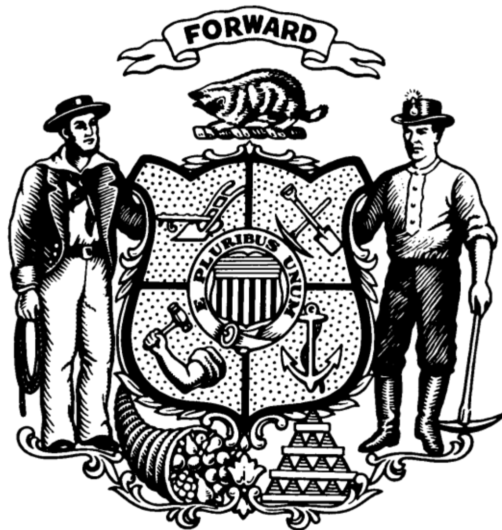
WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



December 13, 2019
MEETING

Roger Frings
Chairperson

TONY EVERS
Governor

Tobacco-Free Environment

American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products and electronic cigarettes (e-cigarettes) everywhere, by anyone, at all times.

Use of tobacco products and e-cigarettes is prohibited in all interior and exterior spaces, including inside your vehicle while on company-property and in parking ramps and parking lots.

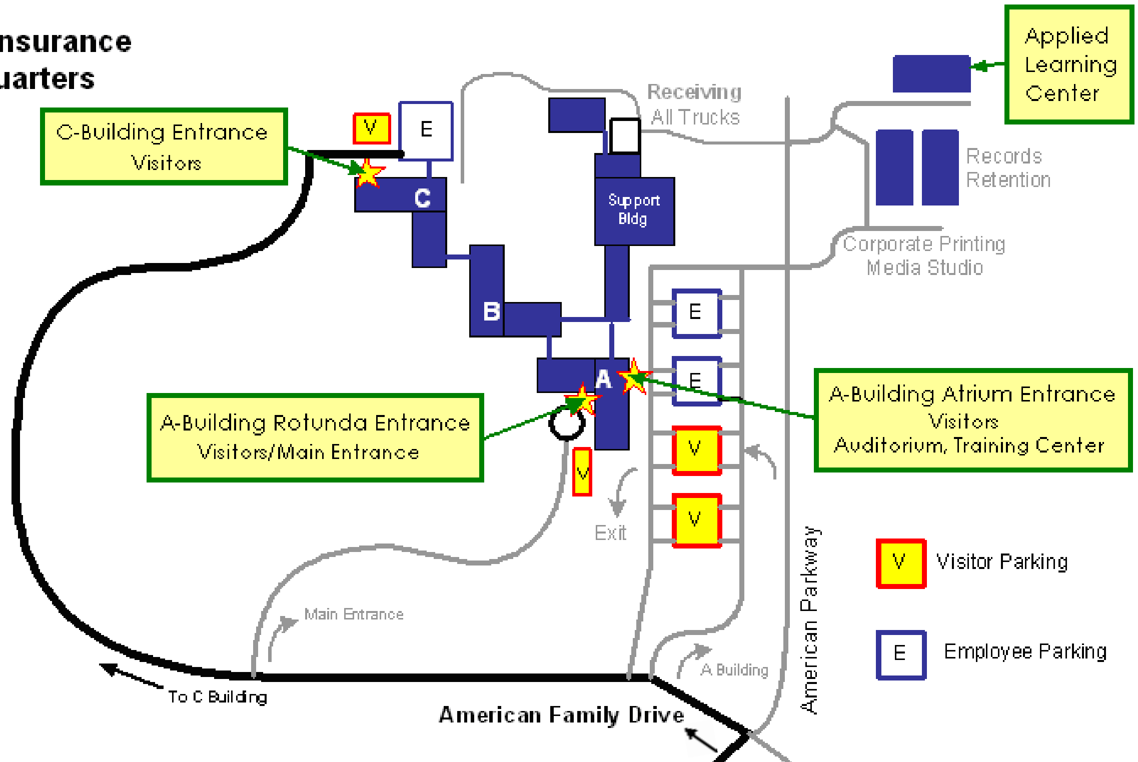
We ask that you refrain from using tobacco products and e-cigarettes while using our facility.

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

Revised 6/2011

Directions

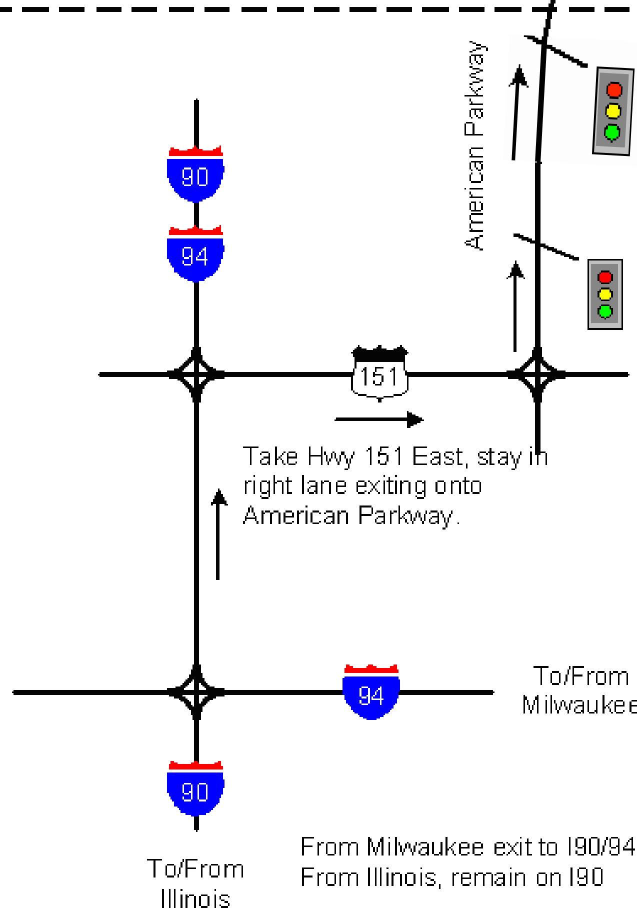
American Family Insurance National Headquarters



Main Campus Directions

Turn left onto American Family Ins. Dr and take the 1st right to access A bldg./Training Center visitors parking

- **Visitors are able to use both flat lots for parking only**
- **If you need to drop off materials/attendees please follow the road around the parking ramps to the A bldg. visitors entrance**
- **Please note roads around parking are one way**



Merge to left lane on American Parkway. Second intersection past stop light is American Family Drive.

RETURN: Reverse route. Exit onto American Parkway, stay in right land, enter onto Hwy 151. Entrance to I90/94 is immediately ahead. Southbound - on 151 merge to second lane from right which becomes far right lane as you approach the interstate.

Highway Directions to AF-NHQ Campus

Tony Evers
Governor

State of Wisconsin

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

December 13, 2019, 9:30 AM to 2:30 PM
American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783
A-Building, Room A3141

MEETING AGENDA

1. Welcome and introductions…………….............................Roger Frings, SCAODA Chairperson

2. Approval of September 6, 2019 meeting minutes……………………………………………p.7-12

3. Public input (maximum five minutes per person)……................................SCAODA Chairperson

4. Committee reports:

   - Executive Committee…………………………………....………....Roger Frings... p. 13-14
     - ✓ Confirm meeting dates for 2020

   - Diversity Committee……………………………………………….....Thai Vue... p. 15-20

   - Intervention & Treatment Committee…………………………...Norman Briggs... p. 21-31
     - ✓ 2018-22 Council Strategic Plan – Committee Activities Update
     - ✓ **Motion:** When persons present for SUD treatment, SUD professionals shall assess <u>and treat</u> tobacco use disorders (pg. 30)
     - ✓ **Motion:** Approve *Report on At Risk Substance Misuse by Older Adults* [Note: <u>Discussi</u>on of this motion will be deferred to the afternoon.] (pg. 31) ____

   - Planning and Funding Committee……………………..……….Christine Ullstrup… p.32-41
     - ✓ 2018-22 Council Strategic Plan – Committee Activities Update
     - ✓ <u>**Motion:**</u> Oppose Proposed Medicaid Rates covering Residential SUD Treatment (pg. 41)
     - ✓ Report out on SCAODA Listening Session at Fall MH/SU Recovery Conference

   - Prevention Committee………………………….........................Roger Frings… p.42-54
     - ✓ 2018-22 Council Strategic Plan – Committee Activities Update
     - ✓ <u>**Motion:**</u> Approve *Workforce Prevention Ad-hoc Committee's Report: Substance Misuse and the Wisconsin Workforce (pg. 53)*
     - ✓ <u>**Motion:**</u> Council to request clarification of the statutes authorizing opioid antagonist prescribing, and regarding intent of Good Samaritan Law.(pg. 54)

5. Presentations on Recovery Housing: ……………………………………………………….p.55-58
   - Housing programs for recovering Women and Children
     ** Christine Ullstrup, Meta House*
   - WI Association of Sober Housing (WASH), and Recovery Housing across the State
     ** Michelle Devine Giese, Apricity*

6. Lunch

7. Best Practices and Contemporary Issues in Drug Testing………………………………… p. 59-100
   ** Dr. Michael Larson, Marshfield Clinic Health System*
   ** Katie Mekus, Averhealth*

8. Agency reports:
   - Governor's Office………………………………………………………Katie Domina
   - Department of Health Services…………………….….….……..Julie Willems Van Dijk
   - Department of Safety & Professional Services…..............................Yolanda McGowan
   - Department of Revenue…………………………………..…………..Ann DeGarmo
   - Department of Public Instruction………………..............................……..…Brian Dean
   - Department of Veterans Affairs…………………………………..…..Colleen Rinken

9. Bureau of Prevention, Treatment and Recovery Update……........Joyce Allen, DHS.... p. 101-109

10. Report from Wisconsin Council on Mental Health ……….......................Ryan Stachoviak, DHS

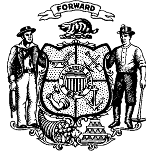
11. March 13, 2020 Meeting Agenda Items……………………………..…Council Members... p. 110

12. Meeting Adjournment…………………………………………………..…Council Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Council's primary function is providing leadership in Wisconsin on substance use disorder (SUD) issues, advising Wisconsin state agencies on SUD prevention, treatment and recovery activities, and coordinating SUD 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, need an interpreter or translator, or need this material in another language or format, you may request assistance to participate by contacting Mike Derr at 608-267-7704 or Michael.Derr@wisconsin.gov.

Conference Call: (via Skype) 844-341-6886 [608-316-9000 in Madison]
Conference ID Code: 3342361
See also https://scaoda.wisconsin.gov/meetings.htm for instructions on joining by phone or Skype.

Tony Evers
Governor



Roger Frings
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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
DRAFT MEETING MINUTES

September 6, 2019
9:30 a.m.
American Family Insurance Training Center - Madison, WI

Members Present: Roger Frings, Norman Briggs, Dr. Subhadeep Barman, Christine Ullstrup, Kevin Florek, Thai Vue, Connie Kostelac, Autumn Lacy, Julie Willems Van Dijk, Sen. Janet Bewley, Jan Grebel, John Weitekamp, Sue Shemanski, Rep. Jill Billings, Brian Dean, Natalie Aicher (for Sen. Patrick Testin - on phone), Mike Knetzger (on phone)

Members Excused: Katherine Domina, Mary Ann Gerrard, Sandy Hardie

Ex Officio Members Present: Kenyon Kies, Katie Wagner-Roberts, Tim Weir, Mark Wegner, Ann DeGarmo, Yolanda McGowan, Delora Newton

Ex Officio Members Excused: Fil Clissa, Dr. David Galbis-Reig, Colleen Rinken, Jennifer Wickman

Staff: Ryan Stachoviak, Michelle Lund, Cecilia Culp, Allison Weber, Jason Harris, Dennis Radloff, Gary Roth, Amanda Lake Cismesia, Kate Rifken, Sarah Coyle, Bernestine Jeffers, Raina Haralampopoulos, Paul Krupski, Scott Stokes, Joyce Allen, Mike Derr, Christy Niemuth, Carly Bieri and Renee Strand (ASL interpreters), LeeAnn Mueller

Guests: Chelsey Wasielewski, Lindsey Just, Sandra Westerman, Megan Sulikowski, Saima Chauhan, Lorie Goeser, Amy Anderson, Kristin DePrey, Dr. Richard Rawson, Harold Gates, David Macmaster, Joe Muchka, Sophie Hannauer, Derek Veitenheimer, Raeanna Johnson, Duncan Shrout, Denise Johnson, Chris Wardlow, Sandra Westerman

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Call to Order: Roger Frings called the meeting to order at 9:34 a.m.

Introductions: Members introduced themselves.

Announcements: Roger Frings shared that Rep. John Nygren has resigned from SCAODA. The council is awaiting a new appointment to this position to be made by Assembly Speaker Vos.

Roger Frings presented Duncan Shrout, former chairperson of SCAODA, with a plaque awarded from Governor Tony Evers, commemorating Mr. Shrout's service to SCAODA and WI citizens.

Approval of June 7, 2019 Minutes: Christine Ullstrup moved to approve the minutes. Subhadeep Barman seconded. Correction to minutes: Julie Willems Van Dijk corrected that dementia care ***was*** passed in the budget. John Weitekamp corrected spelling of his name. The motion passed unanimously with corrections.

Public input: No public input was received.

Election of SCAODA Officers: Sue Shemanski presented the nominees for SCAODA offices: Roger Frings for chairperson, Sandy Hardie for vice chair, and Norman Briggs for secretary. Sue Shemanski opened the meeting for additional nominations- no additional individuals were nominated. Mr. Frings, Mr. Briggs, and Ms. Hardie accepted their respective nominations. A vote was called with all in favor, none opposed, and no abstentions. Roger Frings was re-elected as Chair. Sandy Hardie was re-elected as Vice Chair. Norman Briggs was re-elected as Secretary.

Committee Reports:

Executive Committee – Norman Briggs shared letter from Roger Frings on behalf of SCAODA to legislators regarding pending legislation related to substance use care and treatment services. Mike Derr provided an update that legislative items #1-3 in the letter are still pending bills, item #4 was passed in the state budget, and item #5 was not passed in the state budget. Norman also shared that Roger Frings is working with the Governor's Office and the Legislature to designate a tribal representative slot on SCAODA.

Diversity Committee – Thai Vue shared that the Committee has 8 members currently and is seeking greater participation and membership. Thai Vue shared that a reception will be held at the Oct. 2019 Mental Health and Substance Use Recovery Training Conference to solicit public input regarding issues of diversity that relate to the committee's work.

Intervention and Treatment Committee – Norman Briggs shared that a group from the Committee will be updating the Report on the *Workforce for the Treatment of SUDs in Wisconsin* that was previously approved by SCAODA in 2017, to include updates to address workforce issues and shortages impacting the state. Mr. Briggs also discussed a recent change from the American Society of Addiction Medicine (ASAM), which licenses the ASAM level of care placement criteria; ASAM has begun developing copyright protections that represent a significant cost to providers for use of ASAM placement criteria. Mr. Briggs shared concerns from providers that this may be cost-prohibitive. Bernestine Jeffers shared that she has been in communication with ASAM and there is an agreement to allow states to use the ASAM placement criteria, but questions remain regarding residential level of care and whether CARF

certification will be required, as well as how states may utilize ASAM training. Mr. Briggs also shared that a workgroup from ITC, led by Joe Muchka, is developing a report regarding "At-Risk Substance Misuse by Older Adults" that will be presented to the Council at a later date.

Planning and Funding Committee – Christine Ullstrup reported that the Committee received updates from DHS Division of Medicaid Services (DMS) representatives regarding the residential substance use treatment benefit which is expected to begin in November 2019. Ms. Ullstrup shared remaining questions regarding the roll out of the benefit, timeline, coverage structure, etc. Ms. Ullstrup shared that input from Milwaukee County was helpful at the last meeting and additional input from counties is encouraged at upcoming Committee meetings. Ms. Ullstrup shared that DMS did send out a provider survey to solicit input for the benefit policy and coverage. However, Norman Briggs reported that the survey had a poor response overall, according to DMS staff. Mr. Briggs also shared ongoing concerns that the rate for the service, while differentiating between levels of care, does not differentiate between hours of service provided. Mike Derr also corrected the date of the Committee meeting minutes on page 31 of the booklet from April 17, 2019 to May 20, 2019.

Prevention Committee – Chris Wardlow invited participation at the upcoming Committee meeting on 10/17/19 in DeForest. Mr. Wardlow continues to serve as interim chair, and shared that Roger Frings is actively seeking a chairperson for this committee. Mr. Wardlow reported that the Committee serves as the Alcohol Priority Action Team for the Division of Public Health's Statewide Quality Improvement Plan, which involves looking at data surrounding the burden of alcohol and alcohol misuse. In conjunction with this role, the Committee received presentations from the WI Hospital Association regarding alcohol data being collected within WI hospital systems, and from DHS regarding opioid and alcohol dashboards. The committee will also seek additional agency reports for data related to alcohol, including second-hand effects of alcohol use, social determinants of health, etc.

Mr. Wardlow shared that the committee hopes to approve the Ad Hoc Workforce Prevention Committee's final draft report that will be submitted to the council at the December meeting. Mr. Wardlow also shared that a SCAODA public forum was held at the June statewide prevention conference and that this was well-attended. Forum attendees identified two areas of concern: integration of mental health and substance use services and use policy, and shifting cultural attitudes toward marijuana use.

Representative Billings discussed that education, research, expertise and information regarding marijuana use and policy would be helpful for legislators that are considering changes related to marijuana legalization. The Committee referenced the 2016 SCAODA Report *Marijuana in Wisconsin*. (See: https://scaoda.wisconsin.gov/scfiles/marijuana/marijuana-072216.pdf.) Dr. Barman also shared that WISAM will be holding a discussion regarding marijuana issues at its upcoming conference on September 26 and 27, 2019 at the Pyle Center. Mr. Wardlow agreed to provide input, reports, data, and information to interested parties.

Presentations:

WI Department of Justice, Bureau of Justice Information and Analysis- Sophie Hannauer presented a summary of the Overdose Fatality Review Project, which is currently piloted in 10 counties. These projects involve multi-disciplinary collaboration and in-depth case reviews of overdose fatalities to review contributing factors and possible future overdose prevention strategies that may be implemented by community partners. Derek Veitenheimer presented information regarding the Uniform Crime Reporting system, which is based on a national standardized incident based crime reporting process to improve the accuracy and analysis of collected crime data, including crimes relating to substance use disorders.

Evidence-Based Treatment for Methamphetamine Use Disorders- Dr. Richard Rawson presented information regarding contingency management approaches and the Matrix model for the treatment of stimulant use disorders. He highlighted research that supports the efficacy of motivational incentive approaches for stimulant use disorders. Dr. Rawson provided a general overview of stimulant trends nationally, as well as work and projects across the country in the treatment of co-occurring stimulant use disorders and opioid use disorders.

Methamphetamine Treatment Programs in NW Wisconsin- Dennis Radloff gave a brief overview of the nature of the methamphetamine problem in northwest Wisconsin, and some programs in pace to address this specific problem. Kristin DePrey presented on St. Croix County's outpatient treatment program for methamphetamine use disorders. Ms. DePrey described the trends that are being seen in St. Croix County, and the program being implemented for treatment that integrates the Matrix Model with Contingency Management approaches. Ms. DePrey stated that one of the core challenges to her program is staff recruitment and retention.

Opioid Data Dashboards- Kate Rifken and Lynne Cotter (with Division of Public Health) gave a demonstration of the new Wisconsin Opioid Data Dashboards that provide key opioid data indicators in real time and are accessible to the public on the Department of Health Services website: https://www.dhs.wisconsin.gov/opioids/dashboards.htm. New substance use data dashboards will also be shared at the upcoming Mental Health and Substance Use Recovery Training Conference in October.

State Opioid Response (SOR) **-** Jason Harris discussed outcomes of the State Targeted Response (STR) grants that funded programs across the state from 2015 to 2018. A full report will be available online on the coming weeks. STR grant funds are now replaced and expanded under SOR grants. Recipients include 39 counties, tribes and non-profit providers, who deliver opioid treatment services. SOR will also continue to fund prevention services, Naloxone distribution, statewide training opportunities, and additional expansion grant programs.

Agency Reports:

Department of Health Services – Julie Willems Van Dijk discussed recent incidents of severe respiratory disease associated with vaping products and continued to urge caution regarding the use of these products. Ms. Van Dijk also praised efforts by the Division of Public Health and medical providers across the state who worked to identify and report on these cases.

Ms. Willems Van Dijk also provided an updated regarding the Section 1115 Waiver for substance use disorder residential treatment services, and sharing that DMS will continue to provide information to SCAODA committees as the information is available and that the final implementation plan must be approved by the federal CMS. She also shared the department's efforts to encourage Medicaid enrollment for uninsured individuals.

Paul Krupski also provided an update about new grant federal grant programs and funds that were awarded to Wisconsin DHS, including the SOR expansion grant and a $5.3 million Center for Disease Control Overdose to Action grant program.

Department of Revenue – Ann DeGarmo provided the report regarding vapor products tax that passed under the new state budget. However, she also cautioned that this tax only applies to certified vendors of vapor products. Ms. DeGarmo notified Council members of the available online report regarding alcohol tax in WI, and of pending legislation for alcohol sales in the state (AB363 and AB362).

Department of Public Instruction – Brian Dean stated that DPI will be completing and providing SBIRT implementation training for public schools.

Department of Safety and Professional Services – Yolanda McGowan shared that EmR 1835 is in place and substance abuse counselor credentials have been issued pursuant to that rule. However, the emergency rule expires at the end of September, and the permanent rule is not finalized. Thus, a rules 'gap' is likely. Ms. McGowan responded to questions submitted by the Intervention & Treatment Committee regarding substance abuse counselor credentialing and EmR 1835, and also agreed to provide written responses back to the Council. (She did not receive the questions until the beginning of the meeting, due to a communication glitch with DHS staff.)

Department of Transportation- Jan Grebel discussed a program for roadside drug testing, where Dane County OWI arrest participants volunteered to provide oral fluid and blood samples anonymously for additional testing, Test results indicated that 54% tested positive for other drugs. Marijuana was second to alcohol and cocaine was third highest substance used, with frequent test results indicating use of more than one substance. There was a high correlation between saliva and blood testing results. Many arrests occurred between 10am and 2pm, suggesting that OWIs occur throughout all hours of the day. The study supported the idea of legislation to allow oral fluid testing. DOT is also training officers for drug use detection.

Department of Veterans Affairs – No representative was in attendance.

Department of Justice – Connie Kostelac shared about the upcoming Drug Take-Back Day on October 26, 2019, as well as the Opioid and Methamphetamine Summit on October 15-16, 2019.

Department of Corrections – Autumn Lacy noted that DOC is looking to increase the Region 4/Fox Valley pilot program that provides Vivitrol to persons prior to their discharge from the state institution, and utilizes MAT-trained community corrections officers. Dr. Lacy shared that DOC is planning to expand this project into Region 7 and is working with Alkermes to provide

the medication, as well as working with community providers to increase transitional services. She also shared that workforce shortages and procurement continue to be large challenges for programming.

Wisconsin Technical Colleges – Tim Weir stated that he is looking forward to participation as a member of SCAODA.

Bureau of Prevention Treatment and Recovery Update: Joyce Allen provided an update regarding staff changes. Ryan Stachoviak is the new section chief for the Performance Management Section. Teresa Steinmetz was recently hired to serve as the Bureau's assistant director. Mike Derr also provided a summary of the FFY 2020-2021 SABG Application and Plan that is included in the report and available on the SCAODA website. Both Ms. Allen and Mr. Derr stressed a desire for increasing integration and collaboration between the two state councils, as well as integration of work to coordinate MHBG and SABG block grant objectives. Mr. Derr also shared that the Behavioral Health Needs Assessment is not yet completed but is expected to be submitted around the end of the year. Ms. Allen and Amanda Lake Cismesia shared updates regarding the DHS 75 rules revision project, and announced the upcoming Advisory Committee meeting on 09/23/19. Ms. Allen noted that the new Emergency Rule to repeal 75.15 (9)(a) became effective on 09/01/19; this repeal will allow for greater integration of all forms of medication-assisted treatment. Scott Stokes announced upcoming training opportunities, and the Rally for Recovery at the WI State Capitol on 9/14/19. He also reminded attendees that there will be a SCAODA Public Forum held at the upcoming Mental Health and Substance Use Recovery Training Conference on 10/29/19.

Report from Wisconsin Council on Mental Health: Ryan Stachoviak shared that the next Council meeting occurs on 9/11/19. Mr. Stachoviak shared that the Council is currently working with new members, and will hold elections of officers at the upcoming meeting.

December 13, 2019 Meeting Agenda Items:

- Best practices in drug testing presentations from Averhealth and Marshfield Clinic
- Update on the SABG/MHBG block grant plan and needs assessment
- Review of the Workplace Prevention Ad Hoc Committee's draft report
- Review of the Intervention and Treatment Committee's draft report on At-Risk Substance Misuse by Older Adults
- Presentation on recovery housing topics from Meta House and a statewide representative

Adjournment:
The meeting was adjourned at 3:05 pm. Motion by Dr. Subhadeep Barman, seconded by Thai Vue. Motion carries.

DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
F-01922 (11/2017)

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Executive Committee, State Council on Alcohol and Other Drug Abuse (SCAODA)			Attending: See narrative below.
Date: 8/8/2019	Time Started: 2:02 pm	Time Ended: 2:50 pm	
Location: DHS, 1 W. Wilson St., Room 951, Madison, WI; also via phone conference			Presiding Officer: Roger Frings, Committee Chair

Minutes

Present: Roger Frings, Sandy Hardie and Norman Briggs (all by phone)

Absent: None

Staff: Mike Derr

Roger Frings called the meeting to order at 2:02 pm. Norman Briggs moved that the Committee's May 7, 2019 draft minutes be approved. Sandy Hardie seconded the motion. Motion carried – minutes are approved.

Committee members reviewed the preliminary draft agenda for the September 6, 2019 SCAODA meeting and offered several suggestions and recommendations for specific agenda items. All three are in favor of a presentation from AverHealth and Marshfield Clinic staff on best practices in drug testing and assessments, but only if both presenters can appear in person. Norm Briggs would like DHS staff to share information on where grant funds are distributed across the state at a future Council meeting. Roger Fringes asked Sandy Hardie to chair the Sept. 6th meeting, as he will be out of town on that day.

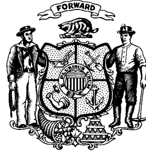
The group briefly discussed the status of the Council membership. Brian Dean is replacing Brenda Jennings as the DPI designee, and Timothy Weir is replacing Katie Roberts as the designee for the Wisconsin Technical College System. Roger Frings shared that he has talked with the Governor's Office about having the old Crime Commission slot on the Council changed over to a citizen slot. He will continue to pursue this.

No public comments were offered during the meeting. The meeting adjourned at 2:50 pm., pursuant to a consensus of committee members.

Prepared by: Michael Derr on 11/22/2019.

Approved by Executive Committee on 11/25/19.

Tony Evers
Governor



Roger Frings
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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

November 25, 2019

1:00 – 1:45 pm, Room 850B
Via conference call

MEETING AGENDA

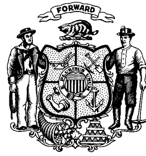
1. Call to Order ……………………………………………………………………….Roger Frings
2. Review of August 8, 2019 Meeting Minutes……………………………………Roger Frings
3. SCAODA's Dec. 13, 2019 Meeting Agenda……………………………Roger Frings/Mike Derr
4. Council and Committee Membership Status ……………………………Committee Members
5. Public Comment: Substance Use Disorder (SUD) Planning Topics…………….Roger Frings
6. Other Topics……………………………………………………………………...Committee Members
7. Adjournment……………………………………………………………………….Roger Frings

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.

Conference Call: 1-877-820-7831 **Access Code:** 554523#

Tony Evers
Governor



Roger Frings
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

Cultural Diversity Committee

October 28, 2019
6 PM to 9 PM

Kalahari Resorts, Empress Room, Wisconsin Dells, WI
Mai Zong Work Cell: 608-469-4370

MEETING AGENDA

1. Welcome and Introduction..…………………………………………Committee Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.…………………………………..……………Committee Chair
3. Approve Minutes from May 29 & July 19 Meetings ………………Committee Chair
4. DCTS Updates…………………………………………………....Mai Zong Vue
5. Diversity Dialogue……………………………………………………..Denise Johnson & Judy Bertoni
6. Diversity Planning: DCTS Agency Chart/Roles.……………………...Mike Derr
7. Gail Recognition Update………………………………………………Thai Vue
8. Others………..……………………..………………………………….All
9. 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.

Conference Call: 1-877-820-7831 **Access Code:** 554523#

DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
F-01922 (11/2017)

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: SCAODA Diversity Committee			Attending: Harold Gates, Denise Johnson, Judy Bertoni; Thai Vue (phone); Excused: Sandy Hardie and Kathy Scheier; Interpreters (Tara & Sue), and staff (Mai Zong Vue & Mike Derr)
Date: 10/28/2019	Time Started: 6:30 PM	Time Ended: 9 PM	
Location: Kalahari Resorts, Wisconsin Dells, WI			Presiding Officer: Thai Vue

Minutes

Call Meeting to Order: Thai called meeting to order by phone at 6:30 p.m.

Public Comments: none

DCTS Updates:

There are no major updates other than the conferences coming tomorrow. A question was raised by Denise for discussion and support regarding a deaf individual who is black and needs an internship right now. This individual will likely lose the internship because there is no fund to pay for the cost of the sign language interpreters for the deaf student. Should we document this kind of needs and share with higher management? This goes to show that we need resources to help with such need.

A lengthy discussion was held on the need to revisit the visions and annual goals of the Diversity Committee. The discussion includes finalizing and assigning it to Committee members.

In addition, there was a discussion that subcommittee works need to happen outside of the Diversity meetings. In this format, the Diversity meetings should be a place for reporting out the sub-committee's work and making decisions. As a result, there was consensus that Committee members should do their home works and come prepare at the next meeting with a list of potential project ideas. E.g. The Minority Training Institute was in placed years ago but no longer in place. Should the Diversity Committee tackle this project again?

Diversity Planning: DCTS Agency Chart/Roles: Mike Derr

Mike walked through his power point presentation using the handout he gave to everyone. There are five sections in the bureau, with newest being the Evaluation Section. Ryan Stachoviak is now the section chief for the Evaluation Section. Jason Cram is the new section chief for Children and Youth. Scott Stokes was the section chief for Substance Abuse Section until last Friday. Teresa Steinmetz is now the Bureau Deputy Director.

There were questions asked of Mike after his presentation, which include the followings:

A question was asked about whether SCAODA can do a certification of appreciation for Gail Kinney. Mike will take it to Roger and see what they can do and let Thai know.

Thai: What is happening to the Needs Assessment and what resources can be used to address the Diversity Committee's needs? Mike: The Needs Assessment is still in progress. When it is done, we should have a dialogue on the charts of the Diversity Committee, including CLAS Standards (contracts to providers). The cultural needs are identified as a priority and whether these culturally appropriate services are being measured within DCTS. In the next two years, DCTS will find ways to measure culturally appropriate services. This includes the question: How do you incorporate CLAS Standards into the DHS 75?

Mike gave a quick overview of the Needs Assessment to Judy and committee. This is a plan done every two years to look at the system--to identify needs and ways to close the gaps identified. There are five domains within the Needs Assessment. Mike will send a copy of the Needs Assessment to Judy. Denise commented that the deaf population needs pre-therapy skills, coping skills, and anger management before they are successful in treatment. University gap analysis could certainly address what Denise is saying.

Diversity Dialogue: Judy and Denise will both co-facilitate the session.

Denise walked through the power point she and Judy prepared. Activities include the ball and a 2-minute video from TED talk. The rules will be set before doing the activities. All Q/A will be held toward the end. The dialogue format will be: show a video and then post questions of the audience. What does effective counseling look like to you? Where do

people learn about their personal bias? What do you do when you learn of your personal bias? How do you apply your skills? Renee Brown video is the selected video for the Empathy video.

We will need to evaluate the dialogue, which Judy and Denise will ask the questions of the audience: What would you like to see for next year?

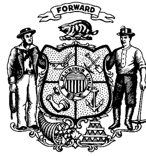
Harold moved a motion to accept Kimberly Whitewater's application. Denise seconded. Motion approved. A welcome letter will be sent to welcome Kimberly by Thai.

Next meeting will be November 19, Appleton.

Motion to adjourn: Denise **Second**: Harold **Motion Carries**
Adjourn at 9 p.m.

Prepared by: MaiZong Vue) on 11/11/2019.
These minutes were approved by the governmental body on: 11/19/2019

Tony Evers
Governor



Roger Frings
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

Cultural Diversity Committee

November 19, 2019
10 a.m. – 2:30 p.m.

Ban Vinai Restaurant
N192 Stoney Brook Road
Appleton, WI 54915
Mai Zong Work Cell: 608-469-4370

MEETING AGENDA

1. Welcome and Introduction..……………………………………………Committee Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.…………………………………..……………Committee Chair
3. Approve Minutes from October 28 Meeting ……….………………Committee Chair
4. DCTS Updates…………………………………………………….....Mai Zong Vue
5. Diversity Dialogue Report..……………………………………….…..Denise Johnson & Judy Bertoni
6. DHS 75 Updates………………………………..……………………...Amanda Lake Cismesia
7. Gail Recognition Updates………………………………………………Thai Vue
8. Potential Projects Updates: interested projects by members (e.g. minority counselor)…………………………………………………………….Judy Bertoni & All
9. 2020 Meeting Dates..………………..…………………………………All
10. Others……………………………………………………………………All
11. 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.

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Conference Call: 1-877-820-7831 **Access Code:** 554523#

OPEN MEETING MINUTES

Instructions: F-01922A

<table>
<tr><td colspan="3">Name of Governmental Body: Intervention and Treatment Committee of SCAODA</td><td rowspan="2">Attending: Norman Briggs, Roger Frings, Joe Muchka, Sandy Adams, Amy Anderson, Sheila Weix, Lindsey Just, Chelsey Wasielewski, Jill Gamez, Amanda Lake</td></tr>
<tr><td>Date: 8/13/2019</td><td>Time Started: 10:12am</td><td>Time Ended: 2:49pm</td></tr>
<tr><td colspan="3">Location: Department of Corrections, Madison, WI</td><td>Presiding Officer: Norman Briggs and Roger Frings</td></tr>
</table>

Minutes

1. The meeting was called to order by Norman Briggs at 10:12am.
2. There were no additions to the agenda.
3. The minutes from 07/09/2019 ITC meeting were presented for committee approval. Joe Muchka motioned for approval, with second from Amy Anderson. Discussion of the minutes included amending the identification of the upcoming SCAODA "workforce report" to the "prevention workplace report," in order to avoid confusion with the prior 2017 SUD Workforce Report that was completed by ITC and is now in the process of being updated. The motion to approve the minutes as amended carried with all in favor and no abstentions.
4. Discussion of the upcoming SCAODA meeting: Roger Frings summarized the agenda for the upcoming SCAODA meeting, including the election of SCAODA officers, and meeting facilitation by Norman Briggs or Sandie Hardie, as Mr. Frings will not be able to attend the full meeting. Mr. Frings discussed agenda items that have been postponed until the December meeting, including the Prevention Workplace Report and the presentation regarding best practice recommendations for drug testing services. The September SCAODA meeting will feature presentations regarding evidence-based treatment approaches for methamphetamine use disorders and a presentation from the Department of Justice on data collection programs. There will also be an update regarding the state budget, as well as recurring updates from the Mental Health Council and Bureau of Prevention Treatment and Recovery. The committee also discussed providing a list of questions regarding Act 262 and Emergency Rule 1835 for input from DSPS during SCAODA agency updates.
5. Mike Derr provided a report from the joint SCAODA and WMHC meeting on 07/17/2019, and the 2020-2021 Combined Application for Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Block Grant that will be submitted on 09/03/2019. Mr. Derr provided an overview of the identified priorities based on the preliminary findings from the Mental Health Substance Use Needs Assessment and the Behavioral Health Gaps Analysis, as well as feedback from various SCAODA committees and other stakeholders. The group discussed the challenges of measuring capacity for treatment across the state and the limitations of using PPS data as an accurate measure of treatment service capacity. The group also discussed challenges in measuring outcome indicators, including prevention, as well as issues related to Medicaid reimbursement that is aligned with the proposed service expansion areas.
6. Guest Speaker: Sophie Lee, Division of Medicaid Services, provided an update regarding the substance use residential treatment provider survey results that DMS collected for input regarding the substance use residential treatment benefit. The group expressed concern regarding the limited responses received from providers and continued to identify the gap in provider readiness and infrastructure support for the roll out of Medicaid reimbursement. Ms. Lee affirmed significant provider training and support that will accompany the new benefit implementation. The committee also raised questions regarding prior authorization procedures under HMO's, rates for different levels of care under the benefit, and the IMD exclusion that exists under CCS coverage for residential treatment services. Ms. Lee will continue to provide follow-up information to the committee as the benefit policy and implementation progresses in coming months.
7. LeeAnn Mueller provided information regarding the Intoxicated Driver Program Advisory Committee and the DHS 62 Update, including an overview of the IDP program and proposed changes to the rule, as well as limitations of changes that can be made under the rule's statutory authority. Ms. Mueller shared that the IDP Advisory Committee has determined to allow the Statement of Scope for revision of DHS 62 to expire, and to instead focus on changes related to improving the assessment tool used for intoxicated driver screening. Ms. Mueller shared about the advantages to the proposed new assessment tool that includes screening related to other drugs besides alcohol, as well as mental health, and risk for reoffending.

8. The SUD Workforce Report update workgroup has not yet met to begin updating the progress and recommendations outlined from the 2017 report. The committee continued to identify and outline several areas of concern related to workforce, including inter-state credentialing, clinical supervision requirements, the issuing of dual credentials, title protection for substance abuse counseling, and Medicaid reimbursement discrepancies.

9. Section Updates:

   a. Chelsey Wasielewski shared that the previous August CYF subcommittee meeting was cancelled due to low attendance and will be moved to a phone meeting on 08/22/2019. Ms. Wasielewski discussed the challenges in developing a report that comprehensively covers and summarizes the SUD service array for youth. Amanda Lake requested the subcommittee's input regarding considerations for the DHS 75 rule revision related to youth SUD services. Sheila Weix discussed the possibility of regionalization of youth SUD services. Norman Briggs discussed recovery high schools in the state, and Ms. Wasielewski provided an update that ARC will be opening the state's second recovery high school, to be located in Waukesha County, later this year.

   b. Norman Briggs shared that Urban/Rural Women's Grant recipients are still awaiting contracts and the GFOA being issued from Department of Health Services.

   c. Joe Muchka shared that the 'At Risk Substance Misuse by Older Adults' workgroup is currently writing the background data and information supporting the report recommendations, as well as the executive summary, with anticipated delivery of a final product to SCAODA in December 2019.

10. There were no public comments.

11. The meeting was adjourned at 2:49pm, following a motion by Sheila Weix and a second by Joe Muchka.

Prepared by: A. Lake on 10/2/2019.

These minutes were approved by the governmental body on: 10/8/2019

Tony Evers
Governor

Roger Frings
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
INTERVENTION AND TREATMENT COMMITTEE (ITC)

October 8, 2019 - 10:00 a.m. to **2:00** p.m.
Location of the Meeting:
Department of Corrections; Room 1M-M
3099 E. Washington Ave.; Madison, WI 53704
Conference Call: 1-877-820-7831 Passcode: 793544#

AGENDA

1. Call to order and roll call
2. Additions to the agenda
3. Review and approval of 08/13/2019 ITC Meeting Minutes
4. *Tentative*- Guest Speaker- Yolanda McGowan, DSPS
5. Review of recent SCAODA meeting- September 6, 2019
6. Discussion of proposed changes to 42 CFR Part 2 and open comment period
7. ITC annual report for SCAODA's strategic plan and goals 2018-2022
8. Workforce report update workgroup
9. Section updates
   - Children, Youth and Families (Chelsey Wasielewksi)
   - Treatment for Women and their Children (Norman Briggs)
     Urban Rural Women's Grants
   - 'At Risk Substance Misuse by Older Adults' Workgroup (Joe Muchka)
10. Public Comments

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.

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 alternate format, you may request assistance to participate by contacting Amanda Lake at 608-266-8113 or amanda.lakecismesia@wi.gov.

Next SCAODA Meeting: December 6, 2019
Next ITC Meeting: November 12, 2019- Joint meeting with Planning and Funding Committee, **location change** to Tellurian Inc., 5900 Monona Drive, Madison, WI 53716

DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
F-01922 (03/2018)

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Norman Briggs, David Macmaster, Saima Chauhan, Amanda Lake, Sheila Weix, Amy Anderson, Sandy Adams, Joe Muchka, Jill Gamez
Date: 10/8/2019	Time Started: 10:08am	Time Ended: 1:38pm	
Location: Department of Corrections, Madison, WI			Presiding Officer: Norman Briggs and Roger Frings

Minutes

1. The meeting was called to order by Roger Frings at 10:08am.
2. David Macmaster moved to add a Wisconsin Nicotine Treatment Integration Project (WINTIP) resolution for presentation and discussion to the agenda.
3. The minutes from 08/13/2019 ITC meeting were presented for approval. Joe Muchka motioned to approve the minutes, with a second by Sandy Adams. The motion to approve the minutes carried with all in favor and no abstentions.
4. WINTIP resolution presentation and discussion by David Macmaster: The committee discussed the motion as well as possible barriers to implementation. The group shared concerns related to lack of insurance reimbursement for services to treat tobacco use disorders. Roger Frings made a motion to table the vote for the resolution until the next meeting, Sheila Weix seconded. The committee voted to table the motion until the November. Amanda Lake also volunteered to attend WINTIP to discuss possible implementation strategies involving the department of health services (DHS).
5. Roger reviewed elections of SCAODA officers from the recent meeting. Norman Briggs discussed the recommendation from Senator Janet Bewley for an appointment for the Great Lakes Inter-Tribal Counsel, rather than identification of a specific seat on the council for an ethnic minority group. Norman Briggs reviewed presentations regarding evidence-based approaches for the treatment of methamphetamine use disorders, presentations from the Department of Justice about overdose fatality reviews and uniform crime reporting database, as well as the new Wisconsin DHS opioid data dashboards. Mr. Briggs summarized the agency reports, including the communication error regarding the Department of Safety and Professional Services (DSPS) response to ITC's provider credentialing questions, which should be addressed at the next meeting. DSPS also shared that the emergency rule regarding Act 262 has expired and there is a gap until the permanent rule is finalized, however DSPS was not concerned that this gap will pose difficulty for processing credentialing applications.
6. Sheila Weix presented information related to proposed changes to federal substance use privacy rule 42 CFR Part 2 and the current open comment period. Amanda Lake shared a summary document regarding proposed changes from HHS and SAMHSA.
7. Roger Frings discussed the ITC report for SCAODA's strategic plan goals that is due for the December 2019 SCAODA meeting. The committee discussed progress and challenges regarding the ITC goals and objectives, including challenges related to maintaining and moving forward with the Children, Youth, and Families (CYF) subcommittee. Norman Briggs motioned that the committee change the third ITC objective to "Propose position statements related to intervention and treatment." David Macmaster seconded the motion. The motion carried with all in favor and no abstentions.
8. Sheila Weix shared that the group that volunteered to update the workforce report has not met yet.
9. Section Updates:
   - CYF: No update, as Chelsey Wasielewski was unavailable for the meeting.
   - Treatment for Women and their Children: The GFO for Urban Rural Women's Treatment was released last week and applications are due by 10/31/19. A minimum of 4 programs will be awarded, with one urban, one rural, and one tribal proposal to be awarded.
   - At Risk Substance Misuse by Older Adults: Joe Muchka shared that the report is coming together and that the report is anticipated for proposal to ITC in November and submission for SCAODA in December.
10. Committee Announcements:

- Norman Briggs discussed the application for ITC membership by Jessica Geske. Roger Frings will submit the application for membership to Mike Derr.
- Sheila Weix shared about the Medicaid premium requirement under the new CMS waiver, for $8/month for able-bodied adults without dependents (ABAWD's). Members can reduce premiums by maintaining healthy behaviors. Members are also required to pay a co-pay for non-emergency of ER's. The new waiver also limits Badgercare eligibility to 48 months for ABAWD's, unless the requirement for 80 hours of work per month is met.
- Amanda Lake shared about grant funding opportunities through DHS.

11. There were no public comments.
12. The meeting was adjourned at 1:32pm, with a motion by Joe Muchka and a second by Sheila Weix.

Prepared by: A. Lake on 11/7/2019.

Minutes approved by the governmental body on: 11/12/2019

Tony Evers
Governor

Roger Frings
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
INTERVENTION AND TREATMENT COMMITTEE (ITC)

November 12, 2019 - 10:30 a.m. to 2:30 p.m.
Location of the Meeting:
Department of Health Services; Room 950
1 West Wilson St.; Madison, WI 53707
Conference Call: 1-877-820-7831 Passcode: 554523#

AGENDA

1. Joint meeting with Planning and Funding Committee for Medicaid presentation regarding Residential Facility Substance Use Treatment new Forward Health benefit

   Adjourn to separate ITC meeting, Room 850A
2. Call to Order and Roll Call
3. Additions to the agenda
4. Review and approval of 10/08/2019 ITC Meeting Minutes
5. WINTIP Resolution regarding tobacco use disorder integration with SUD treatment
6. ITC annual report for SCAODA's strategic plan and goals 2018-2022
7. Update regarding legislative action related to budget vetoes for behavioral health
8. Discussion of upcoming SCAODA meeting- December 13, 2019
9. Workforce report update workgroup
10. Section updates
    - Children, Youth and Families (Michelle Lund)
    - Treatment for Women and their Children (Norman Briggs)
      Urban Rural Women's Grants
    - 'At Risk Substance Misuse by Older Adults' Workgroup (Joe Muchka)
11. Public Comments

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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Next SCAODA Meeting: December 13, 2019
Next ITC Meeting: January 14, 2020

Intervention and Treatment Committee 2018-19 Work Plan Progress

<table>
<tr><th>SCAODA Primary Goals for 2018-2022</th><th>SCAODA Objectives for Each Goal</th></tr>
<tr><td>1. Change Wisconsin’s cultural norms to transform the state’s Substance Use Disorder (SUD) problems into healthy behavioral outcomes.</td><td>(a) Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.</td></tr>
<tr><td>2. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.</td><td>(a) Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.</td></tr>
<tr><td>3. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.</td><td>(a) Increase focus and resources for youth and adolescent prevention and treatment programs…

(b) Address the rising levels of SUD needs for the senior population.

(c) Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards.

(d) Continue supporting and advocating the use of SBIRT models throughout schools and communities.

(e) Support and advocate adoption of emerging innovative and promising SUD programs and practices.

(f) Increase the excise tax on fermented beverages to meet the average tax of all states, and increase the portion of excise tax revenue apportioned to SUD programs.</td></tr>
<tr><td>4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.</td><td>(a) Improve the effectiveness of addressing the SUD needs of underserved populations.

(b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.

(c) Support research and identification of SUD-related social determinants of health.

(d) Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.</td></tr>
</table>

Committee Plan to address Goal & Objective	SCAODA Goal & Objective No. [e.g. 2(a)]	Activities & Outcomes demonstrating Progress during 2018-19
Increase focus and resources for youth and adolescent prevention and treatment programs, to include: (1) collegiate recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.	3(a)	1. No action taken regarding collegiate recovery and support 2. Staff and committee membership changes have impeded development and maintenance of the sub-committee. We are seeking a committed leader for the sub-committee.
Address the rising levels of SUD needs for the senior population.	3(b)	1. Completion of the “At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin” report. 2. This report addresses substance use disorders among the senior population and will be presented to the full SCAODA council for the acceptance and approval.
~~Support and advocate adoption of emerging innovative and promising SUD programs and practices.~~ Goal revised on 10/08/2019 to: Propose position statements related to intervention and treatment.	3(e)	1. The approval of a resolution developed by the Wisconsin Nicotine Treatment Integration Project (WINTIP) that when a person presents for Substance Use Disorder treatment (SUD), Wisconsin SUD professionals shall assess and treat Tobacco Use Disorders (TUD) 2. The approval of this resolution is related to advocacy for funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need. 3. This resolution will be introduced as a motion to the full SCAODA council.

Intervention and Treatment Committee Priorities for 2019-20

Priority #1: Continue work to increase focus and resources for youth and adolescent prevention and treatment programs, to include: (1) collegiate recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.

Priority #2: Provide annual updates to the SUDs 2017 workforce report.

Priority #3: Propose position statements related to intervention and treatment.

SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment (ITC)
Motion: When a person presents for Substance Use Disorder treatment (SUD), Wisconsin SUD professionals shall assess and treat Tobacco Use Disorders (TUD) [nicotine abuse and dependence] with evidence-based treatment practices including interventions proven to motivate individuals to try to quit. State regulatory and credentialing bodies shall establish this as the standard of care in Wisconsin.
Related SCAODA Goal: #1 and #3
Background: SCAODA has supported evidence-based tobacco integration in Wisconsin AODA and mental health services since 2008. (a) Past SCAODA Chairperson; Senator Carol Roessler obtained unanimous SCAODA approval for a WINTIP resolution encouraging policies leading to tobacco integration more than 10 years ago. (b) SCAODA later endorsed WINTIP/UW-CTRI policies and procedures guidelines for implementing tobacco free environments and programs for Wisconsin AODA and mental health that integrate TUD. (c) SCAODA recently approved another WINTIP motion that removed language and policy in rule DHS75-86 that excludes those with nicotine dependence from being eligible for SUD treatment. (d) WINTIP has been reporting tobacco integration progress monthly to its Steering Committee partners from addiction, mental health, tobacco and the two DHS agencies responsible for coordinating tobacco and behavioral health services (Tobacco Prevention and Control Program and Bureau of Prevention, Treatment and Recovery). The current revision of DHS75 offers the opportunity for successful integration of evidenced- based tobacco use disorder in our Wisconsin SUD treatment and systems. Thus, this WINTIP/UW-CTRI/ ITC • Positive impact: When all Wisconsin SUD programs have a level playing field that (1) • provides evidence-based Tobacco Use Disorder treatment as part of an alcohol, drug, and • tobacco free environment and (2) implements a SUD/TUD fully integrated range of • treatment services and practices then people presenting for SUD treatment who smoke • will have access to Wisconsin's more than 3,000 SUD treatment providers. • Potential Opposition: SUD providers may be concerned about the cost of training • staff to treat tobacco use disorders and being unable to bill for treatment of TUD.
Rationale for Supporting Motion: TUD is particularly prevalent amongst those with other Substance Use Disorders (SUDs). TUD remains the greatest preventable cause of disease and death in America, claiming 480,000 live annually, including approximately 7,000 Wisconsin deaths. SAMHSA, and CDC, and other behavioral health leaders endorse the integration of evidence- based TUD treatment in our SUD and mental health services. Increasing access to concurrent treatment of TUD within SUD treatment services offers substantial opportunities for reducing Wisconsin's death by tobacco annual toll and the financial burden it produces. Outcomes for treating other addiction improves when nicotine addiction is also treated.

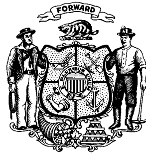
SCAODA Motion Introduction

<table>
<tr><td>Committee Introducing Motion: Intervention and Treatment (ITC)</td></tr>
<tr><td>Motion: The Intervention and Treatment Committee requests that the State Council on Alcohol and Other Drug Abuse (SCAODA) accept and endorse the recommendations of the "At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Ttreatment in Wisconsin" workgroup report .</td></tr>
<tr><td>Related SCAODA Goal: Goal # 3 (b) address the rising levels of need for the senior population.</td></tr>
<tr><td>Background: Wisconsinites, like the rest of the US, are getting older. Projections for those over the age of 65 for the State, its counties and municipalities from 2010-2040 is expected to increase rapidly in every five-year interval from 777,500 in 2010 to 1,535,500 in 2040, nearly doubling in 30 years. Further, according to the Policy Academy State Profile for Wisconsin, “The proportion of Wisconsin’s population that is 60 and older is growing more rapidly than other components of the population. The U.S. Census Bureau (2010) estimates that nearly 26% of Wisconsin’s populations will be 60 and older by the year 2030…” With a rapidly aging population comes a host of health care challenges – not the least of which is the potential for a significant increase in ‘At Risk’ substance use and prescription medication misuse.

To further complicate matters, between 2020 and 2040, most of Wisconsin’s older adults ages 60 and older are projected to have migrated to its Northeastern, Central and Northwestern counties – many of which already struggle to cope with staff shortages and limited budgets to provide services to their residents. The projected need for substance abuse treatment services for the elderly as noted above, will put an enormous strain on an already overburdened system of care.

• Positive impact: This report will aid in drawing attention to the critical need for‘age-specific’ substance use disorder services throughout Wisconsin and the opportunity to create a model of care that will restore the dignity, hope, health and wellbeing of older adults and their families.
• Potential Opposition: None known</td></tr>
<tr><td>Rationale for Supporting Motion: The data and information in this report point to many ‘At risk’ behaviors involving substances that could lead to a substance use disorder, and complications in treating other critical healthcare needs of older adults. If left untreated, it’s the workgroup’s opinion that the health and wellbeing for many of Wisconsin’s older adults will be compromised, families will continue to struggle with stigma and medical costs will likely rise for all concerned. There is evidence that age-specific substance use disorder treatment works, and recovery is possible, when evidence-based strategies are utilized to inform and educate older adults about the risks of alcohol and substance misuse and engaging them in healthcare decisions that can lead to a healthier lifestyle.</td></tr>
</table>

Tony Evers
Governor



Roger Frings
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

September 18, 2019

9:30 AM to 2:00 PM
Tellurian, Inc., 5900 Monona Drive, 1st Floor Conf. Room
Monona, Wisconsin 53716

MEETING AGENDA

1. Call to Order and Roll Call……………………………………………………Christine Ullstrup, Chair
2. Review July 22, 2019 meeting minutes……………………………………………Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics……………………..Christine Ullstrup
4. Medicaid Coverage of Residential SUD Treatment – Update…………………………..Sophie Lee
5. Further Discussion – Mapping & Tableau…………………………………Mike Derr & Kate Rifken
6. Updates:……………………………………………………………Committee Members & Mike Derr
   - Recent Legislation
   - Status of SABG FFY 2020-21 Plan and Application
   - Committee input on DHS Funding Decisions
7. DHS and other Agency/Provider Updates………………………Committee Members & Mike Derr
8. Agenda Items for October 16, 2019 Committee meeting……………………Committee Members
9. Adjournment……………………………………………………………………………………All

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. 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.

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 Drug Abuse (SCAODA)			Attending: Members: Christine Ullstrup; Raeanna Johnson; Jill Gamez (by phone); Brian Dean; Michelle Devine Giese; Kevin Florek Not Present: Karen Kinsey; Kellie Blechinger Guests: Sophia Lee, DHS; Kate Rifken, DHS; Janet Fleege (by phone), Milwaukee County; Roger Frings (SCAODA); DHS Staff: Mike Derr
Date: 9/18/2019	Time Started: 9:35 am	Time Ended: 2:00 pm	
Location: Tellurian, Inc., 5900 Monona Dr., 2nd Floor Conf. Room, Madison, WI			Presiding Officer: Christine Ullstrup, Committee Chair

Minutes

Call to Order: Christine Ullstrup called meeting to order at 9:35 a.m.

Review of July 22, 2019 meeting minutes:
Kevin Florek moved to approve the draft minutes. Michelle Devine Giese seconded the motion. Motion carried unanimously.

Public Comment:
No comments were offered from callers or anyone attending the meeting.

Update on Section 1115 Medicaid Expansion Project:
Sophia Lee from DHS, Division of Medicaid Services (DMS) gave the most recent update on the status of the Section 1115 Exemption project. DMS continues work on rolling out expansion of Medicaid coverage this fall, which will include SUD residential treatment. Reimbursement rates will be proposed and finalized over the next several weeks. The first ForwardHealth update will describe the process for providers enrolling in Medicaid to receive the new benefit covering AODA inpatient residential (DHS 75.11) and transitional residential (DHS 75.14) treatment). This update will be shared with industry stakeholders for feedback.

The second ForwardHealth update will address coverage and clinical policies, and is expected to be released in late 2019 for industry feedback. DMS anticipates that the implementation start date will still be Jan. 1, 2020, though this might still be moved back. Medicaid rates will not cover room and board costs, though it's possible that a provider rate could be bundled to include room and board costs. Rates will be different for DHS 75.11 vs. 75.14 treatment services, and will be based on a fee per day determined from the prior authorizations.

Kevin Florek stated that other states' Medicaid fee amounts are based on factors that include staff credentials and level of doctor oversight. One potential problem with the fee per treatment day format is a reduction in treatment quality, given lower rates. Jill Gamez expressed her reluctance with quality being injected into the fee rate determination. Several attendees fear that few residential treatment providers will enroll into Medicaid due to low rates. In response to questions, Sophia Lee stated that DMS will consider whether providers who receive Medicaid payments can also bill counties or other funding sources to cover room and board, and whether HMOs can issue out additional payments beyond Medicaid to meet a commercial amount level. Sophie also noted that Medicaid reimbursement rates may be determined by the time SCAODA committees meet in October. Christine Ullstrup and others expressed concern that there is a lack of time and notice for preparers to consider the rates and other policies when determining whether to enroll into the program.

To that end, the Planning & Funding and IT Committee leaders will work with DHS staff to schedule a joint meeting in October so that Sophia Lee can present an update simultaneously to both groups.

Sophia clarified that the Section 1115 benefit will not impact the current CCS program and coverage. IMD providers (those with 16 and fewer beds) participating in CCS cannot bill Medicaid for a separate benefit, unless a higher level of care that's unavailable in CCS is required. IMD providers with more than 16 beds will need to enroll in Medicaid apart from CCS. Committee members would like the full Council to encourage DMS to explore both the Section 1115 waiver and the CCS program, and consider adopting total waiver/IMD exclusion, where CCS billing is incorporated into residential treatment facilities that are IMDs. Roger Frings stated that this could be addressed by the Council at its 12/13/19 meeting as a motion.

Other Federal Rules:
Jill Gamez shared that the HCBS (Home and Community-based Services) proposed final rules recently came out, proposing that all residents should have locked bedroom doors, and limiting the number of persons with keys for rooms. This is very concerning. She will send out the link with the proposed rule and related DHS Action Memo. Christine Ullstrup thought that these rules could also impact CBRFs and DHS Rule 83. Jill thought the rules seem more applicable to assisted living facilities. Sophia Lee will be asked at the next meeting to also check out the HCBS requirements further.

Ullstrup also mentioned that the ASAM placement criteria can only be used if a provider pays for the copyright, which would be a significant cost barrier. Jill noted that the CARF certification, which aligns with ASAM, is very expensive to obtain. Sophia Lee stated that the new Medicaid coverage rules with align with ASAM.

Fall Conference SCAODA Public Forum:
Mike Derr noted the upcoming Mental Health/Substance User Recovery Fall Conference is on 10/29 and 10/30 in the Dells, and that the SCAODA Public Forum and Listening Session is on 10/29 at 4:15 pm. Committee members shared ideas for livening up discussion, including having attendees break into smaller groups to propose feedback and ideas for the Council, or focus on current hot topics that the committees are taking up. Reanna Johnson suggested that a table or both be established for the Council to share information; this might help spur better attendance at the Public Forum. Mike Derr will look into securing a table for the Conference.

Data Reports and Tableau:
Kate Rifken went online to demonstrate the preliminary statewide map that the Bureau evaluation team has developed displaying the location and amounts of SABG funding awarded in counties across the state. As time goes on, a more refined map will be developed. Kate confirmed that her team can overlay the funding map with other maps showing opioid indicators and other AODA data. Ruth Koepke, with the DHS Division of Public Health (DPH), talked about available HIV and Hepatitis C data. She shared online maps that displayed locations across Wisconsin that have the highest at risk rates of HIV and HepC. Other indicators that can overlay these maps include number of providers within a 50 mile radius, average drive time to access a nearby treatment provider, usage of Naloxone, Vivitrol, and buprenorphine, and location of syringe services and testing resources for HIV and HepC. Also, Kate showed the County Services – Substance Use dashboard map, and answered several questions regarding what services are captured by this data. The evaluation team is also seeking data from the 2-1-1 Addiction Hotline Program so that it can plot out what types of calls are coming in, where the calls are from, and what services are needed and provided.

Grant Funding Opportunity Announcements:
Mike Derr briefly summarized the Grant Funding Opportunity (GFO) process (formerly known as RFPs), where the Bureau seeks proposals from providers to provide requested prevention, treatment and/or recovery services for specific program areas. Providers who are selected for funding typically will receive annual grant awards for up to five years for each cycle. Derr gave out a handout listing upcoming program areas that will be releasing GFOs and selecting grantees. Committee members expressed a desire to get more involved in the selection of grant recipients. Derr suggested that interested members contact the DHS contract administrators assigned to oversee specific program areas to provide feedback on what upcoming GFOs should contain.

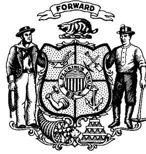
Recovery Housing:
Michelle Devine Giese talked briefly about recovery housing as an important component in the continuum of care and recovery in the AODA sector. She is the current vice president of the WI Association of Sober Housing (WASH). Her organization, Apricity, as one certified sober housing program with the national association (NARR), and is seeking a second program in Fort Atkinson. WASH is currently working on legislation for recovery housing. She and Christine Ullstrup will give a recovery housing presentation to SCAODA in December. Both are advocating that recovery housing be eligible to receive grant funding. Committee members raised several questions and suggestions regarding set standards (if any exist) for opening sober homes. Local zoning might indirectly serve as standards or restrictions; there are currently few if any direct standards.

Other Updates:
Mike Derr provided a brief update on DHS activities and legislative proposals.

Adjournment: Reanna Johnson moved to adjourn meeting, other members seconded the motion. Motion carried. The meeting adjourned at 2:00 p.m.

Prepared by: Michael Derr on 11/12/2019.

Tony Evers
Governor



Roger Frings
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 & FUNDING COMMITTEE (ITC)

November 12, 2019 - 10:30 a.m. to 2:30 p.m.
Location of the Meeting:
Department of Health Services; Room 950 Conference Room
1 West Wilson St.; Madison, WI 53707
Conference Call: 1-877-820-7831   Passcode: 554523#

AGENDA

1. Joint meeting with the Intervention and Treatment Committee for Medicaid presentation regarding new Forward Health benefit for Residential Facility Substance Use Treatment

[Adjourn to separate Planning & Funding Committee meeting, also in Room 950 Conference Room]

2. Call to Order
3. Review and approval of draft Minutes from Sept. 18, 2019 P&F Committee Meeting
4. Public Comments
5. Discussion of upcoming SCAODA meeting- December 13, 2019
6. P&F Committee annual report for SCAODA's strategic plan and goals 2018-2022
7. Legislation Update
8. DHS and Other Agency/Provider Updates
9. Confirm Meeting Dates and Times for 2020
10. Agenda Topics for next P&F Committee Meeting
11. Adjourn Meeting

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.
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.

Next SCAODA Meeting: December 13, 2019
Next ITC Meeting: January 15, 2020 (TENTATIVE)

Planning & Funding Committee 2018-19 Work Plan

SCAODA Primary Goals for 2018-2022	SCAODA Objectives for Each Goal
1. Change Wisconsin's cultural norms to transform the state's Substance Use Disorder (SUD) problems into healthy behavioral outcomes.	(a) Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.
2. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.	(a) Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.
3. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.	(a) Increase focus and resources for youth and adolescent prevention and treatment programs… (b) Address the rising levels of SUD needs for the senior population. (c) Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards. (d) Continue supporting and advocating the use of SBIRT models throughout schools and communities. (e) Support and advocate adoption of emerging innovative and promising SUD programs and practices. (f) Increase the excise tax on fermented beverages to meet the average tax of all states, and increase the portion of excise tax revenue apportioned to SUD programs.
4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.	(a) Improve the effectiveness of addressing the SUD needs of underserved populations. (b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas. (c) Support research and identification of SUD-related social determinants of health. (d) Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.

Planning & Funding Committee 2018-19 Work Plan Progress

Committee Plan to address Goal & Objective	SCAODA Goal & Objective	Activities & Outcomes demonstrating Progress during 2018-19
Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.	1(a)	1. Committee hosted Public Forum at Fall MH & SUD Recovery Conference, shared Council 2018-22 Strategic Plan Goals & Objectives. 2. Committee members advocated for use of SUD residential treatment services in areas of state where service space is available, and advocated for development of residential treatment programming in areas of state that currently lack such programs.
Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Governor, Legislature and interested citizens.	2(a)	1. Committee shared recommendations regarding 2019 proposed legislation and 2019-21 proposed budgets with full Council and its chairperson, who met frequently with Governor's Office, legislators and state agency leaders to share recommendations. 2. Committee hosted Public Forum at Fall MH & SUD Conference, shared Strategic Plan Goals & Objectives, and updated participants on recent Council activities. 3. At Public Forum and other conferences, Committee members educated attendees on SCAODA's mission and activities, and encouraged interested parties to joining one of the Council committees or actively attend committee or Council meetings. 4. Committee sent out survey to SUD residential treatment providers across the state, and analyzed survey responses to assess: (a) bed capacity levels, how that compared to demand for residential treatment services, and (b) current service fees charged and costs incurred in providing residential treatment. 5. Shared information and feedback from stakeholders with DHS Division of Medicaid Services on its development of policies for expanding Medicaid coverage to include SUD residential treatment services, pursuant to Section 1115 waiver project.

		6. Several committee meetings featured discussion on using current SUD data to advocate specific programs and policies to stakeholders. This included asking DHS staff to share examples of how *Tableau* software is used to map SUD needs indicators, distribution of programs, resources and funding, and use such mapping to advocate policies on more equitable delivery of services meeting specific needs.
Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards.	3(c)	1. Committee worked with the IT Committee, Council leadership, and DHS staff to clarify the current SUD workforce certification process following adoption of Act 262, and recommend policies to ensure quality and education of workforce services while promoting expansion of workforce.
Continue supporting and advocating the use of SBIRT models throughout schools and communities	3(d)	1. Committee partnered with WI Dept. of Public Instruction to continue advocating for use of SBIRT throughout school systems statewide to screen students for SUD needs.
Increase the excise tax on fermented beverages to meet the average tax of all states, and increase portion of excise tax revenue apportioned to SUD programs.	3(e)	1. Committee requested DHS staff to study the grant funding and state funding landscape, determine where funding is distributed, and what types of programs and services are currently supported. 2. Committee worked closely with Council chairperson to review 2019-21 biennial budget proposals, offered motions and recommendations to full Council regarding specific proposals.

Planning & Funding Committee Priorities for 2019-20

Priority #1: Continue analyzing SUD needs in counties and regions across the state, where grant funds are distributed across the state, and recommend approaches to ensure that funds are meeting specific SUD needs of counties and regions.

Priority #2: Review expansion of Medicaid coverage under the Section 1115 Waiver project, and recommend policies that meet the needs – including fair coverage of costs -- of SUD service providers while also promoting better and increased scope of services for marginalized populations.

Priority #3: Review and support legislation promoting SUD services that adopt evidence-based practices, and also promote prevention and recovery support as part of the full continuum of recovery.

Priority #4: Support the use of SUD residential treatment services when appropriate for consumers, particularly in areas of the state where residential treatment beds are available.

Priority #5: Partner with the Council, other state agencies and stakeholders to seek clarification on the current SUD workforce certification process, promote easier certification for workers with SUD experience, while also supporting continued education and training for SUD workers.

Priority #6: Support the use of federal and state funds to improve access to and comprehensive treatment for all SUD disorders, including methamphetamine and alcohol abuse.

SCAODA Motion

Committee Introducing: Planning & Funding

Motion: SCAODA encourages the Department of Health Services, Division of Medicaid Services, to consider reimbursement rates that reflect the cost of services provided in both Transitional and High Intensity residential treatment.

Related SCAODA Goals: #3 & #4

Background: For the past two years, both the Planning & Funding and Intervention & Treatment committees have closely followed efforts by DHS Division of Medicaid Services to establish coverage policies relating to expansion of Medicaid to cover Substance Use Disorder (SUD) residential treatment pursuant to federal approval of the Section 1115 Exemption Project. In seeking its Section 1115 Waiver in June of 2017, Wisconsin highlighted access to treatment as one of its primary concerns. The state noted that access and availability to residential treatment for Medicaid members was limited because of the IMD designation. In approving Wisconsin's waiver, the Center for Medicaid Services (CMS) articulated a directive that the state work towards "advancing the health and wellness needs of Medicaid beneficiaries," noting that the state must "structure a program in a manner that prioritizes those needs."

Positive Impact: Medicaid reimbursement rates that adequately cover cost of services would encourage more treatment providers to participate in the program, and thus increase the number of consumers who receive treatment, at needed levels of care, including consumers from underserved populations in Milwaukee and other urban and rural communities. If implemented correctly the Section 1115 Waiver presents Wisconsin with a unique opportunity to reduce expensive downstream emergency medical visits by directing resources to effective residential SUD treatment that will improve the wellness of the state's residents.

Potential Opposition: Limited Medicaid dollars

Rationale for Supporting Motion: The committee is gravely concerned that the maximum daily Medicaid reimbursement rates as purposed by the DHS Division of Medicaid Services during the 11/12/19 joint Planning & Funding and Intervention & Treatment committee meeting will have adverse effects on current providers and discourage new providers. Those purposed rates (does not include Room and Board) are:

- Transitional Residential – DHS 75.14 - $60.64 per day
- High Intensity Residential – DHS 75.11 - $ 155.82 per day

Both the Planning & Funding and Intervention & Treatment committees recently heard comments from representatives of SUD treatment providers that the Medicaid reimbursement rates proposed on 11/12/19 are too low to cover all or most of the cost of providing residential treatment. Providers who serve the Medicaid populations fear they may ultimately shutter their operations because of the financial hardship. The proposed rates could have a devastating impact on the health and wellness of the beneficiaries the program is meant to serve.

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: SCAODA Prevention Committee - Alcohol Priority Action Team			Attending: Nicole Butt (phone); Danielle Luther (phone); Christina Denslinger, Faith Price, Michelle Devine Giese, Jill Gamez, Eva Scheppa, Sarah Linnan, Paul Krupski, Frank Buress, Tom Bentley, Lynne Cotter, Kate Rifken, Anne Zenk, Cindy Case, Jennifer Mueller, Roger Frings, Jenny Hallett, Julia Sherman DHS Staff: Raina Haralampopoulos, Cecie Culp, Kimberly Wild, Christy Niemuth, Allison Weber, Maggie Northrop
Date: 7/18/2019	Time Started: 10:00a.m.	Time Ended: 15:15p.m.	
Location: Comfort Inn and Suites - Conference Center, 5025 Co Hwy V, DeForest, WI 53532			Presiding Officer: Chris Wardlow

Minutes

1. **Introductions**
   Chris Wardlow welcomed members and guests to the meeting. Members and guests introduced themselves.
2. **Public Comment** – There was no public comment.
3. **April Meeting Minutes**
   Nicole Butt made a motion to approve; Julia Sherman seconded the motion; and the minutes were approved.
4. **Alcohol Priority Action Team**
   Alcohol Data Dashboard Scoping
   (Lynne Cotter, Tom Bentley – Department of Health Services, Division of Public Health, Office of Health Informatics; Kate Rifken, Department of Health Services, Division of Care and Treatment Services)
   Chris asked if members are aware of Department of Children and Families (DCF) data that may demonstrate out of home care placements attributed to alcohol and/or substance use. Faith Price shared that DCF is currently trying to identify data sources that could the impact of substance use, such as youth justice data. Kate shared that DCF currently collects data on substance use as a factor in an out of home care placement, but it is underreported and does not specify by substance. Members expressed interest in having DCF staff attend a Prevention Committee meeting to share about available data; Raina shared that DCF has an invite to attend the October Prevention Committee meeting. Maggie asked about alcohol compliance check data and if that may be useful for the data display initiative. Julia shared there is a great need for this data, but due to lack of funding and inability to control for protocol, the data may not be reliable.
   Lynne shared that user testing of the opioid dashboards at the Prevention Conference went very well. Attendees shared helpful feedback that the team was able to integrate, as well as many positive comments and enthusiasm from attendees.
   - Dashboard group is hoping to do a dashboard on alcohol as next dashboard topic.
   - Group would like feedback from Committee on alcohol data – what data has been most interesting, useful that the Committee knows of/has heard of/has used in terms of changing policy and/or programming? What are helpful topics around alcohol?
     - Wisconsin Hospital Association (WHA): Information center discharge data
     - Julia Sherman (Wisconsin Alcohol Policy Project, WAPP): number of binge drinking episodes, and average high number of beverages consumed, Centers for Disease Control (CDC) data, there is a lot of interest in binge drinking – but people don't realize how problematic it is in Wisconsin compared to the rest of the nation (the percentage of the population that binge drinks is what makes us stand out);
   - Is there data on how many drinks bars serve? Licensing?
     - Julia Sherman: the state keeps data on the amount of alcohol that goes through wholesalers, but a wholesaler can cover multiple counties, so that data would not come in at the county level; the data is collected for the purpose of tracking taxation (from Department of Revenue, (DOR)) – Staff could talk to DOR about this

    - Chris Wardlow: we are early-on in this process of messaging and learning about more data, about reporting effectively about alcohol.
- Julia Sherman: traffic accidents are "easy" to report on, but the alcohol industry likes to frame it in a way to demonize drunk driving and make it seem like drunk driving is the real issue; but coming up – we will have a new burden of excessive alcohol consumption report and also "alcohol's harm to others" – a national report, which shows that alcohol's harms fall heavily on the young and minority communities, but report probably could not be replicated at the state level here
- Chris Wardlow: statewide database on child abuse and neglect (SACWIS) – is there any data recorded on substance abuse that could be pulled out?
    - Faith Price (Department of Children and Families, DCF): the process is early-on and has gone through changes, so it is a possibility; there is a checkbox that asks about substance use, but it doesn't differentiate which substance and is under-reported, so may not be the best resource
        - Youth justice referrals are also something they are starting to build – to know why someone is referred to the youth justice system and to differentiate what type of offense it was for – hopefully soon there will be more information about this

Wisconsin Hospital Association Presentation

(Anne Zenk, Cindy Case, Jennifer Mueller, Wisconsin Hospital Association – Information Center)
Jennifer shared information about the WHA Information Center (WHAIC), a not-for-profit subsidiary of the WHS, available data sets, and analytics. Anne shared information about data on Wisconsin's Health Care Workforce. Cindy shared information about training events, how the data is collected, data quality, protection, type of data collected, and accuracy. Z codes are available to represent social determinants and are not always utilized currently but there are efforts in place to increase utilization.

5. **Opioid Priority Action Team (OPAT) Work**

OPAT: Christy discussed that due to changes in grant requirements and needs, the Opioid Advisory Workgroup (OAW) will be placed on hold and will regroup in order to meet new grant needs and upcoming prevention initiatives. In the meantime, the Prevention Committee is asked to serve as Advisory Committee to DCTS' federal prevention grants.

Partnerships for Success (PFS) 15 is conducting an environmental scan. The grant is providing funds for the data display initiative. Funding the creation of a future Epi Report and Burden of Alcohol Report. Sarah Linnan (UW Population Health Institute, UWPHI) shared that there will be a survey sent in the fall through the UW Survey Center to the 14 counties that are recipients of the PFS grant.

Prescription Drug Overdose (PDO) just completed a grantee meeting with Sauk, Kenosha and Waukesha to cover lessons learned, focus on purchasing and distributing naloxone and connecting with survivors. Focus on improving public health departments' ability to dispense naloxone.

State Targeted Response/State Opioid Response (STR/SOR) Prevention: STR ended in April. Funds were provided to Regional Prevention Centers (RPCs) and to coalitions. Final report on prevention is published. Available on DHS and Alliance for Wisconsin Youth (AWY) website. Christy shared some highlights from the report. This is transitioning into the SOR grant.

Strategic Prevention Framework (SPF) Rx is implementing a community survey in Sauk and Dodge counties. The second round of the survey will go out in the fall and will include questions about Dose of Reality awareness and understanding.

Narcan Direct Program – Program provides funding for agency partners to order naloxone as needed. Focus is getting naloxone to agencies that have the ability to reach a population at high risk of overdose, or have a connection to groups that work directly with these populations.

Group re-introduced themselves for members of workplace ad hoc workgroup who arrived after lunch to meeting.

6. Workplace Prevention Ad Hoc Workgroup

- Roger Frings facilitated the discussion of the ad hoc report.
  - At last full SCAODA meeting, the secretary of Department of Workforce Development (DWD), was in attendance; Roger F. and Chris W. were able to talk with him and discuss the report; since then, Roger has been able to keep DWD in the loop on what is going on with the report.
  - On 17 July, 2019, Roger was at the joint mental health council meeting, and DWD representatives were also there (Delora Newton, Secretary's designee to the State Council), Roger shared the report with her and was in touch with her this morning regarding the report; Delora was able to speak with folks at DWD about the report, there were no red flags – the only comment they had was that they would prefer the report not contain any mandatory language for their department or employers, otherwise, they are generally okay with the report; Roger will continue to work with them and keep them in the loop on things with this.
- Roger will not be able to be at the September SCAODA meeting, so that could give the group some additional time to do more work on the report to be presented at the December SCAODA meeting.
- Note: there are not enough members present here today to have a quorum to vote on this report.
  - **Timeline: this report will be presented to full SCAODA at December meeting; so the October Prevention Committee meeting will be the final meeting at which there can be a full vote on this report.**

<u>Review and discussion of the report</u>

Title

- Change in title of report from "workforce" to "workplace"
- Raina: someone's feedback recommended this change because the ad hoc committee's name was 'workplace' so they wanted the names to match
- Chris: would suggest changing it back to 'workforce' – are preventing use within people (who make up the workforce), not the physical workplace, necessarily; they also incorporate the community and DWD
  - **DECISION: will stay work<u>force</u>**

Charge: the charge cannot be changed; but for consistency's sake, if the rest of the report is using the work "misuse," then it is okay to change the charge to "misuse"

  - **DECISION: will change to "misuse"**

Background

- note about time spent sleeping vs working; if the report seems unbelievable, it takes away credibility from the rest of the report
  - **DECISION: the statistic re: sleeping – will be rephrased – DHS will do this**
  - **DECISION: DHS will do formatting, citations, etc.; DHS staff will – to the best of their ability – to dig into the research and do our best to provide updated research, find corroborating evidence, make sure information is not overstated, etc. for point where there are questions on the research**
  - **DECISION: background: on page 6, second "background heading" – will get removed, upon editing, if some of the information seems repetitive, DHS staff will integrate it into the rest of the background section**

Glossary of Terms

- Citations for terms? – many came from Surgeon General's Report
  - **Should this be addressed?**
- "MAT" – should it be "medicated assisted TREATMENT," not "therapy"?
  - **DECISION: will look into this**
- Marijuana – need to input link that is mentioned
  - **DECISION: link will be added**

- Continuum of care - the image is not something that would normally be included in a glossary; diagram should be removed
  - **DECISION: image will be removed from glossary of terms; DHS staff will figure out where the definition of the continuum of care and its components will fit into the report – likely into the background section**
- Bigger issue of – if something isn't referenced in the report at some point, it shouldn't be in the glossary
  - **DECISION: if a term is not mentioned in the body of the report, should be removed from the glossary; DHS staff will use their discretion to determine if certain terms should be defined/discussed elsewhere in the report (such as background)**
- "Misuse vs. Abuse" – bump this distinction up in the report – background or executive summary section, instead of burying it in the glossary of terms; it needs to be a more prominent part of this report, could also do "abuse vs. misuse" and then it would be the first thing that appears in the glossary
  - **DECISION: DHS staff will make this change**

Pre-Employment Recommendations

- PE1: (pg15) background: would make more impact to put the 2nd paragraph first
  - **DECISION: agreed, this change will be made**
- PE1: wording of last phrase of recommendation: "in an effort to help Wisconsin residents overcome barriers to employability"
  - **DECISION: agreed, this change will be made**
- PE1: boxed text "can be treated – and treated" ?
  - **DECISION: DHS staff will look at the source to determine what the correct quote is**
- PE2: (pg 17) the "variety of literature" that shows, etc. – is included in the citation "An Employer's Guide"
  - **DECISION: rephrase, "An Employer's Guide to Workplace … discusses a variety of literature that shows … etc."**
- PE2: question about sentence on turnover? Committee's intent: recommendation as it is written is that employers should consider implementation, we want employers to consider the pros AND cons
  - **DECISION: DHS staff, learning the intent from ad hoc committee, will work to address some of the smaller comments in the report**
- PE2: wordsmithing of recommendation?
  - **DECISION: DHS staff will format this section in a way that reflects the intent of the ad hoc committee**

During Employment

- DE1: question about recommendation of ALL prevention-focused strategies, policies, and practices – ad hoc committee feels that it is the prevention committee's decision if they are comfortable with recommending any and/or all of the strategies offered, these are just examples of things employers can do, not what they *should* do
- DE2: "The purpose of a workplace drug-screening program …" should go ahead of the paragraph, "In considering whether workplace drug screening is necessary …"
- DE2: reword recommendation
  - **DECISION: wording will be changed to "should consider whether drug screening is required, necessary or beneficial for employees, or for the organization/industry"**

Community Engagement

- Wording of recommendation
  - **DECISION: change to: "… community organizations and <u>public and private</u> agencies …"**

7. **Agency Member Updates**
Christina Denslinger: Tribal PFS – waiting on notice of award for next coming year; working on getting contracts set up with 4 communities for next year; end of June, had a youth mental health first id training that went well; in September – planning to do a Technology Participation and Facilitation Methods training.

Julia Sherman, Wisconsin Alcohol Policy Project: October 8, 2020 – Alcohol Policy Seminar, at Kalahari

Danielle Luther: Family Health Center – recently awarded a HRSA grant to look at developing a consortium in Wood and Clark Counties (similar to HOPE consortium), looking at gaps across the continuum of care, 1 year planning grant, with opportunity to look at a larger implementation grant; HOPE consortium conference is coming up in August – if people would like to attend, contact Danielle and she can get you info

Nicole Butt: Tribal PFS sub-grantees recently completed their yearly community survey collection and Nicole has begun analysis; 3 of 4 communities collected over 40% of the population of the age group they were surveying (ages 10-25); and one of them collected over 50% of the population

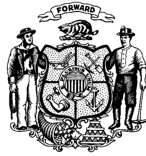
Frank Burress: Marquette County Healthy Communities is going to have its 3rd public education function on opioids and alcohol, looking forward to ~80 people (how many came the last 2 times); were having difficulty with Narcan – chief of police and sheriff were refusing to use it, but when chief of police in Westfield answered 2 OD calls of people he knew, and the sheriff learned that the police dogs could be affected, they are all carrying it now

8. **Future Agenda Items**
Next Meeting: October 17, 2019
   - Department of Children and Families will be at October meeting to talk about the data that they collect
   - Final draft of ad hoc report – for a vote
   - If anyone thinks of any agenda items, email Chris or Raina

Prepared by: K. Wild; C. Culp on 7/18/2019.

These minutes are in draft form. They will be presented for approval by the governmental body on: 10/17/2019

Tony Evers
Governor



State of Wisconsin

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

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

October 17, 2019

9:30 AM to 4:00 PM

Wisconsin State Patrol DeForest Post
911 W. North Street - Large Conference Room
DeForest, Wisconsin 53532

MEETING AGENDA

1. Welcome and Introductions…………Roger Frings, Chair of SCAODA
2. Public Comment: The committee will accept comments from the public relating to any committee business…………Roger Frings
3. Approve Minutes from July 18 Meeting………… Roger Frings
4. Alcohol Priority Action Team (APAT) Work…………Maggie Northrop, OPPA/DHS
   - Presentation from the Department of Justice on the Uniform Crime Reporting Program – Derek Veitenheimer, UCR Program Manager
   - Alcohol Data Dashboard Review – Lynne Cotter, OHI/DPH/DHS and Kate Rifken, BPTR/DCTS/DHS
   - Discussion about future speakers and draft topics and questions for future presentations
5. Discussion, Review and Approval of the SCAODA Strategic Plan and Goals with Prevention Committee's Progress………… Roger Frings
6. Updates on Prevention Grants (PFS15, Tribal PFS, PDO, SPF Rx, and SOR) – DCTS Staff and Christina Denslinger
7. Workplace Prevention Ad Hoc Workgroup –Draft Review…………Roger Frings, SCAODA Chair
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.

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

https://scaoda.wisconsin.gov

SCAODA Four-Year Strategic Plan: 2018-2022 (FINAL 10.1.18)

SCAODA Mission Statement: Provide leadership and direction on substance use disorder (SUD) issues in Wisconsin by serving as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on SUD issues, and promote collaboration across multiple sectors to advance and monitor progress of SCAODA's goals.

SCAODA Primary Goals for 2018-2022	SCAODA Objectives for Each Goal
1. Change Wisconsin's cultural norms to transform the state's Substance Use Disorder (SUD) problems into healthy behavioral outcomes.	(a) Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.
2. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.	(a) Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.
3. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.	(a) Increase focus and resources for youth and adolescent prevention and treatment programs… (b) Address the rising levels of SUD needs for the senior population. (c) Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards. (d) Continue supporting and advocating the use of SBIRT models throughout schools and communities. (e) Support and advocate adoption of emerging innovative and promising SUD programs and practices. (f) Increase the excise tax on fermented beverages to meet the average tax of all states, and increase the portion of excise tax revenue apportioned to SUD programs.
4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.	(a) Improve the effectiveness of addressing the SUD needs of underserved populations. (b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas. (c) Support research and identification of SUD-related social determinants of health. (d) Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.

Committee	Objective/Plan to address SCAODA Primary Goal	Goal & Objective
Diversity	Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.	2(a)
	Improve the effectiveness of addressing populations-specific SUD needs.	4(a)
	Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.	4(b)
	Support research and identification of SUD-related social determinants of health.	4(c)
	Support and advocate adoption of merging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.	4(d)
Intervention and Treatment	Increase focus and resources for youth and adolescent prevention and treatment programs, to include: (1) collegiate recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.	3(a)
	Address the rising levels of SUD needs for the senior population.	3(b)
	Support and advocate adoption of emerging innovative and promising SUD programs and practices.	3(e)
Planning & Funding	Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.	1(a)
	Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.	2(a)
	Increase focus and resources for youth and adolescent prevention and treatment programs, to include: (1) collegiate recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.	3(a)
	Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the Culturally and Linguistically Appropriate Services (CLAS) Standards.	3(c)
	Continue supporting and advocating the use of SBIRT (Screening, Brief Intervention and Referral to Treatment) models throughout schools and communities.	3(d)
	Increase the excise tax on fermented beverages to meet the avg. tax of all states; increase portion of excise tax revenue apportioned to SUD programs.	3(f)
Prevention	Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.	1(a)
	Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.	2(a)
	Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the Culturally and Linguistically Appropriate Services (CLAS) Standards.	3(c)
	Support and advocate adoption of emerging innovative and promising SUD programs and practices.	3(e)
	Improve the effectiveness of addressing the needs of underserved populations.	4(a)

Prevention Committee 2018-19 Work Plan Progress

<table>
<tr><th>Prevention Committee Plan to Address Goal & Objective</th><th>SCAODA Goal & Objective No. [i.e., 2(a)]</th><th>Activities & Outcomes demonstrating Progress during 2018-19
(July 2018- through Sept. 2019)</th></tr>
<tr><td>Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.</td><td>1(a)</td><td>1. State Substance Use Prevention Conference held in June 2019 included a session on reducing stigma by language and another session on human dignity and harm reduction practices.</td></tr>
<tr><td>Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.</td><td>2(a)</td><td>1. The first meeting of Employee-Workforce Prevention ad-hoc committee took place in fall of 2017 and continued to meet regularly into summer of 2019. The recommendation report will provide data, information, and resources to guide the implementation of new policies within places of employment and with communities throughout the state.
a. Members received presentations from local community stakeholders to help inform their recommendations for the report.
b. SCAODA Chair has supported the work of the ad hoc workgroup and has assisted with communicating with the Wisconsin Department of Workforce Development and providing updates of the recommendations and report.
c. Draft versions of the recommendation report have been presented to the Prevention Committee at the June 2019 and October 2019 quarterly meetings of the Prevention Committee.
2. State Substance Use Prevention Conference held in June 2019 included topics on policy and advocacy. Also, the Prevention Committee held a Public Hearing and a DHS 75 Listening Session to receive feedback and to hear the profession's requests on where the Prevention Committee should focus their advocacy work.
3. Prevention Committee Members received an email notice about the public comment period on DHS 75.
4. Prevention Committee reviewed the Governor's Budget and provided feedback; while no formal motion was made by Committee Members they were directed to review the budget and send recommendations to the SCAODA Chair.
5. Information was provided about food serving establishments having the new "to-go" option that included the ability to order airline-size bottles of alcohol to orders – this was shared with the Prevention Committee and the full SCAODA.
6. Prevention Committee has continued to be the Advisory Workgroup for the following prevention discretionary grants: Strategic Prevention Framework Partnership for Success 2015 (SPF PFS15), Strategic Prevention Framework for Prescription Drugs (SPF Rx), and the Preventing Drug Overdose (PDO) grants from the Substance Abuse and</td></tr>
</table>

		Mental Health Services Administration (SAMHSA).
Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the Culturally and Linguistically Appropriate Services (CLAS) Standards.	3(c)	1. State Substance Use Prevention Conference held in June 2019 included topics on the continuum of care, trauma-informed care, and cultural issues for prevention professionals. A session was on Cultural Awareness and Responsive. 2. Prevention-specific trainings held on the following topics: sustainability, ethics, prevention messaging, displaying data, and the Substance Abuse Prevention Skills Training (SAPST).
Support and advocate adoption of emerging innovative and promising SUD programs and practices.	3(e)	1. Advising on the objectives and strategies of the State Health Improvement Plan; and acting as the Alcohol Priority Action Team (APAT). The APAT/Prevention Committee has either completed or are currently doing the following activities: a. Monitoring progress on achieving the state health improvement plan and priority outcomes; b. Selected baseline metrics to track progress of strategies; c. Identifying opportunities to jointly leverage and aligning resources as well as documenting resource gaps; d. Supporting stakeholders to move jointly on shared objectives and combining efforts on existing and new initiatives; e. Identifying new and innovative strategies and approaches to prevent excessive alcohol use; f. Reported the strategies and metrics to the Governor-appointed Public Health Council; g. July 2018 – Prevention Committee made a motion to prepare an analysis and report of the available alcohol related data that has the potential to guide alcohol policy development. h. Committee has had presentations to learn more about alcohol-related indicators, reporting systems, and surveillance to identify data gaps and start identifying alcohol policy recommendations. The presentations have been from: i. DPI – YRBS ii. DHS – Vital Records iii. WHA – Hospitalizations
Improve the effectiveness of addressing the needs of underserved populations.	4(a)	1. State Substance Use Prevention Conference held in June 2019 included two sessions on "Using Racial Equity Tools to Dismantle Institutional Racism – Part I and Part II and a session on "The Historical & Multi-Generational Effects on the Native American Family System and Cultural System Treatment Interventions".

Prevention Committee Priorities for 2019-20

Priority #1: To increase the visibility of the Prevention Committee.

Priority #2: To increase youth and adolescent specific prevention efforts.

Priority #3: To expand and train SUD workforce capacity of prevention specialists.

Priority #4: To recommend and advocate adoption of emerging innovative and promising SUD prevention programs, policies, and practices.

Priority #5: To raise awareness of social determinants within Wisconsin related to substance use disorders.

2019-2020 – Prevention Committee's Goals and Objectives of SAODA

2(a): Enhance council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.

3(a): Increase focus and resources for youth and adolescent prevention and treatment programs.

3(c): Expand and train substance use disorder workforce capacity or prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards.

3(e): Support and advocate adoption of emerging innovative and promising SUD programs and practices.

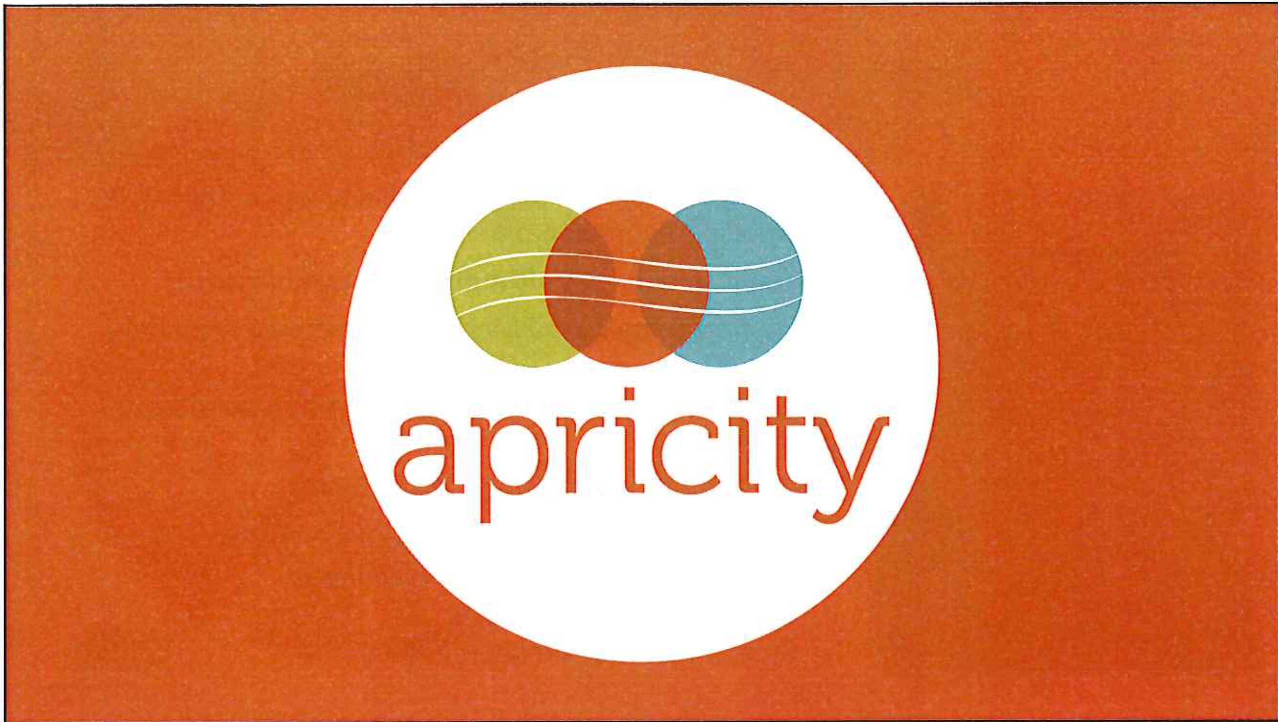
4(c): Support research and identification of SUD-related social determinants of health.

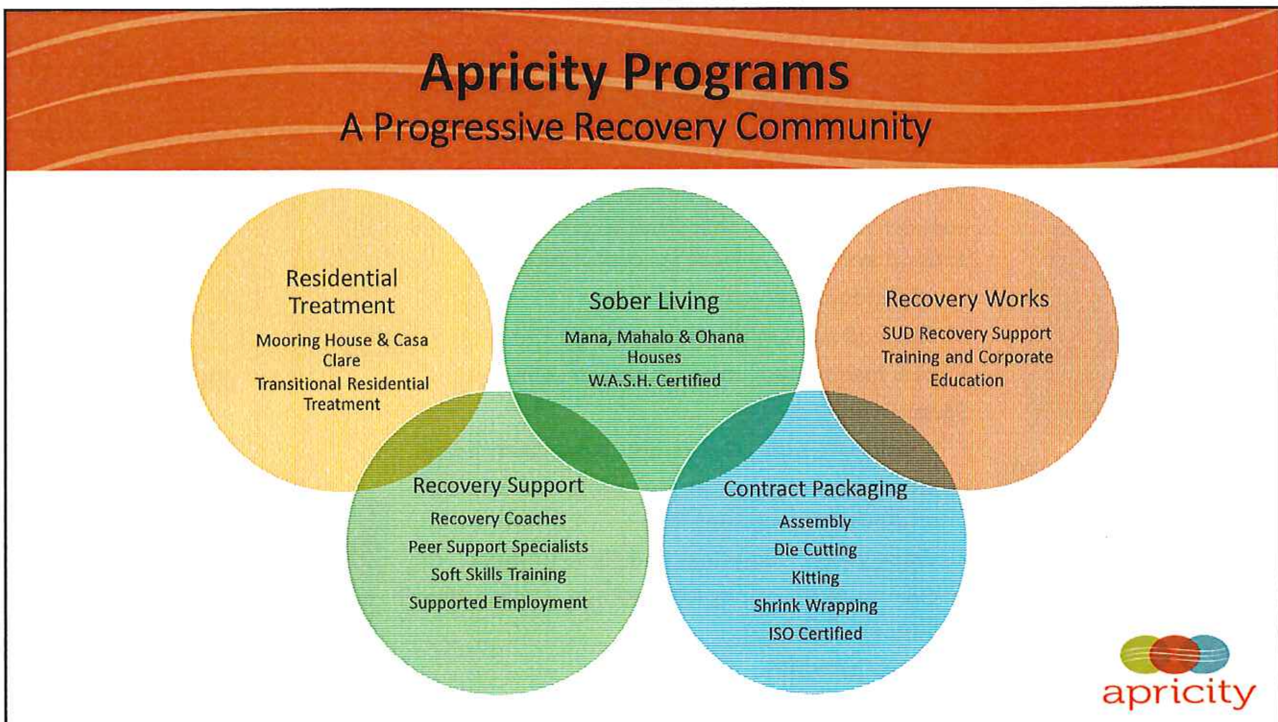
SCAODA Motion Introduction

Committee Introducing Motion: Prevention
Motion: Review and adopt the Employee-Workforce Substance Misuse Prevention Ad-hoc Committee's report, Substance Misuse and the Wisconsin Workforce: Analysis and Recommendations for Addressing and Reducing Substance Misuse in the Wisconsin Workforce.
Related SCAODA Goal: This report incorporates and addresses three goals of SCAODA by including information regarding the reduction of public stigma; informing citizens of the negative fiscal, individual, and societal impacts of substance use disorders; and advocating for recommendations to assist the workplace and workforce in implementing effective outreach, prevention, treatment, and recovery services for all.
Background: Substance misuse poses significant health, social, public safety, and economic issues in Wisconsin. Throughout the research process for the last three SCAODA reports, (Controlled Substances, Heroin Epidemic, and Public Health Impact of Marijuana) a common theme that emerged was the impact of substance use on the workforce and workplace. Each of these previous reports developed recommendations that aimed to address substance use prevention, treatment, and recovery within the workplace workforce in Wisconsin. The Prevention Committee decided the focus of the next ad hoc committee should be researching, evaluating, and developing recommendations that would be serve the public health and safety of all Wisconsin employees, employers, and other partnering agencies and organizations. • Positive Impact: This report provides subject matter experts' input on strategies, policies, and programs aimed at preventing and reducing the consequences associated with substance use and misuse in the Wisconsin workforce. • Potential Opposition: Focus of cost to employers could further stigmatize residents and employees struggling with substance misuse.
Rationale for Supporting Motion: Employee substance misuse impacts businesses through lost productivity, absenteeism, turnover, health care expenses, disability, and worker's compensation. The workplace presents itself as a valuable asset in the prevention of substance misuse and/or the onset of a substance use disorder (SUD). There are over 3.1 million people employed in our state, meaning that a large proportion of Wisconsin adults are engaged in the workforce. Further, research estimates that 75 percent of adults with an untreated SUD are in the workforce. This creates an opportunity for employers to develop an organizational culture that promotes health and wellness and addresses substance use prevention, treatment, and recovery among employees. Effective prevention policies, practices, and programs implemented in the workplace can improve safety and productivity while reducing worker injuries and healthcare costs. This effort holds the potential for reducing productivity loss as the result of absenteeism, impairment at work, and workplace injury. Education, services, and resources provided in the report will better support healthy work environments.

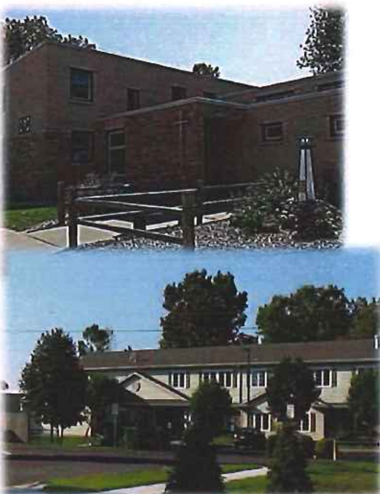
SCAODA Motion Introduction

Committee Introducing Motion: Prevention
Motion: Motion to ask SCAODA to write a letter requesting the Governor and Legislature to clarify and/or revise for public health and health and human service agencies the statutes regarding the prescribing, dispensing and delivery of an opioid antagonist. Furthermore, the Prevention Committee asks SCAODA request clarification of the intent of the Governor and Legislature to include public organizations under the Good Samaritan Law (Wis. Stat. §450.11 par.c)
Related SCAODA Goal: # 3 Advocate for adequate funding, capacity and infrastructure to implement effective outreach, prevention, treatment and recovery services for all in need.
Background: While recent legislation was intended to reduce opioid-related overdose deaths through expanding access to the opioid antagonist (naloxone) through the statewide standing order and the revision of the good Samaritan law to provide limited liability from prosecution for individuals who call for emergency medical services in the event of an overdose, confusion remains related to the authorization to warehouse and distribute naloxone through health and human service departments and specifically for licensed nursing staff. Many local Corporation Counsels and Medical Directors have interpreted the law such that public health departments, as agencies, are not covered under the standing order or Good Samaritan legislation. The prevention committee would like SCAODA to seek avenues with the legislature or Attorney General's office to clarify the statute and revise or clarify legislation as needed in order to reduce confusion and ensure that agencies who choose to implement a opioid antagonist distribution program can do so with the public health's best interest in mind rather than the fear of liability. • Positive impact: Reduced barriers to opioid antagonist distribution in order to save lives. Increase access to opioid antagaonists. • Potential Opposition: Clarifying the intent of legislation governing warehousing, distributing and administering opioid antagonists by public health departments, other agencies, or their staff does not mean that every physician or physcian assistant will be willing to sign a standing order for opioid antagonists.
Rationale for Supporting Motion: Motion is not intended to be prescriptive or preempt local control, but rather provide local health officials with the tools they need in order to address a public health crisis without fear of litigation.


apricity


Apricity Programs
A Progressive Recovery Community
Residential Treatment
Mooring House & Casa Clare
Transitional Residential Treatment
Sober Living
Mana, Mahalo & Ohana Houses
W.A.S.H. Certified
Recovery Works
SUD Recovery Support
Training and Corporate Education
Recovery Support
Recovery Coaches
Peer Support Specialists
Soft Skills Training
Supported Employment
Contract Packaging
Assembly
Die Cutting
Kitting
Shrink Wrapping
ISO Certified
apricity

2018 Residential Treatment



- **439 men and women participated** in one or more of the residential treatment programs
- **50% men served used alcohol** as primary substance
- **45% female served used Methamphetamines** as primary substance
- **Opiates/Heroin were 2nd** in substance choice for women **and 3rd** for men
- **Inpatient treatment** (average 28 to 30 days)
- **Transitional Residential Treatment** (1-3 months)
  - Level when clients begin **job training** at Apricity Contract Packaging
  - **Apartment Program** (6-9 months)

2018 Sober Living

"Accountability but with freedom. It is a great transition for me, exactly what I needed.
It is comfortable. It is like a family. I love it."
Amber (Resident)

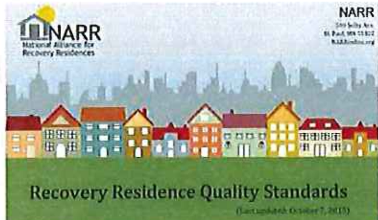
W.A.S.H. certified homes designed for long-term and supportive residency that strive to provide a mutual support system to achieve success in recovery.

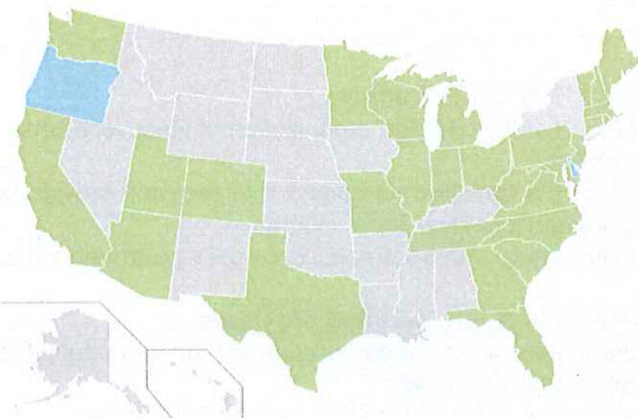
- **58 residents served**
- **63% had successful exit** from sober living
- **41% maintained** longest period of **sobriety**

Sober Living Includes:

- **6 residents with 1 live-in house manager/home**
- **Structure and rules (curfew, chores, 40 hours of school/work/volunteering)**
- **Weekly house meetings and "family" meal**
- **One-on-one sessions with Recovery Coach/Peer Support Specialist**
- **Group activities**

National Association of Recovery Residences





National Association of Recovery Residences

- In 2011, NARR made history by establishing a **national standard** for recovery residences.
- Based on the national standard, NARR developed a certification program and licenses its affiliates.
- Affiliate organizations are responsible for certifying recovery residences that meet the national standard.
- The standard defines the elements and quality of a properly operated recovery residence.
- 4 different levels/structure of homes from peer lead to clinically supervised.
- NARR used a strength-based/collaborative approach that solicited input from all major regional and national recovery housing organizations.
- Provides guidance to providers, metrics for evaluating the peer support components of a resident's recovery environment.
- In May 2016, NARR released its **Code of Ethics for Recovery Residences**. The Code is designed for operators, staff, peer leaders and volunteers in any recovery residence.

Wisconsin Association of Sober Housing

- W.A.S.H. is a NARR affiliate.
- W.A.S.H. is a statewide organization of Recovery/Sober Homes and Halfway House providers.
- **W.A.S.H.'s function:** Organize, oversee, and provide administration and legislation regarding Recovery/Sober Homes.
- Collaboration with treatment centers, Department of Corrections,

To become W.A.S.H. certified providers:
- Submit application for certification and documentation for review;
- Complete a site review;
- Pay annual $350 certification fee and $15 per bed.

Pee with a purpose: Use of UDTs in Substance Use Disorder Population

Michael Larson PhD
Clinical / Health / Pain Psychologist
Director of Controlled Medication Policy - MCHS
Director of Diversion Prevention – HOPE Consortium
Marshfield Clinic Health System

Marshfield Clinic Health System

Disclosures Statement

I, Michael Larson PhD, do NOT have any relevant financial interest or other relationship(s) with a commercial entity producing health-care related product and/or services.

I, Michael Larson PhD, will discuss intellectual property developed by M Larson and T Richards and owned by Marshfield Clinic Health System. This brief discussion will focus on the potential advantages of use of "Level Testing" when prescribing buprenorphine products in the Opioid Use Disorder treatment population. This work is based on U.S. Patent No. 7,585,680 M Larson and T Richards.

2

Objectives

- **Is drug testing trauma-informed?**
- **Use of drug testing with MAT**
  - Pee with a Purpose concept
  - Concern vs Punishment
- **Use of UDT in various settings** – Katie reviewed that quite well based on guidelines
- **Is level testing beneficial?**
  - What we have learned at Family Health Center (FHC) / Marshfield Clinic Health Systems (MCHS)

3

Are UDTs consistent with Trauma-Informed Care?

- UDTs - Observed – triggers trauma?
- UDTs - "forced" upon patients, required at the moment under threat, this is not trauma-informed care.
  - Often stated this way "If you do not perform the UDT right now, your dose will be reduced or we will not refill your medication"
  - How is that helpful in the recovery relationship?
- **Safety tip** – Pt always has a choice to not do the UDT
  - If they choose not to perform a UDT, they may have a similar consequence as a POSITIVE UDT (i.e., positive for an illicit substance.
  - If patient REPORTS illicit substance use what is your plan of care?

4

Are UDTs consistent with Trauma-Informed Care?

- UDTs are often done to "catch" the patient doing something wrong, again not a part of a therapeutic relationship.
- Can they be done in a manner consistent with TIC, yes.
- Clearly define how urine screens are performed within your program. Discuss your trauma-informed care approach.

5

What would a TIC UDT protocol look like?

- Discuss different levels of observation:
  - **outside door** - most common and appropriate
    - See prior discussion of guidelines, they suggest ALL UDTs are directly observed.
    - We will review later how our level testing model reduces the need for an observed UDT.
  - **behind screen** - only used when prior problems present
  - **direct observation** - very rare and only used after clear evidence of UDT adulteration (cold sample, staff hears evidence during sample collection, or prior sample was adulterated)

6

For UDTs to truly be TIC, we must add the following

- How we interact with the patient on multiple levels surrounding the urine screen must change
- We need to use the urine screen information to help monitor their recovery progress, not be a punishment process
- Part of the process is to focus on the UDTs being one part of the monitoring process (not the end all, be all of the monitoring)
- How do we (their team) respond when they openly discuss their use?
    - Do we punish them (not a TIC response) or do we offer caring and concern?
    - Which one do you choose?

7

For UDTs to truly be TIC, we must add the following

- Build the **"Pee with a Purpose"** concept of the patient showing how they are doing with recovery.
- Rewarding them as quickly as possible with appropriate UDTs.
- Switch from punishment to **"we are concerned about how you are doing".**
- Further problem:
    - UDTs with confirmation take 2-3 days to get the results, often additional days for team review.
    - So, now we are punishing someone for something they did several days or even weeks ago.
    - Based on learning theory how well does that work?

8

How do we think about UDTs historically?

- Is the historical – punishment based "we caught you" approach really the best way to handle UDTs?
- Is this really what we think a therapeutic alliance is?
- See the UDT results as a "**dashboard warning light**", similar to missed appts, reported use, not engaged in visits, falling asleep.
- It is an opportunity to show **concern for the patient.**

9

Start with concern – it deflates the resistance.

Start every discussion of UDTs with - I am concerned about you (insert actual concern because I hope you have it)

Patient – Why?

Your last UDT showed _____ and when I see this it makes me concerned about how you are doing in your recovery.

Can you tell me more about what happened that led to the use?

Now we have the start of a therapeutic process!

10

Pee with a purpose – review of UDTs

Example: When we have a patient that reports use of marijuana, another substance, or reports overuse / underuse of Suboxone, we need to consider the **menu of options** (not always a dose reduction – the punishment – the hammer)

Safety Tip: One of the goals of recovery is to develop an honest discussion of their status, so be careful with your punishment of an honest report or admitting that they struggled / used, etc.

What is the best option for the patient to move into recovery.

Consider the following options:

- **Remember:** the use of a substance (or some other problem) is a sign that something is not going well for the person in their recovery. **Concern for the patient and their status is always the first step in the right direction.**
- Determine what occurred around the situation (for example stress and fight with S.O.).
- How did they handle the situation, is this is a teachable moment regarding a recovery skill?

11

Pee with a purpose – review of UDTs - continued

- Are they already in a place (now 2 weeks later perhaps) where they understand what they could have done differently?
  - **Safety Tip: If they were dishonest in their report at time of UDT, they just received a 1-2 week reward for dishonest behavior by keeping the same dose.** So, need to look at our reward and punishment plans of care.
  - If yes, a dose reduction may not be indicated – they have learned.
  - **We want to reinforce their understanding of what they could have done differently (not necessarily punish it).**
- **Did they reach out for assistance** from their counselor?
  - Again this may be a reason to reinforce that behavior, noticing they were struggling and reaching out for help.
  - Again, may not be indicated to reduce the dose.

12

Pee with a purpose – review of UDTs - continued

- There may even be a time when a patient reports overusing their Suboxone (or another substances) **where an increase in their dose may be indicated**.

- Example
  - Pt with trauma and current stress.
  - Pt working with team but has many issues.
  - Making it to all appointments but clearly struggling.
  - Pt asking for assistance, other substances showing up in UDT.

13

Pee with a purpose – review of UDTs - continued

- This may be a temporary increase (or longer term) because they don't have the ability to deal with the physical side of their opioid use disorder OR their trauma OR their life without further skill development OR that combination right now.

- **Per Sheila Weix(FHC Director of Substance Abuse Services):**
  - **"Suboxone has an impact on the stress regulatory response"**
  - Sometimes can be beneficial when the pt is working thru their life issues or trauma

- Another option is to get a quick focused counseling visit to address the situation. Again, dose reduction may not be required.

14

Pee with a purpose and Trauma Informed Care with UDTs

Summary:

- Consider the Dashboard Warning Light model for UDT discussion
- Setup a TIC "Level of Observation" and always give people a way out of performing a UDT
- Think about the therapeutic recovery process when reviewing UDTs – punishment is easy, therapy is hard

15

Overview of Urine Drug Testing (UDT)

16

Additional Disclosures and Information

All urine screens are interpreted per model developed that utilizes statistical analyses and comparison of individual urine screen data to normative data per Larson-Richards analyses guidelines

- **U.S. Patent No. 7,585,680: Method and device for monitoring medication usage M. Larson and T. Richards**
- These analyses are conducted thru the IRB approved Clinical Research Database (LAR30104)

17

Additional Disclosures and Information

Relevant Publications:

- **Larson, M.E.,** Berg, R.L. & Flanagan, J. (2016). Quantification of oxycodone and morphine analytes in urine: Assessment of adherence. *J Opioid Manag*, 2016;11(6):489-500.
- **Larson, M.E.** & Richards, T.M. (2009). Quantification of a Methadone Metabolite (EDDP) in urine: assessment of compliance. *Clin Med Res*, 7(4), 134-141.

18

UDT: Safety Tip

- Urine screens are one piece of data and should not be used in a vacuum!!!!
  - They are NOT perfect and we do not have a screen that can perfectly identify with complete certainty that the person is taking the medication as prescribed.
- They are a TOOL to ADD TO clinical judgment, refill data, outside report, etc. to help make decisions.
  - They should RARELY be the sole reason to change a person's treatment plan.

19

Review of factors that influence UDT results

20

Influence on UDTs: Hydration / Urine Creatinine

Use Urine Creatinine to adjust for sample hydration (part of Larson & Richards patent).

- **Urine creatinine (UC)** is a by-product of muscle metabolism and excretes into the urine at a relatively constant rate.
- Allows us to understand how hydrated (watery vs dense) the urine sample provided is.
- **If UC is LOW**, then the amount of metabolites in the urine from the ingested drug will also be LOW.
- **If UC is HIGH**, then the amount of metabolites in the urine from the ingested drug will also be HIGH.

21

Influence on UDTs: What about the levels?

Based on my research, the most relevant factors that influence LEVELS that are present in the Urine (in order of importance):

- Drug Dose and Urine Creatinine (Hydration of sample) are consistently primary factors
- Consistency of use / time since last use
- Liver (high and low), Kidney function (low) and Hepatitis C
- Diet and individual metabolism
- Gender and BMI

22

Buprenorphine UDT Interpretation Specifics #1

Buprenorphine when ingested leads to two analytes that will be present in a urine screen:

- Buprenorphine: This is the parent drug.
- Norbuprenorphine: This is due to the body's metabolism of the buprenorphine, this is an active metabolite in the body.
- Some tests will also include Naloxone, which may be helpful additional evidence that the patient is taking the Suboxone / Zubsolv product and not just using Subutex or buprenorphine only products.

23

Buprenorphine UDT Interpretation Specifics #1

If the person is taking the medication in a STEADY STATE or consistently we will see:

- Norbuprenorphine > (greater than) buprenorphine.
- Usually the ratio will be 2 to 1 or more (e.g., norbuprenorphine will be 2 x higher than buprenorphine generally) but there is a fairly broad range.

24

Buprenorphine UDT Interpretation Specifics #1

This ratio allows analysis of the following:

- **Steady state use**.
- **Loading Dose**, where Buprenorphine is higher than Norbuprenorphine.
- **Weaning Dose**, where Norbuprenorphine is significantly higher than Buprenorphine.
- **FILM DIPPING / Scraping PROFILE**, where ONLY buprenorphine is present because the body has not shown any metabolism.
- **INJECTION PROFILE** – review in a moment

25

Buprenorphine UDT Interpretation #2

- Norbuprenorphine is most stable metabolite from our review, though total (buprenorphine + norbuprenoprhine can be helpful at times).
- When we then CORRECT the NORBUPRENORPHINE with UC (simply divide NORBUPRENORPHINE by UC) we get a NORBUPRENORPHINE RATIO.

26

Buprenorphine UDT Interpretation #2

- We then statistically COMPARE this ratio to other individuals (adjusted for liver / kidney function if present and gender, possibly age) to a Normative Dataset of people on the same dose that have been ASSESSED TO BE ADHERENT.
- The results of this statistical comparison is what we call a Ratio Z-score, where roughly 66% should be between +/-1.00 and 95% should be between +/-2.0.
  - We adjust our scale due to our inclusion of the actual sample in the distribution (which intentionally broadens our variability to be assured of adjustment for individual characteristics, such as fast or slow metabolizers).
  - We use +/- 1.5 Z-scores CLINICALLY due to inclusion of the new sample in the distribution calculations.

27

Steady State User

10/30/15 10:48 Pain Clinic Drugs w/ Confirm URINE

Performing Facility: Marshfield Labs, 1000 N OAK AVE, MARSHFIELD, WI 54449

Cannabinoids NEG	Cocaine NEG	Benzodiazepine NEG	
Barbiturate NEG	Amphetamines NEG		Methadone NEG
Opiate NEG	OxycodoneGrp NEG	Ethanol NEG	Buprenorphine Group POS
Norbuprenorphine 402 A	Buprenorphine 202 A		Creat-Ur 95.8

A quantitative confirmatory test for Buprenorphine was done & billed for based on initial immunoassay screen positive result.

Buprenorphine Group:This test was developed and its performance characteristics determined by Marshfield Labs. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity testing.

Pt currently on buprenorphine or Suboxone therapy, urine screen was review per Larson-Richards Protocol, findings:
(***) LEVEL ANALYSIS: Buprenorphine Total Metabolites Ratio Z-score of -0.88 (female dose norms) is appropriate.
(***) STEADY STATE ANALYSIS: NorB to Bup Ratio Z-score of -0.67 suggests steady state use.
(*) Remainder of urine screen was negative for problematic substances. This is considered a "CLEAN AND APPROPRIATE" urine screen.

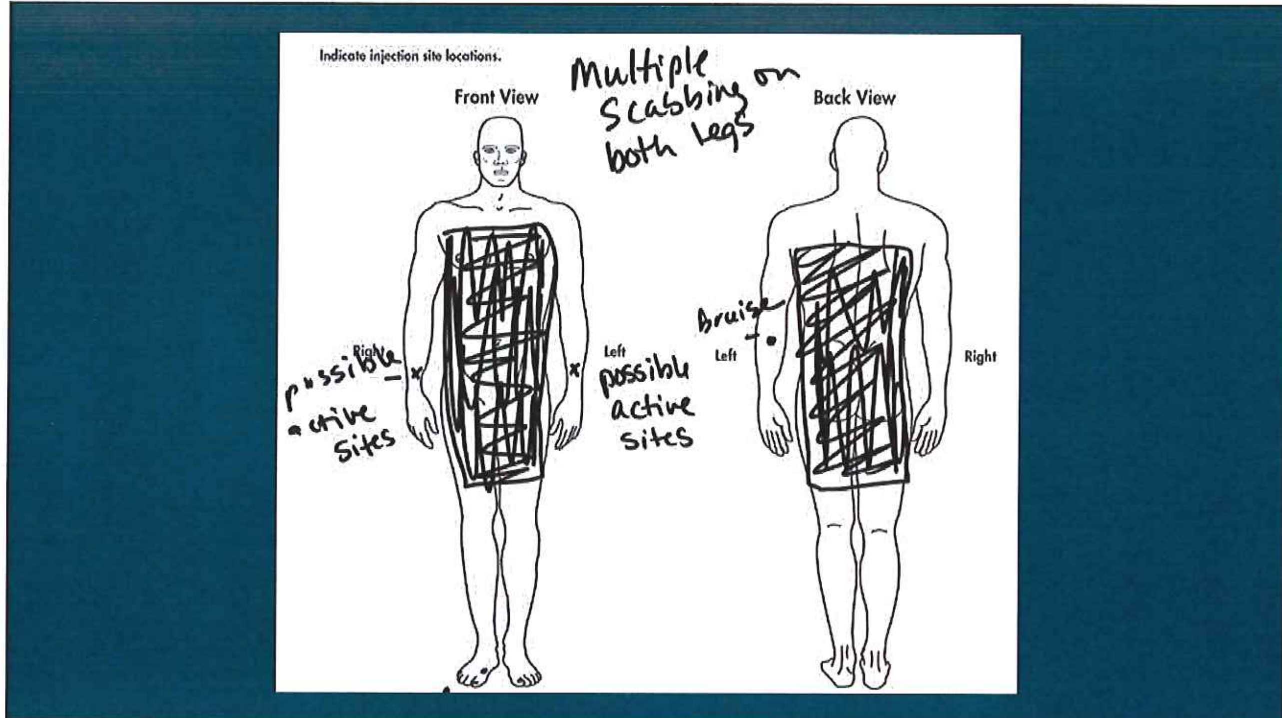
72

Buprenorphine – The Injection Profile

- Yes – People are now reporting injecting Suboxone and Subutex. This has been confirmed.
- We have now identified the INJECTION PROFILE to assist in identifying when a patient may be injecting and trigger an Injection Site Diagram to garner supporting evidence.

Buprenorphine – The Injection Profile

- Injection Profile Specifics:
  - BUP (parent drug buprenorphine) much greater than NORB (Analyte norbuprenorphine)
  - BUP must be higher than expected for prescribed dose (Ratio Z-score > 2.0 in my mind)
  - NORB should be on the lower end of the expected range for prescribed dose (may not be fully low but lower end of range)
- **EXAMPLE:**
  (*) CONCERN - MAT positive but levels suggest potential INJECTION PROFILE (where either BUP > NORB or BUP is elevated for norm group). BUP Ratio Z-score elevated at +3.23 and NORB Ratio Z-score is low at -1.23, this does strongly fit an injection profile.



What is the advantages we see for Level Testing?

- Allows our team to better understand how the patient is using the treatment medication:
  - Using at a consistent time every day – more advanced recovery
  - Using it haphazardly due to life circumstances or cravings – just replacing the drug of abuse with buprenorphine products
  - Can we intervene when we are seeing warning signs, a person's levels are rising or lowering – A dashboard warning light that something may be going on with them
- Identify clearly inappropriate patterns of use:
  - overuse / underuse (determine the cause)
  - Film dipping / scraping – trying to adulterate the sample
  - Injection profile – inappropriate route or use

Interpretation of UDTs and common interpretation errors

Additional information if we have TIME!

33

UDT Errors in Interpretation

- Presumptive Positive Results:
  - This is not a confirmation that they used that substance, there can be cross-reactivity.
  - Example: Cocaine positive may be due to certain antibiotics. Methamphetamine may be due to amphetamine / psychostimulant use.
  - Confirm if it is important to know for sure.
- NOT CORRECTING WITH URINE CREATININE:
  - Levels are ONLY relevant when you correct for hydration of the urine sample.
  - Actual Data: THCA = 115 vs THCA = 331 vs THCA = 601

34

THCA and URINE CREATININE Example:

- **Actual Data:** 601 with Urine Creatinine = 139.5; THCA to Urine Creatinine Ratio of 4.31 (Divide THCA level by Urine Creatinine to get ratio) **This is the LOWEST level of use.**
- **Actual Data:** 115 with Urine Creatinine = 26.6; THCA to Urine Creatinine Ratio of 4.32 (This person is using slightly more marijuana but they are essentially the same). **Slightly higher level of use**
- **Actual Data:** 331 (THCA) with Urine Creatinine = 39.5; THCA to Urine Creatinine Ratio of 8.4, nearly double the adjusted level. **This is clearly the HIGHEST LEVEL OF USE.**

Marijuana Interpretation: Use of Urine Creatinine Ratio

1. Rules for Marijuana (THCA) interpretation:
2. Divide the THCA level by Urine Creatinine (example 100 / 50.0 = 2).
3. Identify that ratio and locate in table below.
4. If THCA / Urine Creatinine ratio is LESS THAN 0.5, this may be due to PASSIVE INHALATION (e.g., being in a closed space with other smoking marijuana and you are passively inhaling that smoke). This could also suggest a very infrequent user or a person who has not used for a several weeks and the THCA is excreting out of the system.
5. If THCA / Urine Creatinine ratio is 0.5 OR HIGHER, then we can accurately identify that the person has had ACTIVE INHALATION at some point in the recent past (e.g., 1-30 days or so).
6. CAUTION: Individuals with kidney dysfunction may show higher levels due to kidney problems, so if person has those known problems (e.g., recent low eGFR) the some caution may be indicated.

Low	High	Comment
0.0 to	0.49	Possible PASSIVE INHALATION or remote use or very low level use. Possible CBD Oil (Wisconsin Version) use.
0.5 to	3.0	ACTIVE INHALATION CONFIRMED but likely fairly low level use (e.g., 1 x per week or less).
3.0 to	7.0	Active inhalation but likely more frequent. This may be in the several times a week user.
7.0 to	10.0	DAILY USERS will fall in this category. Likely chronic users.
10.0 or	Above	MULTIPLE TIMES PER DAY USERS. Likely CHRONIC AND CONSISTENT USERS.

Way too much information

- Contact Michael Larson PhD with questions or comments. Larson.michael@marshfieldclinic.org
- Thank You!

37

Agenda

03 Evidence Based/Best Practices in SUD Monitoring

37 Substances to be Testing, Limitations of Testing, Etc.

44 How to Make Drug Testing More Affordable

Evidence Based/Best Practices in Substance Use Disorder (SUD) Monitoring

Drug and Alcohol Testing

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of substance use throughout patients' enrollment in behavioral health services.

Substance use includes the consumption of alcohol, illicit drugs, and addictive or intoxicating prescription medications that are taken with or without prior approval and not during a medical emergency.

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Importance and Benefits of SUD Monitoring

- Evidence suggests that drug testing assists with monitoring adherence and abstinence in treatment and can improve patient outcomes.
- Addresses essential treatment areas for a patient using:
  - Cognitive Based Therapy (CBT)
  - Motivational Enhancement Therapy (MET)
  - Contingency Management (CM)
- Allows clinicians or case managers to challenge and resolve patient denial about the severity of their problems.
- Timely reporting of results allows for clinicians or case managers to intervene with a patient and adjust treatment appropriately.
- **Increased likelihood of successful abstinence.**
- **Reduced recidivism rates.**

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An Effective SUD Monitoring Program

- Improves outcomes
- Employs proven methods & techniques
- Supports evidence-based treatment decisions
- Is accepted by the scientific community
- Is legally defensible using Daubert & Frye Standards
- Provides an accurate profile of clients' substance use
- Is therapeutically beneficial

Guidelines of SUD Monitoring

- Drug testing can serve as an objective means of verifying a patient's substance use history and current use.
- Establish a routine immunoassay panel based on patient's drug of choice, prescribed medications, and drugs commonly used in the patient's location or peer group.
- For individualized drug testing, laboratories should allow clinicians to order specific tests for each patient.
- Testing frequency is determined by stage of treatment as well as other patient factors and should be individualized.
- Drug testing should be combined with a patient's self-reported information about substance use.
    - When testing results contradict self-reports, therapeutic discussions should take place.

Testing Frequency

NADCP:

- At least twice per week if using urine, more frequent if using a specimen with a shorter window of detection.

ASAM:

- Testing frequency is dictated by patient acuity and level of care.
- At least 1 test per week initially.

Random Testing

NADCP:

- Testing should be random and unpredictable.
- The probability of being tested on weekends and holidays is the same as on other days.
- Ideally, testing occurs within 8 hours of notification for urine and within 4 hours of notification for oral fluid.

Patients have an equal probability of testing on any

ASAM:

- Favors random, unannounced drug testing over fixed, scheduled drug testing.
- A fixed schedule offers patients increased opportunity to engage in sample tampering.
- Random testing schedule can eliminate tampering by making patients unaware of when exactly they will be tested.

Duration of Testing

NADCP:

- Drug and alcohol testing continues uninterrupted to determine whether relapse occurs as other treatment and supervision services are adjusted.
- Maintain frequency through out phase progression until patient demonstrates ability to avoid substance use following reduced treatment, court, and social supports.

Ongoing substance use monitoring is the only means to know if reduced interventions increased the risk

ASAM:

- The appropriate duration of treatment and continuing care depends on the type and degree of substance use.
- More frequent testing at beginning of treatment, tapering down frequency as patient nears stable recovery.
- The expert panel agreed that 5 years of monitoring with a drug-testing component is appropriate for most patients in stable recovery.

Breadth of Testing

NADCP:

- Regularly test for all suspected substances.
- Randomize drug panels to detect substance substitution (e.g., natural to synthetic cannabinoids, heroin to fentanyl, alcohol to benzodiazepines, etc.).

Standard Drug		Panel Rotati...	50	%
Drug + ETG		Panel Rotati...	50	%

ASAM:

- Panel specific to each individual patient (i.e., individualized care).
- Panels should be based on the patient's drug of choice, prescribed medications, and drugs commonly used in the patient's geographic location and peer group.
- Test panels should be regularly updated based on changes in local and national substance use trends.

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Witnessed Collection

NADCP:

- Directly observed collection by staff trained to prevent tampering and substitution of fraudulent specimens.
- With few exceptions, independent or unobserved collections should be avoided.

ASAM:

- Directly observed collection by a staff person of the same gender.

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Valid Specimens

NADCP:

- All specimens are examined for evidence of dilution and adulteration (i.e., creatinine testing).

We can't help a patient if a relapse goes

ASAM:

- All urine samples should be checked for unusual specimen characteristics. If a urine sample exhibits unusual specimen characteristics, the sample should undergo specimen validity testing to help identify whether and how tampering occurred.

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Accurate and Reliable Testing Procedures

NADCP:

- Use scientifically valid and reliable testing procedures.
- Establishes a chain of custody for each specimen.
- Provide confirmation testing if a patient denies substance use in response to a positive screening test.

ASAM:

- Work with a laboratory that has expertise in drug testing in addiction treatment settings.
- Laboratory must perform accurate tests and assist in the interpretation of results.

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Rapid Results

NADCP:

- Test results, including the results of confirmation testing, should be available within forty-eight hours of sample collection.

ASAM:

- Not Addressed

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Participation Contract

NADCP:

- All patients should receive an explanation of rights and responsibilities in the form of a contract or handbook.
- Regular review of the explanation of to keep patient informed.

ASAM:

- Patients should receive an agreement for abstinence and the requirement to immediately report any use of alcohol or mood-altering chemicals.
- Patients should receive an agreement to submit to biological specimen monitoring without question.

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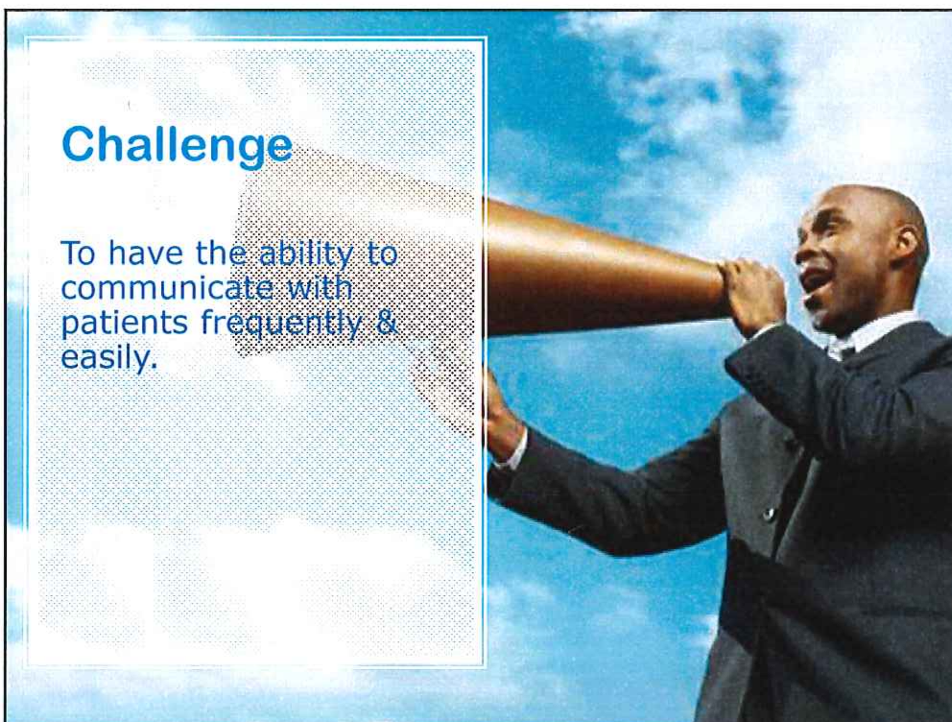
Daily
Engagement &
Patient
Tracking


Challenge
To have the ability to communicate with patients frequently & easily.

Solution: Random Selection

- Random selection has no correlation with office visits
- Customize automated random selection frequency for each patient
- Equal probability of testing on any given day, 365 days/year
- Reduces test frequency and cost

Random Selection

Testing Calendar

Account: Honolulu County

Program: Honolulu County DC

Manager / Judge: Tiger Woods   Month: Nov   Year: 2015   View

Donor	Frequency			November 2015																														Total
	Period	Low	High	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Aly Small	Monthly	1	2									★																	★					2
Gilbert Arenas	Monthly	7	8					★				★							★	⊘	★						★			★			★	8
Jane Austen	Monthly	0	0			★										★							★											3
Marvin Albert	Monthly	3	4					★											⊘	★							★			★				5
Puff Daddy	Monthly	7	8		★			★		★		★			★				★							★								7

✔ Appeared for testing on a prior date
✘ No Show
⊘ Scheduling Exception (i.e. excused)
★ Scheduled for future date

Solution: Individual Notification

- **Best Practice: Daily calls support cognitive therapy and promote client motivation and engagement**
- Daily check-ins reinforce accountability
- Custom messages and reminders help build trust and rapport.
- Non-compliance data allows for early intervention
- Individualized PIN's: Eliminate patient guess work
  - No more IQ Tests

Call Log

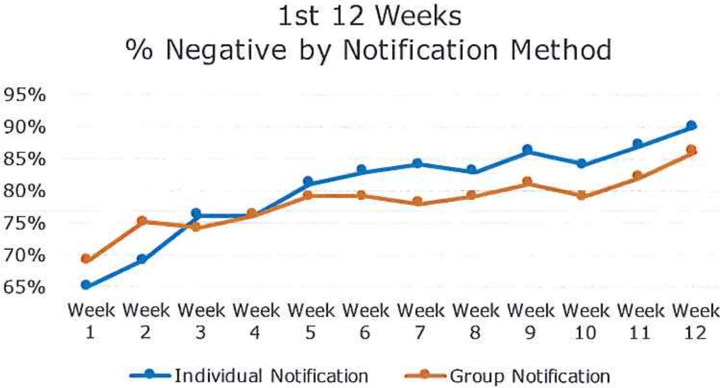
Call Log

Testing Date	Call Date/Time	Confirmation #	Scheduled	Caller ID	Excused	Donor Custom Message
01/18/2018	N/A	N/A	Yes	N/A	No	N/A
01/17/2018	01/17/2018 15:11	16582803	No	+18489923650	No	No
01/16/2018	01/16/2018 08:55	16546337	Yes	+18489923650	No	No
01/15/2018	N/A	N/A	No	N/A	No	N/A
01/14/2018	01/14/2018 12:17	16506075	No	+18489923650	No	No
01/13/2018	01/13/2018 08:01	16476745	No	+18489923650	No	No
01/12/2018	01/12/2018 09:23	16457688	Yes	+18489923650	No	No
01/11/2018	01/11/2018 08:00	16429089	Yes	+18489923650	No	No
01/10/2018	01/10/2018 08:43	16405880	No	+18489923650	No	No

Circuit Court Metrics

Circuit Court Metrics - Jan-Sept 2017					
Circuit	Call Compliance	No Show Rate	Positive Rate	Retention Rate	Top Substance
Circuit A	88.0%	3.4%	3.1%	96.2%	Amphetamines
Circuit B	99.7%	3.8%	13.8%	97.9%	THC
Circuit C	98.7%	4.8%	3.4%	96.3%	Amphetamines
Circuit D	96.0%	1.1%	3.9%	96.4%	Amphetamines
Circuit E	89.4%	3.9%	10.6%	93.5%	THC
Circuit F	100.0%	2.6%	5.8%	93.7%	Alcohol
Circuit G	98.0%	9.3%	6.7%	98.5%	THC
Circuit H	97.6%	8.6%	6.3%	96.4%	THC
Circuit I	97.4%	27.8%	11.0%	95.3%	THC
Circuit J	N/A	N/A	6.8%	98.4%	THC
Circuit K	N/A	N/A	20.6%	93.5%	Opiates
Statewide	92.4%	28.4%	8.4%	94.8%	THC

Individual vs. Group



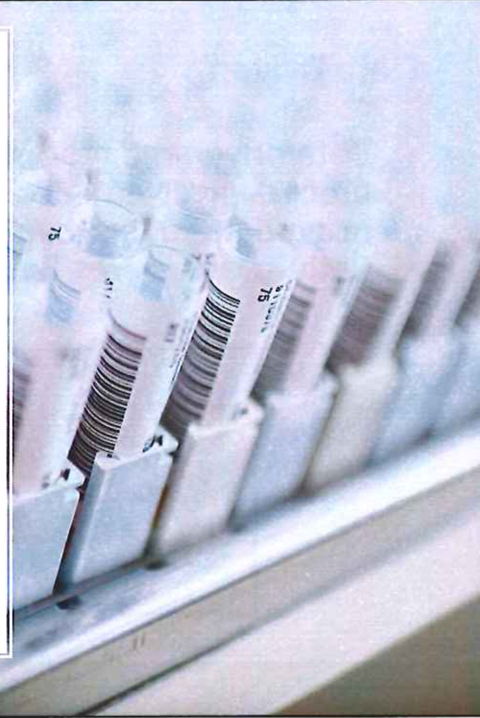
Data Driven

- Data driven monitor monitoring refers to the process involved in collecting, analyzing and using data to improve outcomes.
- Better Data Drives Better Outcomes

Specimen Collections

Challenges

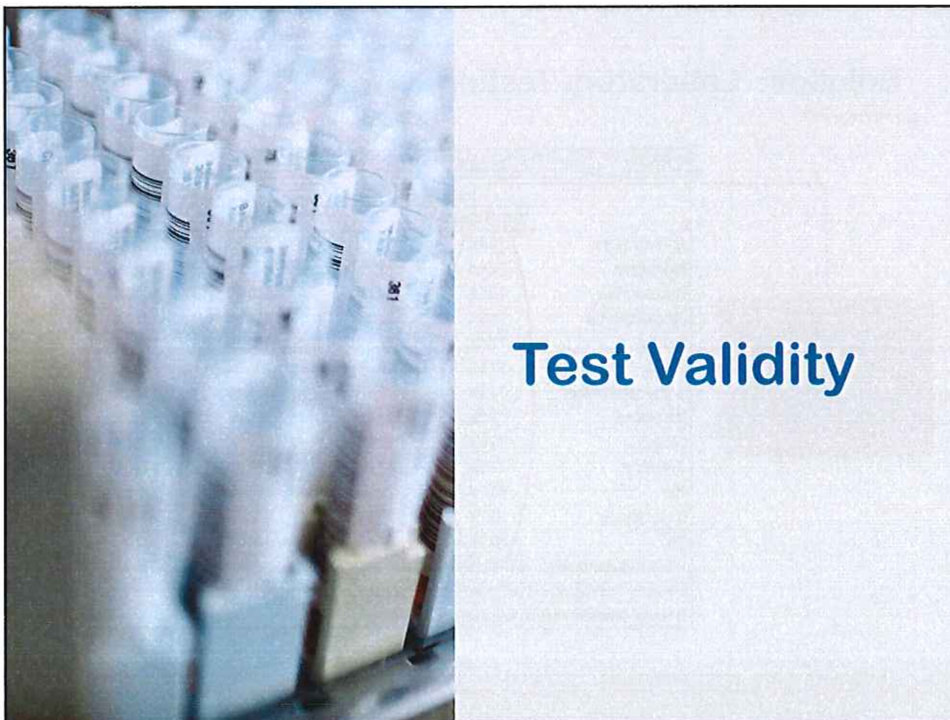
- Thwarts the building of trust
- "Yuck" factor
- Takes too much time
- Awkward interactions
- Inadequate collection rooms



Do you HAVE to watch me?

Solution: Outsource

- Have your vendor collect the specimens at their location
  - More adequate space
  - Faster collection times = higher show rate
  - Consistent collection protocols
  - Increase trust with PO
  - Morale Boost!



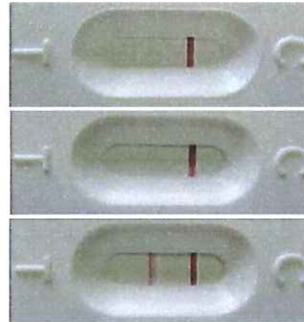
Solution: Laboratory Testing

False Negatives prevent therapeutic activities, endangering the patient and public.

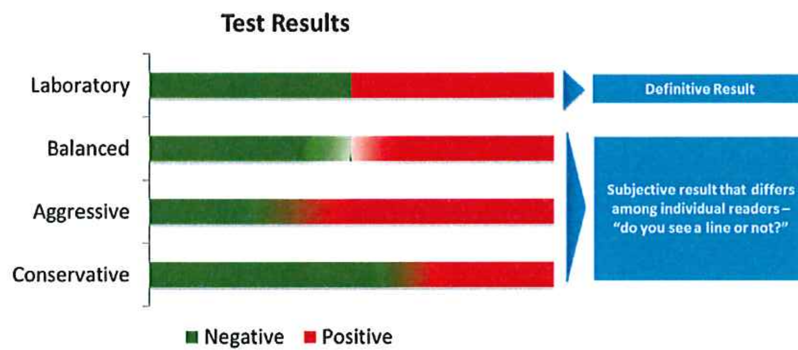
% Correct by Method as a % of Cutoff[1]				
	Instant Screen[2]		Lab Screen[3]	
	75% of Cutoff	125% of Cutoff	75% of Cutoff	125% of Cutoff
Amphetamines	74.8%	81.5%	100.0%	100.0%
Barbiturates	74.8%	75.6%	100.0%	100.0%
Buprenorphine	75.6%	74.8%	100.0%	100.0%
Benzodiazepines	78.5%	79.3%	100.0%	100.0%
Cocaine	77.8%	73.3%	100.0%	100.0%
Ecstasy	77.8%	70.4%	100.0%	100.0%
Methamphetamines	76.3%	72.6%	100.0%	100.0%
Methadone	77.0%	70.4%	97.0%	100.0%
Opiates	75.6%	70.4%	100.0%	100.0%
Oxycodone	72.6%	82.2%	100.0%	100.0%
PCP	63.0%	73.3%	100.0%	100.0%
Propoxyphene	80.7%	76.3%	100.0%	97.0%
THC	80.0%	67.4%	100.0%	100.0%

1) Results based on samples precisely spiked with known amount of substance.
2) Source: US Diagnostics Pro Screen Drugs of Abuse Cup package insert.
3) Source: Avertest internal validation study.

Subjective Device



Subjective Results



Credit: Adopted from works presented by Dr. Leo Kadehjian.

Customized Panel

Default Assays	Substitute	Add-On
☑ Amphetamine 1000	☐ Barbiturate 200	☐ Buprenorphine 5
☑ Benzodiazepine 200	☑ Ecstasy 500	☐ Cotinine
☐ Cannabinoid 20	☐ Methadone 300	☐ Fentanyl
☐ Cocaine 300	☑ Methamphetamine	☐ Heroin 10
☑ ETG 500	☐ Phencyclidine 25	☐ Ketamine
☑ Opiate 300	☐ Propoxyphene 300	☐ LSD
✓ Creatinine	☐ Oxycodone 100	☐ Meperidine
		☐ Tramadol

Custom Panel(s):	Expiration:	Order Frequency:	Rotation:
CSTM5-Panel + EtG	None	Panel Rotati...	50 %
CSTM5-Panel + EtG	None	Panel Rotati...	50 %

Acknowledgments

- APPA -Perspective Magazine (Fall 2017) http://www.appa-net.org/Perspectives/Perspectives_V41_N4_65.pdf
- Carey, P.L. (2017) A Best Practice Review of Drug and Alcohol Testing. http://www.nadcpconference.org/wp-content/uploads/2017/07/SB-9-NADCP-DT-Best-Practices-7-9-17.pdf
- Carey, Paul L. (2014), Interpretation of Drug Test Results in Medically Assisted Treatment. https://www.nadcp.org/sites/default/files/2014/TS-11%20use_1.pdf
- Marlow, D.B., Meyer, W.G. (2011) The Drug Court Judicial Benchbook https://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf

Substances to be Tested, Limitations of Testing, Etc.

Most Common Substances

The following are the most common substances we see being ordered. In addition, Kratom, Synthetic Cannabinoids, and Synthetic Stimulants are also ordered on special circumstances.

Standard Drugs	Specialty Drugs
• Amphetamines (Amphetamine, Ecstasy, Methamphetamine) • Barbiturates • Benzodiazepines • Cannabinoids (THC) • Cocaine • Ecstasy • Methadone • Methamphetamine • Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone) • PCP • Propoxyphene	• Buprenorphine • SOMA • Gabapentin • Cotinine • ETG • Fentanyl • Heroin • Ketamine • LSD (acid) • Meperidine • Oxycodone • Tramadol • Zolpidem

Spectrum of Testing Technology

Considerations	Point of Care (instant screen)	Laboratory Screen	Laboratory Confirmation
Sensitivity	Variable & Subjective	>99%	Definitive
Specificity	Variable & Subjective	>99%	Definitive
Substance	~15	~35	All
Specimen Type	Urine Oral Fluid	Urine Oral Fluid Hair Blood Sweat Nails	Urine Oral Fluid Hair Blood Sweat Nails
Time	Minutes	24 to 48 Hours	2 to 4 days
Cost	$1 to $15	$3 to $50	$10 to $2,000

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Point of Care/Instant Test

Pros

- Results in minutes
- Low Cost
- Just about anyone can administer

Cons

- Variable and Subjective results
    - Variably reactive with drugs within a class
    - Vulnerable to cross reactivity with unrelated substances
- Incapable of distinguishing among specific drugs within a class
- Cannot differentiate new use from residual elimination
- Limited case law
- No proficiency testing
- Fixed test panel
- Yuck factor – urine dip anyone?

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Laboratory Screen – Pros & Cons

Pros

- Can establish a custom panel for each Patient
- Ability to rotate the tests on the panel to cover more drugs
- Established case law
- Distinguish between new and residual elimination

Cons

- Results based on reaction to an antibody
- Drug present below the threshold will be deemed negative
- Cross-reactivity noise (i.e., false positives or unconfirmed positives)
- Many drugs lack antibodies, so no screen is possible

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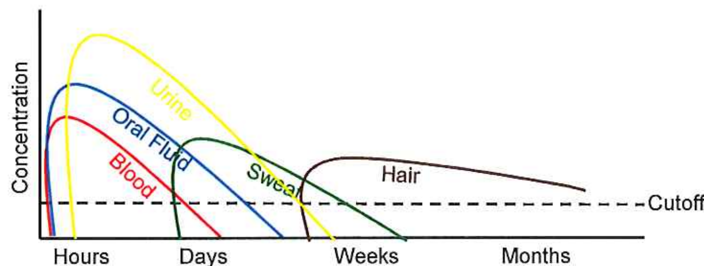
Detection Time

Detection time varies for each specimen time – elimination time matters.

- Blood & Breath: 8 to 12 hours
- Oral fluid: 5 to 48
- Urine: 0.5 to 5 days
- Sweat: 5 to 10 days
- Hair: 2 weeks to months

Drug use is detectible within minutes of consumption



Source: Cone, E. J. (2011). Oral Fluid Drug Testing Workshop: Pain Management. Society of Forensic Toxicology.

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Specimen Options

Specimen	Breadth of Detectable Drugs	Detection Window	Collection Process	Primary Use
Blood	Broad	8 to 12 hours	Invasive	DWI, Post Mortem
Breath	Narrow	8 to 12 hours	Non-Invasive	DWI
Oral Fluid	Moderate	5 to 48 hours	Non-Invasive	Abstinence Monitoring
Urine	Broad	2 to 3 days	Moderately Invasive	Abstinence Monitoring
Sweat	Narrow	5 to 10 days	Non-Invasive	Special Situations, Rural
Hair	Moderate	2 weeks to 3 months	Non-Invasive to Invasive	Child Custody, Rural

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How to Make Drug Testing More Affordable

Insurance

- Drug testing is often covered by insurance.
  - Medicare & Medicaid cover the full cost of testing
    - Patient must have a SUDs diagnosis code in order to be eligible for insurance coverage
- Private Insurance may require co-pays, deductibles, etc. depending on their insurance plan

Challenges of Insurance Coverage

Averhealth's Experience:

- Laboratory has to become in-network with each MCO provider
- MCO's often do not see the difference between the large laboratories (ex. Quest, LabCorp) and SUD Specialty Labs such as Averhealth
- MCO's are reluctant to let additional laboratories outside of the large laboratories in network, not allowing your drug testing laboratory to be able to bill for these testing services

Grants

- There are often Grants available to pay for drug testing services.
- SAMHSA is a great resource for grants:

https://www.samhsa.gov/grants/grant-announcements-2020

Thank You

Katie Mekus
Averhealth
Business Development Manager
kmekus@averhealth.com
(614) 795-6736

2019 and 2020 Substance Use Disorder Training Sessions and Conferences

(Prevention Focus)

December 13, 2019 SCAODA Meeting

Sustaining Your Positive Prevention Outcomes
December 3, 2019
UW – Eau Claire, Ojibwe Grand Ballroom
9:00 a.m. to 4:00 p.m.
FREE in-person training

Sustaining positive prevention outcomes and the processes used to reach them takes planning. This day-long, in-person training offers participants a unique opportunity to engage first-hand in a comprehensive sustainability planning process. Participants will learn the rationale for sustaining prevention processes and outcomes, the core components of sustainability planning, and receive tools and resources to create their own sustainability plan. Hosted by the Great Lakes Prevention Technology Transfer Center Network (PTTC). More information about the training:
https://pttcnetwork.org/centers/great-lakes-pttc/sustaining-your-positive-prevention-outcomes-1

2019 Building the Heart of Successful Schools Conference hosted/sponsored by the WI Dept. of Public Instruction
December 5-6, 2019
Wilderness Resort in the Wisconsin Dells
$125 Registration fee

The keynote will be Jim Sporleder who was the Principal at Lincoln High School in Washington and under his leadership the school became a "trauma informed" school, gaining national attention. This story is part of the documentary, Paper Tigers. Here is the direct link to the conference's information:
https://dpi.wi.gov/sspw/conference.

30th Annual National Leadership Forum and SAMHSA's 16th Prevention Day
February 3-6, 2020
Gaylord National in National Harbor, Maryland

To help increase collaboration and positive impacts by our coalitions nationwide, CADCA is holding its 30th National Leadership Forum, including SAMHSA's 16th Annual Prevention Day. CADCA's Forum is the premier and largest training event for community-based substance use and misuse prevention leaders – and now, more than ever, you'll find training, resources and connections at your fingertips to create healthy, safe and drug-dress communities at home. Hosted by CADCA and for more information:
https://www.cadca.org/

Partners in Substance Abuse Prevention Conference (NE, S, and SE regions)
March 25-26, 2020
Milwaukee Sheraton in Brookfield
Save the data – more information to come after the New Year.

Rx Drug Abuse & Heroin Summit
April 13-16, 2020
Gaylord Opryland in Nashville, Tennessee

The Rx Drug Abuse & Heroin Summit is where solutions are formulated, stakeholders from Federal to family convene, and change begins. It is the annual gathering for stakeholders to discuss what's working in prevention and treatment. Notable speakers in past years have included President Donald Trump and First Lady Melania Trump in 2019, President Barack Obama in 2016, Congressmen Patrick Kennedy and Newt Gingrich in 2017, and President Bill Clinton and Counselor to the President, Kellyanne Conway in 2018. Be part of the international discussion addressing the opioid crisis by attending the 2020 Rx Drug Abuse & Heroin Summit in Nashville. Hosted by Psychiatry & Behavioral Health Learning Network and for more information: https://www.rx-summit.com/

2020 Wisconsin Department of Health Services Opioid Forum
May 5-7, 2020
Kalahari Resort in the Wisconsin Dells

It will feature workshops on prevention, treatment, and recovery topics related to opioids and other drugs. There will also be sessions focused on the intersection of trauma and substance use disorders. Health and human services workers, law enforcement, medical professionals, mental health professionals, public health workers, and substance use professionals are invited to attend. Be the first to know when registration opens! Join the email list: https://www.dhs.wisconsin.gov/opioids/index.htm

2020 Northwoods Prevention Conference (N and W regions)
June 3-4, 2020
Wausau, WI
Save the data – more information to come after the New Year.

Mid-Year Training Institute
July 26 – 30, 2020
Gaylord Opryland in Nashville, Tennessee

Held for 4 days during the summer, the Mid-Year Training Institute offers in-depth, interactive training sessions geared specifically for community coalition leaders and staff. The Mid-Year also includes two levels of training for the National Youth Leadership Initiative activities (Key Essentials and Advanced). From fundamentals of coalition building and strategic planning to evaluation and research, you will come away motivated and inspired. Hosted by CADCA and for more information: https://www.cadca.org/

33rd Annual National Prevention Network Conference
August 25-27, 2020
Sheraton Birmingham in Birmingham, Alabama

The purpose of the National Prevention Network (NPN) Conference is to highlight the latest research in the substance use prevention field. It provides a forum for prevention professionals, coalition leaders, researchers, and federal partners to share research, best practices and promising evaluation results for the purpose of integrating research into prevention practice. Hosted by National Association of State Alcohol and Drug Abuse Directors (NASADAD) and for more information: https://npnconference.org/

2020 Wisconsin Alcohol Policy Seminar
October 8, 2020
Kalahari Resort in the Wisconsin Dells

A specialized session on alcohol policy for local officials, law enforcement, coalition leaders, and advocates offering 13 alcohol policy topics in 16 workshops. For more information: https://www.uwsp.edu/conted/pages/health-and-human-services.aspx

13th National Harm Reduction Conference
October 15-18, 2020
San Juan, Puerto Rico
$385 Registration fee

The 2020 National Harm Reduction Conference comes at a time when harm reduction, health care, and drug policy reform have entered a dynamic and critical phase. The prescription opioid and heroin overdose epidemic has captured national attention, with renewed focus on transmission of HIV and viral hepatitis among people who use drugs. These trends are reshaping the policy and public health landscapes, making harm reduction more urgent and relevant than ever before.
The biennial event is the only conference of its kind in the United States. For four days, some of the most creative minds from the U.S. and abroad come together to address a myriad of complex issues facing the harm reduction movement. A diverse community of people who use drugs, social justice activists, service providers, healthcare workers, researchers, policymakers, public health officials, and law enforcement— all coming together to put an end to the harms and injustices caused by the War on Drugs. Conference objectives include:

+To provide safe spaces for the exchange of ideas and cutting-edge practices that reduce harms associated with drug use

+To create networking opportunities for people from diverse backgrounds committed to dismantling the racialized policies that underwrite and perpetuate oppression

+To challenge stigmatizing narratives about people who use drugs by supporting their leadership development and exposing social inequities driven by structural violence and discrimination

For more information: www.harmreduction.org/conference

Wisconsin's 16th Annual Mental Health and Substance Use Recovery Training Conference
October 29-30, 2020
Kalahari Resort in the Wisconsin Dells

For more information: https://www.uwsp.edu/conted/pages/health-and-human-services.aspx

Overview of the 2019 Behavioral Health Needs Assessment

In the fall of 2018 the Bureau of Prevention Treatment and Recovery within the Division of Care and Treatment Services (DCTS) in the Department of Health Services (DHS) approved the funds to conduct a multi-methods Behavioral Health Gaps Study as requested by the Wisconsin Council on Mental Health.

The 2019 Behavioral Health Needs Assessment utilized both qualitative and quantitative data in order to gain a nuanced understanding of the major gaps, barriers, and opportunities for improvement of the Wisconsin Behavioral Health Services addressing mental health and substance abuse. Internal to the Bureau, a secondary data analysis focused on the available data regarding the prevalence of MH/SU disorders, numbers served, unmet needs, and workforce capacity will be conducted to supplement the findings of primary data collection. This secondary data analysis will serve as a shortened version of the traditional biennial Needs Assessment report and will involve county Program Participation System (PPS) data, Medicaid data, commercial insurers' data from the Wisconsin Health Information Organization (WHIO), National Survey on Drug Use and Health (NSDUH) data, and a variety of other sources. This secondary data analysis will supplement the Behavioral Health Gaps Study described below.

Primary data collected over the course of 2019 utilized a mixed-method evaluative assessment of the current functioning of the behavioral health system. Led by the UW Population Health Institute (UW-PHI), the three methods deployed included: key informant interviews, a statewide survey and a series of consumer focus groups. Each is described in further detail, below.

The design and tools selected were developed in collaboration with an advisory team internal to the Division of Care and Treatment Services (DCTS). This diverse team included DCTS management, staff with MH/SU clinical experience, MH/SU Planners, MH/SU evaluators, the Special Populations Coordinator, and consumer advocates.

Evaluative Questions Guiding Selection of Methodology and Analysis:
What are the major systems-level gaps in behavioral health services across the state of Wisconsin? Are there areas/regions wherein the gaps are particularly pronounced? Are their populations that are particularly underserved by the system? Are there specific services or positions that are particularly absent, inaccessible or inadequate? What are the perceived causes/sources of the gaps? How and in what ways does implicit bias play

a role in producing these gaps? In what ways should the system prioritize changes according to administrators, providers, and consumers?

Key Informant Interviews

With the guidance of the internal advisory team, 43 key stakeholders were identified for 1:1 interviews. These stakeholders primarily consist of providers and administrators. The list of stakeholders was curated to provide a balance of provider perspectives between Mental Health and Substance Use services, experiences in urban vs rural areas, experience with the youth vs adult arms of the system, understanding of the roles of the public vs private behavioral health services, and state vs local perspectives. The final sample consisted of 39 behavioral health administrators, providers, and advocates around the state. Half of the interviewees had experiences with both MH and SU services and just under half indicated the ability to speak to services for both youth and adults. See table 1 for a summary of the roles and expertise of the key informants interviewed.

Qualitative data generated by the key informant interviews underwent thematic analysis. Thematic analysis refers to an iterative process of pattern recognition designed to distill the salient information relayed in response to the interview prompts across informants (Fereday, & Muir-Cochrane, 2006). This process utilizes both deductive (e.g. a template of codes were imposed on the data) and inductive coding techniques (e.g. codes were derived from the data) to distill salient patterns that answer the evaluative questions posed by the internal review team. Initial themes have been identified and ground-truthed with the internal review team for validity. Findings are in the process of being written up.

Table 1. Roles and Expertise of Key Informants Interviewed

	BH system focus			Ages served			Population Density*		
	MH	SU	MH & SU	Youth	Adult	Y&A	Rural	Urban	R&U
TOTAL Interviewed (N=39)	27% (10)	22% (8)	50% (18)	19% (7)	33% (12)	47% (17)	17% (6)	22% (8)	17% (6)
State DCTS staff (n=8)	2	3	3	1	5	2	N/A	N/A	N/A
Other state agency staff (n=8)	1		7	1		7	2	1	3

County BH admins (n=4)			4			4	1	2	1
County BH program managers (n=2)			2		1	1	1	1	
Direct providers (n=11)	5	3	3	4	4	2	2	5	4
Advocacy agencies (n=6)	3	2	1	1	3	2			6

Note. *= Discrete data not available for staff working statewide. However, n=20 interviewees indicated the ability to speak to statewide patterns.

Online Survey:

After a review of the existing literature on surrounding states behavioral health gaps analysis, a list of 50 possible survey questions were refined and reworded with the help of the DCTs advisory team. Invitations to complete the survey were deployed broadly to public and private providers, DHS advisory committees, and advocacy groups within the behavioral health field using a variety of listservs. Invitations were sent out via official DHS listservs on July 15th and remained open until August 9th. A total of 1362 people opened the survey, however only 1110 answered the first four questions and only 48% completed the entire survey, representing a strong attrition rate, likely due to survey length. Survey responses are currently being prepped for analyses, which we expect to begin the second week of December.

Consumer Focus Groups

UWPHI subcontracted with UBUNTU Research and Evaluation to recruit and conduct consumer focus groups with historically marginalized residents throughout the state of Wisconsin that have experiences attempting to access and utilizing mental health and/or substance use services in the state of Wisconsin. UBUNTU is a learning organization run by Black women who use liberation and beloved community frameworks to evaluate, facilitate, and strategize with individuals, organizations, and communities. Participants were recruited via partner organizations. Each focus group lasted between 30 to 90 minutes and was held at various locations across the state that were convenient and comfortable for participants. At the beginning of each focus group, the facilitator welcomed people into the space, explained the purpose of the focus group, answered

any questions and obtained written and verbal consent. Each focus-group began with an activity that allowed the people to situate and identify themselves in the space before we started focus group discussions. Between May and September, 2019 UBUNTU staff coordinated and conducted 9 focus groups that aggregate to a total of 71 participants (see Table 2 for details). They also collected data from 12 additional hypermarginalized residents via alternative protocols deemed more appropriate.

Based upon recommendations from the partner organization recruiting residents from the Deaf and Hard of Hearing community (i.e., Independence First), in lieu of focus groups that relied upon interpreters, an alternative protocol was developed to collect these residents perspectives via survey (n= 6). Additionally, a workshop format was utilized to collect data from a refugee community group made up of Chin, Burmese and Rohingya refugees at Aurora Walker's Point Community Clinic (n=6).

Each verbal focus group was audio-recorded and subsequently transcribed by a third party subcontracted by UBUNTU. The third-party is bound by a non-disclosure agreement to protect the participant's reasonable notion of confidentiality. The transcriptions were then coded by UBUNTU's evaluation team. The data was analyzed through two methods: analytic memos and coding. The sample of Wisconsin residents in this evaluation were primarily Black, Indigenous, People of Color (BIPOC) and ranged in age, gender identity, and sexual orientation. Most residents reported utilizing mental health services and had various insurance coverages and while the use of substance use services did not emerge organically during the discussion portion of the focus groups, several respondents did refer to substance use services during their warm-up activities.
On October 31 Ubuntu submitted their final report with their findings and recommendations.

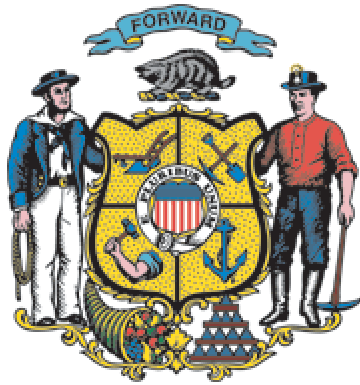
Table 2. Focus Group Sample

Partner Organization	Population	# of Participants
BELOIT (ROCK COUNTY)		
Beloit College	BIPOC / LGBTQ+ / Living with Disabilities	1
WHITEWATER (WALWORTH COUNTY)		
Alpha Kappa Alpha	BIPOC / LGBTQ+ / Living with Disabilities	5
WAUSAU (MARATHON COUNTY)		
Faithful Consulting LLC / Hmong Mutual Assistance Association	Hmong (Elders)	8
MILWAUKEE (MILWAUKEE COUNTY)		
Hmong American Women's Association	Hmong (Youth)	8
New Hope	Black/Latinx (Youth)	6
Diverse & Resilient	Black trans women	10
CORE El Centro	Latinx (18) / white (1)	19
Salvation Army	Men experiencing Homelessness	9
Open Call	BIPOC/ LGBTQ+ / Living with Disabilities	5
TOTAL NUMBER OF FOCUS GROUP PARTICIPANTS:		**71**

Next Steps

Once coding and analyses are complete for the PHI led portion of the gaps analysis, the findings will be compiled into one final report to be supplemented by the secondary data analysis conducted within the bureau.

A final report will be forthcoming in February, 2020.



SCAODA 2020 Meeting Dates

March 13, 2020
June 5, 2020
September 11, 2020
December 4, 2020

American Family Insurance Conference Center
6000 American Parkway
Madison, WI
A-Building, Room A3141 in the Training Center

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.