kids and communities deserve nothing less.

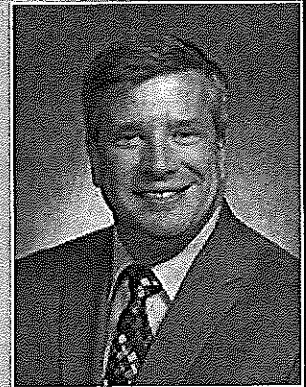
Forward,



Lt. Governor Rebecca Kleefisch



Representative John Nygren



# Enactment & Implementation Update

## From our January 2017 Co-Chairs Report

**Separate from several spending items in the Special Session bills, the 2017-19 biennial state budget funded a number of key recommendations from our report:**

Increased the children and family aids allocation by \$1,250,000 PR-F in fiscal year 2018 and by \$5,000,000 PR-F in fiscal year 2019 to address increasing child welfare costs.

Fully funded the Department of Public Instruction's request for school-based mental health services, including additional resources for the Screening, Brief Intervention, and Referral to Treatment (SBIRT) method.

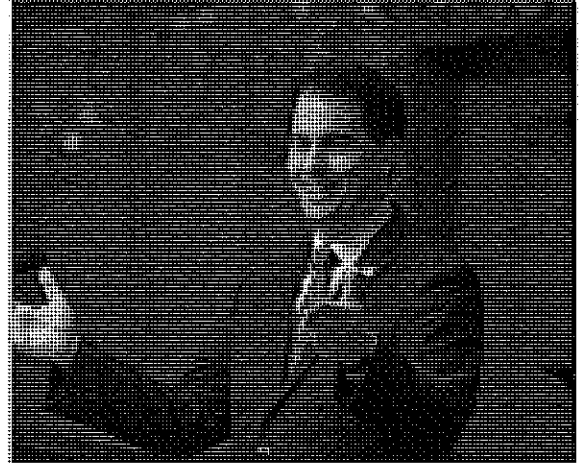
Expanded and improved access to mental health services for school-age youth by: (a) \$3,000,000 in fiscal year 2019 to support the availability of social work services in schools; (b) \$2,500,000 in fiscal year 2019 for grants for school-linked mental health services; (c) \$491,300 and 1.0 FTE position in fiscal year 2018 and \$514,100 and 1.0 FTE position in fiscal year 2019 to train school personnel in mental health first aid and trauma-informed care.

Additionally, the Governor's budget, as modified by the Joint Finance Committee and matched with Special Session Bill 2, provides record support for Treatment Alternatives and Diversion (TAD): \$5,989,000 in 2017-18 (\$4,900,000 GPR and \$1,089,000 PR) and \$5,989,200 in 2018-19 (\$4,900,000 GPR and \$1,089,200 PR). In addition to the funding for the TAD program, \$500,000 GPR annually would be appropriated for the county drug court grant program.

**In addition to these state dollars, the federal government has made significant new resources available to the state to fund initiatives identified in our report:**

In April, the Department of Health Services received \$7,636,938 for one year from the federal 21<sup>st</sup> Century Cures Act to fund the State Targeted Response grant. These funds will support a number of new efforts, including community coalitions, a treatment and recovery hotline, and training for recovery coaches.

In June, the Department of Health Services received \$760,000 in annual funding for four years to launch the Wisconsin Youth Treatment Initiative. With this grant, DHS provide training on identifying individuals struggling with substance abuse to college faculty who work with young people. DHS will also make grants to four multidimensional family therapy providers across the state to provide therapy services to young people fighting addiction issues.



# Heroin & Opioid Prevention and Education – 2017 Special Session

The Wisconsin State Legislature, thanks to the leadership of Representative Nygren, has passed all of the bills called for by the Governor as part of the 2017 Special Session on Opioid Abuse.

**Special Session Assembly Bill 1:** Protects school nurses who provide an emergency dose of an opioid antagonist like Narcan to a student who overdoses on school grounds. Passed the Assembly on a voice vote and the Senate 32-0.

**Special Session Assembly Bill 2:** Expands treatment alternatives and diversion (TAD) funding for specialty courts and pre-charging diversion. Passed the Assembly 97-0 and the Senate 32-0.

**Special Session Assembly Bill 3:** Expands Good Samaritan coverage to individuals who overdose under certain circumstances. Passed the Assembly on a voice vote and the Senate 32-1.

**Special Session Assembly Bill 4:** Requires that opioid-bearing substances like cough syrup with codeine be added to the appropriate controlled substances schedule. Passed the Assembly on a voice vote and the Senate 32-0.

**Special Session Assembly Bill 5:** Expands eligibility for civil commitment and treatment programs for drug-addicted individuals. Passed the Assembly 97-0 and the Senate 20-13.

**Special Session Assembly Bill 6:** Authorizes the University of Wisconsin to charter a recovery high school to serve students in recovery. Passed the Assembly 95-2 and the Senate 32-1.

**Special Session Assembly Bill 7:** Provides additional financial support for graduate medical education in addiction treatment. Passed the Assembly 97-0 and the Senate 33-0.

**Special Session Assembly Bill 8:** Funds several additional medically assisted treatment centers in underserved and high-need areas. Passed the Assembly 97-0 and the Senate 33-0.

**Special Session Assembly Bill 9:** Funds an addiction medicine consultation program for doctors to seek counsel from addiction specialists. Passed the Assembly 97-0 and the Senate 33-0.

**Special Session Assembly Bill 10:** Adds four additional Criminal Investigation Agents focused on drug trafficking to the Department of Justice. Passed the Assembly 97-0 and the Senate 33-0.

**Special Session Assembly Bill 11:** Provides additional funds to train school nurses and other education professionals on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) method for identifying and treating addiction. Passed the Assembly 97-0 and the Senate 33-0.



# Implementation Update: Agency Actions

Department of Corrections (DOC): In June 2017, the inaugural class graduated from the Vivitrol pilot program in Northeast Wisconsin. The program continues with additional future classes as the Department continues to collect and evaluate data.



Department of Health Services (DHS): DHS is using 21st Century Cures Act federal funds to implement the Recovery Corps of peer support specialists (in partnership with Marshfield Clinic); the hospital-based peer support specialist grant program (DHS currently identifying high-need hospital partners); the training and resource kits for first responders and hospitals (DHS working with a UW expert to develop curriculum); and regional prevention resource centers and medically assisted treatment expansion grants (DHS announced grants earlier this month). Additionally, DHS completed contracts that will provide Waukesha, Sauk, and Kenosha counties with expanded Naloxone access, in which training is already making a difference in saving lives ("Officer uses Narcan to save overdose victim within hours of receiving training," Kenosha News, June 28, 2017).

DHS has proposed a federal 1115(c) Medicaid demonstration waiver which includes an application for coverage for residential substance abuse treatment to expand access for those suffering from addiction. The waiver also includes drug screening and treatment to identify Medicaid enrollees in need of services. Especially knowing the disproportionate prevalence of opioid misuse among Medicaid participants, we and DHS believe screening and treatment will make a difference in the lives of many, moving them from dependence on both drugs and public assistance towards independence from addiction and the prosperity made possible by regular employment.

Department of Safety & Professional Services (DSPS): Staff and board members are working towards uniformity across prescribing boards. The Controlled Substances Board is generating quarterly reports tracking trends regarding opioids, and the state's prescription drug monitoring program, or ePDMP, is in compliance with all statutory requirements for timeline and administration.



Department of Transportation (DOT): As of October 1, 2017, Wisconsin has 266 officers trained as Drug Recognition Experts (DRE), compared to 150 just five years ago. As of December 2016, Wisconsin is in the top ten states in the nation in the number of DRE-trained officers. The State Patrol is working with its own officers and with municipalities to increase the number of DRE-certified officers and the number of officers who receive advanced roadside impairment recognition training, thanks in part to a recent \$200,000 grant from the Governors Highway Safety Association.



State Patrol has also acquired sufficient Narcan to ensure all uniformed personnel are equipped with two doses of the opioid antagonist, and all uniformed officers are being trained for its use.

Department of Veterans Affairs (DVA): DVA is undertaking a number of steps to raise awareness among veterans and those who serve them about the dangers of opioid abuse. This year staff is distributing an opioid abuse awareness postcard at a number of veteran outreach events. In addition, at their annual fall conference, the Department will lead discussions about and share best practices to help prevent opioid abuse among veterans. DVA is also collaborating with DHS on information sharing on overdoses and suicides related to opioid abuse.

All new admissions into the Wisconsin Veterans Homes are checked online by the admitting physician via the "ePDMP" website. This website informs the attending/prescribing physician if the prospective new member at the Veterans Home is already receiving opioids from another practitioner/pharmacy. Additionally, the Homes' attending physicians are all in compliance with the rule requiring all physicians to complete a two-hour opioid prescribing continuing medical education class.

Office of the Commissioner of Insurance (OCI): OCI completed a survey of insurers regarding coverage for substance abuse services and presented the results to the Task Force on July 14.

Wisconsin Housing & Economic Development Authority (WHEDA): WHEDA set aside 10 percent of its allocation of competitive tax credits specifically to fund supportive housing projects, approximately \$1.35 million. For the other 90 percent of the allocation, WHEDA will award a significant number of points of projects that utilize the integrative supportive housing approach, and set aside up to 25 percent of their total units for housing residents in need of services. Additionally, WHEDA's recent allocation of \$3 million from the Housing Trust Fund will be used to fund capital gaps of integrative supportive and homeless housing. WHEDA anticipates that many of these units and the supportive services associated with them will be used by individuals struggling with substance abuse and addiction.

# Recommendations Moving Forward

Our strategy is built on four pillars:  
prevention, supply reduction,  
treatment, and recovery.

## **Prevention**

The President's Commission highlighted the good work of several programs like Strengthening Families that have a proven record of helping at-risk youth. These programs are currently working in three counties, and we recommend that the Department of Children & Families **fund expansion of these evidence-based practices to help youth make good choices** in accountable relationships with parents.

Schools play an important role in teaching all young people to avoid the dangers of substance abuse. Although state law already requires that school health curricula include a general awareness of the dangers of alcohol and controlled substances, we believe it should be clarified to **specify that schools must also educate students about prescription drug abuse**. We must tackle prescription drug abuse head-on given its prevalence as a problem for student-athletes with sports injuries, teenagers who have their wisdom teeth pulled, and kids attending so-called "pill parties."

## **Supply Reduction**

Law enforcement is on the front lines of this crisis. Not only do they respond to numerous calls for overdose victims, they are also responsible for responding to drug-motivated burglaries and for investigating drug-trafficking crimes. To help law enforcement beef up their efforts to stop the flow of drugs onto the streets, **we're proposing a dedicated fund to provide grants to state and local agencies to expand capacity in the fight against illegal drugs**. We anticipate grants being used to run extra patrols along high-intensity drug-trafficking routes, to purchase secure drug take-back receptacles, to train additional officers in drugged driving recognition, to update technology to incorporate the Overdose Detection Mapping Application Program (ODMAP) app, to acquire a drug recognition K-9 unit, and other tools to respond to this crisis.





We also want to **add two regional drug resource prosecutors for the Department of Justice** at the DCI field offices in Wausau and Green Bay. This will provide local law enforcement and district attorneys with up-to-date information specific to drugs. These prosecutors may also serve as lead or co-counsel for local DAs in highly complex drug trafficking prosecutions.

**Victim impact panels** are already a common sentencing tool for judges in drunk driving cases. Listening to a mother who has lost a child in a drunk driving accident helps drivers with their first or second DUI realize the severe consequences that could stem from their choices. We're hopeful that permitting similar victim impact panels with people in recovery or family members of overdose victims could be a useful tool for drug courts and other judges sentencing users who appear before them.

ODMAP is a technology application that allows police departments to participate in a nationwide database tracking overdose data. We encourage more departments to use ODMAP to get a better, real-time picture of what's happening across Wisconsin, and we ask the Governor to **order our state law enforcement agencies to adopt ODMAP** in their operations.

We applaud Milwaukee County for purchasing a **time-of-flight mass spectrometer to provide law enforcement and medical examiners with faster processing of overdose cases**. We are

watching Milwaukee's implementation with interest to see if this is technology we need at the state's crime labs as well.

Supply reduction also includes responsible prescribing by medical professionals. We are seeing a significant culture shift among prescribers, led by our friend and task force member Dr. Tim Westlake and his coalition. We applaud the Medical Examining Board for instituting continuing education expectations specific to opioid prescribing to ensure all doctors are aware of important developments in the literature. We propose legislation that would **require all of the prescribing professions licensed by the Department of Safety & Professional Services, including dentists, physician assistants, and advanced practice nurse practitioners, to also have a continuing education requirement specific to controlled substances**.

## **Treatment**

Delivery of treatment services is one of the priority challenges facing the state as we respond to the opioid epidemic. We need more providers in more parts of the state who specialize in addiction treatment. Other states are experimenting with a so-called "hub-and-spoke" model, and we believe this could hold tremendous promise for Wisconsin as well. The model relies on regional "hubs" that commit to serving as centers of excellence for addiction treatment and on "spokes" in communities that refer cases in and take referrals from the hubs. We recommend that the Governor

issue an executive order creating a one-year **study commission to dive into the details of the hub-and-spoke model** to figure out how it can work in Wisconsin.

Social services workers are also in the trenches responding to this crisis. We've seen an explosion in child welfare cases, for instance, as parents overdose or end up in correctional settings because of this epidemic. We recommend a one-time grant to DCF to **develop an internet-based training resource for county social services and veterans service staff**, many of whom are encountering these cases without sufficient support in best practices. We further recommend that DCF review its electronic child welfare systems to ensure they provide the most accurate and worthwhile information on substance abuse to case workers.

Access to treatment services is a huge challenge, especially in our state's rural communities. As the most recent State Council on Alcohol and Other Drug Abuse (SCAODA) report documented, the worker shortage in Wisconsin includes a significant shortage of mental health and substance abuse professionals. We took a good first step last package with the Recovery Corps proposal. But more must be done, including **intra- and inter-state reciprocity for licensure**.

We also propose **funding Graduate Nursing Education to reduce wait lists and increase class sizes and placement opportunities in the Mental Health nursing program at UW**.

Another way to ensure access to services is to ensure sufficient insurance coverage for treatment. The **Workers Compensation Advisory Council has recommended an agreed bill to the Legislature**. It contains several good recommendations that would expand coverage for addiction treatment to people who began receiving opioids for pain from job-related injuries.



Federal law permits an advanced practice nurse prescriber (APNP) and physician assistant (PA) to prescribe buprenorphine, a medically assisted treatment option, if he or she possesses a waiver from the federal Drug Enforcement Administration. State law requires that an APNP and PA has in place a collaboration agreement with a doctor. Our bill will **clarify that the collaborating doctor does not need a federal waiver as long as the APNP or PA has one**. This clarification should increase the number of providers offering medication-assisted treatment (MAT), especially in rural communities.

When an individual with substance use disorder is released from jail, which often functions as a forced detox period, the first

week back on the outside is usually the most difficult to resist a return to using. Moreover, these individuals often overdose when they resume using at the same level as they were doing before they went into jail because their bodies have lost the tolerance they had built up. We propose providing **\$1,000,000 to launch a pilot program in several diverse counties that would provide volunteer participants in county jails with a Vivitrol shot in the last days before release** to suppress their cravings for opioids upon reentry.

We also recommend that the DHS work with the Law Enforcement Standards Board to develop best practices and **resources for law enforcement and medical first responders who may encounter fentanyl** in their jobs.



We encourage the DHS to apply for a federal grant to develop a technology solution that **tracks treatment capacity for substance abuse services**. We also hope DHS can work with stakeholders to develop uniform

statewide standards for data submission on people seeking treatment.

We ask the DHS to **review requiring prior authorization for buprenorphine treatment combination drugs** within BadgerCare for enrollees other than pregnant women.

Further, **Wisconsin's statute governing pregnant moms struggling with substance abuse needs to be revisited**. This statute currently affects a number of stakeholders, and we intend to engage them in the coming months as we work towards a revised statute that maintains its core principles but improves its operation based on what we have learned in twenty years of experience and medical advances.

## Recovery

We know drug courts work to facilitate long-term recovery through care coordination and accountability. We want to see this concept expand to juvenile courts, where justice-involved youths court also benefit from the drug court model. **We support Rep. Jesse Rodriguez and Sen. Alberta Darling in their efforts to pass Assembly Bill 481 and Senate Bill 390** and believe we should create a special fund to support the start-up costs of this legislation.

We know that steady employment is a key component to successful long-term recovery. **We also applaud Rep. Warren Petryk and Sen. Darling for sponsoring Assembly Bill 829 and Senate Bill 626**, which would clarify standards for individuals with

drug convictions seeking occupational licenses in Wisconsin.

We are asking the DHS to **sponsor a faith-based summit** to help pastors, priests, parish nurses, and other community groups responding to the human impact of this crisis.

We believe the Departments of Health Services and Corrections should work together to **facilitate continuity of care for offenders** reentering society at the conclusion of their imprisonment, especially through an offender-only service unit within contracted managed care organizations within BadgerCare.

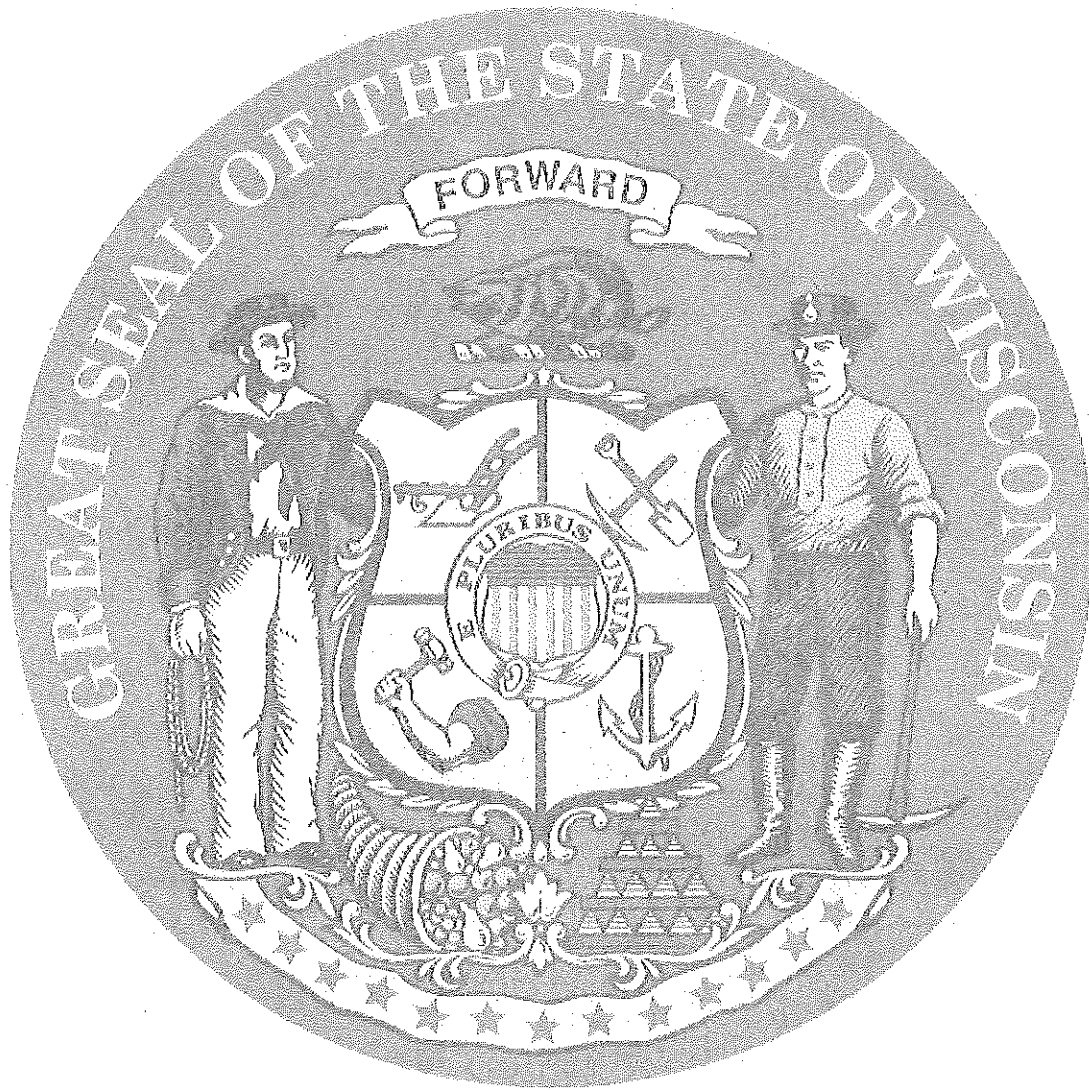
## Conclusion

This report reflects the hard work of many people who care deeply about this issue. We recognize that it is only a report. We need

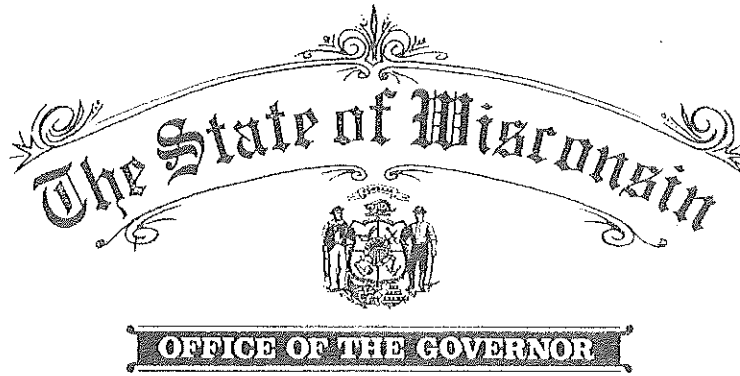
people across the state to engage to make its recommendations reality. We are so grateful to the many folks who have already stepped forward in a variety of different personal and professional ways to spread hope and stop abuse. Solving this problem will take a lot more than good public policy, though that is a necessary condition. To achieve real change, we will need citizens across Wisconsin from every walk of life: parents and family members, coaches, teachers, nurses, doctors, therapists, law enforcement, veterinarians, and people with lived experience. This is a crisis confronting our entire society, and it's going to take all of us to pull together to help address it.

We remain hopeful. Rep. Nygren called this the HOPE Agenda from the very beginning. It's a good acronym: Heroin & Opioids Prevention & Education. It's also our mission and our attitude: to increase hope across Wisconsin, which is essential to solving this crisis.









**EXECUTIVE ORDER #273**

**Relating to the Implementation of the Recommendations of the  
Co-Chairs of the Governor's Task Force on Opioid Abuse**

**WHEREAS**, I have previously created a Governor's Task Force on Opioid Abuse and designated Lt. Governor Rebecca Kleefisch and State Representative John Nygren as co-chairs; and

**WHEREAS**, the Task Force has met over the course of the past two years to hear testimony from experts, study the issue, and receive technical assistance from scholars associated with The Pew Charitable Trusts; and

**WHEREAS**, the Co-Chairs have prepared a report recommending a number of actions to be undertaken by State agencies;

**NOW THEREFORE, I, SCOTT WALKER**, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and laws of this State, and specifically by section 14.019 of the Wisconsin Statutes, do hereby order the following:

1. The Wisconsin Department of Health Services shall:
  - a. Convene a Governor's Faith-Based Summit on Opioids for pastors, priests, parish nurses, and others involved in faith-based community organizations confronting the prevention, intervention, recovery, and criminal justice consequences of this crisis.
  - b. Work with the Law Enforcement Standards Board to develop and deploy training and best practices around law enforcement and medical first responder encounters with fentanyl and opioid-intoxication incidents.
  - c. Apply for a federal grant from the Bureau of Justice Assistance to develop a technology application that tracks treatment capacity for substance abuse services.
  - d. Work with stakeholders to develop uniform statewide standards for data submission on people seeking substance abuse treatment.
  - e. Review whether to require prior authorization for buprenorphine treatment combination drugs for BadgerCare enrollees other than pregnant women.
  - f. Work with the Department of Corrections to better facilitate continuity of care for offenders reentering society at the conclusion of their prison terms by developing offender-only service units with contracted managed care organizations within BadgerCare.
2. The Wisconsin Department of Children & Families shall revise its Child Protective Services Standards and eWiSACWIS software program to better document and track substance abuse issues arising in child welfare cases.

3. The Wisconsin Department of Transportation - Division of State Patrol and Wisconsin Department of Administration - Division of Capitol Police shall incorporate the ODMAP application into their officer technology to ensure accurate and timely reporting and response for overdose incidents.
4. The Governor's Task Force on Opioid Abuse shall continue its important work under the leadership of its Co-Chairs, to whom I extend my appreciation for their hard work preparing these recommendations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done in the City of Eau Claire this nineteenth day of January in the year two thousand eighteen.

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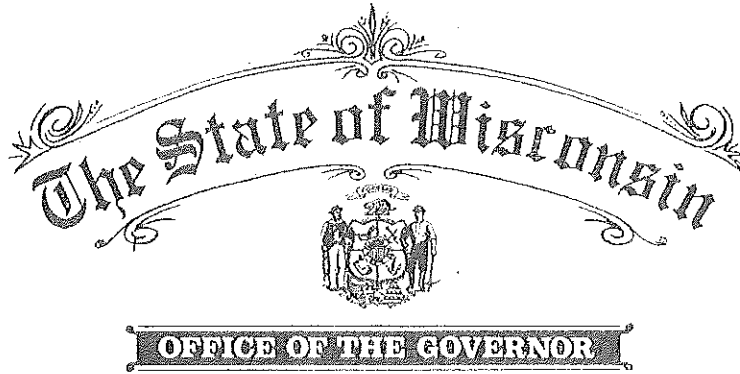
SCOTT WALKER  
Governor

By the Governor:

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DOUGLAS LA FOLLETTE  
Secretary of State





**EXECUTIVE ORDER #274**

**Relating to the Creation of the Commission on Substance Abuse Treatment Delivery**

**WHEREAS**, the Co-Chairs of the Governor's Task Force on Opioid Abuse have submitted recommendations embodying their ongoing study of the State's response to the heroin and opioid abuse epidemic; and

**WHEREAS**, the Task Force received expert technical assistance from The Pew Charitable Trusts, which has studied these issues and made recommendations; and

**WHEREAS**, the hub-and-spoke model for opioid treatment delivery is currently in use in several other states and shows great promise as an organizational tool to improve delivery of substance abuse disorder services to individuals in need;

**NOW THEREFORE, I, SCOTT WALKER**, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and laws of this State, and specifically by section 14.019 of the Wisconsin Statutes, do hereby create the Governor's Commission on Substance Abuse Treatment Delivery and order the following:

1. The Governor's Commission on Substance Abuse Treatment Delivery (the "Commission") shall operate as a nonstatutory committee under Wis. Stat. § 14.019 for the purpose of recommending to the Governor whether the State should pursue a hub-and-spoke delivery model and, if so, what it would require for implementation.
2. The Commission shall include the following members, appointed by the Governor:
  - a. Each of the co-chairs of the Governor's Task Force on Opioid Abuse, or their designees;
  - b. The Secretary of the Department of Health Services, or her designee;
  - c. The Division Administrator for the Division of Medicaid Services, or her designee;
  - d. A county health or human services official;
  - e. A representative from the Wisconsin Hospital Association;
  - f. A representative of Federally Qualified Health Centers in Wisconsin;
  - g. A representative from community-based substance abuse treatment providers;
  - h. A representative of the Wisconsin Academy of Family Physicians; and
  - i. A representative from the Wisconsin Society of Addiction Medicine.
3. The Commission shall consult other State agencies, experts, and the public, and shall review the hub-and-spoke models at work in other states.
4. The Commission shall be chaired by the Secretary of Health Services, or her designee.

5. The Wisconsin Department of Health Services shall provide staff support to the Commission.
6. The Commission shall issue its final report and recommendations to the Governor no later than November 30, 2018, at which time it shall dissolve.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done in the City of Eau Claire this nineteenth day of January in the year two thousand eighteen.

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SCOTT WALKER  
Governor

By the Governor:

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DOUGLAS LA FOLLETTE  
Secretary of State

## **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

## 2018 Substance Use Disorder Training Sessions and Conferences (Treatment and Recovery Focus)

### **March:**

**Trauma and Opioid Training** - sponsored by Division of Care & Treatment Services  
March 8 & 9, 2018 in Wauwatosa, WI  
<https://www.dhs.wisconsin.gov/opioids/conferences.htm>

### **April:**

**National Rx Drug Abuse & Heroin Summit** (The largest annual conference addressing the Opioid Crisis)  
April 2-5, 2018 in Atlanta, GA  
<https://vendome.swoogo.com/2018-rx-summit>

**Opioid Forum** – sponsored by Division of Care & Treatment Services  
April 11-12, 2018 in Milwaukee, WI  
<https://www.dhs.wisconsin.gov/opioids/conferences.htm>

**The ASAM 49th Annual Conference - Innovations in Addiction Medicine and Science**  
April 12-15, 2018 in San Diego, CA  
Dr. Barman and others will be attending  
[https://www.asam.org/education/live-online-cme/the-asam-annual-conference?sm\\_au=iJVqn5nSww342MqR](https://www.asam.org/education/live-online-cme/the-asam-annual-conference?sm_au=iJVqn5nSww342MqR)

**2018 Wisconsin Association of Treatment Court Professionals (WATCP) State Conference**  
by WI Association of Treatment Court Professionals  
April 18 -20, 2018 at Country Springs Hotel, Waukesha, WI  
[https://watcp.org/watcp-events/?sm\\_au=iJVqn5nSww342MqR](https://watcp.org/watcp-events/?sm_au=iJVqn5nSww342MqR)

**Northern Wisconsin Annual Substance Abuse Conference**  
Thursday and Friday April 26-27, 2018 at Northcentral Technical College in Wausau  
April 26<sup>th</sup>:  
Morning Session - *Cultural Competence and Substance Use Disorder*  
Speaker: Harold Gates  
Afternoon Session - *Engaging Men and Masculinity to Support their Health and Recovery; Reaching Them Where They are at*  
Speaker: Aaron Perry

April 27<sup>th</sup>: Advance Clinical Supervision for Substance Abuse Services  
Speaker: Kenneth Osborne

<https://www.ntc.edu/ce/conferences/northern-wi-annual-substance-abuse-conference>

**May:**

**40<sup>th</sup> Annual National Addiction Leadership Conference** - by National Association of  
Addiction Treatment Providers (NAATP)

May 20-22, 2018 at Omni Interlocken in Denver, CO

[https://www.naatp.org/sites/naatp.org/files/NAATP\\_Brochure\\_Single\\_Page\\_Interactive\\_1.pdf](https://www.naatp.org/sites/naatp.org/files/NAATP_Brochure_Single_Page_Interactive_1.pdf)

**National Association of State Alcohol and Drug Abuse Directors (NASADAD) Annual Meeting**

May 21 – 24, 2018, in Bethesda, MD

<http://nasadad.org/2018/01/nasadad-annual-meeting-2018/>

**Justice for All – NADCP Annual Training Conference**, featuring Vet Court Con  
National Association Drug Court Professionals (NADCP)

May 30-June 2, 2018 at George R. Brown Convention Center in Houston, Texas

<http://www.nadcpconference.org/>

**August:**

**Hope Consortium Conference**

August 23<sup>rd</sup> & 24<sup>th</sup> at Lake of the Torches Resort in Lac Du Flambeau, WI

For more information, contact JoAnna Giraud, Marshfield Clinic Health System, at  
715.221.8429 or [Giraud.Joanna@marshfieldclinic.org](mailto:Giraud.Joanna@marshfieldclinic.org)

**September:**

**22nd Annual Crisis Intervention Conference**

September 20-21, 2018 at Kalahari Resort & Convention Center in Wisconsin Dells

<https://www.uwsp.edu/conted/ConfWrkShp/Pages/Crisis/default.aspx>

**American Society of Addiction Medicine (ASAM) Conference – Wisconsin Chapter in Madison**

<http://www.wisam-asam.com/>

**October:**

**2018 Annual National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Conference “Shoot for the Stars”**

October 5-9, 2018 in Houston, Texas, at the Westin Galleria

Registration will open on February 12th!

The three-day Annual Conference will take place on October 6-8, 2018. In addition, attendees may register to attend full-day pre-conference sessions on October 5, 2018, full-day post-conference sessions on October 9, and/or a two-day U.S. Department of Transportation - Substance Abuse Professional (SAP) Qualification/Re-Qualification training on October 9 & 10.

<https://www.naadac.org/2018annualconference>

**Mental Health and Substance Use Recovery Training Conference (14<sup>th</sup> Annual)**

Wednesday-Thursday, October 17-18, 2018

Kalahari Resort and Convention Center at Wisconsin Dells

<https://www.uwsp.edu/conted/ConfWrkShp/Pages/MHSA/default.aspx>

## **2018 Substance Use Disorder Training Sessions and Conferences (Prevention Focus)**

### **May:**

#### **Partners in Substance Abuse Prevention 2018 Regional Conference**

May 21-22 at Sheraton Milwaukee in Brookfield, WI

<http://www.allwiseyouth.org/event/partners-in-substance-abuse-prevention-2018-regional-conference>

### **June:**

#### **Northwoods Annual Meeting and Training, Northwest Regional Prevention Training**

June 21-22 at Holiday Inn in Stevens Point, WI

### **October:**

#### **Alcohol Policy Seminar**

October 10, 2018 at Kalahari Resort, Wisconsin Dells, WI

<https://law.wisc.edu/wapp/conference.html>

### **Note on other Potential Training Events**

The Regional Prevention Centers are regularly adding additional trainings. These include: ARDIE trainings for law enforcement ; DITEP trainings for educators; SAPST trainings for prevention professionals; a youth engagement summit in the southeastern region; Youth Thrive trainings for those who work with and mentor youth.

In addition, the Prevention Team is waiting to receive approval for several trainings proposed to the department this year. Topics would include Presenting Data Effectively, and Framing Substance Abuse Messaging from the Frameworks Institute. In addition, the team works with CAPT to identify training needs for the year. The training topics have not yet been set, but CAPT provides the trainers based on the Team's request.



**HOPE**  
CONSORTIUM

SUPPORTING  
TREATMENT &  
RECOVERY IN THE  
NORTHWOODS

## 2018 Technical Assistance for Clinical Providers

Please join the HOPE Consortium in upcoming opportunities for technical assistance for regional substance use disorder treatment providers. Sessions will be facilitated by Wisconsin Department of Health Services representatives and there is no cost to attend.

**February 15**  
Diagnosis, Placement Outcomes &  
Expectations

**April 12**  
ASAM Support

**June 7**  
Treatment Planning

**August 2**  
Charting

**November 1**  
Discharge Planning & Follow-up

See reverse for times and locations and feel free to share these opportunities with your colleagues in Forest, Iron, Oneida, Price, and Vilas Counties and the Forest County Potawatomi, Lac du Flambeau, and Sokaogon Chippewa Tribal Communities.

For more information contact Marshfield Clinic Health System – Center for Community Outreach:  
715-221-8400 | cco@marshfieldclinic.org

### **February 15:** Diagnosis, Placement Outcomes & Expectations

9:00am-11:00am, Online

Join by computer:

- Click <https://acano.marshfieldclinic.org/index.html?id=50137745>
- Click "Continue" on the password screen after the meeting start time. This call is NOT password protected.
- Enter your name and click "Join Call" to connect.

Join by phone:

- Dial 715-221-5561 or 1-844-717-3647 (toll-free)
- Enter Call ID: 50137745#

### **April 12:** ASAM Support

10:00am-12:00pm, Location TBD

### **June 7:** Treatment Planning

9:00am-11:00am, Online

Join by computer:

- Click <https://acano.marshfieldclinic.org/index.html?id=50137746>
- Click "Continue" on the password screen after the meeting start time. This call is NOT password protected.
- Enter your name and click "Join Call" to connect.

Join by phone:

- Dial 715-221-5561 or 1-844-717-3647 (toll-free)
- Enter Call ID: 50137746#

### **August 2:** Charting

10:00am-12:00pm, Marshfield Clinic Minocqua Center – Conference Room 1

### **November 1:** Discharge Planning & Follow-up

10:00am-12:00pm, Marshfield Clinic Minocqua Center – Conference Room 1





# SCAODA 2018 Meeting Dates

March 2, 2018 @ WI DATCP

2811 Agriculture Drive, Madison

June 1, 2018 @ WI DATCP

2811 Agriculture Drive, Madison

September 7, 2018 @ WI DATCP

2811 Agriculture Drive, Madison

December 7, 2018 @ WI DATCP

2811 Agriculture Drive, Madison

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

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

**ARTICLE I**

**Purpose and Responsibilities**

**Section 1. Authority**

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

**Section 2. Purpose**

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

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

**Section 3. Responsibilities**

The state council on alcohol and other drug abuse shall:

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

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

- i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- j. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages, ethnicities, sexual orientation, disabilities, and religions to address alcohol, tobacco and other drug abuse problems.

## **ARTICLE II**

### **Membership**

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

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

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

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

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

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

### **2.3 Selection of Members**

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

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

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

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

## **2.5 Selection of Officers**

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

## **2.6 Terms of Voting Members**

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

## **2.7 Code of Ethics**

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

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

## **2.8 Nondiscrimination**

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

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

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

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

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

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



## **2.10 Removal from Office**

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

## **Section 3. Officers**

### **3.1 Chairperson**

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

### **3.2 Vice-Chairperson**

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

### **3.3 Secretary**

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

### **3.4 Vacancies**

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

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

## **ARTICLE III**

### **Council Meetings**

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

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

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

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

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

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

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

##### **2.3 Quorum**

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

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

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

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

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

## **Section 5. Agendas**

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

## **Section 6. Attendance Requirements**

- 6.1 All council members and committee members are expected to attend all meetings of the council or the respective committees. Attendance means presence in the room for more than half of the meeting.
- 6.2 Council or committee members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee or committee staff person or chairperson at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3 Any statutory members or designees of the council or committee who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council or committee chair to discuss the reasons for absence and whether the member will be able to continue serving. Appointed members who do not believe that they can continue should tender their resignation in writing to the secretary of the council or committee chair. Any council member resignations will be announced by the chairperson and forwarded by written notice to the Governor of the need for a new appointment. The replacement member would fulfill he resigned member's term.

## **Section 7. Staff Services**

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

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

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

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

## **ARTICLE IV**

### **Committees**

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

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

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

It is the intent of this section that:

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

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

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

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

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

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

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

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

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

- 3.1** A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.
- 3.2** All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.
- 3.3** Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.
- 3.4** Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 3.5** Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.
- 3.6** The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

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

The chairperson of each committee is responsible for:

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

- c. Submitting meeting minutes in the approved format to the council; and
- d. Coordinating work with other committees where items could be of mutual interest.

## **Section 5. Executive Committee**

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

**5.2** The executive committee will have the following responsibilities:

- a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.
- b. Meet at the request of the chairperson as needed;
- c. Provide for an annual review of the by-laws;
- d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and
- e. Other duties designated by the council.

### **5.3 Rapid Response**

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

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

necessary before a council meeting may reasonably be convened.

## **ARTICLE V**

### **Amendments**

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



