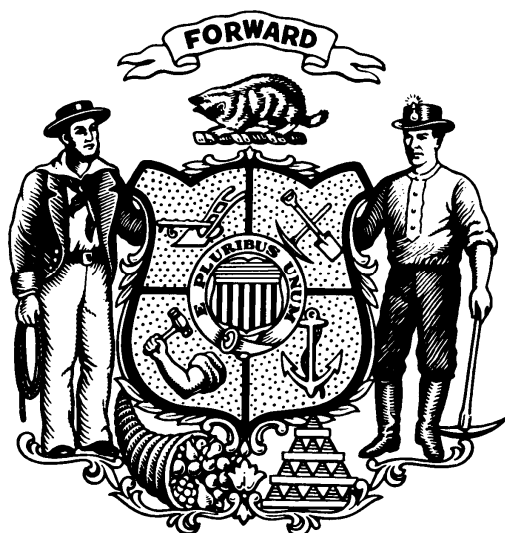


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



September 11, 2020  
MEETING

**Roger Frings**  
Chairperson

**TONY EVERS**  
Governor





State of Wisconsin

VACANT  
Secretary

State Council on Alcohol and Other Drug Abuse

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

**OPEN MEETING NOTICE**

September 11, 2020, 9:30 AM to 12:30 PM

**Join Zoom Meeting**

**Meeting ID: 916 8306 9021**

Meeting URL <https://dhswi.zoom.us/j/91683069021>

Phone one-tap US: [+13017158592](tel:+13017158592), [91683069021#](tel:+13126266799) or [+13126266799](tel:+13126266799), [91683069021#](tel:+13126266799)

**MEETING AGENDA**

1. Welcome and introductions.....Roger Frings, SCAODA Chairperson
2. Approval of August 7, 2020 meeting minutes.....p. 5-9
3. Public input .....SCAODA Chairperson
4. Officer Elections.....Nomination Committee
5. Latest Provider Updates on Services during COVID-19.....Council Members & Guests
6. Committee Updates:
  - Executive Committee .....Roger Frings... p. 10-11
  - Diversity Committee ..... Thai Vue .....p. 12-20
    - ✓ 2019-20 Work Plan Progress Report
  - Intervention & Treatment Committee .....Roger Frings .....p. 21-28
    - ✓ 2019-20 Work Plan Progress Report
  - Planning & Funding Committee .....Christine Ullstrup ....p. 29-41
    - ✓ 2019-20 Work Plan Progress Report
  - Prevention Committee .....Chris Wardlow .....p. 42-48
    - ✓ 2019-20 Work Plan Progress Report

7. Guest Presentations on Housing Recovery:.....p. 49-74
  - Housing programs for Recovering Women and Children  
.....*Christine Ullstrup, Meta House*
  - Recovery Housing by Apricity and across the State, and WI Association of Sober Housing (WASH)..... *Michelle Devine Giese, Apricity*
  
8. Follow-up Discussion - Behavioral Health Gaps Analysis Presentation.... Full Council... p. 75
  
9. Agency Reports:
  - Governor’s Office .....Jessica Geschke
  - Department of Health Services.....Julie Willems Van Dijk
  - Other Agencies.....Agency Designee
  
10. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS.....p. 76-79
  
11. Report from Wisconsin Council on Mental Health.....WCMH Representative
  
12. Agenda Items for December 4, 2020 Meeting.....Council Members
  
13. 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 608-852-6403 or [Michael.Derr@wisconsin.gov](mailto:Michael.Derr@wisconsin.gov). See also <https://scaoda.wisconsin.gov/meetings.htm> for instructions on joining by phone or Zoom.

Tony Evers  
Governor



Roger Frings  
Chairperson

Sandy Hardie  
Vice Chairperson

VACANT  
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**

August 7, 2020

9:30 a.m. to 12:30 p.m.

Via Zoom Conference Call

(Tabby's notes)

Members Present: Roger Frings, Kevin Florek, Thai Vue, Autumn Lacy, Jessica Geschke, Brian Dean, Julie Willems Van Dijk, Terry Schemenauer, Sue Shemanski, Rep. Jill Billings, Natalie Aicher (for Senator Patrick Testin), Sen. Janet Bewley, Jan Grebel, Sandy Hardie

Members Excused: Michael Knetzger, Subhadeep Barman, Christine Ullstrup, Tina Virgil, Mary Ann Gerrard, John Weitekamp

Ex Officio Members Present: Delora Newton, Carl Hampton, Kenyon Kies, Fil Clissa, Mark Wegner, Colleen Rinken

Ex Officio Members Excused: Ann DeGarmo, Timothy Weir, Jennifer Wickman, Andrew Putney

Staff: Mike Derr, Joyce Allen, Teresa Steinmetz, Ryan Stachoviak, Andrea Jacobson, Allison Weber, Gary Roth, Amanda Lake Cismesia, Sarah Coyle, Tabitha Beckwith, Beth Collier, Kenneth Ginlack, Lori Wiebold, Rebecca Main, Mai Zong Vue, Raina Haralampopoulos, Madeline Johnson, Michelle Lund, Kate Rifken, Paul Krupski, Tim Connor, Peggy Christenson (closed caption), Maria Kielma and Nicole Keeler (ASL interpreters),

Guests: Abra Vigna, Amy Anderson, Harold Gates, Raeanna Johnson, Saima Chauhan, Chris Wardlow, Denise Johnson, Lynn Harrigan, David Morstad, Rick Immler, James Ahern, Shamane Mills, David Macmaster

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**Call to Order:** Roger Frings called the meeting to order at 9:33 a.m.

**Introductions:** Members introduced themselves, via the Zoom videoconference.

**Announcements:** Chairperson Roger Frings welcomed everyone to this Zoom meeting and expressed appreciation for everyone's patience. He gave out reminders on using the mute and

chat functions, and confirmed that the meeting is not being recorded. A formal roll call was waived, as participants could be identified on the Zoom screen.

**Approval of June 5, 2020 meeting minutes:** Tina Virgil moved to approve the minutes, seconded by Kevin Florek. Motion carried unanimously, subject to minutes reflecting that Mark Wegner participated at that meeting.

**Public input:** David Morstad described the Governor's Committee on People with Disabilities, including the membership seats. SCAODA has a membership seat, which has been vacant for the last five or more years. He requested that the Council select a member to sit on that Committee. The next Committee meeting is Aug. 19<sup>th</sup>; he will have a meeting notice sent out. Roger asked any interested Council member to contact Mike Derr or him. Sen. Bewley suggested that someone from the WI Board for People with Developmental Disabilities sit on that Committee.

**Provider updates on services & challenges during Covid-19:** Thai Vue again shared the many difficulties that the Covid-19 pandemic has caused the Hmong and other underserved populations. A major problem is that there is so much information being shared in social media, it's hard to know what to believe and what is credible, and what are credible information sources.

Rep. Billings noted that the recent 'take back drugs' programs were not as successful due to the pandemic. She is seeing and hearing concerns throughout the La Crosse area that drug use and opioid overdose rates have increased as a result of Covid-19 and stressors of isolation. This includes increases in emergency room visits. She mentioned that homeless persons often stay in the city parks. Sandy Hardie concurred that drug overdose cases are increasing.

Kevin Florek stated that suicide rates are up in Dane County, along with alcohol abuse rates and other drug overdose rates since the pandemic started. He referenced statistics suggesting that alcohol use has increased 30% nationally. He noted that Tellurian is receiving fewer calls for services. He thinks people are afraid to seek help because of Covid-19 risks. NAMI and Dane County has informed him that they have not received lots of calls even despite the need for SUD and mental health resources with the increase of use and stressors due to the pandemic.

Sen. Bewley mentioned that the homeless population is increasing, and they are among those suffering greatly due to the pandemic. Local hospitals and clinics have reported that homeless persons are living or situated outside their facilities, seeking services. She worries that when the weather gets cold, many of them could die. She is skeptical that additional federal funds will be provided through a second relief bill to address homelessness and their SUD needs. Communities such as Ashland have run out of money to provide additional services; staff are exhausted. Kevin Florek agreed that localities like Dane County are out of money.

Fil Clissa referenced an increase in number of evictions and unemployment since the pandemic began. The *Tiny House Community* program in Madison has recently started to address homelessness, but is a more long-term solution than addressing immediate needs. Colleen Rinken noted that DVA has seen major declines in number of veterans seeking services. She concurred that many veterans are choosing to stay on the street; they are afraid of contracting the Covid virus at service locations with high numbers of people.

Terry Schemenauer mentioned that many rural areas in northern Wisconsin do not have high-speed internet, preventing consumers from receiving telehealth services via Zoom and other platforms. Also, along with homelessness, thefts and burglaries are also rising at an alarming rate. Lynn Harrigan noted that at recent WI Council on Mental Health meetings have included discussions on the upcoming school year and health and safety fears expressed by many parents.

**Behavioral Health Gaps Analysis Presentation:** Abra Vigna of UW Population Health Institute and director of this project, and Tim Connor of DHS introduced the draft final report from the Behavioral Health System Gaps Analysis. Connor noted that block grant needs assessments are usually quantitative, based on state and federal data. This analysis is unique in that it provides qualitative data in the form of stakeholder perspectives, and from that, recommendations for addressing the identified system gaps. Vigna mentioned readers to be aware of biases in the data based on the specific perspectives of the stakeholders who report their observations and beliefs.

Vigna's presentation included the following highlights:

- A strong message throughout the analysis was the desire to integrate the mental health and substance use disorder systems. Also, intersections of marginality (e.g., a person of color who is also bisexual) apparently heighten health risks and lack of access to system resources. Conditions that contribute to workforce shortages and gaps in both systems include salary and reimbursement rates.
- Recommendations for developing the workforce center on expanding provider diversity, greater number of medication assisted treatment (MAT) providers in northern and northwestern Wisconsin, and improving reimbursement rates that agencies receive from insurance and Medicaid for services provided. There is still a stigma associated with consumers receiving MAT services and Narcan; that stigma needs to be addressed.
- Transportation remains a major barrier for consumers to access services in rural areas of Wisconsin. Also, many consumers must take time off from work to access services, when they can't afford such time off. Amy Anderson reference the WI Statewide Health Information Network (WISHEN) as one resource for better coordinating provision of services as this Network connects electronic health records.
- Among ways to increase access to services include reducing the use of law enforcement for crisis service. Some participants reported a fear by consumers of selective apprehension based on race or status or other biases, thus discouraging consumers from reaching out to services. Amy Anderson communicated that both systems need to partner better with law enforcement and use them more, not less. Law enforcement is a key party to promoting greater access to crisis and other services. For the reduction of law enforcement involvement in the area of mental health and substance use disorders there first needs to be an increase in availability of service providers, community supports, crises management, funding and recovery resources. Saima Chauhan and Amy Anderson named two recent Madison and Dane Co. mental health and addiction initiatives that will help provide greater access to

mental health and inpatient psychiatric services. Harold Gates suggested that agencies considering implementing Culturally and Linguistically Appropriate Services (CLAS) standards as a way to more effectively reach out to underserved populations. He will share the document Roadmap for using CLAS standards to attendees through Mike Derr; he recommended this resource to be used for DHS strategic planning for the SABG Plan.

- Sandy Hardie noted that her provider agency has had difficulty hooking consumers up to crisis services. There is nowhere to go for persons who are unstable but are not “bad enough” to obtain mental health services. We’re setting clients up to fail. Abra Vigna stated that there is also an economic cost to society for this gap.
- David Macmaster noted that tobacco use disorder gaps were not addressed in the draft final report; such gaps should have been included. Tim Connor stated that with a stakeholder perspective, a report coverage and input isn’t necessarily accurate or complete. Abra Vigna also noted that there are biases built into the study, such as lack of prompts to interviewees. Both agreed that tobacco gaps could be addressed in follow-up and future analyses, and that the Gaps Analysis Report should not be considered the only source of information used to set block grant priorities.
- Recommendations for addressing identified gaps focus around additional funding and reimbursement rates, developing the SUD and mental health workforce, promoting and increasing diversity within the workforce through career pathways and less expensive professional development opportunities, developing services that better match cultural backgrounds and needs of consumers, and additional number and variety of behavioral health resources.
- Thai Vue read a statement asking the Council to recognize the limited DHS and other services provided to the Hmong population, and expressing concerns about the method of the Gaps Analysis in such a manner not likely to reach Hmong stakeholders for their input. He encouraged Abra and Tim and other study directors to reach out to him in the future for assistance with developing a methodology that would successfully obtain input from the Hmong population across Wisconsin. Sen. Bewley added that Council members and DHS can’t be afraid to reach out to the Hmong population, due to any fear of humiliation in not knowing the performed manner to reach out or communicate. Denise Johnson stated that Gaps Analysis needed to look more closely at the gaps and needs of underserved populations like the Hmong, deaf, blind and hard of hearing, and others. Persons in high positions need to work more directly with those populations.
- Rick Immler complemented DHS for its decision to reach out to UW to conceive and conduct this study and generate important feedback. Abra Vigna noted that she will share a copy of her PowerPoint slides with meeting attendees through Mike Derr.

**Bureau of Prevention, Treatment and Recovery Update:** Joyce Allen gave a quick farewell to Council members, as today is her final day as the Bureau director as she is retiring. She greatly enjoyed working with the Council over the years and greatly respect members’ leadership and



desire to improve SUD services statewide. Mike Derr briefly noted that the Bureau is finalizing the SABG application for FFY 2021 funds, which will be submitted to SAMHSA by Sept. 1<sup>st</sup>. In response to Thai Vue's question, Derr noted that services for underserved population remains a priority for this second year of the 2020-21 Two Year SABG Plan. Allison Weber briefly described the Small Talks Campaign, a prevention initiative that began last spring. Rep. Billings asked why counties have not received a larger amount of SABG Community Aids funds over the past many years. Joyce Allen referenced state statutes and the federal formula that dictates the amounts that states and localities can receive. Mike Derr offered to share the state statute and formula with those who request that information. Amanda Lake Cismesia gave a brief report on the status of the rewriting of Administrative rule DHS 75, which is currently posted for public input on the economic impacts of the proposed new rule.

**Report from Wisconsin Council on Mental Health:** Rick Immler, chair of the Council, gave a quick overview on the most recent Council meetings and activities.

**Agenda Items for Sept. 11th Meeting:** Roger Frings, Mike Derr and Council members mentioned the following items: Further updates on the impact of Covid-19; SCAODA officer elections; recovery housing presentations by Christine Ullstrup and Michelle Devine Giese; review of standing committees' 2019-20 Work Plan Progress Reports; update on the 2021 SABG Application; and follow-up discussion on the Behavioral Health Gaps Analysis Report and presentation.

**Meeting Adjournment:** Thai Vue moved to adjourn, Rep. Billings seconded the motion. All in favor. None opposed. Meeting adjourned at 12:25 p.m.

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## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Executive Committee, State Council on Alcohol and Other Drug Abuse (SCAODA)			Attending: Roger Frings and Sandy Hardie -- committee members; Mike Derr -- DHS Staff.
Date: 4/29/2020	Time Started: 9:02 am	Time Ended: 9:53 am	
Location: via Zoom conference call			Presiding Officer: Roger Frings, Committee Chair
<b>Minutes</b>			

Roger Frings called the meeting to order at 9:02 am. Sandy Hardie moved for approval of the Committee's Feb. 10, 2020 draft minutes. Roger Frings seconded the motion. Motion carried – minutes were approved.

Both Roger and Sandy briefly shared what SUD providers have stated were significant impacts caused by Covid-19 on their services, as reporting during committee meetings and other settings. Topics discussed included barriers to services, use of Telehealth, insurance coverage issues, operational status of residential treatment centers, and demand for services.

Regarding the current SCAODA membership and status of officer positions, Mike Derr recounted the recent new members and slots that are still vacant. Roger will introduce the newest members at the June 5<sup>th</sup> Council meeting. Roger asked Mike to email Sandy and him the most current Council roster. Regarding the Secretary office, Roger noted that one Council member expressed interest in the office, but he is leaning toward waiting until the September elections for the office to be filled.

During the remainder of the meeting, Roger and Sandy discussed the upcoming June 5<sup>th</sup> Council meeting. Because of the current pandemic and due to American Family Center being closed for meetings, the Council meeting will be held via Zoom conference. Roger would like to delay the housing and other presentations until a later date when meetings are hopefully held in person, also noting that Zoom meetings need to run shorter. The Synar annual report update from Nancy Michaud will be kept on the agenda. Also, the meeting should reserve time for Council members and guests to share their experiences on the impacts of Covid-19. Roger will reach out to specific persons to provide short summaries at the meeting. Mike will contact committee chairs and scheduled presenters for June 5<sup>th</sup> to encourage them to make their reports and updates concise.

In addition, the meeting will include three committee motions that were either tabled in December or delayed due to the cancelled March 2020 meeting. After discussion on the Behavioral Health Gaps Analysis presentation that was scheduled for March, the group decided to schedule an interim Council meeting during the summer where that presentation would be the primary agenda item. In addition, on June 5<sup>th</sup> Roger will raise the possibility of holding a future meeting in central or northern Wisconsin so that stakeholders and members of the public from that region of Wisconsin can have closer access to a Council meeting.

No public comments were offered during the meeting. The meeting adjourned at 9:53 am., pursuant to a motion by Sandy Hardie, seconded by Roger Frings and approved.

Prepared by: Michael Derr on 8/24/2020.

Executive Committee will review these draft minutes at its 8/26/2020 meeting.



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
VACANT  
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

August 26, 2020

9:00 – 10:00 am  
Via Skype Call

[Join Skype Meeting](#)

**MEETING AGENDA**

- 1. Call to Order .....Roger Frings
- 2. Review of April 29, 2020 Meeting Minutes.....Roger Frings
- 3. SCAODA’s Sept. 11, 2020 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.

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## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA Cultural Diversity Committee		Attending: Thai Vue (phone), Anthony Harris, Denise Johnson, Harold Gates, Sandy Hardie, and Kimberly Whitewater (phone); Staff: Mai Zong	
Date: 1/24/2020	Time Started: 10:15 A.M.	Time Ended: 2:38 P.M.	
Location: Life Center, 4402 Femrite Drive, Madison		Presiding Officer: Thai Vue	
<b>Minutes</b>			

**Call Meeting to Order:** Thai called meeting to order.

### Welcome & Introduction

Thai welcomed everyone.

To welcome a new committee member, Ms. Kimberly Whitewater from Ho-Chunk, everyone gave a brief introduction of their work and themselves.

Thai gave brief introduction of his refugee experience and how he witnessed snow for the first time upon arrival in January. He was confused about the frozen Mendota Lake—where did the fish go? He worked as janitor and cleaned state buildings, including GEF 1, for a few years then began his work with the Hmong community and has been doing it until 2019. Thai retired in 2019. He is free and is helping his son fixing house, a new thing. Thai is also spending time with his grandchildren.

Anthony shared that he grew up in La Crosse and went to UW-Milwaukee. After college he stayed in Milwaukee and have been in Milwaukee since. He is passionate about culture competent issues for all underserved communities. Anthony has been working with LGBTQ issues at Diverse and Resilient for the past ten years. His experience includes sexual health to suicide prevention and LGBTQ youth. He is not married but has many nieces and nephews.

Harold said he is currently retired now but used to teach at the university and was a culture competent consultant until 2004. Harold then started a culture competent consultant business. With different agencies and groups, Harold has been promoting CLAS Standards since its inception. He is concerned that culture competent services affect all underserved populations. Married with adult children and grandchildren.

Sandy grew up in Lake Superior and ended up in Fond du Lac after school. She was offer two jobs after college and took the closes one (Fond du Lac) instead of Texas. She is married and has grandchildren. Sandy has worked in different areas including gender specific, prison inmates (women) and trauma informed care.

Denise is the statewide coordinator for deaf and hard of hearing with Independent First in Milwaukee. She has a contract with DHS to do presentations on substance abuse and provide referrals for deaf and hard of hearing clients and providers. Prior to this, she works with the deaf and hard of hearing clients in hospital. Denise has family with mental health issues, which her work has been helpful for personal needs. Denise has been in Milwaukee all her life but move around a lot. She was born deaf. Her parents did not know she was deaf until she was three years old. Denise's first language is sign language and then English as her second language. Denise learned of identity in college.

Kimberly Whitewater is currently working for Ho-Chunk Nation in Wisconsin Rapids. She has a new administrator so she could not attend today's meeting in person. Kimberly is Ho-Chunk. She was originally from La Crosse and moved away. She drives two hours a day for her job. Kimberly said that she was a high school drop out until she was 30 years old and

have a daughter. As a single mom, she needed to be a role model for her daughter so she went back to get her GED and then transfer UW-Oshkosh. Kimberly took a pay cut to work for Ho-Chunk, for she was an at-risk youth, her identity was missing and need to understand more about her tribe, and needed to work in at risk youth as was one. In six years, she learned some language and been named culturally. Kimberly said that the reason why she grew up away from her Ho-Chunk community was because of her grandfather who was sent to boarding school and he kept his children away from the community. Kimberly shared that her father passed away before knowing his identify. In her six years with Ho-Chunk, Kimberly has built trust. Today, as director of family services, she is not sure if anyone has her experience—feeling horrifying and happy at the same time learning and knowing who you are. Kimberly has been leading her agency heavily on building and implementing culture infuse program (drum, spiritual, etc.).

### **New Member Orientation**

Thai gave an indebt overview of the SCAODA members and its designees after he walked through the governor’s council goals and objectives and guidelines of the Culture Diversity Committee with everyone.

### **Co-Chair Election**

A discussion was held on the need to have a co-chair to help the operations of the Cultural Diversity Committee. Things to consider are age and sustainability plan, new members should not be elected as a co-chair as they are new to the work of the Committee. Majority of the committee supported the idea of having a co-chair. Two years instead of three and then re-elect as desired.

A motion was made by Harold to accept the proposed co-chair guideline and seconded by Sandy. Motion carried unanimously.

The Cultural Diversity Committee shall elect a current member of the Cultural Diversity Committee to serve as a co-chair. The role of the co-chair is to assist the chair in the operation of the committee. The co-chair shall serve a two-year term from the elected date.

### **Nomination Process**

The Cultural Diversity Committee discussed the co-chair nomination process. It was agreed as follow: members can nominate someone starting at the meeting until the end of March; the nominee will accept or decline the nomination; the Committee will vote for the co-chair at the April 24 meeting. Three nominations were made--Anthony nominated Judy; Sandy nominated Anthony; and Harold nominated Denise. Denise declined her nomination and said she appreciates the thought but she is overwhelmed and cannot take on anymore task. Anthony said he cannot accept the nomination until he has supervisor approval. He will let everyone know later. Judy will be notified of her nomination.

### **DCTS Updates**

It was shared that the Substance Abuse Section will have a new Section Chief. Her name is Andrea Jacobson, a former DCTS employee who moved to Medicaid.

The GAPS Evaluation project is almost done. When the GAPS Evaluation report is done, staff will share a copy with the Committee.

The Emerging Leaders is up and running. Please help spread the words. Mai Zong will send the application link to everyone.

The workshop registration for the Annual Mental Health Conference in October is up and the deadline to submit a workshop is February 21. Please submit your workshop proposal by this deadline.

### **Diversity Workshop**

At the Diversity Dialogue at last year's conference, participants suggested that such dialogue should be held in a workshop format. Therefore, the Committee would like to take a break this year by not having a dialogue but doing a workshop. Denise and Judy will be working on the workshop proposal and Denise will submit it by February 21.

### **Strategic Planning & Review**

A discussion was held about whether or not the Committee would like to have a one-day retreat. If so, when is the date and where? After some discussion, it was agreed that instead of the normal meeting on April 24, it will be a retreat day with a few business items. The retreat will be in Madison at the Life Center. The only agenda item will be the co-chair election. Lunch should be provided in order to save time.

### **Other**

It was shared that 2020 marks the 45-Year Anniversary of Hmong Diaspora and there will be a series of Hmong keynote speaker events throughout Wisconsin, including a banquet to be held in Madison. More information will be shared later.

**Future Agenda Items:** Co-chair election and approval minutes.

The Committee discussed the meeting location and shared that they like to hold all meetings at Life Center, for this location is easy to get in and out and the space is larger. Mai Zong will switch all meetings to the Life Center until further notice from the Committee.

Next meeting will be April 24, 2020, Life Center, Madison.

**Motion to adjourn:** Harold **Second:** Sandy **Motion Carries**  
**Adjourn at 2:38 p.m.**

Prepared by: Mai Zong Vue on 1/27/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 4/24/2020

Tony Evers  
Governor



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Vacant  
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

June 26, 2020  
10 a.m. – 12 p.m.

**Join Zoom Meeting**

<https://dhs.wi.zoom.us/j/93666489920>

**Meeting ID: 936 6648 9920**

**Dial In: 1 (312) 626-6799**

*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 January 24 Meeting.....Committee Chair
4. DCTS Updates.....Mai Zong Vue
5. Diversity Workshop Submission .....Denise Johnson
6. Approval of Co-Chair .....Thai Vue
7. Certificate of Appreciation .....Thai Vue
8. Strategic Planning Date.....All
9. COVID-19 Impacts .....All
10. Current National Protest.....All
11. Others.....All

<https://scaoda.wisconsin.gov>

12. 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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## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA - Cultural Diversity Committee			Attending: Thai Vue, Anthony Harris, Denise Johnson, Harold Gates, Judy Bertoni and Sandy Hardie. Excused: Kimberly Whitewater; Staff: Mai Zong; Guests: interpreters and closed captioning staff
Date: 6/26/2020	Time Started: 10:00 A.M.	Time Ended: 12:20 P.M.	
Location: ZOOM Meeting			Presiding Officer: Thai Vue
<b>Minutes</b>			

**Call Meeting to Order:** Thai called meeting to order.

### Welcome & Introduction

Thai welcomed everyone. A check-in with everyone was done, which members shared and updated everyone on their local impacts of the COVID-19 pandemic and protests. Such impacts included loss of job and income and an increase of stress for their clients and communities.

**Public Comment:** No public present.

### DCTS Updates:

It was shared that there are some staff changes, including the retirement announcement of Joyce Allen, DCTS's bureau director for many years.

All DCTS's training and conferences this year will be held virtually. Please watch for the registrations.

The DCTS' GAPS Evaluation Report is in its internal process and should be out to the public later this year. Denise shared her experiences with the GAPS' Evaluation process, which included having a tight schedule to participate, not understanding what the survey is about, and asking and needing additional time for the survey. In general, the survey method is inappropriate in multiple levels for her community due to language, methodology, etc. Lastly, the staff conducting the evaluation was not responsive to Denise's suggestions. The process does not have enough partnership.

It was shared with the Committee whether or not the Cultural Diversity Committee would be interested to host a CLAS Webpage on SCAODA website? The Committee discussed its CLAS Standards effort to SCAODA and agreed that a webpage on SCAODA would be a great resource. The Committee agreed to have a CLAS webpage!

Staff shared that with the current racism issue, DCTS has been holding Open Discussion Meetings with its staff this month.

### Approval of the January 24 Meeting Minutes:

Judy asked about the co-chair qualification. Is there a minimum timeframe requirement for new member before he or she can be voted as officers, vice chair in this case? The answer is: no. The Cultural Diversity Committee has not talked about it. Sandy feels it should be a year but is open to something less than one year. Denise agrees with Sandy that one year is sufficient for a new member to adjust and know enough about the work the of Committee.

Sandy motioned to accept the January 24 meeting minutes with the minor changes (consistent in Diversity's names and grammar errors) and seconded by Harold. Motion was approved.

**Approval Co-chair:** Judy declined due to family balance and work. Harold was asked and nominated. Harold agreed and willing to be the co-chair with Thai for one year.

Sandy made motion to vote Harold as the co-chair of the Cultural Diversity Committee and Anthony seconded it. The motion was approved.

**Diversity Workshop Submission:** The Cultural Diversity Committee discussed how to integrate current issues of George Floyd into the upcoming October workshop. Harold will work with Denise to add something. Denise will be the main presenter for this workshop. It was discussed that the virtual format will be challenging to make the session engaging.

**Strategic Planning Date:** The Committee discussed and agreed to reschedule the Diversity Strategic Planning session to 2021 due to COVID-19 uncertainties.

**COVID-19 Impacts:**

Thai shared that there is still a lack of correct information on COVID-19 for the Hmong communities.

**Future Agenda Items:**

Items for the July 24 meeting should include: review the goals and objectives, review Cultural Diversity's 2020 Action Plans, Resilient WI and Impacts, and DCTS's GAPS report.

Next meeting will be July 24, 2020, Zoom Meeting.

**Motion to adjourn:** Harold **Second:** Denise **Motion Carries**  
**Adjourn at 12:20 p.m**

Prepared by: Mai Zong Vue on 7/17/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 7/24/2020

Tony Evers  
Governor



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Vacant  
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

July 24, 2020  
10 a.m. – 12 p.m.

[Join Zoom Meeting](#)

<https://dhs.wi.zoom.us/j/94992323350>

Meeting ID: 949 9232 3350

**Dial In: 1 (646) 558-8656**

*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 June 26 Meeting.....Committee Chair
4. DCTS Updates.....Mai Zong Vue
5. Diversity Workshop Submission .....Denise Johnson
6. DCTS GAPS Report.....Abra Vigna
7. Certificate of Appreciation .....Thai Vue
8. Strategic Planning Date.....All
9. SCAODA Annual Report.....Mai Zong Vue
10. Others.....All
11. Future Agenda Items.....All

<https://scaoda.wisconsin.gov>

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@dhs.wisconsin.gov](mailto:maizong2.vue@dhs.wisconsin.gov).

**OPEN MEETING MINUTES**

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Holly Stanelle, David Macmaster, Joe Muchka, Sandra Adams, Amy Anderson, Sheila Weix, Amanda Lake, Saima Chauhan, Michael Kemp, Jill Gamez, Tamara Feest, Mike Derr, Michelle Lund, Ken Ginlack, Alan Frank, Anne Larson, and Matthew Mastalir.
Date: 4/21/2020	Time Started: 12:02pm	Time Ended: 1:42pm	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

**Minutes**

1. Roger Frings called the meeting to order at 12:02pm. Committee members and guests introduced themselves and Mr. Frings proposed a format for the discussion on the virtual platform.

Amanda Lake introduced Ken Ginlack, newly hired substance use treatment coordinator at the Bureau of Prevention, Treatment, and Recovery. Ms. Lake shared that Mr. Ginlack will ultimately provide the staff support for the ITC, and will administer substance use services grants and contracts, however there will be a gradual transition process due to the COVID-19 emergency.

2. Minutes from the 02/11/2020 meeting were presented to the committee and approved. Sandra Adams made the motion for approval; the motion received a second from Amy Anderson; and a vote was taken with all in favor and no abstentions or additional discussion.

3. The committee discussed the COVID-19 pandemic and the impacts regarding substance use services across Wisconsin:

Sheila Weix began the discussion by sharing gratitude for the Department of Health Services’ (DHS) guidance and provisions for telehealth services. Ms. Weix shared that most services at her facility are continuing through the use of telehealth and telephonic service delivery, however some services such as urine drug testing are suspended. Ms. Weix further shared that her clinic is beginning to look at how to re-open and determining the balance between in-person and telehealth services going forward. Ms. Weix further shared the benefits of telehealth service delivery in her region during a recent snow day and for patients for whom transportation is an issue. Ms. Weix also reported that her agency is using an online system for COVID screening before any staff enter the building and each time they enter and exit. Ms. Weix provided that anyone identified as needing COVID testing is referred to the agency’s medical clinic for additional screening and possible testing.

Roger Frings questioned whether providers were experiencing challenges with insurers regarding coverage of telehealth services, and encouraged providers to reach out to the Office of the Commissioner of Insurance in the event of any such problems. Sandra Adams shared that insurance has largely been responsive, however some payers simply don’t have the codes developed and available for use within their systems.

Tamara Feest shared that her clinic is delivering all services via telehealth, with the only in-person appointments occurring for medication injections, which are triaged by nursing staff. Ms. Feest shared that attendance for participants in substance use services has increased, but that attendance and participation in mental health services has remained the same. Ms. Feest echoed that individuals that aren’t attending telehealth services may not have internet access, but that the county and other agencies are providing government-issued cell phones to increase access. Ms. Feest echoed that ongoing availability for telehealth service delivery is very helpful and necessary.

Sandra Adams shared that her agency is serving individuals in-person and via telehealth using the Doxy platform. Ms. Adams identified preference for face to face services when possible, but that telehealth is useful for individuals that aren't able to drive or are reluctant to attend initial sessions.

Saima Chauhan shared that her agency is providing telehealth services, stating that while this method of service has been beneficial for some individuals, face to face services are preferred for individuals that are struggling with depression or other challenges. Ms. Chauhan questioned how other agencies were facilitating Suboxone induction through remote service delivery, and Sheila Weix shared her agency's process for obtaining history and providing instructions via phone, completing COVID screening at arrival for induction, obtaining signature, staff use of PPE, and phone follow-up. Ms. Weix shared that her agency has been able to maintain 6-7 new inductions per week in this way. Ms. Chauhan further provided that her agency is facilitating COVID screening for clients attending in-person services and temperature checks when patients arrive. Ms. Chauhan stated that her providers are facilitating oral swab drug testing without any physical contact with staff.

Holly Stanelle shared that the Department of Corrections (DOC) is completing COVID testing for anyone entering institutions, anyone displaying symptoms, and for clients. The DOC website has a dashboard with information on institutional positives and staff positives.

Roger Frings questioned whether there are any providers that are not taking new clients at this time. Jill Gamez shared that her facility is not taking new clients into their day treatment program, for crisis bed admissions, and are not doing court-ordered evaluations at this time. There was consensus among the group that there has been an overall reduction in court referrals due to COVID. Michael Kemp shared that a residential program in Manitowoc closed and is referring all clients to outpatient services. Ms. Weix agreed that many residential clients are being referred to outpatient services. Amanda Lake shared that DHS 75 certified programs that suspend services should notify DHS of the suspension.

Roger Frings shared his concern that the need for treatment services and recovery supports will continue to grow and may exceed the capacity of the available provider system. David Macmaster shared that some recovery clubs are meeting in-person with less than 10 people, some have suspended or disbanded, and some are meeting online, doing well with virtual platforms and organization of these supports. Mr. Frings agreed that adaptation is occurring with recovery supports, such as sponsors and meetings, and shared that local club websites have information available to access Zoom meetings. Jill Gamez questioned how outreach is occurring or will be done in an online format or in the present situation.

Ms. Gamez shared that her agency purchased a subscription to the web-based DocuSign service, and have found this to be very helpful for obtaining required signatures. Ms. Gamez further provided that their residential service is operating at roughly the same capacity as non-pandemic operations. Ms. Gamez shared that the financial implications are still unfolding, but that the impact will likely be significant. Ms. Gamez stated that her agency was able to obtain a federal small business payroll protection loan, and also shared that she has worries about her staff remaining healthy and for her employees' emotional health.

Sheila Weix shared that she has had to defend the importance of not placing behavioral health staff on furlough during this emergency. Ms. Weix also shared that she is seeing many patients that are now unemployed, but whose income and assets exceed eligibility to qualify for Medicaid and who are not eligible for other coverage for mental health or substance use disorders. Ms. Weix also stated that it appears that Suboxone is not available for illicit purchase and that more individuals are seeking medication-assisted treatment because they are not able to obtain the drug through diversion.

Tamara Feest shared that her agency is using the Microsoft teams platform to create opportunities for staff to connect, which has been a good morale booster. Ms. Weix agreed and shared that her agency has added a daily “huddle” that has been helpful to connect with staff and share collegial information.

Michael Kemp asked whether the Department of Safety and Professional Services (DSPS) has considered extending required timeframes for training and supervision hours. Mr. Kemp proposed this area as a possible recommendation from ITC to DSPS. Mr. Kemp also shared about the National Council for Behavioral Health petition for congressional stimulus for behavioral health providers. Amy Anderson agreed regarding DSPS and asked whether the ITC might put forth a recommendation regarding the cancellation of many continuing education opportunities and the hardship of time and resources that CEU requirements may present for providers during the present crisis. Amanda Lake and Mike Derr will reach out to contacts at DSPS for further information.

Amanda Lake questioned how the committee might consider and lead efforts to address community needs and behavioral health service issues that emerge from the pandemic. David Macmaster stated that he would reach out to colleague Bill White for thoughts and ideas. Sheila Weix emphasized looking at both the opportunities and the risks/concerns. Ms. Weix and Saima Chauhan shared about ways that increased use of telehealth has promoted greater inter-agency collaboration and may be a useful structure to address workforce gaps and other problems. Committee members agreed that this format has been applied for psychiatry, but shared that there is a need for collaboration with DSPS around credentialing for this to progress. Amanda Lake provided that the Division of Medicaid Services at DHS continues to develop policy for telehealth expansion.

4. There were no public comments.

5. David Macmaster asked whether the SCAODA meeting will occur in June, and Mike Derr shared that this meeting will occur and likely will be via Zoom, with some prior agenda items and some discussion related to the public health emergency and new topics. Roger Frings shared that he recommends that the executive committee will work to coordinate the June meeting agenda, including possible virtual meeting or cancellation.

Mr. Macmaster also asked about the status of the DHS 75 rule revision and when the rule might be available for review. Amanda Lake provided an update that the initial review by the department’s Office of Legal Counsel has been completed, however a subsequent attorney review and collaboration is still pending.

Michelle Lund shared that Children, Youth, and Family Treatment subcommittee cancelled their April meeting, but plans to meet in June. New sub-committee staff Anne Larson will be working with former staff Jason Cram for facilitation of the virtual meeting.

For the May ITC meeting, Amanda Lake will schedule a Zoom meeting for a shorter time period, from 10:00am to 12:00pm. COVID-19 updates will be carried over as an agenda item. Committee members requested that DHS 75 updates and follow-up with DSPS regarding certification should be on the agenda.

The meeting was adjourned at 1:42pm, following a motion by Michael Kemp and a second by Saima Chauhan.

Prepared by: A. Lake on 7/13/2020.

These minutes were approved by the governmental body on: 7/14/2020



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)

May 12, 2020 - 10:00 a.m. to 12:00 p.m.

**THIS MEETING HAS BEEN CANCELLED.**

**AGENDA**

1. Call to order and roll call
2. Review and approval of 4/21/2020 ITC meeting minutes
3. Discussion of COVID-19 Public Health Emergency and Considerations for Substance Use Services
4. Standing and Carry-over Agenda Items:
  - a. Updates from Department of Safety and Professional Services
  - b. Medicaid Updates
  - c. DHS 75 Revision Updates
5. Public comments
6. Future Meetings and Agenda Topics

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 scheduled SCAODA Meeting: June 5, 2020

Next scheduled ITC Meeting: July 14, 2020





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)**

July 14, 2020 - 10:00 p.m. to 12:00 p.m.

**This meeting will be held via teleconference.**  
**How to join the teleconference:**

[Join Zoom Meeting](#)

Phone: [\(646\) 558-8656](tel:6465588656)

Meeting URL: <https://dhs.wi.zoom.us/j/98345092939>

Meeting ID: 983 4509 2939

**AGENDA**

1. Call to order and roll call
2. Review and approval of 4/21/2020 ITC meeting minutes
3. Discussion of COVID-19 Public Health Emergency and Considerations for Substance Use Services
4. Guest Speaker: Carl Hampton, Department of Safety and Professional Services
5. WI substance use treatment programs- discussion of program closures, increasing or decreasing services (Michael Kemp)
6. Standing and Carry-over Agenda Items:
  - a. Medicaid Updates (Pam Lano, tentative)
  - b. DHS 75 Revision Updates (Amanda Lake)
7. Public comments
8. Future Meetings and Agenda Topics

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 scheduled SCAODA Meeting: August 7, 2020 – 9:30am to 12:30pm  
(Special Meeting to Review Behavioral Health Gap Analysis)

Next scheduled ITC Meeting: August 11, 2020

## Intervention and Treatment Committee

### DRAFT 2019-2020 Work Plan Progress

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 Plan to address Goal & Objective	SCAODA Goal & Objective No. [e.g. 2(a)]	Activities & Outcomes demonstrating Progress during 2018-19
<p>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.</p>	<p>3(a)</p>	<p>1. Membership and leadership for CYFT subcommittee has been under recruitment. Due to COVID-19 challenges and ongoing membership and leadership vacancies, work in this area and strategic planning in this area is ongoing.</p> <p>2. ITC facilitated discussions with CYFT staff to share thoughts and ideas for work of the subcommittee, including assessment of current youth and family service array, providing input for administrative rule revision related to youth and family treatment, and promoting models and best practices for youth and family treatment.</p>
<p>Address the rising levels of SUD needs for the senior population.</p>	<p>3(b)</p>	<p>1. The “At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin” report was presented to and accepted by the council, and continues to be published and disseminated.</p>
<p>Propose position statements related to intervention and treatment.</p>	<p>3(e)</p>	<p>1. The committee has and continues to collect valuable provider information and reports regarding the impact of COVID-19 for behavioral health services across the state, and reports this information back to DHS and other policymakers to support the ongoing effort of addressing emerging needs during the pandemic.</p> <p>2. The committee continues collaboration with the Department of Safety and Professional Services regarding provider credentialing and substance use workforce issues.</p> <p>3. The committee continues to advocate regarding the residential substance use treatment benefit under Medicaid, including providing feedback and recommendations for benefit structure and sustainable</p>

		<p>reimbursement.</p> <p>4. The committee presented a motion to support the integration of tobacco use disorder treatment with substance use treatment services. The motion was passed by the council.</p>
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## Intervention and Treatment Committee Priorities for 2020-2021

**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:** Work with DSPS and DHS to develop recommendations related to substance use workforce.

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

**\*This draft has not been approved by the committee. It will be presented and finalized at the October 13, 2020 Intervention and Treatment Committee meeting.**

**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; Michelle Devine Giese; Kevin Florek; Karen Kinsey; Brian Dean; Kellie Blechinger
Date: 5/20/2020	Time Started: 9:35 am	Time Ended: 12:15 pm	Not Present: N/A Guests: Roger Frings; Sandra Westerman DHS Staff: Mike Derr
Location: Via Zoom			Presiding Officer: Christine Ullstrup, Committee Chair
<b>Minutes</b>			

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

Review of February 19, 2020 draft meeting minutes:

Kevin Florek moved to approve minutes, and Michelle Devine Giese seconded. No discussion of minutes. Motion carried unanimously.

Public Comment:

No comments were offered from callers or non-Committee members attending the meeting. Sandra Westerman introduced herself, works for Alkermes, based in St. Paul, MN.

Covid-19 Impacts on SUD Services:

Kevin Florek shared that Tellurian has restricted one patient to a room instead of doubling up. Tellurian has experienced lost revenues. Tellurian received PPP loan funds offered under the federal Economic Stimulus bill. Staff are wearing full masks for all client contacts. There's been 1 client in a group home testing positive who was asymptomatic. Tellurian gave one-time salary adjustments to their staff in consideration of working in hazardous conditions. Kevin shared that there were opioid overdose deaths in Dane Co., one negative impact of the pandemic. (Jill Gamez noted that there were two opioid overdose deaths last week in Menomonie.)

Michelle Devine Giese mentioned that Apricity also received PPP loan funds. The program stopped taking clients in one building, and provided coed housing and treatment in the other building. Staff interaction with patients was limited. They are using Covid-19 test kits from DHS. So far, not positive tests have occurred.

Karen Kinsey stated that ARC Community Services received PPP loan funds and will seek that those loans are forgiven. ARC's programs have been open the whole time. They normally keep women in the program 4-6 months, so they haven't needed to take in new women until now. Many clients come from DOC.

Jill Gamez reported that Arbor Place received PPP loan funds. They've experience a lower no. of clients, at about 60% of occupancy. She noted that staff have some underlying fears about their health and pandemic.

Kellie Blechinger indicated that DOC had closed one group home for Native American residents in the middle of state. Group sessions within institutions are now limited to 5-6 persons.

Brian Dean noted that the SSPW team in DPI created guidance documents for schools, adults and students focusing on mental health resources and steps to take during reopening of schools. Research establishes that trauma caused by the pandemic can be very long; life doesn't return to normal very quickly.

Christine Ullstrup stated that Meta House also received a PPP loan, has provided counseling via telehealth, and that next week they will resume group sessions. In March, Meta House had suspended residential treatment completely due to staff shortages. On May 3<sup>rd</sup>, residential treatment was resumed in one building, with 7-8 residents permanently, to increase to 10 by the end of May and 20 by the end of June. Also, recovery housing services decreased to one house of 20 residents.

During this discussion, Kevin Florek asked whether recipients of PPP loans might run into a program income or “double-dipping” issue. Committee members asked about the circumstances where a PPP loan recipient might be audited, and whether a forgiven loan money needs to be given back. Mike Derr will check with the bureau’s fiscal/budget analyst and seek answers to those questions. This issue can be addressed at upcoming SCAODA and P&F Committee meetings.

#### Committee’s 2020 Action Plan:

Christine Ullstrup recommended that the 2020 Action Plan be revised to fit into Jill Gamez’s workplan format. Jill shared that she is currently working on that revision. Mike and Christine will work with Jill on getting the committee action plan revised and updated. Committee members went down the list of priorities to determine which members will work on each priority. Christine (maybe), Roger Frings, and Raeanna Johnson will work on Priority #1. Jill, Karen, and Kevin will work on Priority #2, with assistance from Roger. Mike Derr will seek assistance from other bureau staff to work on Priority #3 (track legislation and share updates). Cecie Culp is no longer working with the bureau. Jill, Roger and Michelle will work on Priority #4. Other members may later sign up for a specific priority.

#### DHS Data Dashboard Update:

Kate Rifken gave a presentation of the latest dashboards on DHS’ Data and Statistics site, including three new dashboards on adult and youth alcohol use and deaths attributed by alcohol use by county. ([www.dhs.wisconsin.gov/stats/aoda.htm](http://www.dhs.wisconsin.gov/stats/aoda.htm)) She demonstrated the various filters and queries available for users. Lori Wiebold stated that DHS is currently working on developing new dashboards on data related to methamphetamine use and other stimulants usage. Those should be completed by the fall, and will likely report data by region rather than county.

#### DHS & Other Updates:

Mike Derr noted that the bureau will be awarding additional SABG and MHBG supplemental awards to counties and tribes to support treatment needs impacted by the Covid-19 pandemic. Kenneth Ginlack was recently hired to replace Amanda Lake Cismesia as the SUD treatment coordinator. The bureau is recruiting replacements to fill the IDP coordinator, women’s treatment coordinator and MHBG planner positions. SCAODA will next meet remotely on June 5<sup>th</sup>, with the possibility of a July/August meeting for the purpose of hearing a presentation on the final Behavioral Health System Gaps Analysis Study report. The bureau is awaiting word on whether the Committee’s proposal for the SCAODA Public Forum was selected as a concurrent breakout session during the day portion of the Fall MH and SU Recovery Conference. [In early June, the bureau was notified that the Public Form was in fact selected as a concurrent session.]

Roger Frings said that American Family Insurance will not be open for the Sept. 11<sup>th</sup> SCAODA meeting. The Office of the Commissioner of Insurance can host that meeting if in-person meetings are feasible by then. Also, Sen. Bewley was voted as the minority leader in the State Senate; it’s unknown whether she will continue to serve on the Council.

Christine Ullstrup said that the committee should continue exploring possible new members, including a representative from the prevention community and a member of a tribe or other underserved community. Karen Kinsey suggested new members should have a strong financial and director backgrounds and experience. Cheryl Colwin with Exodus House has expressed interest in serving on the Committee. Ullstrup and Raeanna

Johnson noted she could bring a rural perspective on treatment needs. Mike Derr will invite her to participate in the July 15<sup>th</sup> meeting, and to send her the current committee member expectations and duties.

Topics for 7/15/20 Committee meeting:

Christine Ullstrup said it's unknown whether the next meeting will be held remotely or in person. All should assume the latter until hearing differently. Topics to be discussed will include: (1) summary of the SAMHSA Audit Findings from the 2016 visit; (2) status and update on the 2020 Committee Action Plan activities; (3) further information regarding the SABG Committee Aids Allocation formula; and (4) further clarification on the status of PPP loan funds and whether they are considered program income.

Adjournment: Raeanna Johnson moved to adjourn the meeting, and Karen Kinsey seconded the motion. Motion carried, the meeting was adjourned at 12:15 p.m.

Prepared by: Michael Derr on 7/17/2020.

Minutes were reviewed and approved by the P&F Committee at its 7/15/20 meeting.



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
VACANT  
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

July 15, 2020

9:30 AM to 12:30 PM

**Join Zoom Meeting**

<https://dhs.wi.zoom.us/j/97849856364>

**Meeting ID: 978 4985 6364**

**Dial by your location – 1-312-626-6799**

**MEETING AGENDA**

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review May 20, 2020 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. COVID-19 Impacts and Updates.....Committee Members
5. Committee 2020 Priorities & Action Plans -- Progress.....Committee Members
6. Summary of SAMHSA 2016 Audit Findings.....Mike Derr
7. SABG Community Aids Allocation Formula.....Mike Derr
8. DHS Updates.....Mike Derr
9. Agenda Items for August 19, 2020 Committee meeting.....Committee Members
10. 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 608-852-6403 or at [Michael.Derr@dhs.wisconsin.gov](mailto:Michael.Derr@dhs.wisconsin.gov).



**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; Michelle Devine Giese; Kevin Florek; Karen Kinsey; Brian Dean; Kellie Blechinger
Date: 7/15/2020	Time Started: 9:33 am	Time Ended: 12:27 pm	Not Present: Jill Gamez Guests: Roger Frings; DHS Staff: Mike Derr
Location: Via Zoom			Presiding Officer: Christine Ullstrup, Committee Chair
<b>Minutes</b>			

Call to Order: Christine Ullstrup called meeting to order at 9:33 am.

Review of May 20, 2020 draft meeting minutes:

Kevin Florek moved to approve minutes, and Raeanna Johnson seconded. No discussion of changes. Motion carried unanimously.

Public Comment:

No comments were offered from callers or non-Committee members attending the meeting.

Covid-19 Impacts on SUD Services:

Kevin Florek shared that many Tellurian staff continue to work from home. The number of detox placements are down, partly due to police not apprehending and bringing persons in. Since March, Tellurian has had only one positive test result to deal with. Roger Frings noted that the IT Committee members mentioned issues with clients who are shopping for services, don't call in to make appointments. Kevin confirmed this is happening at Tellurian, too. Consumers have fear of contamination, keeping them away. Also, Raeanna Johnson stated that some residential placements don't occur due to insurance coverage nightmares. At this junction, Mike Derr shared SAMHSA's recent communication with him that programs do not need to claim PPP loan forgiveness funds as program income, as long as those funds are not used to support the specific SUD treatment program that is funded by a grant.

Michelle Devine Giese mentioned that one challenge facing Apricity is clients dropping out at or shortly after admission, sometimes when they realize that family members can't visit them. Staff and residents wear masks until the test results come back negative. The program census is now up to 70%, up from 50% last month. Apricity is not doubling up rooms at Casa Clare. Apricity has received lots of food donations, and has received local grant awards, including one of \$50,000.

Karen Kinsey stated that ARC Community Services opened a 20-bed facility in May. ARC uses a 14-day quarantine room. DOC has urged ARC to continue operating throughout the pandemic. Consumers have left the program because they miss their children. She noted that DOC probation and parole officers have been working from home; their charges have committed more violations without consequences due to that. Dane Co. has been generous with providing funds to ARC and other providers. Kevin responded that the county may cut funds during 2021.

Christine Ullstrup noted that Meta House opened its 20-bed facility in May. Staff and clients wear masks, must stay 6 feet apart. Several consumers have walked away or dropped out of the program. There has been a 20% decline in recovery housing placements (clients must be substance-free for 40 days in order to qualify). There have been some challenges with keeping staff on board due to concerns over Covid-19. Michelle noted similar

concerns, having lost 3 staff due to job security concerns if another surge hits. Kevin and Christine said, however, that their programs have not lost staff since the pandemic first struck.

Karen asked whether programs monitor staff whereabouts when they are off work. Kevin responded that Tellurian tries to, has meet with human resources to discuss. But it's tough to require staff to self-quarantine when programs are short of staff.

Kellie Blechinger noted that DOC has 5 sites for residential treatment that are open. The agency continues to use telehealth to provide services. Group sessions are generally smaller.

Brian Dean shared that DPI's 90-page "School's Open Guidance" document has been released. He expressed concern over the level of alcohol and marijuana consumption increases by youth since Covid-19 began. The YRBS survey for 2021, initially scheduled for Jan. 2021, has been delayed to the fall.

Roger Frings shared that the IT Committee members are concerned about increases in use and prescription of anti-anxiety drugs, contributing to possible overdose patterns. Christine concurred that doctors need to understand the dangers of high dosages of Gabapentin, bringing people back on medications too quickly. She also noted the difficulty of gauging consumers' conditions and risks when staff can only interact with them via telehealth.

#### Committee's 2020 Work Plan:

Committee members walked through the various objectives and tasks of the Work Plan to share activities completed and progress made. Regarding Goal 2, Objective A: Raeanna and Christine met to pull together and review reports shared by DHS over the past year to determine what further information is needed to assess how funds are being distributed and how that compares to specific SUD needs. Both will formulate discussion questions to share with Mike Derr and other bureau members to obtain such information. Both will meet with Mike in the next couple weeks. Karen suggested that the committee work the SAMHSA Audit findings into Task 4 of Objective A.

For Goal 3, Objective A, Task 1: Kevin and Christine have participated on the DMS Stakeholder workgroup to help the division develop Medicaid policy over coverage of SUD residential treatment. Christine gave a quick overview of the 6/9/20 DMS feedback session discussion. Kevin expressed concern of persons blindly voting on policy options when reimbursement rates have yet to be proposed. The Committee and Council need to advocate for the most vulnerable population's need for services, which is threatened by low rates. Christine asked whether the Committee should send DMS a letter recommending specific policies. Roger suggested that the Committee ask Pam Lano to provide an update at the 8/19/20 Committee meeting, and perhaps also at the Sept. Council meeting. Find out where DMS is currently at. Regarding Tasks 2-5: No activities or discussions have occurred. Christine aske the group to divvy up the work and try moving forward.

For Goal 3, Objective B: Cecie Culp has left the Bureau. The entire Committee and Mike Derr will review and handle this when legislation picks up next January. For Goal 3, Objective C: Roger noted some providers are experiencing good success working with insurance companies for reimbursements. The Committee should focus on achieving success in northern and rural Wisconsin. Also, some Dane Co. providers have experienced payments being held up for months.

Karen suggested that the Work Plan also reference DHS efforts to increase the speed of completing renewal funding contracts to minimize delay in payments to providers for the new year of a contract. Christine stated that the Council did pass the Committee's motion at the June meeting, so DHS has been put on notice. Mike Derr will provide an update on DHS steps at August 19<sup>th</sup> meeting. Karen mentioned DOC has success in getting new contracts processed quickly. She asked that Teresa Steinmetz (new bureau director) participate in the

October meeting to discuss DHS steps more specifically. Mike will review the minutes of the DHS discussion of contracting during the June Council meeting and share that with Committee members.

SAMHSA Audit:

Mike Derr gave a summary of the SAMHSA Audit and findings from its summer 2016 visit of DHS. While also sending out the complete set of findings and recommendations, Mike walked through the Preliminary SAMHSA Recommendations Summary to highlight findings. These focused around several topics: need for independent SABG peer reviews; strengthening efforts statewide to publicize that pregnant women and persons who inject drugs have priority for SUD treatment; creating an online system for counties to report priority populations placed on waitlists for placement into treatment programs; developing a system for monitoring when treatment programs are at 90% capacity or above; working with providers to select and implement scientifically-sound outreach programs to reach persons who inject drugs; and strengthening the SABG Needs Assessments by including stakeholders and marginalized populations in the process.

DHS Updates:

Mike Derr gave an update on staff changes within the bureau, including the hiring of a new mental health block grant planner, departure of Cecie Culp, Jason Harris and Christie Niemuth, the retirement of Joyce Allen in early August, and efforts to fill the vacant women's treatment coordinator and IDP coordinator positions. Mike also referenced the August 7<sup>th</sup> and Sept. 11<sup>th</sup> SCAODA meetings, the Behavioral Health System Gaps Analysis final report, and additional SABG and MHBG supplemental grant awards to counties and tribes to cover treatment needs impacted by Covid-19.

Topics for 8/19/20 Committee meeting:

- Committee members will share activities and progress on 2020 Work Plan tasks
- Committee will review the draft 2019-10 Work Plan Progress Report
- Pam Lano will provide an update on DMS planning relating to Medicaid coverage of SUD residential treatment
- Further discussion on the Fall Conference SCAODA Listening Session that will include tips on effective advocacy to legislators and policymakers
- Updates on DHS efforts to speed up the processing of follow-up year contracts.

Adjournment: By group consensus, the meeting was adjourned at 12:27 p.m.

Prepared by: Michael Derr on 8/18/2020.

Minutes approved by the P&F Committee at its 8/19/20 meeting.



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
VACANT  
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

August 19, 2020

9:30 AM to 12:30 PM

**Join Zoom Meeting**

<https://dhs.wi.zoom.us/j/94080577414?pwd=TW9xSEdoRlIRaVJVN2xtUzNlbnBjdz09>

**Meeting ID: 940 8057 7414**

**Dial by your location – 1-312-626-6799**

**MEETING AGENDA**

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review July 15, 2020 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. COVID-19 Impacts and Updates.....Committee Members
5. Update on Medicaid Expansion Policies.....Pam Lano, DHS
6. Committee 2020 Work Plan – Progress & Updates.....Committee Members
7. Committee 2019-20 Progress Report.....Mike Derr
8. DHS and Agency Updates.....Mike Derr & Committee Members
9. Agenda Items for October 21, 2020 Committee meeting.....Committee Members
10. 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 608-852-6403 or at [Michael.Derr@dhs.wisconsin.gov](mailto:Michael.Derr@dhs.wisconsin.gov).

## Planning & Funding Committee 2019-20 Work Plan Progress

Committee Plan to address Goal & Objective	SCAODA Goals & Objectives	Activities & Outcomes demonstrating Progress during 2019-20
<p>1. Continue analyzing SUD needs in counties and regions across state, where grant funds are distributed across WI, and recommend approaches to ensure that funds meet specific SUD needs of counties and regions.</p>	<p>2(a); 3(a), 3(b), 3(c), 3(e)</p>	<ol style="list-style-type: none"> <li>1. Committee reviewed DCTS reports on which counties and regions received SABG grant funds, will expand that review to include other federal grant awards.</li> <li>2. Roger Frings has requested information from WI Counties Association on funds they use to support SUD treatment.</li> <li>3. Committee members have reviewed various reports and needs assessments to gain information on possible prevention and treatment funding needs across WI, will make funding recommendations to full Council and DCTS when further documentation is reviewed.</li> <li>4. The committee continued advocating to SCAODA and DCTS for the federal and state funds to be awarded to improve access to comprehensive SUD treatment services addressing all SUDs, with specific attention to SABG priority populations and underserved populations.</li> <li>5. Committee members communicated and partnered with the BPTR evaluation team to review and create SABG grant award maps using Tableau. This partnership will continue developing maps displaying other grant awards and compare to SUD needs across the state and regions.</li> </ol>
<p>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.</p>	<p>2(a); 3(a), 3(b), 3(c), 3(e)</p>	<ol style="list-style-type: none"> <li>1. Several committee members monitored and participated in study groups on the Section 1115 Waiver pertaining to the expansion of BadgerCare coverage over SUD residential treatment.</li> <li>2. Committee members began studying features of Medicaid systems that included EBPs supported by those systems. More comprehensive studying began in the summer of 2020.</li> </ol>

		<ol style="list-style-type: none"> <li>3. In the summer of 2020, committee members began studying innovative funding strategies in Medicaid systems across the country.</li> <li>4. In the summer of 2020, Committee members began reviewing and discussing Value-based Medicaid reimbursement approaches, looking at various online resources.</li> <li>5. The committee began exploring strategies for promoting use of SUD residential treatment when appropriate, particularly for consumers in areas of WI where beds are available. This included identifying funding sources for covering room and board costs, and reviewing how other states are supporting Medicaid benefits or providing other funding to support room and board for residential treatment.</li> </ol>
<p>3. Review and support legislation promoting SUD services that adopt EBPs and promote prevention and recovery support as part of the full continuum of recovery.</p>	<p>2(a); 3(a), 3(b), 3(c)</p>	<ol style="list-style-type: none"> <li>1. The Committee reviewed Wisconsin legislative tracker updates during committee and council meetings, discussing whether to support specific legislation.</li> <li>2. The Committee reviewed proposed changes to DHS 75, the Tobacco21 federal law, and other proposed federal bills to discuss the impact of such bills on the states SUD prevention, treatment and recovery support systems.</li> <li>3. The Committee hosted the annual SCAODA Public Forum and listening session at the Oct. 2019 Fall Recovery Conference. AT that session, committee members listened to stakeholder input and concerns regarding the state SUD system, and offered suggestions for effective advocacy of SUD policy to the state legislation and stakeholder groups.</li> <li>4. The Committee’s proposal to host a concurrent session during the October 2020 Recovery Conference on effective advocacy of SUD policy and law to the legislature and policymakers was accepted in June 2020.</li> </ol>
<p>4. Generate a report that outlines all the challenges involved with billing private insurance, Medicaid, and Medicare for all levels of SUD treatment.</p>	<p>3(a), 3(b), 3(c)</p>	<ol style="list-style-type: none"> <li>1. Committee members began identifying possible challenges involved with capturing funds to cover SUD treatment costs, including CPC codes, prior authorization requirements, payments held up during review, HMO challenges, and limits on clinicians.</li> </ol>

		2. Committee members began exploring Parity issues, including alignment of SUD and mental health costs and coverage policies.
5. Partner with DHS and Bureau of Prevention Treatment & Recovery (BPTR) to encourage and implement strategies designed to promote contract processing in a timely manner and more immediate payments to non-profit providers who receive new contract awards.	3(e) and 4(a)	<ol style="list-style-type: none"> <li>1. Committee brought motion before Council to encourage DHS to adopt strategies to increase turn-around time to process subsequent year contracts to non-profit providers who already received contract awards. Council approved motion.</li> <li>2. Committee members shared suggestions and strategies with DHS staff during committee meetings and project consultations on lessening the time to process contracts and to issue payments on new contracts more immediately.</li> </ol>

## Planning & Funding Committee Priorities for 2020-21

**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:** Strongly encourage and assist counties with locating and placing clients in SUD residential treatment when ASAM or other nationally-recognized placement criteria calls for residential treatment, especially 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, and disorders impacting older adults and persons from underserved communities.

**Priority #7:** Continue working with DHS and BPTR to explore and implement strategies for improving speed and efficiency of contracting process, particularly for non-profit providers who have earned a subsequent contract award to continue providing specific services.

## SCAODA STRATEGIC PLAN: 2018-2022

<b>SCAODA Primary Goals for 2018-2022</b>	<b>SCAODA Objectives for Each Goal</b>
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.	<p>(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.</p> <p>(b) Address the rising levels of SUD needs for the senior population.</p> <p>(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.</p> <p>(d) Continue supporting and advocating the use of SBIRT models throughout schools and communities.</p> <p>(e) Support and advocate adoption of emerging innovative and promising SUD programs and practices.</p> <p>(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.</p>
4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.	<p>(a) Improve the effectiveness of addressing the SUD needs of underserved populations.</p> <p>(b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.</p> <p>(c) Support research and identification of SUD-related social determinants of health.</p>



	(d) Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.
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**OPEN MEETING MINUTES**

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA Prevention Committee - Alcohol Priority Action Team		Attending: Frank Buress, Roger Frings, Julia Sherman, Kari Lerch, Danielle Luther, Sarah Linnan, Chris Wardlow, Jenny Hallett, Nicole Butt, Linda Koenan, Christina Denslinger, Meagan Pichler, Faith Price, Daniel Ruland DHS Staff: Raina Haralampopoulos, Cecie Culp, Kimberly Wild, Maggie Northrop, Paul Krupski, Christy Niemuth, Allison Weber	
Date: 4/30/2020	Time Started: 9:30 a.m.	Time Ended: 12:00 p.m.	
Location: Meeting held remotely via Skype and conference call due to the Wisconsin Safer-at-Home Order		Presiding Officer: Chris Wardlow, Interim Chair	

**Minutes**

- 1. Introductions** – Chris Wardlow, Interim Chair, welcomed members and guests. Members and guests introduced themselves.
- 2. Public Comment** – There was no public comment.
- 3. January Meeting Minutes** – Julia Sherman made a motion to approve minutes; Faith seconded the motion; No discussion and motion passed.
- 4. Alcohol Priority Action Team** - Maggie Northrop, from the Division of Public Health (DPH), provided an overview of the state health improvement plan. The public scorecards are ready and awaiting formal release. The public-facing scorecards will have only population-level data, and DPH is continuing to consider the best way to offer performance management data. Maggie has been providing support at the State Emergency Operations Center (SEOC) in the behavioral and mental health fields, and considering current needs and gaps and how the SEOC can support the field during this time.
- 5. Discussion About the Next Alcohol Prevention Ad Hoc Workgroup** – Julia Sherman presented the Charge to the Alcohol Prevention Ad Hoc Workgroup. The Ad Hoc Committee will review and update the previous Alcohol Culture and Environment report. Julia notes that this charge is the baseline, and the group will have flexibility to adapt to new legislative or other changes in alcohol policy and use in Wisconsin. The Committee discussed that the Workgroup may want to include information about the alcohol industry, gaps in epidemiological data, connection to the state’s public health goals, strength of local government, costs of binge drinking, acute and chronic alcohol use, healthy drinking myths, discussion of healthy alcohol environment, responsibility for educating local government, National Alcohol Survey (NAS) report on alcohol-related harms, as well as including more public health representation in the committee. The report needs to address the needs of coalitions, law enforcement, faith community, recovery community, etc. Julia shared that states that have engaged faith communities are more likely to raise their alcohol tax.

Julia made a motion to bring the request to the full SCAODA to create an Alcohol Prevention Ad Hoc Workgroup. Chris seconded the motion. Roger will present this motion to the full SCAODA at the meeting in June. Julia notes that this workgroup will begin in October, will work on the report for 12 months, and that effort will be made to include more diverse perspectives among workgroup membership.

- 6. Alcohol Data Dashboards Presentation** - Tom Bentley with OHI/DPH/DHS shared that the alcohol data dashboards are now available for public access and use. The alcohol hospitalization data has not yet been released on the dashboards, and hopefully will be soon. Tom presented the current dashboards, demonstrated features, and shared caveats. An insight from the dashboards is that Wisconsin residents drink more alcohol than the U.S. average and believe it to be less risky. Julia notes that federal funding ended years ago for alcohol age compliance

checks and that Wisconsin is one of a few states that does not provide funding for alcohol age compliance checks. Due to this, far fewer counties are conducting alcohol age compliance checks. Julia also notes that underage drinking will mirror adult drinking, and that the new Ad Hoc Workgroup could review adult alcohol use and how that environment affects children. Tom notes that there is the possibility of adding a treatment component to the alcohol dashboards.

7. **Review and Discuss the SCAODA Strategic Plan and Goals with Prevention Committee's Progress** - Chris Wardlow shared that this is how our work as a Committee aligns with the goals of the larger SCAODA. Several additions were discussed including a survey sent to coalitions from Marshfield Clinic about their activities during the Stay-at-Home order, a current Substance Abuse Prevention Skills Training (SAPST) session, Touchpoint Thursdays for prevention coalitions provided by Northeastern Wisconsin Area Health Education Center (NEWAHEC), and upcoming Training Thursdays for coalitions provided by NEWAHEC.
8. **Legislative Updates** - Cecie presented the legislative updates document and shared several updates listed in this document. Paul shared that of the HOPE package of bills, there were six total bills in this previous session and that in March, Governor Evers signed four of those into law. They were focused on making peer recovery coaches more available and reimbursable services through Medicaid; Medication Assisted Treatment availability in the criminal justice system; extending the mandate for prescribers and pharmacies to use the Prescription Drug Monitoring Program (PDMP) because the mandate was scheduled to end this summer; and establishing a registry for recovery housing and sober living services statewide. The Division of Quality Assurance at the Department of Health Services will be establishing that registry. One of the two bills that were not signed into law focused on physical health services and included acupuncture as a reimbursable service under Medicaid. Currently physical therapy is a reimbursable service. The other unsigned legislation proposes making the Good Samaritan Law essentially permanent legislation rather than concluding in August. It is not clear why these bills were not reviewed alongside the others.
9. **Updates on Prevention Grants** - A handout was provided to Committee members on prevention grant updates; if individuals have questions they can email Raina Haralampopoulos or other grant coordinators directly. Christy shared that prevention coalitions receiving funding from the State Opioid Response (SOR) grant reported on the first 6 months of activity under this grant and several coalitions reported challenges due to the Stay-at-Home Order as a result of the COVID-19 public health pandemic. Coalitions are considering how to adapt at this time and identifying strategies to move forward as they are operating remotely. Opioid Treatment Programs shared that they are providing longer-term doses of methadone to support the safety of clients during the health pandemic, and now need to provide additional naloxone. An additional 16 programs received Naloxone to distribute as an emergency response to this issue.

## 10. Agency Member Updates

**Julia Sherman (Wisconsin Alcohol Policy Project, WAPP)** - There is a new infographic on the WAPP website about the road to a better alcohol environment. It features the 13 evidence-based policies recommended by the American Public Health Association (APHA) on one side. On the reverse side are Wisconsin-specific details and information. It was designed specifically for Wisconsin. Julia has copies in her office and will be mailing them out to anyone interested when she is able to access her office again. The Alcohol Policy Seminar will be held on October 8, 2020, though may be held remotely.

Ohio updated and re-released "Parents Who Host" campaign materials, but these materials are not relevant or accurate for Wisconsin. This is because in Wisconsin, most times you are not going to have criminal penalties for parents related to providing a location or alcohol to their children. The original "Parents Who Host" materials would be relevant and acceptable to use. The Small Talks campaign is specific to Wisconsin and our partners are encouraged to utilize this campaign.

**Paul Krupski (DHS)** – Paul notes that there is hope that the Opioid Forum could be rescheduled for later in the year, after the conference originally scheduled for early May had to be cancelled.

**Faith Price (Department of Children and Families)** - Faith is working on putting together a request for proposals to be released later this year.

**Allison Weber (DHS)** - Allison shared that the Small Talks campaign focused on underage drinking was formally released last week. Allison notes that there are printed materials at the DHS office that we are not able to distribute at this time, and materials are available on the Small Talks website for printing and/or online distribution.

**Linda Koenen and Daniel Ruland (United States National Guard)**-- Daniel shared that when coalitions are able to have meetings again, the National Guard will request that their law enforcement agency analysts report to coalition meetings and join as members. The analysts support law enforcement counter-drug operations.

**Meagan Pichler (Marshfield Clinic)** – Recovery Corps are in the recruitment phase of the program and moving in to next year starting in September they will have recovery advocates and recovery coaches. The recovery advocate will bridge the gap between prevention and recovery and will be encouraged to support the coalitions and provide additional capacity to coalitions. The service area is primarily Northern Wisconsin.

**Jenny Hallett** - Jenny shared about the Recovery Advocacy Project and offered to provide information about what the group is doing statewide. They are getting ready to do a town hall meeting online in May.

**Danielle Luther** – The HOPE Consortium Conference is scheduled for August 6<sup>th</sup> and 7<sup>th</sup>, 2020 in Lac du Flambeau, and there is a plan for a backup virtual option if it cannot be held in person. Danielle has been hearing from communities about a need for community housing. Family Health Center is going to be looking at recovery housing models, including Rent Ready, where one unit of an apartment is identified as recovery housing.

**Roger Frings** – The Executive Committee of SCAODA will be working off of a modified agenda from the March 2020 meeting that had to be cancelled. Some presentations will be delayed until the Council can meet in person. The Council plans to meet remotely in June.

**Frank Buress (Marquette County Coalition):** The coalition is conducting alcohol age compliance checks and is looking to communicate with bars about policies related to serving alcohol to underage individuals. The coalition is also looking at Youth Risk Behavior Survey (YRBS) data and plans to meet virtually.

## **11. Future agenda items –**

Next meeting will be July 16, 2020 and will be held virtually. Raina noted she needs agenda suggestions by the first week of July in order to have enough time to post the agenda as a public meeting.

Future agenda items:

- Update on workplace report dissemination plan
- Running agenda items: update workplan; legislative updates

## **12. Meeting Adjourned**

Frank Buress made a motion to adjourn, seconded by Chris Wardlow, no discussion and meeting adjourned at 12:00 p.m.

Prepared by: Kimberly Wild on 4/30/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 7/16/2020

Tony Evers  
Governor



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
VACANT  
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  
Prevention Committee**

July 16, 2020  
9:30 AM to Noon

[Join Zoom Meeting](#) Password: Prevention

**MEETING AGENDA**

1. Welcome and Introductions.....Chris Wardlow, Interim Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow
3. Approve Minutes from April 2020 Meeting..... Chris Wardlow
4. Update from the SCAODA meeting.....Roger Frings, SCAODA Chair
5. Alcohol Priority Action Team (APAT) Update.....Maggie Northrop, OPPA/DPH/DHS
6. Alcohol Prevention ad hoc Workgroup Update.....Julia Sherman, UW Law School
7. Workforce Prevention Recommendation Report Update and Dissemination Plan.....Raina Haralampopoulos, BPTR/DCTS/DHS
8. Stimulant Data Dashboards Presentation.....Tom Bentley, OHI/DPH/DHS
9. Review and Discuss the SCAODA Strategic Plan and Goals with Prevention Committee’s Progress..... Chris Wardlow
10. Updates on Prevention Grants (PFS15, Tribal PFS, PDO, SPF Rx, and SOR) – DCTS Staff and Christina Denslinger, GLITC
11. Agency Member Updates.....Committee Members
12. Future Agenda Items.....Committee Members

**Next meeting is Thursday, October 15, 2020.**

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 608-206-0400 or at [Mary.Haralampopoulos@wisconsin.gov](mailto:Mary.Haralampopoulos@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.	<p>(a) Increase focus and resources for youth and adolescent prevention and treatment programs...</p> <p>(b) Address the rising levels of SUD needs for the senior population.</p> <p>(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.</p> <p>(d) Continue supporting and advocating the use of SBIRT models throughout schools and communities.</p> <p>(e) Support and advocate adoption of emerging innovative and promising SUD programs and practices.</p> <p>(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.</p>
4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.	<p>(a) Improve the effectiveness of addressing the SUD needs of underserved populations.</p> <p>(b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.</p> <p>(c) Support research and identification of SUD-related social determinants of health.</p> <p>(d) Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.</p>

## Prevention Committee 2019-20 Work Plan Progress

### 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 SCAODA

**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.

Prevention Committee Plan to Address Goal & Objective	SCAODA Goal & Objective No. [i.e., 2(a)]	Activities & Outcomes demonstrating Progress during 2019-20 (July 2019 – through September 2020)
Enhance council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.	2(a)	<ol style="list-style-type: none"> <li>1. Serving as Healthy Wisconsin Alcohol Priority Action Team (APAT)</li> <li>2. Workforce Prevention ad hoc committee report, completed</li> <li>3. 2019 Statewide Prevention Conference</li> </ol>
Increase focus and resources for youth and adolescent prevention and treatment programs.	3(a)	<ol style="list-style-type: none"> <li>1. S, SE, NE Regional Prevention Centers (RPCs) hosted youth summits</li> <li>2. Building the Heart of Successful Schools conference</li> <li>3. DPI/AODA program – tobacco prevention grant</li> <li>4. SBIRT program by DPI</li> <li>5. Online YRBS system</li> </ol>
Expand and train substance use disorder workforce capacity of prevention specialists and peer	3(c)	<ol style="list-style-type: none"> <li>1. Alliance for Wisconsin Youth (AWY) trainings</li> <li>2. Opioid summits</li> <li>3. State Prevention Training/Conference</li> </ol>

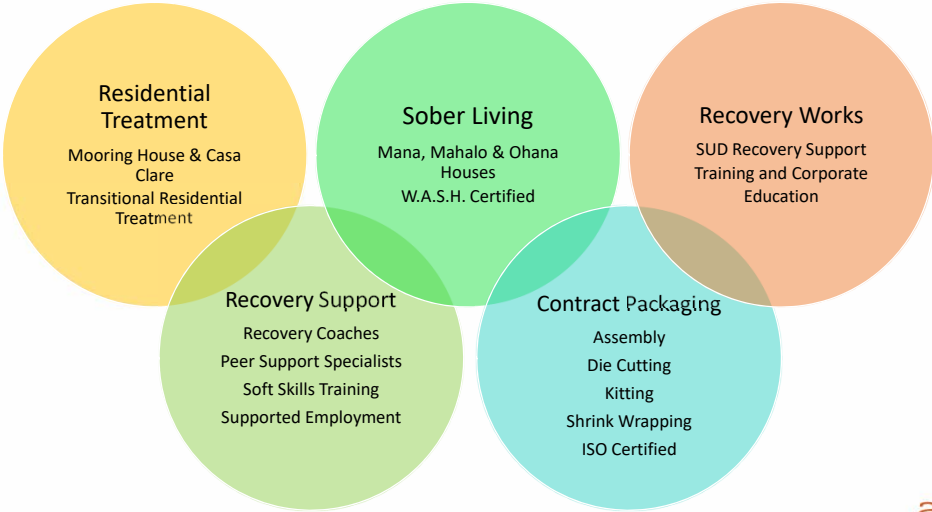
<p>recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the Culturally and Linguistically Appropriate Services (CLAS) Standards.</p>		<ol style="list-style-type: none"> <li>4. Substance Abuse Prevention Skills Trainings (SAPST) throughout the five RPCs</li> <li>5. FrameWorks training</li> <li>6. Sustainability training</li> <li>7. DHS workgroup – workforce peer recovery specialists and coaches and expanding educational opportunities</li> <li>8. DHS – emerging leaders program</li> <li>9. Touchpoint Thursday Trainings – NEWAHEC and Community Advocates way of delivering their canceled regional prevention conference due to COVID.</li> <li>10. Survey sent to coalitions from Marshfield Clinic to gather information of the needed TTA due to COVID.</li> </ol>
<p>Support and advocate adoption of emerging innovative and promising SUD programs and practices.</p>	<p>3(e)</p>	<ol style="list-style-type: none"> <li>1. AWY RPCs hosting several webinars</li> <li>2. POLD has expanded significantly</li> <li>3. Ad hoc workforce report</li> <li>4. Work done to add to the State Health Improvement Plan – data gap work that we are doing to inform SHIP</li> <li>5. Reconvening ACE report ad hoc to create a new report</li> <li>6. Alcohol infographics</li> <li>7. Alcohol data dashboards</li> </ol>
<p>Support research and identification of SUD-related social determinants of health.</p>	<p>4(c)</p>	<ol style="list-style-type: none"> <li>1. Identifying data related to health disparities</li> <li>2. Ad hoc workforce report</li> <li>3. Alcohol outlet density work – work done by WAPP with legal student looking at legal environment of outlet density</li> <li>4. YRBS enhancements</li> <li>5. Alcohol data gaps presentations that have been ongoing with this committee</li> </ol>





# Apricity Programs

A Progressive Recovery Community



## 2019 Residential Treatment Appleton

- **296 men & women participated**
- **39% men served used alcohol** as primary substance
- **33% female served used methamphetamines** as primary substance
- **Opiates/Heroin was 3rd** for both



- **Gender Specific Inpatient treatment** (average 28 to 30 days) 39 beds
- **Transitional Residential Treatment** (1-3 months)
- **Apartment Program** (6-9 months)
- 39 beds for transitional/apartment



## Apricity Work Skill Development Program Neenah and Milwaukee

### Staff Support

- 15 Certified Peer Specialists
- 14 Recovery Coaches
- Operations staff all in recovery
- Soft skills training
- Providing work & personal support to the AODA population in the workplace
- Improve the quality of the workforce
- Increase economic self-sufficiency
- Meet the skill requirements of employers
- Increase self-esteem & stability in recovery



# Apricity Skill Development & Future Planning

## Vocational Learning Center

- Leadership classes (LEAN, assertiveness training, conflict resolution, communication)
- Career development, interviewing skills and resume writing
- Assistance with class registration for GED or higher level education
- Budgeting and banking assistance
- One on one goal setting and follow up



# Recovery Works

## Customized Training on Substance Use Disorder & Recovery for Business and Public

- . Recovery Coach and Ethics Training
- . Addiction and the Workplace-How Substances Impact Employment
- . NAADAC Certified, CE Eligible Courses;
  - . Substance Use Disorder 101 - Understanding the Impact
  - . Family Systems-Addiction Impacting the Family Unit
- . And many more!



# 2019 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.

- **45 residents served**
- **83% had successful exit** from sober living
- **86% 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 per week)**
- **Weekly house meetings and “family” meal**
- **One-on-one sessions with Recovery Coach/Peer Support Specialist-included**
- **Team building group activities**



# National Association of Recovery Residences

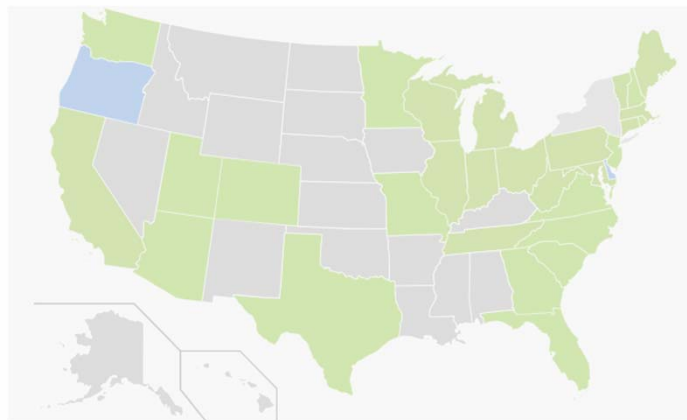


Recovery residences provide a spectrum of living environments that are free from alcohol and illicit drug use with a focus on peer support and connection to other recovery services and supports. All recovery residences are founded on Social Model Recovery Philosophy and have existed in the United States since at least the mid-1980s. Today, the National Alliance for Recovery Residences (NARR) has identified several different types, known as the 4 Levels of Support. They range in the type and intensity of services they provide, which most effectively matches individual needs with a continuum of support.

In 2011, NARR drew from the intelligence of the Association of Halfway House and Alcoholism Programs (AHHAP), which was founded in the 1960s, from several regional recovery residence organizations that had been in existence for decades, and from experts in the field of recovery to develop the first national recovery residence quality standards. Under the 2011 standard, NARR Affiliates certified over 2,500 recovery residences across the United States, which represented approximately 25,000 recovery beds. In 2013, NARR merged with AHHAP and by 2015, had recognized affiliate organizations in 20 states. State affiliates are responsible for certifying recovery residences that meet the national standard. At its 2014 Best Practices Summit, NARR began the process of reviewing and revising the national standard with several goals in mind. The standard should:

1. **Promote fidelity to the model** - Over time, changing markets, policies, and funding have diluted the recovery residence model. Curfew, health referrals, justice system and housing, these outcomes are driving market change. As stakeholders look to recovery residences to generate more cost effective outcomes, mechanisms must be in place to ensure the model is implemented in a way supported by evidence, theory, research, and practice.
2. **Be more educational** - More than defining what we do as recovery residence providers, audiences should understand why we do it.
3. **Be more measurable** - Providers applying for certification and the state affiliates who are evaluating their applications should have an objective means of determining whether they meet the standard as well as a clear road map to quality improvement, if they do not.
4. **Empower those** - Peers, families and funders need a better way of understanding what choices in recovery residences are available to them, what to expect from an experience in a quality recovery residence, and how they know if they receive what they are participating.

In the pages that follow, you will find the 2015 NARR Standard, which was ratified on October 7, 2014



## 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.



# Contact Information



Michelle Devine Giese

920-722-2345

<https://apricityrecovery.com/>



Contact for W.A.S.H

<https://washcommunity.org/>







**META HOUSE**  
*Ending the generational cycle of addiction by  
healing women & strengthening families*

## A Snapshot

### Residential Treatment

- 43 beds for women
- 15 beds for our clients' children 12 and under

### Outpatient Treatment

- Tailored to meet women where they are in recovery
- Services offered Monday through Friday

### Recovery Housing Community

- 16 apartment units for families led by women in early recovery
- 10 shared apartment units for single women in early recovery



## The Location

In Milwaukee's Riverwest neighborhood near UWM

## The Buildings

- Our main campus Residential program is located within two side-by-side secured buildings that formally served as the convent and rectory for St. Casimir Parish. Our third location is an 8-bed facility is two miles away in Shorewood
- Both are licensed CBRF facilities under 75.11 and 75.14



3

## Who we serve

In 2019, Meta House served 509 women, 125 of whom were pregnant or postpartum, and 301 children.

### At admission in 2019:

- 34% earned a HS diploma or GED
- 71% were unemployed
- 97% had an annual income of less than \$20,000
- 63% were homeless or unstably housed
- 86% had experienced abuse in their lifetime
- 66% had a co-occurring mental health disorder
- 80% had been to treatment at least once before
- 86% had criminal justice in their lifetime
- 46% were involved with child welfare



4



## Our Approach

Meta House is a **gender specific** treatment program designed for women struggling with a substance use disorder.

~80% of the clients we serve are survivors of abuse. For that reason, we ensure that we are **trauma informed** and **strength based** in all that we do.

~80% of the women we treat are mothers. It is critical to the long-term success of our clients and their families that we are **family centered** in our approach.

Addiction is a disease. Meta House incorporates **evidence-based** therapeutic practices in our work to ensure that our clients have the tools to build a strong recovery program.



5

## Specialized Services for Pregnant Women

*Meta House served 125 women who were either pregnant or had a baby under the age of one in 2019*

- Nutrition
- Connection to prenatal care
- Transportation to medical appointments
- Parenting classes
- Connection to community resources



6



# Meta House's Recovery Community

*An Inside Look*

## Overview

- ❖ Part of Meta House's comprehensive continuum of care
- ❖ What is Meta House's Recovery Community?
- ❖ Why is it important?

"I was living with my daughter's father who was an alcoholic and abusive prior to residential [treatment] and here."

"[I was] homeless ... before I came into residential treatment..."

"I was bouncing from house to house prior to being in residential treatment."

## A Brief History

- ❖ 1963 – “Our Home Foundation, Inc.” founded
- ❖ 1983 and Beyond – Need recognized by Dr. Francine Feinberg
- ❖ 1999 – “Meta Housing” born with Locust Street property
- ❖ 2000-2003 – Meta House constructs three buildings on 1<sup>st</sup> St.
- ❖ 2015 – Meta House moves away from HUD funding
- ❖ 2015 to the present – Bridge Housing, Grants, and other funding

## Locust Street



Locust Street  
Dining Area



Locust Street  
Kitchen



Locust Street  
Living Room



1<sup>st</sup> St. – Family Housing







Playground

First Street  
Living/Dining



First Street  
Bedroom



"I liked living there. The apartment was beautiful"

"I liked my apartment... the location, and felt safe in the area as well."



## First Street Bathroom



## Overview of Recovery Housing

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- ❖ Total Units: **25**
- ❖ Total Number of Residents: Approximately **50-60**
- ❖ Residents: Meta House clients, their children, and other women in early recovery
- ❖ Eligibility Requirements and Community Rules apply
- ❖ Basic furnishings provided
- ❖ Lengths of stay: Single = 6-9 months; Family = 1 year



## Eligibility Criteria

---

Has obtained Bridge Housing funding or is able to self-pay

Identify as female

At least 18 years of age

No sex offenders

Has received a Substance Use Disorder diagnosis within the past year

Has **45 consecutive days of documented substance-free time**

- “Substance-free time” is defined as time with no use of alcohol, marijuana, or any illegal substance and no illicit use of prescribed or over-the-counter medications.
- Documentation accepted: UA screens and/or Letter of reference from professional or community support person
- If after the 45 days of substance free time there is a lapse must be substance-free the 14 days

Willing to engage in meaningful activities totaling 20 hours a week (see rules)

Willing to engage in Substance Use Out Patient/Day Treatment services at the assessed level of care

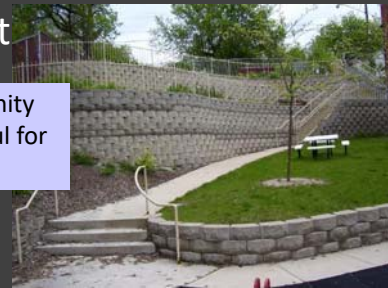
## What Services Are Available to Residents?

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- ❖ Option to attend Meta House’s Outpatient Program
- ❖ Child & Family Services; In-Home Parenting Specialists
- ❖ On-Site Peer Support
- ❖ Recovery Community Coordinator
- ❖ Community Member Meetings
- ❖ Maintenance Team
- ❖ Financial Literacy and Budgeting
- ❖ Case Management

# Other Features

- ❖ Safe Playground
- ❖ Access to Well-Trained Staff
- ❖ Weekend Activities and Outings
- ❖ Participation in Family Drug Treatment Court
- ❖ Family-Friendly Events



“[T]he playground in the backyard is AWESOME.”

“I enjoyed the community activities... I am grateful for everything.”

“I like how [Peer Support Specialists] would come by and check on you”

# Wellness Plan

MY CHILD(REN)

Name(s) Name and DOB

- \_\_\_\_\_
- \_\_\_\_\_

**If an emergency were to happen to me, my child(ren) will go to with:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Safe people for my child(ren) to spend time with if I am overwhelmed:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
**School/Davcare:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**If a lapse occurs I will call on-call at (414) 840-8101 to invoke the Emergency Safety Plan. I must speak with staff to determine when it is safe for me to return to the Recovery Community.**

I will go with: \_\_\_\_\_ Phone: \_\_\_\_\_  
 To address: \_\_\_\_\_

My child(ren) will go with: \_\_\_\_\_ Phone: \_\_\_\_\_  
 To address: \_\_\_\_\_

- First Step Detox 2835 N 32nd St, Milwaukee, WI 53210  
Phone: (414) 342-6200
- Columbia St Mary's 2301 N. Lake Drive, Suite 1407, Milwaukee, WI 53211  
Phone: (414) 585-1163
- Froedtert Hospital 9200 W Wisconsin Ave, Milwaukee, WI 53226  
Phone: (414) 805-3000
- Wheaton Franciscan Healthcare - St. Francis 3237 S 16th St, Milwaukee, WI 53215 Phone: (414) 647-5000

I can return to the Meta House housing community at the time determined by on-call or my team.  
 My child(ren) will return when \_\_\_\_\_  
 Meta House and \_\_\_\_\_ will be informed the next business day and my team will schedule an emergency team meeting.

**In the event of an unplanned discharge and I need to leave the Recovery Community by 5pm.**

I will go with: [Click here to enter text.](#) Phone: [Click here to enter text.](#)  
 To address: [Click here to enter text.](#)

My child(ren) will go with: [Click here to enter text.](#) Phone: [Click here to enter text.](#)  
 To address: [Click here to enter text.](#)

# Comprehensive Services Include:

- Process Groups
- Anger and Stress Management
- DBT Skills
- Dual Recovery
- Seeking Safety
- Recovery Management
- and more!

OP TREATMENT SERVICES						
NAME:	Therapist:				Color:	Date:
	Monday	Tuesday	Wednesday	Thursday	Friday	
6:15-9:15	Monday Morning Coffee Talk Large	Dual Recovery Filial Therapy Large Conf		Helping Women Recover Small	Relationship Group Large Freedom From Smoking Small	
9:30-10:30	Process Group Small - 101 Large - 201/301 Literacy Lab	Seeking Safety Small - 1 Large - 2 Literacy Lab		Seeking Safety Small - 1 Large - 2	Process Group Small - 101 Large - 201/301	
10:45-12:00	Anger/Stress Management A-M Large N-Z Small Financial Literacy Lab	Parenting Large Women's Health Small Pre-employment Class-Lab	Peer Group Large Yoga - Small Literacy Lab	Nurturing Large Process Small Literacy Lab	Weekend Recovery	
12:00-12:45	Lunch	Lunch	Lunch 12:00-12:30			
12:45-1:45	DBT Skills DBT 1 - Small DBT 2 - Large	Recovery Management Small - 101 Large - 201/301 Art Therapy - Lab	DBT Skills 12:30-1:30 DBT 1 - Small DBT 2 - Large	Open Computer Lab 12:00-2:00 (optional)		
1:45-2:45			Process Group 1:45-2:45 Small - 101 Large - 201/301 Accupuncture Large Conf RM			
			Open Computer Lab 2:30-3:30 (optional)			
Hours per day						

Required meetings:  
 1:1 Therapist 1hour/week: \_\_\_\_\_  
 1:1 case manager 1hour/week: \_\_\_\_\_  
 Community Activity 1x/week: \_\_\_\_\_  
 1:1 parenting: 1hour/week: \_\_\_\_\_ (not all clients)

## Client Budget Worksheet

	Amount	Notes
<b>Net Income</b> (W2, SSD, Wages, Child Support)		
<b>Expenses:</b>		
Rent		
Outstanding Utility Bills		
Credit Cards / Other Debt		
Telephone		
Transportation		
Groceries		
Laundry / Household Items		
<b>Expense Total:</b>		
<b>Savings (Income – Expenses):</b>		

## Case Management Service Plan

Problem / Need	Intervention	Goal	Updates	Completion Date
Insurance				
Mental Health				
Physical Health				
Prescriptions				
Smoking Cessation				
Legal Matters				
Family Court Matters				
Financial Management				
Long Term Housing				
Employment / Education				
Childcare				
Self-Care				

## How has living in the Recovery Community helped prepare you for living on your own in the future?

“Being around sober families, peer support, the structure, and being committed to attending groups while maintaining a home”

“Living the recovery lifestyle, being around positive peers, working on being a better person myself.”

“[L]iving on my own. Learning how to cope, manage, and learning how to stay clean...”

“Learning to meet sober people and learning how to live with people in the community sober.”

“Having the structure while living there helped me understand what I need to do when I have my own house...”

“[The Recovery Community] helped transition me to living on my own again. It makes it simple and easy being somewhere with women of common goals.”

“[The Recovery Community] played a big role with my sobriety and having a safe place for my babies to visit me and be proud of me finally.”

“I would say Meta House is an excellent place to help women recover, whether you go through the residential program or come from another treatment program. They have an excellent program, case management area, and have a great team of people.”

**“Meta House has saved my life...”**

## Recovery Housing Outcomes

---

❖ 75 women and 131 children served

For people who stayed at least 90 days (at discharge):

- ❖ 100% maintained a reduced level of substance use
- ❖ 97% moved to a drug-free location
- ❖ 92% were employed, enrolled in school, had an income, or had made progress toward employability
- ❖ 97% had no new criminal justice involvement
- ❖ 53% moved into permanent housing

## Recovery Housing Outcomes

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Six months after discharge:

- ❖ 83% maintained abstinence from substance use
- ❖ 96% had no new criminal justice involvement

## Expenses Related to Recovery Community

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- ❖ Direct Services – 71%
- ❖ Facility Maintenance – 11%
- ❖ Evaluation – 10%
- ❖ Utilities – 4%
- ❖ Equipment Leases & Furniture – 2%
- ❖ Other – 2%

**Budget Total for 2019 = \$1,270,300**

## What Covers Recovery Community Expenses?

---

- ❖ Federal and Corporate Grants – 82%
- ❖ United Way and Private Donations – 9%
- ❖ Bridge Housing (Fee For Service Contract) – 6.5%
- ❖ Membership Agreement Income/Laundry Income – 2.5%

## What is M-POWER?

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- ❖ Milwaukee Partnership on Well-Being and Recovery
- ❖ Partnership with Division of Milwaukee Child Protective Services
- ❖ Improve well-being, safety, and permanence for families with SUD
- ❖ For women involved or at risk of involvement with the child welfare
- ❖ Grant through Administration of Children and Families
- ❖ \$600,000/year for 5 years; Match component; sunsets in 2022

## What is WISE?

---

- ❖ Women in a Supportive Environment
- ❖ Cross-system coordination around housing
- ❖ Women and families experiencing homelessness and SUD
- ❖ Funding through Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Dept. of HHS
- ❖ \$400,000/year for 5 years
- ❖ Sunsets in 2022

## What is Bridge Housing?

---

- ❖ For Wiser Choice (Wisconsin Supports Everyone In Recovery)
- ❖ Must be assessed at a Central Intake Unit
- ❖ Milwaukee County reimburses us at the following:
  - \$18 a day for single (\$540 for 30 days)
  - \$25 a day for family (\$750 for 30 days)
- ❖ Usually 90-day authorization
- ❖ Meta House accommodates longer lengths of stay



## Membership Agreement Fees

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- ❖ Only *after* Bridge Housing funds have been exhausted
- ❖ Single – Tiered \$50/\$75/\$100 week for four weeks each
- ❖ Family –30% of gross monthly income or \$45 a week
- ❖ Pro-rated for partial months
- ❖ Plan devised in conjunction with Case Managers

---

Questions?



## Thank You

👤 Christine Ullstrup, VP Clinical Services

📞 (414) 977-5871

✉️ [cullstrup@metahouse.org](mailto:cullstrup@metahouse.org)

🌐 [www.metahouse.com](http://www.metahouse.com)

## **Abra Vigna's Discussion Break Questions**

August 7, 2020 Presentation – Behavioral Health Gaps Analysis Report

1. Addressing Gaps and Prioritizing the Inequities -- What are immediate action steps that can be taken to:
  - Improve access via crisis or detox services?
  - Reduce the involvement of Law Enforcement?
  - Situate more services in the community?
  
2. Developing the Workforce – What are immediate action steps that can be taken to:
  - Advocate for pathways or incentives for minority providers?
  - Advocate for increased community involvement in program improvement?
  - To remove some of the barriers for non-English speakers?
  - Monitor evidence of bias and create accountability mechanisms?
  
3. Improving Funding and System Organization – What are immediate action steps that can be taken to:
  - Reduce silos between MH and SUD services?
  - Change policies to make services more accessible for caregivers?
  - Improve system-wide communication or coordination?

## 2020 Substance Use Prevention, Treatment, and Recovery Training Sessions and Conferences

### **10<sup>th</sup> Annual Prevent Suicide Wisconsin 2020 Conference: Reframing the Narrative**

September 8 & 9, 2020

Virtual

Prevent Suicide Wisconsin's annual conference is tentatively scheduled to be held virtually on September 8 and 9. Originally planned for April 28 and 29 in Wisconsin Dells, the conference will be held on Zoom to protect the health and safety of attendees.

For more information: <https://www.preventsuicidewi.org/conference>

### **24<sup>th</sup> Annual Crisis Intervention Conference – “2020: The Dawn of a New Decade: Innovations in Intervention”**

September 17-18, 2020

Virtual Conference via Zoom

For more information: <https://www.uwsp.edu/conted/Pages/Crisis-Intervention-Conference-.aspx>

### **Wisconsin Society of Addiction Medicine (WISAM) 2020 Annual Conference – “Substance Use Disorders and Beyond 2020: A New Era”**

October 1-2, 2020

The Pyle Center – Madison, WI.

For more information: <http://wisam-asam.com/WISAM2020>

### **2020 Wisconsin Alcohol Policy Seminar**

October 8, 2020

Virtual Conference via Zoom

\$75.00 Registration fee

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>

### **Marijuana and Youth: Two Part Series**

Friday, October 9, 2020, 8 am to 4 pm

Northcentral Technical College

Virtual

Attend one or both session on the current impact of marijuana, legalization, and vaping on youth.

October 9 – The data behind legalization: Including Rocky Mountain HIDTA report trends – Dale Quigley, HIDTA National Marijuana Initiative. The devices: Vaping products and culture trends – Dan Zsido, National Association of Drug Diversion Investigators. The addition: Treatment and recovery – Steven Meerschaert, Brighton Center for Recovery.

\$40/session – light breakfast and lunch included. For more information: <https://www.ntc.edu/academics-training/courses/human-services/marijuana-and-youth-science/24500>

### **POSTPONED: 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.

For more information: [www.harmreduction.org/conference](http://www.harmreduction.org/conference)

**Wisconsin's 16<sup>th</sup> Annual Mental Health and Substance Use Recovery Training Conference – “Thriving in Recovery: Supporting Ourselves and Others in the Journey”**

October 29-30, 2020

Virtual Conference via Zoom

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

**Northern Wisconsin Substance Abuse Conference**

November 18-19, 2020

Northcentral Technical College

Wausau, WI

This conference is for substance abuse counselors, recovery coaches and advocates, health care professionals, social workers and service providers.

November 18 – Clinical Supervisor Objectives

November 19 – Ethics in the Clinical Relationship Objectives

Registration \$150 both days, \$90 single day – CEUs 12 hours for both days, and 6 hours for single day.

**Cocaine, Meth & Stimulant Summit**

November 20-22, 2020

Virtual

The Cocaine, Meth & Stimulant Summit is the only educational event providing clinical, law enforcement, and public health professionals with practical strategies and solutions to address the country's stimulant crisis. Conference attendees hear from field leaders and change makers working to address this often under-recognized emergency compounding the opioid epidemic. For more information: <https://www.stimulantsummit.com/>

## **2021**

**POSTPONED: Alcohol Policy: Evidence to Action Building a Framework for Change**

Moved to **April 2022**

Arlington, VA

The Alcohol Policy Conference series convenes researchers, community practitioners, public officials, faith partners and other concerned citizens primarily from North America. Building on the foundation of the first conference in 1981, this event will continue to emphasize the importance of moving from evidence to action in alcohol policy research, development, implementation, enforcement and evaluation. For more information: [www.alcoholpolicy.org](http://www.alcoholpolicy.org)

## Frequently Asked Questions about NARCAN® (naloxone HCl) Nasal Spray Shelf-Life Extension and Updated Storage Conditions

### What is NARCAN® Nasal Spray?

- NARCAN® Nasal Spray is a prescription medicine used for the treatment of a known or suspected opioid overdose emergency with signs of breathing problems and severe sleepiness or not being able to respond.
- NARCAN® Nasal Spray is to be given right away and does not take the place of emergency medical care. Get emergency medical help right away after giving the first dose of NARCAN® Nasal Spray, even if the person wakes up.

**Please see Important Safety Information below**

### Who should not use NARCAN® Nasal Spray?

**Do not use NARCAN® Nasal Spray** if you are allergic to naloxone hydrochloride or any of the ingredients in NARCAN® Nasal Spray.

### What is the new shelf life of NARCAN® Nasal Spray?

NARCAN® expiration will now be changed from 24 to 36 months.

### Will current, on-market NARCAN® Nasal Spray's expiration be extended an additional 12 months?

The FDA has approved the 36-month shelf-life after completing a comprehensive review of data which included all versions of NARCAN®. Since this study was conducted using all versions of NARCAN®, any product previously released with a 24-month shelf life can now be extended for an additional 12 months.

### What are the updated storage conditions for NARCAN® Nasal Spray?

**Current Label:** Store NARCAN® Nasal Spray in the blister and cartons provided.

Store at controlled room temperature 68°F to 77 °F (20°C to 25°C).

Excursions permitted between 41°F to 104°F (5°C to 40°C).

Do not freeze or expose to excessive heat above 104°F (40°C). Protect from light. NARCAN® Nasal Spray freezes at temperatures below 5°F (-15°C). If this happens, the device will not spray. Leave the device at room temperature for 15 minutes to thaw the medicine before use.

**New Label:** Store NARCAN® Nasal Spray in the blister and cartons provided.

Store below 77°F (25°C). Excursions permitted up to 104°F (40°C).

Do not freeze or expose to excessive heat above 104°F (40°C). Protect from light.

NARCAN® Nasal Spray freezes at temperatures below 5°F (-15°C). If this happens, the device will not spray. If NARCAN® Nasal Spray is frozen and is needed in an emergency, do NOT wait for NARCAN® Nasal Spray to thaw. Get emergency medical help right away. However, NARCAN® Nasal Spray may be thawed by allowing it to sit at room temperature for 15 minutes, and it may still be used if it has been thawed after being previously frozen.

### Important Safety information for NARCAN® Nasal Spray

#### What is the most important information I should know about NARCAN® Nasal Spray?

NARCAN® Nasal Spray is used to temporarily reverse the effects of opioid medicines. The medicine in NARCAN® Nasal Spray has no effect in people who are not taking opioid medicines. Always carry NARCAN® Nasal Spray with you in case of an opioid overdose.

1. Use NARCAN® Nasal Spray right away if you or your caregiver think signs or symptoms of an opioid overdose are present, even if you are not sure, because an opioid overdose can cause severe injury or death. Signs and symptoms of an opioid overdose may include:
  - unusual sleepiness and you are not able to awaken the person with a loud voice or by rubbing firmly on the middle of their chest (sternum)
  - breathing problems including slow or shallow breathing in someone difficult to awaken or who looks like they are not breathing

- the black circle in the center of the colored part of the eye (pupil) is very small, sometimes called "pinpoint pupils," in someone difficult to awaken
2. Family members, caregivers, or other people who may have to use NARCAN® Nasal Spray in an opioid overdose should know where NARCAN® Nasal Spray is stored and how to give NARCAN® Nasal Spray before an opioid overdose happens.
  3. **Get emergency medical help right away after giving the first dose of NARCAN® Nasal Spray.** Rescue breathing or CPR (cardiopulmonary resuscitation) may be given while waiting for emergency medical help.
  4. The signs and symptoms of an opioid overdose can return after NARCAN® Nasal Spray is given. If this happens, give another dose after 2 to 3 minutes using a new NARCAN® Nasal Spray device and watch the person closely until emergency help is received.

### What should I tell my healthcare provider before using NARCAN® Nasal Spray?

Before using NARCAN® Nasal Spray, tell your healthcare provider about all of your medical conditions, including if you:

- have heart problems
- are pregnant or plan to become pregnant. Use of NARCAN® Nasal Spray may cause withdrawal symptoms in your unborn baby. Your unborn baby should be examined by a healthcare provider right away after you use NARCAN® Nasal Spray.
- are breastfeeding or plan to breastfeed. It is not known if NARCAN® Nasal Spray passes into your breast milk.

**Tell your healthcare provider about the medicines you take**, including prescription and over-the-counter medicines, drugs, vitamins, and herbal supplements.

### What are the possible side effects of NARCAN® Nasal Spray?

**NARCAN® Nasal Spray may cause serious side effects, including:**

Sudden opioid withdrawal symptoms which can be severe. In someone who has been using opioids regularly, opioid withdrawal symptoms can happen suddenly after receiving NARCAN® Nasal Spray and may include:

- |                        |                                |
|------------------------|--------------------------------|
| • body aches           | • yawning                      |
| • diarrhea             | • nausea or vomiting           |
| • increased heart rate | • nervousness                  |
| • fever                | • restlessness or irritability |
| • runny nose           | • shivering or trembling       |
| • sneezing             | • stomach cramping             |
| • goose bumps          | • weakness                     |
| • sweating             | • increased blood pressure     |

Some patients may show aggressive behavior upon abrupt reversal of an opioid overdose.

In infants under 4 weeks old who have been receiving opioids regularly, sudden opioid withdrawal may be life-threatening if not treated the right way. Signs and symptoms include: seizures, crying more than usual, and increased reflexes.

These are not all of the possible side effects of NARCAN® Nasal Spray. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

NNS CON ISI 07/2020

[Click here for full Prescribing Information](#)

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NARCAN® is a registered trademark of ADAPT Pharma Operations Limited.

Emergent Devices Inc. and ADAPT Pharma Operations Limited are wholly-owned subsidiaries of Emergent BioSolutions Inc.

PP-NAR4-US-00364. 08/2020.



# SCAODA 2020 Meeting Dates

March 13, 2020 (Cancelled)

June 5, 2020 (Remotely via Zoom)

August 7, 2020 (Remotely via Zoom)

September 11, 2020 (Remotely via Zoom)

December 4, 2020 (Meeting Mode TBD)

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.

