WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

September 6, 2019
MEETING

Roger Frings
Chairperson

TONY EVERS
Governor

Tobacco-Free Environment

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

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

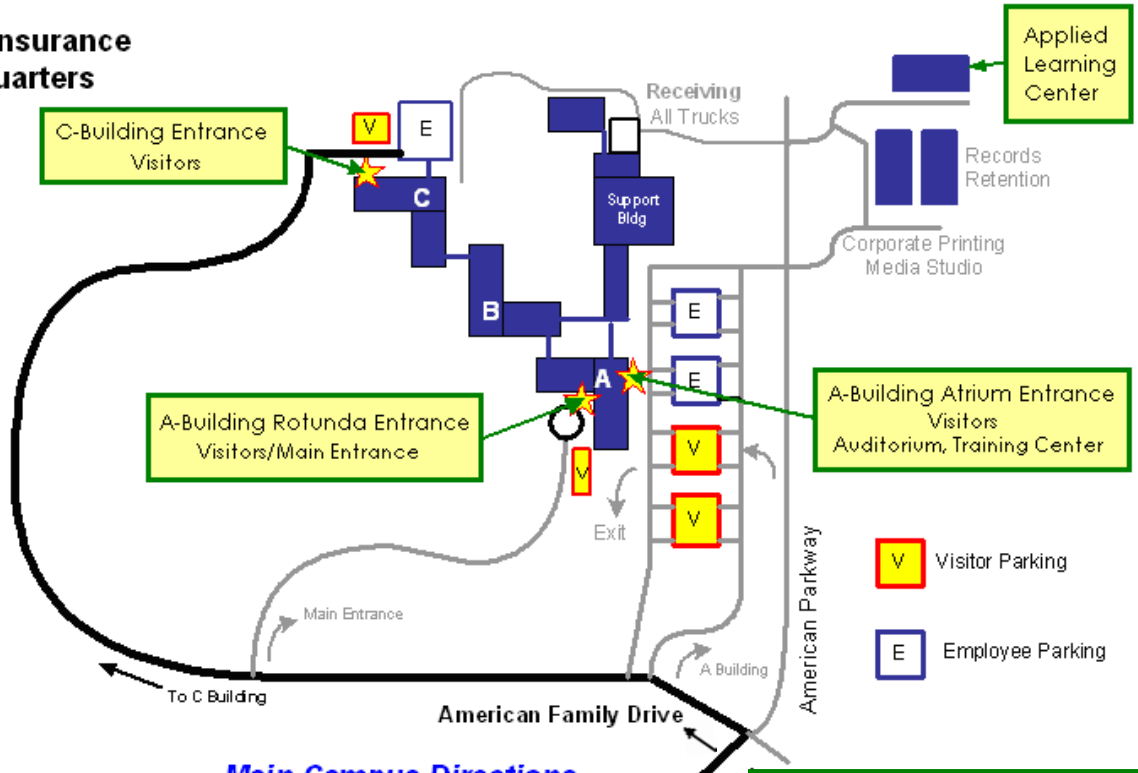
We ask that you refrain from using tobacco products and e-cigarettes while using our facility.

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

Revised 6/2011

Directions

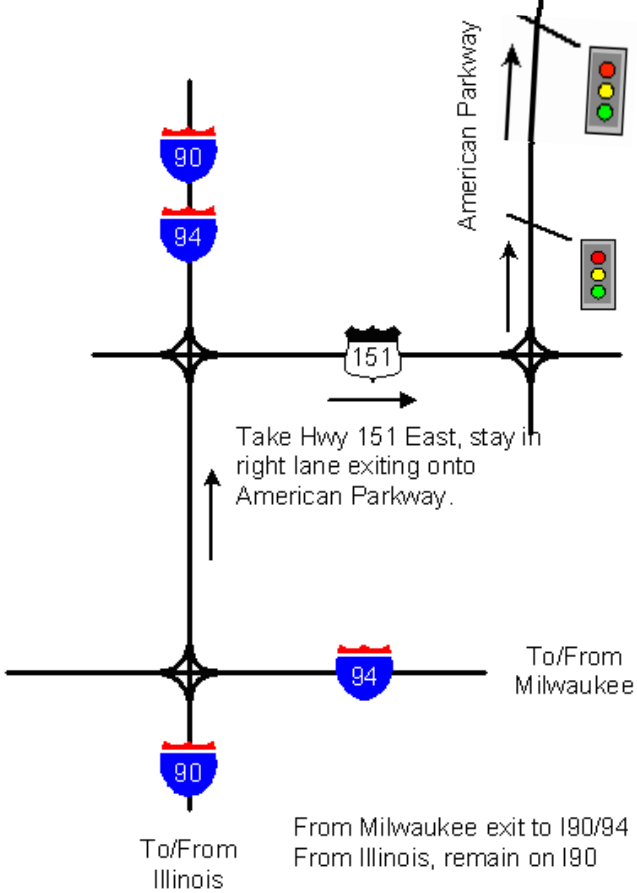
American Family Insurance
National Headquarters



Main Campus Directions

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

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



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

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

Highway Directions to AF-NHQ Campus

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

OPEN MEETING NOTICE

September 6, 2019, 9:30 AM to 2:30 PM
American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783
A-Building, Room A3141

MEETING AGENDA

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

2. Approval of June 7, 2019 meeting minutes……p. 7

3. Election of SCAODA Officers……Nomination Committee

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

5. Committee reports:
   - Executive Committee…….....……..Sandy Hardie.... p. 15
     - ✓ Review Committee meeting minutes and agenda
   - Diversity Committee……...Thai Vue…. p. 20
     - ✓ Review Committee meeting minutes and agenda
   - Intervention & Treatment Committee……..Norman Briggs....p. 26
     - ✓ Review Committee meeting minutes and agenda
     - ✓ Status of upcoming reports
   - Planning and Funding Committee……...…..Christine Ullstrup…. p. 31
     - ✓ Review Committee meeting minutes and agenda
   - Prevention Committee…….....Chris Wardlow.... p. 36
     - ✓ Review Committee meeting minutes and agenda
     - ✓ Status of Workplace Prevention Reports

6. FFY 2020-21 SAGB Application & Plan Update ……Mike Derr …. p. 40

7. Presentations on Programs & Initiatives……...……Guest Presenters
    - Data Collected through Uniform Crime Reporting; Overdose Fatality Review Project *Derek Veitenheimer and Sophie Hannauer, WI Dept. of Justice, Bureau of Justice Information & Analysis*……...…….
    - Best Practices in Methamphetamine Treatment:
        - ✓ National Perspectives in Meth Treatment …….*Dr. Richard Rawson*…. p. 58
        - ✓ Meth Problems & Needs in NW Wisconsin…….……...*Dennis Radloff, DHS*
        - ✓ St. Croix County Meth Treatment Program …...*Kristin DePrey, St. Croix Co.*…p.60

8. Lunch

9. Presentations on Programs & Initiatives (continued) …….....Bureau Staff
    - Presentation on DHS Opioid Data Dashboard…….....*Kate Rifken*….. p. 68
    - State Targeted Response Grant, Year 2 Report…….….....*Jason Harris*

10. Agency reports:
    - Department of Health Services……..…..……..…Julie Willems Van Dijk
    - Governor's Office……..…….…….……Katie Domina
    - Department of Safety & Professional Services….....Yolanda McGowan
    - Department of Revenue……..…Ann DeGarmo….p. 69
    - Department of Public Instruction…….....……..….Brian Dean
    - Department of Corrections……...……..……Autumn Lacy
    - Department of Transportation……..……...Jan Grebel
    - Department of Veterans Affairs……..…..…Colleen Rinken
    - Department of Justice……..……...…Tina Virgil
    - Wisconsin Technical College System……...…Katie Wagner-Roberts

11. Bureau of Prevention Treatment and Recovery Update…….....Joyce Allen, DHS….p. 70

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

13. December 13, 2019 Meeting Agenda Items…….……Council Members

14. 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 charged with 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, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-267-7704 or at Michael.Derr@wisconsin.gov.

Conference Call: (via Skype) 844-341-6886 [608-316-9000 in Madison]
Conference ID Code: 4438038
See also https://scaoda.wisconsin.gov/meetings.htm for instructions on joining by phone.

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
DRAFT MEETING MINUTES
June 7, 2019
9:30 a.m.
American Family Insurance Training Center - Madison, WI

Members Present: Sue Shemanski, Subhadeep Barman, Norman Briggs, Connie Kostelac (for Josh Kaul), Christine Ullstrup, Roger Frings (for Mark Afable), Autumn Lacy (for Kevin Carr), Julie Willems Van Dijk (for Andrea Palm), Sen. Janet Bewley, Rep. Jill Billings, Natalie Aicher (for Sen. Patrick Testin), Brian Dean (for Carolyn Stanford Taylor), Sandy Hardie, Mike Knetzger (by phone), Jan Grebel (for Craig Thompson), John Weitakamp (for Philip Trapskin), Mary Ann Gerrard, Kevin Florek

Members Excused: Katherine Domina (for Gov. Tony Evers), Thai Vue, Chris Borgerding (for Rep. John Nygren)

Ex Officio Members Present: Yolanda McGowan (for Dawn Crim), Colleen Rinken (for Mary Kolar), Kenyon Kies (for Emilie Amundson), Katie Wagner-Roberts (for Morna Foy), Mark Wegner, Fil Clissa (for Beth Swedeen), Pam McGillivray and Caleb Frostman (DWD)

Ex Officio Members Excused: Jennifer Wickman (for Ray Cross), Ann DeGarmo (for Rep. Peter Barca), Mishelle O'Shasky, David Galbis-Reig

Staff: Joyce Allen, Jason Cram, Michelle Lund, Mike Derr, Allison Weber, Mai Zong Vue, Dennis Radloff, Gary Roth, Amanda Lake Cismesia, Kate Rifken, Sarah Coyle, LeeAnn Mueller, Christy Niemuth, Theresa Kuehl, Tim Connor, Becci Main, Raina Haralampopoulos, Paul Krupski

Guests: Saima Chauhan, Lindsay Just, Chelsea Wasielewski, Chris Wardlow, Denise Johnson, Scottie Allen and Nicole Keeler (interpreters), David MacMaster, John Kettler, Felicia Behnke, Greg New, Rebecca Beltin, Paul Lann, Amy Miles, Amy Anderson, Faith Price, Nicole Wright, Abra Vigna, Sheila Weix (by phone), Joe Muchka, Meagan Sulikowski, Jay Tucker, Torre Johnson

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Call to Order: Roger Frings called the meeting to order at 9:30 a.m.

Introductions: Members introduced themselves. Roger Frings welcomed new members Kevin Florek and Mary Ann Gerrard to the Council.

Approval of March 15, 2019 Minutes: Norman Briggs moved to approve the minutes. Julie Willems Van Dijk seconded. Corrections to minutes were pointed out: Rep. Jill Billings was present at the March meeting. Subhadeep Barman corrected under *Medications for Treatment of Opioid Use Disorder* to say, "…patients as young as 16 have been prescribed it." The motion passed unanimously as corrected.

Public input

No public input was received.

Committee Reports

Executive Committee – Roger Frings reported that the committee last met on May 7th, where it reviewed and set the agenda for the June SCAODA meeting, reviewed the list of council members, and discussed the state budget process. There were no public comments during the meeting. The committee's May 7th meeting agenda and Feb. 2019 meeting minutes are in pp. 11-13 of the meeting booklet.

Diversity Committee – Sandy Hardie reported that the committee last met on April 26th, where it discussed the lack of tribal representation on both SCAODA and the diversity committee, discussed utilizing the annual fall conference as an opportunity to promote cultural competency, and suggested incorporating cultural competency into the revised DHS 75 administrative rule. She asked whether the DHS 75 workgroup would be reaching out to tribal representatives or meeting with tribal communities. Sen. Janet Bewley shared that she sits on the Special Committee on State-Tribal Relations and offered to make connections. There was a request to invite the state tribal office to make a presentation at the next SCAODA meeting. Roger Frings reported that he has reached out to Michael Waupoose to maintain connections. The committee's meeting agenda is on pp. 16-17 of the booklet.

Intervention and Treatment Committee – Norman Briggs reported that the IT Committee last met on May 14th. The committee meeting agendas, minutes and motions are on pp. 18-26 of the booklet. The committee has brought 2 motions to the Council:

<u>MOTION #1</u>: The State Council on Alcohol and Other Drug Abuse recommends that the Department of Safety and Professional Services should continue to issue Substance Abuse Counselor In-Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor, Clinical Supervisor In-Training, and Independent Clinical Supervisor credentials to new and renewing applicants that are also Master's level mental health professionals. Norman Briggs moved that the Council adopt this motion, Mary Ann Gerrard seconded. Discussion ensured, and the Motion passed unanimously.

<u>Discussion</u>: Sen. Bewley requested clarification about whether this would require legislation. Yolanda McGowan from DSPS stated that the latest statutory change (Act 262) no longer

required credential holders with a Master's degree to hold substance use credentials. However, she recognizes the difficulties many providers are facing obtain Medicaid coverage without substance use credentials, so she is open to discussion. She stated that it is within the scope of the DSPS Secretary to issue a credential if a person requests one. Sen. Janet Bewley offered to contact the Legislative Council to get more information on the original bill and will report back to SCAODA. Dr. Barman noted that no mental health specialist in his clinic has stepped forward yet to provide SUD therapy since the passage of Act 262.

MOTION #2: The State Council on Alcohol and Other Drug Abuse supports the addition of Naltrexone and Gabapentin in the Wisconsin electronic Prescription Drug Monitoring Program (PDMP) consistent with recommendations from the American Society of Addiction Medicine. Norman Briggs moved that the Council adopt the motion, seconded by Sen. Bewley. Discussion ensued, and the Motion failed.

Discussion: Subhadeep Barman asked for clarification regarding adding these substances to the PDMP as Gabapentin and Naltrexone are not scheduled as controlled substances. Amy Anderson reported that Gabapentin has been scheduled in 8 other states and has been involved with overdoses. She stated that Naltrexone data would help with early intervention by permitting monitoring whether clients have received their injections. John Weitakamp stated that pharmacists would like Methadone to be included for consideration when filling other prescriptions but reporting of Methadone is currently prohibited by Federal law. Paul Krupski reported that Rep. John Nygren sent a letter to our Federal delegation to inquire about including Methadone and Buprenorphine in the PDMP. Currently, both medications are prohibited under Federal law from being included in PDMP, to protect confidentiality of patients. Julie Willems Van Dijk requested clarification in the motion and background documents regarding whether ASAM supports inclusion of Naltrexone and Gabapentin in PDMPs, as supporting documentation is not clear.

A roll call vote on the motion was requested:

Ayes (6): Mary Ann Gerrard, Kevin Florek, Michael Knetzger, Norman Briggs, Christine Ullstrup, Sue Shemanski

Nays (8): Sen. Bewley, Rep. Billings, John Weitakamp, Julie Willems Van Dijk, Roger Frings, Autumn Lacy, Subhadeep Barman, Sandy Hardie

Abstain (4): Connie Kostelac, Brian Dean, Jan Grebel, Natalie Aicher

Planning and Funding Committee – Christine Ullstrup reported that the Planning and Funding Committee last met on May 20th. The committee's meeting agenda and minutes are found on pp. 27-35 of the booklet. The committee has brought two motions to the Council:

MOTION #1: (A) Support passage of the following four legislative proposals made during the 2019 legislative session [or inclusion of same in FY19-21 budget bill]: (Note: the highlighted language was added to the motion pursuant to the Amendment discussed below.)
(1) AB 065/SB 073 -- prohibiting the sale of vaper products to minors and the purchase of those products by or for minors;

(2) SB 118 -- creation of guidelines for the placement of cigarettes, nicotine products, or tobacco products in retail locations that are inaccessible to customers without assistance (i.e., behind the counter or in locked cases);
(3) AB 139/SB 134 -- requires DHS to include reports of naloxone or other opioid antagonist administration by ambulance service providers to the WI Ambulance Run Data System;
(4) AB 131/SB 141 -- requires DVA to administer a program to provide outreach, mental health services, and support to certain WI residents who are serving or who have served in the armed forces, and who may have a mental health condition or substance use disorder; provides $1,296,000 in funds per year during the 2019-21 fiscal biennium.

(B) For current legislative proposals focusing on OWI offenses, encourage the Legislature and Governor to continue referencing viable options for treatment and interventions as an important element in addressing OWI issues and problems across the State. Christine Ullstrup moved that the Council adopt the motion, and Sandy Hardie seconded. Discussion ensued.

Discussion: Christine Ullstrup reported that AB139 was added to the budget, so she suggested (3) be removed from the motion. Sen. Bewley noted that AB139 could also be removed from the budget through the review process. Rep. Billings asked how SCAODA's support will be expressed. Roger Frings responded that a letter from the Council would be sent to the legislative leadership, joint finance committee, and Gov. Evers.

MOTION TO AMEND MOTION #1: Sen. Janet Bewley moved, Norman Briggs seconded to add to the Motion "…or inclusion of same in FY19-21 budget bill." Motion as amended carried unanimously.

MOTION #2: The Council should fully support the proposed Medicaid expansion as contained in Department of Health Services' budget under Governor Tony Evers' proposed 2019-21 biennium budget. Christine Ullstrup moved that the Council adopt the motion, and Julie Willems Van Dijk seconded. Discussion occurred, before the Motion carried, with one No vote from Natalie Aicher. Christine Ullstrup, Julie Willems Van Dijk and Connie Kostelac abstained.

Discussion: Julie Willems Van Dijk reported that Medicaid expansion has been removed from the Governor's budget by the Joint Finance Committee (JFC). Some items in that expansion are moving forward but will be funded by General Purpose Revenue instead of Medicaid expansion funds. JFC included funding for proposals including the Hub and Spoke model, crisis grants, tobacco control, dental care, and reimbursement rates for providers. Dementia care and crisis stabilization was not funded. Sen. Bewley clarified that refusing expansion means hospitals cannot take advantage of payments available through Medicaid expansion. Julie Willems Van Dijk reported there are different mechanisms that benefit hospitals in both proposals.

Julie WillemsVan Dijk noted that the Medicaid Section 1115 Waiver project is going quicker than expected so the Department expects to begin rolling out some aspects of expanded coverage by November 2019. Kevin Florek noted there is a lot of uncertainty about what is covered under Medicaid and that the current rates make it impossible for agencies to stay open. Housing, food, and boarding are types of costs not covered by Medicaid. Norman Briggs stated that the Medicaid reimbursement rate covers about 40% of the services that agencies provide. SCAODA

is trying to better understand the extent of agencies closing and the importance of having services in all counties. Rep. Billings requested information on accessing the Bureau's legislative tracking document. Mike Derr will provide that information to Council members.

Prevention Committee – Chris Wardlow reported that the Prevention Committee last met on May 8th. The committee meeting agenda and minutes are found on pp. 36-47 of the booklet. The Workplace Prevention Ad Hoc Committee has been meeting for about 2 years; it hopes to have a draft report for the July 18th prevention meeting. The focus of the report is on the workplace as an important partner in supporting substance use prevention, treatment and recovery, and is divided into 3 phases: 1) pre-employment to include drug testing, employment readiness as it pertains to people wanting to get into the workforce but facing barriers due to substance use; 2) community services for employees during employment that fit the needs of individual employers, i.e., federal contracts, drug testing; and 3) prevention programming that include employee assistance programs, recovery support in the work environment and ongoing supports that community coalitions can provide to employers. The report will include sections on cannabis, drug testing, tools for helping employers assess their policies and programs around prevention, tips to avoid legal problems when implementing drug free workplaces, information on mind-altering drugs, and effects on performance. The final draft report will be presented to SCAODA in September.

The Prevention Committee is exploring data gaps around the impact of alcohol use in Wisconsin and is planning to bring agencies together that collect various data, including Vital Records, Office of Health Informatics, Department of Children and Families, the Wisconsin Hospital Association, and the Department of Justice. Upcoming events include the state prevention conference on June 11-12, 2019, at the Kalahari with a SCAODA public forum, and a DHS 75 listening session on the evening of June 11, 2019, from 5:30 p.m. – 7:00 p.m.

SABG FFY 2020-21 Plan & Needs Assessment - Kate Rifkin, Tim Connor and Abra Vigna

Kate Rifken of DHS reviewed the draft *2019 Substance Use Needs Assessment Highlights*. She reported that the most recent data available is generally from 2017, including death, PDMP, hospital, and national health data. Abra Vigna from UW Population Health Institute shared preliminary results on the Behavioral Health Gaps Analysis. Some preliminary themes from interviews of stakeholders include: separation of mental health and substance use services creates barriers and leads to gaps; insufficient funding and reimbursement creates barriers and thus gaps; gaps in behavioral health services are contributing to incarcerations rates in Wisconsin, particularly among people of color. Also, current behavioral health models do not seek to treat the whole person, often exacerbating behavioral health needs. There are gaps in child and adolescent treatment services, psychiatrists, adolescent detoxification and residential services, family-centered services, medication assisted treatment in the northern and western parts of the state, and crisis stabilization services. Marginalized groups are often harmed from current treatment models and the lack of culturally aligned providers and language barriers. Vigna shared that next week an online survey to more than 1,000 mental health and substance use providers will be released.

Review of SABG Plan Priorities

Mike Derr reviewed the 2018-19 SABG Plan priorities found on pages 52-54 of the meeting booklet, which include combined mental health and substance use disorder priorities. DHS anticipates that priorities for the new FFY 2020-21 SABG Application & Plan will remain largely the same, with some modifications of the objectives, strategies and performance indicators. Derr encouraged Council members to contact him with feedback and suggestions regarding the new priorities.

Presentations

WI Community Service, Community Improvement and Job Training Program - Jay Tucker and Torre Johnson with Wisconsin Community Service gave a presentation to the Council regarding the Milwaukee program's various prevention activities for at-risk youth and young adults ages 16-23.

Waukesha County's WI-PDO Project – DHS staff person Christy Niemuth introduced the presenters and gave a brief overview of the Wisconsin Prescription Drug/Opioid Overdose-Related Deaths Prevention Program (WI-PDO). John Kettler and Felicia Behnke gave a presentation to the Council. The presentation focused on the four primary project goals, and the various outcomes achieved from May 2017 through April 2019.

Urban Youth SUD Primary Prevention Program – DHS staff person Jason Cram gave a presentation to the council on this new program, which began in January 2019, replacing the Inner City AODA Youth program. Currently, four programs have received $50,000 each in grant awards, with the hope that the program will be expanded to include two additional awards. Cram offered to return to the Council next year to report on first year outcomes.

Agency Reports:

Department of Health Services -- Julie WillemsVan Dijk reported that Secretary-designee Andrea Palm will attend the June 2019 prevention conference.

Department of Revenue -- No report provided.

Department of Public Instruction -- Brian Dean reported that DPI has completed the 2 year AODA grant process with 68 school districts awarded $900,000 for activities that included Screening, Brief Intervention and Referral to Treatment (SBIRT) and staff training. Next fall, DPI will be awarding $1,000 mini-grants to student groups for various activities. DPI is presenting the June 19-20, 2019 conference, *Creating Safe & Supportive School Communities Social & Emotional Learning Symposium.*

Department of Safety and Professional Services -- No report provided.

Department of Veterans Affairs -- Colleen Rinken reported that the veterans outreach and recovery program has 11 programs that have provided outreach services to over 800 veterans. This was a 2-year pilot project that ends June 30, 2019. The DVA has allocated funds to continue the program until the state 2019-21 budget is signed.

Department of Justice -- Connie Kostelac reported on the drug takeback efforts and COPE funding. DOJ will be providing data on the Treatment Alternatives and Diversion programs, crime lab and drug cases by type. She reported that Naloxone training is now part of the 720-hour recruit academy training.

Department of Corrections -- Autumn Lacy reported that a toolkit has been created to provide guidance on how to create programs for offenders on medication assisted treatment who are moving from incarceration to community programs. It is available on the DOC public webpage under the Division of Community Corrections. DOC currently has a pilot in Dane County where they get overdose reports nightly then partner with community services to have peer support make contact to connect probationers with treatment resources. This program may expand in the future into other counties.

Wisconsin Technical College System -- Katie Wagner-Roberts reported the System's Associate degree programs have been updated to better reflect high school programs at 12 of their colleges, and substance use disorder programs are working to align the curriculum across all the colleges.

UW System -- No report provided.

WI Board for People with Developmental Disabilities -- No report provided.

Bureau of Prevention Treatment and Recovery Update:
Amanda Lake Cismesia provided an update on DHS 75 revisions, reporting that the listening sessions held so far have been well attended with input from about 50 providers. The final listening session will be held in July in Madison. DHS has an internal workgroup that is taking public comments into consideration when drafting revised rule language. The DHS 75 Advisory Committee will meet beginning in September over three meetings to review and advise on the draft rule. She expects to have a final draft rule by the end of 2019.

Joyce Allen noted that s. DHS 75.15(9) (a), Wis. Admin. Code, prohibits the provision of medical services by Methadone clinics; DHS has written an emergency rule, currently being reviewed by the Governor, that repeals this provision and would allow providers to provide medical services before the full DHS 75 revision is finished. DHS is putting out a *Request for Applications* to county partners to award supplemental SABG funds for 2019 to counties that did not receive STR or SOR grant funds, and for 2020 to all counties. These supplemental funds can be used to cover treatment services for all types of substance use. Counties will be required to spend at least 20% on primary prevention. Upcoming conferences and other educational opportunities are listed on page 69 of the June booklet, and page 72 lists free Buprenorphine waiver training. Paul Krupski noted that several more trainings will be added for September and October, 2019.

Report from Wisconsin Council on Mental Health -- No report provided.

September 6, 2019 Meeting Agenda Items – Possible topics raised to be discussed at the next or future Council meetings included the following:

1. Presentation on drug testing and substance use disorders by Marshfield Clinic and AverHealth/Rock County;
2. Methamphetamine and cocaine evidence-based treatment approaches;
3. Update on the SABG/MHBG joint application and plan for 2020-21;
4. Presentation on data collected by DOJ;
5. Summary of STR grant projects ending April 2019;
6. Report from the Workforce Prevention Ad Hoc Committee;
7. Opioid Data Dashboard is going live in August;
8. Follow-up contacts and information from DSPS regarding certification topics;
9. Report from Medicaid on the status of the Section 1115 Waiver Project.

Adjournment
The meeting was adjourned at 2:45 p.m.

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

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Executive Committee, State Council on Alcohol and Other Drug Abuse (SCAODA)			Attending: See narrative below.
Date: 5/7/2019	Time Started: 2:03 pm	Time Ended: 2:59 pm	
Location: DHS, 1 W. Wilson St., Room 951, Madison, WI; also via phone conference			Presiding Officer: Roger Frings, Committee Chair

Minutes

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

Absent: None

Staff: Mike Derr

Roger Frings called the meeting to order at 2:03 pm. Norman Briggs moved that the Committee's Feb. 19, 2019 draft minutes be approved. Sandy Hardie seconded the motion. Motion carried – minutes are approved.

Committee members reviewed the preliminary draft agenda for the June 7, 2019 SCAODA meeting and offered a few recommendations and updates relating to the agenda items. For the committee's report out on the status of Council membership, Norm suggested that a state senator or representative be asked to lead efforts to change statutory language modifying citizen seats. Roger has talked with Katie Domina of Governor's Office regarding adding a tribal representative seat on the Council. For the legislative and budget update, Julie Willems Van Dijk can give her update, and Chris Bordering with Rep. Nygren's office will be invited to give comments on the budget.

During the Council meeting, more than 30 minutes should be given to discussion on proposed priorities under the new 2020-21 SABG Application and Plan. Council members will be encouraged to also attend the July 17th Mental Health Council meeting so that the councils can jointly review the summary of the draft SABG/MHBG application. Roger noted that Tina Virgil would like time at the Sept. Council meeting for DOJ staff to share data regarding crime and its connection to substance use disorders. Regarding updates from state agencies, Roger suggested that Mike contact designees in advance of meetings to see whether they would like time on the agenda to provide agency updates. That way the Council won't have to plan 8-10 updates for every meeting.

The group briefly discussed the status of the Council membership. Mary Ann Gerrard has been appointed to replace Duncan Shrout's citizen slot. Roger talked about her background. Regarding the vacant Prevention Committee chair position, Roger would like a new Council citizen member appointed who has a strong prevention background. For now he will ask Chris Wardlow to continue serving as co-chair.

Also, Roger indicated he will talk with Julie Willems Van Dijk to encourage the DHS Secretary's Office to reconvene advocacy meetings that include SUD stakeholders.

No public comments were offered during the meeting. The meeting adjourned at 2:59 pm., pursuant to motion by Norm Briggs, seconded by Sandy Hardie. Motion carried.

Prepared by: Michael Derr on 8/7/2019.

Tony Evers
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Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

OPEN MEETING NOTICE

Executive Committee

August 8, 2019

2:00 – 2:45 pm, Room 951
Via conference call

MEETING AGENDA

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

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

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

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

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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

To: Members of the Wisconsin State Assembly
Members of the Wisconsin State Senate

From: Roger Frings, Chairperson, State Council on Alcohol and Other Drug Abuse
Date: June 25, 2019 RF

RE: Council Support for Legislative Proposals

I am writing all of you, on behalf of the State Council on Alcohol and Other Drug Abuse, to urge passage of several legislative and budget proposals that address substance use disorder needs across the state. These proposals may be adopted as stand-alone legislative bills or as part of the 2019-21 state budget. The proposals supported by the Council include the following:

1. AB 065/SB 073 – prohibiting the sale of vapor products to minors, and the purchase of those products by or for minors;
2. SB 118 – creation of guidelines for the placement of cigarettes, nicotine products, or tobacco products in retail locations that are inaccessible to customers without assistance;
3. AB 139/SB 134 – requiring Department of Health Services (DHS) to include reports of naloxone and other opioid antagonist administration by ambulance service providers to the Wisconsin Ambulance Run Data System; and
4. AB 131/SB 141 – requiring Department of Veteran Affairs to administer a program to provide outreach, mental health services and support to certain Wisconsin residents who are serving or who have served in the armed forces, and who may have a mental health condition or substance use disorder; providing $1,296,000 in funds per year.
5. Medicaid expansion – The Council fully supports the proposed Medicaid expansion as contained in the Department of Health Service's budget under Governor Tony Ever's proposed 2019-21 biennium budget. The Council supports increasing the number of persons who can access necessary substance use disorder (SUD) treatment and recovery services by qualifying for and receiving Medicaid. Supporting the Medicaid expansion is necessary in order to fund other SUD and mental health initiatives proposed in the Governor's budget, including an increase in the number of SUD counselors and other persons in the workforce, increasing the number of providers, and improving the overall health of citizens across Wisconsin.

Additionally, the Council strongly urges all legislators to continue considering and referencing viable options for treatment and intervention as an important element in addressing OWI legislation and issues.

Thank you very much for your consideration of the State Council's recommendations. Feel free to contact myself (Roger.Frings@wisconsin.gov), or Mike Derr of DHS at (Michael.Derr@wisconsin.gov) with any questions you may have. Feel free to visit the State Council's website at https://scaoda.wisconsin.gov for further background on the Council and its activities.

Cc: Members, State Council on Alcohol and Other Drug Abuse
Kate Domina, Office of the Governor
Julie Willems Van Dijk, Deputy Secretary Designee, DHS
Michael Derr, DHS, Bureau of Prevention Treatment & Recovery

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

OPEN MEETING MINUTES DRAFT

Instructions: F-01922A

Name of Governmental Body: SCAODA Diversity Committee			Attending: Thai Vue, Harold Gates, Denise Johnson, Judy Bertoni, Interpreters and Mai Zong Vue and Mike Derr; By Phone: Amenda Lake, staff; Excused: Sandy Hardie and Kathy Scheier
Date: 4/26/2019	Time Started: 10:05AM	Time Ended: 2:30AM	
Location: Catholic Multicultural Center, 1862 Beld Street, Madison, WI 53713			Presiding Officer: Thai Vue

Minutes

Welcome and Introductions: Thai opened the meeting at 10:05 a.m. and welcomed everyone and Judy to Diversity Committee. Introduction done. Judy is from Milwaukee. She is working as an AODA Specialist for MyChoice Family Care and a licensed professional counselor for ten years.

Public Comment –none

Meeting Minutes: Approval of Meeting Minutes from January 25 meeting was tabled due to lack of a quorum.

DCTS Updates: The prevention conference is coming up on June 11 and 12 and October 29 and 30 is the Mental Health and Substance Abuse Conference. Thai will send a letter to welcome the new DHS secretary.

DHS 75 Revision Updates: Mike gave an overview of the statement of scope (Act 262) of the Community Substance Abuse Standards. This act functions under licensing at under quality assurance at DSPS. This Act is really about changing how DSPS is approving the rules. This will make number 6 challenging.

The goal is to make it easier for provider. Mike shared about the writing process and highlighted two areas of interest to this group, including Chapter 11 (ASAM) and Chapter 14 (Providers). The process is a long one. Different staff is revising different sections of the Act. An advisory committee was formed but no members are from the Diversity Committee. At least, three meetings will be held to work on the changes. Amanda is staffing the advisory group. There will be five listening sessions to collect feedbacks by early July. A final draft will go to legislator for review after staff made changes. Staff will incorporate legislator feedbacks and then have public hearings for public feedbacks. Feedbacks from the public hearing will be incorporated and send to the next levels, the department secretary for her feedbacks and then to legislator for approval.

As for the area of interests, the changes are happening through the recognizing that mental health and AODA are co-occurring and there is a need to allow providers to be certified in both areas.

Question and Answer with Mike and Amanda:

Harold – How do we include CLAS standards in this rule?

Mike: Stay in touch with myself and Amanda on CLAS standards. Send email or call Mike and Amanda for the best ways of CLAS language to be included in the rules of DHS 75. They will need specific language that would get DHS 75 to be where Diversity member sees it. Please come to the listening sessions and make the pitch. It is important that DHS 75 is culturally proficient. However, to ensure that rules are statewide focus, CLAS languages should align with SCAODA goals, not just from the Diversity Committee. Planning and Funding Committee is interested in this as well. Mike said he will talk to Roger and share with Roger feedbacks he heard because the whole Council needs to hear and promote it across the state.

Denise: Please elaborate more about the flexibility needs with county because I am not clear.

Mike: The idea is to streamline the county process by making it more accessible and quicker for consumers and but still have quality of services. Some providers shared that if they are doing too much (have to follow too many rules), they may not be able to deliver quality services. Basically, we are trying to illuminate approval stages but widening the net so there is speedy up the services. Amanda added that the goal is to establish minimum statutes while protecting the public and providing quality of service by revising certain section of the rules that are not clear so in order to reduce less confusion, conflicts, and clearer language for providers to use.

Thai: Who creates the scope of services for DHS 75? Mike: The Bureau director and staff drafted the scope of services. This becomes the blue print for further discussion, suggestions and approval from the Advisory Committee, DHS's Legal Counsel, and department of administration (DOA). Advisory Committee members are both outside providers and SCAODA member such as Norm Briggs. Amanda will send the Advisory Committee list to Mai Zong to forward to Diversity Committee members.

Denise: Was the Diversity Committee involved in that Advisory Committee. Mike: We have two openings now for tribal and others. The members of the Advisory Committee were selected by staff of the substance abuse section. If the committee does not include members of the Diversity Committee, we can add. Starting in June, DHS 75 will come to SCAODA as a form of program update. Council members can provide feedback and recommendations for DHS 75 during these updates.

What is the DHS 75 Timeline: The plan is to have a final draft for the legislators to review and have a final rule for approval by next Spring. So the feedbacks from SCAODA will be around December 2019 and have an approved DHS 75 by March or April of 2020.

Judy: What is your process of getting information to the public for feedbacks? Mike: Our process includes posting on DHS Website send it via DHS Memo to county and for staff to send to respective communities. Once you receive it, you can send out to anyone you have on your network. Judy: Although we don't write the rules but we have to implement the rules and how the information was presented to us today is informative and helpful. Thank you! Mike: Rules 75 is not a federally mandated rule but state rules so there are no federal restrictions. Federal block grant does not drive Rule 75.

Denise: I don't want to beat the dead horse, but as Judy and Harold both said we need to include providers and the CLAS standards too in this process. Mike: Yes, these concerns did come up during the discussion. We are aware and appreciate your feedbacks. Please share other state's CLAS examples with us and try to reach out to various groups. Our effort is to include CLAS standards in DHS contract language.

Thai thanked Mike and Amanda for sharing the updates of DHS 75 and commented that putting in the CLAS Standards in the contract is viewed as punitive instead of positive encouragement. However, understanding this, effort of the CLAS is the need to address the public safety and liability.

Diversity Reception Subcommittee: Gail was not present to give an update. Mai Zong shared that the Conference Planning Committee needs a title and brief description for the brochure asap. Denise agreed to follow up with Gail for a full update at the May meeting.

Future Agenda:

DCTS organizational chart – Mike
Diversity Reception - Gail
Tribal meeting location updates - Thai

F-01922

Motion to adjourn: **Second**: **Motion Carries**
Adjourn at 1:30 p.m.

Prepared by: Mai Zong Vue on 4/26/2019.

These minutes are in draft form. They will be presented for approval by the governmental body on: 5/29/2019

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

OPEN MEETING NOTICE

Cultural Diversity Committee

May 29, 2019

10 AM to 2:30 PM

IndependentFirst
540 South 1st Street
Milwaukee, WI 53204

MEETING AGENDA

1. Welcome and Introductions……. Committee Chair

2. Public Comment: The committee will accept comments from the public relating to any committee business……..……Committee Chair

3. Approve Minutes from January 25, 2019 and April 26, 2019 Meeting…….Committee Chair

4. DCTS Updates……....Mai Zong Vue

5. Peer Support Updates…….…..Kenya Bright

6. Tribal Recruitment – July 19 meeting……..……Mai Zong Vue

7. Diversity Reception Update……..……..…..……Gail Kinney

8. Diversity Planning & Action Steps…….……...Thai Vue

9. Others……..……..……All

10. Future Agenda Items…….……Committee Members

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

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

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

OPEN MEETING NOTICE

Cultural Diversity Committee

July 19, 2019

10 AM to 2:30 PM

Life Center
4402 Femrite Drive, Madison, WI

MEETING AGENDA

1. Welcome and Introductions……. Committee Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business……..……Committee Chair
3. Approve Minutes from May 29 Meeting….……..Committee Chair
4. DCTS Updates……....Mai Zong Vue
5. Tribal Overview……..…..State Tribal Office (invited)
6. Diversity Dialogue Update……..……..……..…..……All
7. Diversity Planning: DCTS Agency Chart/Roles.…..……...Mike Derr
8. Others……..……..……All
9. Future Agenda Items……Committee Members

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

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

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Norman Briggs, Roger Frings, Laura Gebhardt, Saima Chauhan, Daniel Kiernan, Sophie Lee, Sheila Weix, Robin Ryan, Sandra Adams, Chelsey Wasielewski, Lindsay Just, Joe Muchka, Dave Macmaster, Amy Anderson, Tamara Feest, Amanda Lake, Jill Gamez
Date: 5/14/2019	Time Started: 10:02pm	Time Ended: 2:38pm	
Location: Department of Corrections, Madison, WI			Presiding Officer: Norman Briggs and Roger Frings

Minutes

1. Meeting called to order by Norman Briggs at 10:02am.
2. There were no additions to the agenda.
3. Review of 04/09/2019 meeting minutes: Joe Muchka made a motion to approve, seconded by Saima Chauhan. The motion carried with one abstention from Lindsay Just.
4. Guest Speakers: Daniel Kiernan and Sophie Lee regarding Medicaid 1115 waiver
   a. Mr. Kiernan and Ms. Lee provided introductions and discussed their role with Division of Medicaid Services. Sophie Lee is leading the benefit and policy design for the residential treatment benefit.
   b. The 1115 waiver was approved by CMS in October 2018 and allows for residential substance use treatment services in IMD's. The go-live date for the residential treatment benefit is November 1, 2019. This is an aggressive timeline for benefit policy development. The benefit will apply to providers certified under DHS 75.11 or 75.14.
   c. The benefit will be structured as a fee-for-service benefit available to all Medicaid members and administered through Medicaid and also implemented through Medicaid HMO's. Medicaid establishes the maximum fee for service and the HMO's determine reimbursement rates.
   d. DMS is seeking input from providers for rates, services, and benefit policy. DMS will be distributing a survey to providers in coming months as well as attending ongoing stakeholder meetings with DHS Area Administration, WCHSA Behavioral Health PAC, and SCAODA.
   e. The waiver provides funding for treatment services only. Room and board costs were requested in the waiver, but not approved by CMS. Robin Ryan provided an example related to difficulties encountered in billing for residential benefits under CCS due to the separation of room and board costs. CMS scrutinizes daily rates more closely and could tie on other expectations with this structure. Robin Ryan shared that tracking time in 15 minute increments for rate reimbursement is staff-time prohibitive.
   f. Use of ASAM placement criteria is a condition of CMS approval for the benefit. Robin Ryan shared that ASAM is increasing their costs to providers by requiring purchase of copyright permissions for their training, materials, certification, and products.
   g. Robin Ryan asked about the timeframe for new providers wishing to become Medicaid providers for residential services. Dan Kiernan provided that the process is dependent on the time it takes to complete certification for DHS 75 through the Division of Quality Assurance, however, once that is completed, Medicaid processes the application within 10 days. HMO networking can take longer, however.
   h. Following discussion of the 1115 waiver, Saima Chauhan also asked about Medicaid reimbursement for providers that were impacted by the credentialing change in Act 262. Daniel Kiernan explained that DMS will be making changes to their enrollment and credentialing policy in the fall that will accommodate the new DSPS rules. Regarding lost revenue since the 2018 rule change, Mr. Kiernan encouraged providers to send specific examples regarding reimbursement to Sophie Lee for review. Saima Chauhan described a "talent crisis" being experienced across the field currently, with many open clinical positions unable to be filled and licensed staff being pulled to other agencies based on pay or other factors.
5. Discussion of Upcoming SCAODA Meeting on 06/07/2019:
   a. Julie Willems Van Dijk from DHS will provide an update on Governor Evers' budget.
   b. SCAODA will discuss 2020/2021 SABG application and plan priorities.

c. There will be a presentation of preliminary findings and data from the BH Gap Analysis and the Mental Health and Substance Use Needs Assessment. Norman Briggs asked whether the needs assessment includes county wait list data. Sheila Weix offered a suggestion for developing a database to track unmet treatment needs.
d. There will presentations on 3 prevention program areas funded by the department.
e. Invitations have been extended to new SCAODA members and representatives, including DWD and DSPS. SCAODA was also invited to be represented at Mental Health Council meetings.
f. There will be an update regarding the DHS 75 revision and recent repeal of DHS 75.15 (9) (a).
g. Amanda Lake asked about the ITC motion from the April meeting regarding ACT 262. The group returned to the issue of substance abuse counselor credentialing and problems related to Act 262, including whether DSPS will issue dual credentials to requesting applicants going forward. Sheila Weix motioned for a portion of the Act 262 report to be brought to SCAODA, that DSPS would continue issuing new and renewal credentials for all SAC-IT's, SAC's, CSAC's, CS-IT's, and ICS's; the motion was seconded by Sandy Adams; all approved; motion carried.
h. David Macmaster also provided the group with information from NAADAC in preparation for the July ITC meeting's agenda, with the group discussing NAADAC and ICRC's lack of coordination and the impact on substance abuse counselor credentialing in WI.

6. Discussion of OCI role related to substance use services: Roger Frings thanked the group for their input and shared that OCI is considering advocacy efforts, including issuing a memo or bulletin regarding substance use treatment services and possible development of a substance use services ombudsman within OCI. Mr. Frings requested to keep this item on the agenda for the July meeting.
7. DHS 75 Updates: Amanda Lake shared that the internal DHS workgroup is working on drafting the text of the rule, with plans for an initial draft to be completed in early fall. DHS has also sent out a schedule for listening sessions to be held around the state to solicit input for the rule revision, thus far these have received a positive response. Advisory Committee meetings are being scheduled for the fall.
8. Addition of other substances to WI PDMP: Amy Anderson provided several handouts with information regarding the WI Prescription Drug Monitoring Program, including the current list of monitored controlled substances and recommendations from some lawmakers and groups about expansion of the list to include other substances. The group discussed various issues related to the addition of other substances to the WI PDMP, including access to the PDMP by various professionals, interoperability with other states, federal privacy laws, the importance of informed consent to patients regarding sources and use of information, and recommendations regarding the inclusion of prescribed cannabis. Ms. Anderson made a motion for SCAODA to support the addition of naltrexone, Vivitrol, and gabapentin to the WI PDMP; the motion was seconded by Saima Chauhan; opposed by Sheila Weix; the motion passed.
9. Section Updates:
   a. Children, Youth and Families: Chelsey Wasielewski has replaced Jason Cram as the chair for this sub-committee.
   b. Treatment for Women and their Children: Norman Briggs shared that they are anticipating the release of the Urban Rural Women's Grant GFO in the coming month.
   c. Substance Use Amongst Senior Population: Joe Muchka shared that the workgroup has modified their title to "At Risk Substance Misuse by Older Adults". Mr. Muchka shared that the workgroup is currently undertaking research into recommendations for evidence-based practices, available services, and Wisconsin data. Mr. Muchka shared that the workgroup will be holding key informant interviews with DHS and UW Extension staff, as well as beginning to formulate recommendations. Mr. Muchka shared that the timeline for the workgroup to deliver their report is ambitious, with planned completion by end of 2019.
   d. Sheila Weix shared that name of Project ECHO has been updated to ACCEPT: Addiction & Co-morbid Conditions: Enhancing Prevention and Therapeutics.
   e. Lindsay Just shared that she is in the implementation phase of a grant project titled Women's Health Addiction Recovery Project, and has updates for a comprehensive state model regarding barriers and regional differences.
   f. Amanda Lake questioned whether the group would consider undertaking an update to the SCAODA 2014 Heroin Report. Sheila Weix suggested one comprehensive report that includes alcohol and all substances.

g. Saima Chauhan directed the group to a recently released report of WI deaths for 2018, available on the DHS website.

10. Public Comments: None.
11. Sheila Weix motioned to adjourn the meeting at 2:38, Sandy Adams seconded.

Prepared by: A. Lake on 6/6/2019.

These minutes were approved by the governmental body on: 7/9/2019

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE
INTERVENTION AND TREATMENT COMMITTEE (ITC)

July 9, 2019 - 10:00 a.m. to 2:30 p.m.
Location of the Meeting:
Department of Corrections; Room 1M-M
3099 E. Washington Ave.; Madison, WI 53704
Conference Call: 1-877-820-7831 Passcode: 793544#

AGENDA

1. Call to order and roll call
2. Additions to the agenda
3. Review and approval of 05/14/2019 ITC Meeting Minutes
4. Discussion of prior and upcoming SCAODA meetings
5. Presentation regarding NAADAC (David MacMaster, Cynthia Moreno Touhy)
6. GUEST SPEAKER- Steve Rottman, WISHIN
7. Office of the Commissioner of Insurance- discussion regarding OCI role related to substance use services (Roger Frings)
8. DHS 75 rule writing updates (Amanda Lake)
9. Section updates
    - Children, Youth and Families (Chelsey Wasielewksi)
    - Treatment for Women and their Children (Norman Briggs)
      Urban Rural Women's Grants
    - 'At Risk Substance Misuse by Older Adults' Workgroup (Joe Muchka)
10. Public Comments

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

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Next SCAODA Meeting: September 06, 2019
Next ITC Meeting: August 13, 2019

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE
INTERVENTION AND TREATMENT COMMITTEE (ITC)

August 13, 2019 - 10:00 a.m. to 2:30 p.m.
Location of the Meeting:
Department of Corrections; Room 1M-M
3099 E. Washington Ave.; Madison, WI 53704
Conference Call: 1-877-820-7831 Passcode: 793544#

AGENDA

1. Call to order and roll call
2. Additions to the agenda
3. Review and approval of 07/09/2019 ITC Meeting Minutes
4. Report from joint SCAODA/MHC meeting and block grant strategic plan (Mike Derr- DHS)
5. Medicaid SUD residential treatment benefit: update and ITC recommendations (Sophie Lee-DMS)
6. Discussion of upcoming SCAODA meeting- September 6, 2019
7. Workforce report update workgroup
8. IDP Advisory Committee and DHS 62 Update (LeeAnn Mueller- DHS)
9. Section updates
    - Children, Youth and Families (Chelsey Wasielewksi)
    - Treatment for Women and their Children (Norman Briggs)
      Urban Rural Women's Grants
    - 'At Risk Substance Misuse by Older Adults' Workgroup (Joe Muchka)
10. Public Comments

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

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Next SCAODA Meeting: September 6, 2019
Next ITC Meeting: October 8, 2019

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

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; Karen Kinsey; Brian Dean; Kevin Florek Not Present: Kellie Blechinger Guests: Roger Frings; Dan Kiernan; Sophia Lee; Michelle Devine Giese (by phone) DHS Staff: Mike Derr
Date: 4/17/2019	Time Started: 9:38 am	Time Ended: 2:06 pm	
Location: Tellurian, Inc., 5900 Monona Dr., 3rd Floor Conf. Room, Madison, WI			Presiding Officer: Christine Ullstrup, Committee Chair

Minutes

Call to Order: Christine Ullstrup called meeting to order at 9:38 a.m.

Review of April 17, 2019 meeting minutes:
Kevin Florek moved to approve the draft minutes. Brian Dean seconded the motion. Motion carried unanimously.

Update on Medicaid Expansion Project:
Dan Kiernan and Sophia Lee from DHS, Division of Medicaid Services (DMS) gave update on the status of the Section 1115 Exemption project, which was approved by federal CMS in Oct. 2018. DMS is working on rolling out expansion of Medicaid coverage this fall, potentially by November. A top priority is rolling out coverage of SUD residential treatment. The summer months will be used to finalize the policy design, and the fall months to work on systems design. Providers must be certified as transitional residential (DHS 75.11) or medically-monitored (DHS 75.14) programs. Within a managed care relationship, the HMO would pay provider, then Medicaid would pay HMO.

Christine Ullstrup responded that this is a faster startup than expected. Sophia Lee clarified that in order for providers to be enrolled in MA, the beginning step is obtaining their license as a DHS 75 certified facility. DMS has not yet finalized the enrollment process. Kevin Florek noted that this MA coverage expansion still will not address the fact that MA does not cover room and board costs. Often, room and board includes safety checks, which are medically necessary. Ullstrup asked whether “bundled rates” would be covered by MA. Dan Kiernan responded that DMS is considering whether these billing options can be covered.

Kiernan also noted that DMS is working the process for providers to give feedback on the actual nature of SUD treatment costs and explain why they are necessary and should be covered by MA. He suggested that the P&F Committee and IT Committee serve as vehicles for providing and sharing feedback from providers. Also, the DMS and DCTS within DHS could pass along feedback. Jim Jones is the new DMS administrator; he’s aware that residential treatment is a coverage expansion priority.

Committee members discussed whether various types of treatment programs would qualify for MA, such as family-centered programs. Kiernan said covered providers must use a nationally recognized placement criteria, such as ASAM. H responded that MA rates would likely be different for DHS 75.11 treatment from 75.14 treatment. Also, Committee members brought up various scenarios where a county reimburses for services at a higher rate than MA, and where a provider charges MA for treatment and county funds for room and board costs. They expressed concern that expansion of MA could actually harm providers by receiving loss funds. Kiernan said there are not clear answers to those scenarios at this point.

Also, CCS currently covers DHS 75.11 and 75.14 services for programs with 16 or fewer beds. Kiernan and Lee stated that DMS has no answer yet to whether programs with 17 or more beds could opt into CCS. Ullstrup mentioned one advantage of CCS is that it covers ancillary services such as yoga and acupuncture. Ullstrup and Jill Gamez stated that DMS needs to also consider the needs of special care populations that require longer stays for care and recovery. Presently, MA only approves coverage for shorter treatment periods. Gamez noted her concern that MA rates would be too small for many providers to cover services.

Jill asked, what should the Committee do at this point to share suggestions regarding MA coverage and process? Ullstrup suggested that providers submit letters to DMS and Dan Kiernan laying out their costs, expressing preferences, suggesting an adequate fee range for covering costs, and other concerns. Roger Frings agreed with this suggestion, and he discouraged pulling in state legislators at this stage. In the near future, DMS will reach out to Mike Derr and Amanda Lake Cismesia of DCTS to share updates, next steps for stakeholders to share feedback, and other information. Ullstrup stated that Kiernan and Lee should be added to the July meeting agenda to provide updates.

Public Comment:
No comments were offered from callers. Kevin Florek mentioned that Tellurian, Inc. recently closed its day treatment program in Sauk County because MA and other revenue could not cover program costs. Also a challenge was finding high quality personnel to work in a more rural area. Reanna Johnson related that Alarus is exploring TeleHealth and insurance reimbursement for that service, and also is considering clinic-to-home coverage. United Healthcare will cover services for persons with disability who cannot leave their home.

Synthesizing Reports and Assessments:
Christine Ullstrup has worked with Project Impact in Milwaukee to develop some mapping resources. She also noted UW extension's mapping tools and projects. She shared some mapping of WISH Interactive Data on the projector, and also shared samples of a second program (AGIS) from Milwaukee Co. Opioid Related Overdose Report, 2012-17. She also gave a brief video presentation on mapping using the platform Tableau, which is used to make data more visual and presentable. From this presentation on mapping resources, Ullstrup and other Committee members made several requests:

(1) Can DHS use Tableau to create maps and data? Can DHS run calculations and create maps and charts for P&F and other committees using Tableau? Mike Derr responded that his Bureau's evaluation team already uses Tableau to display data and maps for needs assessments and other reports. The Committee could include maps from reports that the evaluation team has already created. Perhaps the Bureau staff could provide some hours of service for the Committee, and/or purchase additional hours from other third parties to create mapping and tables.

(2) What types of data outcomes and indicators should the Committee focus on in reports that it commissions or writes? Ullstrup responded it's up to Committee members to decide what types of data to focus on. Members cited several possibilities: (Gamez) residential treatment facility data; (Johnson) outpatient treatment resources across the state; (Florek) target residential treatment programs and tie into the MA expansion; other data indicators: overdose deaths per county, no. of providers per county, map illustrating location of residential treatment providers; (Dean) the Committee needs to define what types of data to present and how to present it.

(3) Karen Kinsey asked, What is the Committee's plan for using the data once it receives or pulls together data in reports? What actions or recommendations will it take with such data? Ullstrup and others responded that the Committee should devote time at the next meeting to develop responses to those questions.

Roger Frings suggested that the Committee's next step should be for Christine Ullstrup to contact Kate Rifken (bureau evaluation team member) to discuss specifics about the types of data the Committee would like run and presented via Tableau, and what the evaluation team could provide for the Committee.

Governor's proposed 2019-21 Budget:
Roger Frings recounted the Joint Finance Committee's recent meetings, and plan to create its own budget. He suspects that Gov. Evers might deny that budget, and that it could take a couple of months for both sides to meet and hammer out a compromise budget. (Note: Gov. Evers signed the budget during the first week of July, but also issued several significant vetoes altering portions of the budget.)

Legislative Proposals:
Mike Derr briefly walked through the most-recent legislative proposals listed on the Legislative Tracker Google Docs site. One bill (SB 161/AB 172) would eliminate requiring certain OWI offenders to be handed over to a responsible adult. This is probably a non-starter bill. Committee members took a neutral stance on the bill.

Other Updates:
Karen Kinsey referenced Kevin Florek's update on Tellurian no longer providing treatment in Sauk County, noting that there is great public interest in what is happening there, a county ranked high in opioid use disorder numbers. The CCS program also closed there, as did the St. Marys' program. She suggested Christine Ullstrup note the recent goings on in Sauk County at the June 7th SCAODA meeting, and Ullstrup agreed. Kinsey asked if the Committee and DHS could help find other resources to help continue treatment and opioid services in Sauk County.

Jill Gamez responded that other counties throughout the state are also experiencing a lack of treatment options and providers; the state should also consider helping those areas out too, not just one county. Karen suggested that focusing on Sauk County would be one clear illustration of the Committee's concern in general about the absence of needed opioid treatment. The Committee's role in identifying possible resources and funding that could continue such services in a topical county like Sauk would be a benefit for other counties, as many persons would take note of the unfulfilled opioid abuse treatment needs and ways to address them. Roger Frings suggested that the Committee might be opening itself up to an accusation of not acknowledging other counties' lack of treatment needs or recent departure of treatment providers. He wondered whether there are any rural health grants available to help out counties. Raeanna Johnson asked whether committee members might be facing a conflict of interest issue or appearance taking such a stance.

Kinsey asked that there be a motion on this question. Frings suggested that the Committee hold off on a motion until he can first check with the Governor's Office and local legislators to see whether any initiatives are in place to address the Sauk County matter. Christine Ullstrup stated that she will cover all these questions and suggestions in the June 7th Council meeting report out, including the belief that this is a statewide issue, one prominent example being what recently has occurred in Sauk County. Jill Gamez stated that one big question is, Why can't treatment programs make it work in some counties? There are workforce issues contributing to this, too. Perhaps an ad hoc committee could be formed to explore funding issues that occur in this realm. Brian Dean and others responded that it would be better for the full Committee to participate in studying funding issues, with specific members perhaps agreeing to focus on different specific funding topics.

SABG 2020-21 Application:
Mike Derr reviewed the three-page handout listing the priorities and performance indicators from the previous 2018-19 SABG Application. Christine Ullstrup noted that providers are not reporting on PPS or performance reports on services funded through commercial insurance or Medicaid. Karen Kinsey believes that the Committee should have more say in how SABG funds are contracted out and awarded.

DHS Update:
Mike Derr gave a brief update on latest Bureau activities and initiatives, as well as a SCAODA update. Roger Frings described the background of Mary Ann Gerrard, who was recently named as a citizen member, replacing Duncan Shrout.

Next Committee Meeting: The next meeting, originally scheduled for July 17th, will be rescheduled to Monday, July 22nd. (July 17th is when SCAODA members are joining the WI Council on Mental Health to jointly review the 2020-21 SABG/MHBG Application and Plan.) Topics to include on the Committee meeting agenda include: Update on the expansion of Medicaid coverage project; DHS evaluation team presentation on Tableau; Committee discussion on data and outcomes to focus on in an upcoming report, and what actions the Committee should take with such data and upcoming report; and how the Committee should go about performing funding analyses for SUD programming.

Adjournment: Jill Gamez moved to adjourn meeting, Raeanna Johnson seconded motion. Motion carried. The meeting adjourned at 2:06 p.m.

Prepared by: Michael Derr on 7/24/2019.

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Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

OPEN MEETING NOTICE

Planning and Funding Committee

July 22, 2019

9:30 AM to 2:00 PM
Tellurian, Inc., 5900 Monona Drive, 2nd Floor Conf. Room (turn left off elevator)
Monona, Wisconsin 53716

MEETING AGENDA

1. Call to Order and Roll Call……Christine Ullstrup, Chair
2. Review May 20, 2019 meeting minutes……Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics……..Christine Ullstrup
4. Medicaid Coverage of Residential SUD Treatment – Update……Dan Kiernan & Sophie Lee
5. Use of Tableau for Data Reports……..Kate Rifken
6. Updates:……Committee Members & Mike Derr
   - 2019-21 Biennial Budget
   - Recent Legislation
   - Status of SABG FFY 2020-21 Plan and Application
   - Draft 2020 SABG Program Budget
7. DHS and other Agency/Provider Updates……Committee Members & Mike Derr
8. Agenda Items for August 21, 2019 Committee meeting……Committee Members
9. Adjournment……All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee's primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-267-7704 or at Michael.Derr@wisconsin.gov.

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

www.scaoda.state.wi.us

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: SCAODA Prevention Committee - Alcohol Priority Action Team			Attending: Nicole Butt, Chris Wardlow, Danielle Luther, Ronda Kopelke, Christina Denslinger, Ousmane Diallo, Michelle Smith, Faith Price, Michelle Devine Giese, Roger Frings, Micki Hill, Sarah Johnson, Jill Gamez, Eva Scheppa, Sarah Linnan Raina Haralampopoulos, Cecie Culp, Kimberly Wild, Christy Niemuth, Allison Weber
Date: 4/18/2019	Time Started: 09:30 a.m.	Time Ended: 12:15 p.m.	
Location: Wisconsin State Patrol DeForest Post, 911 W. North Street, DeForest, Wisconsin 53532			Presiding Officer: Chris Wardlow

Minutes

1. **Introductions**
2. **Public comment – no public comment**
3. **January meeting minutes**
   Sarah Johnson made a motion to approve; Julia Sherman seconded the motion. No discussion, motion passes and minutes approved.
4. **Alcohol Priority Action Team (Maggie Northrup)**

- Michelle Smith and Ousmane Diallo – Office of Health Informatics (OHI)
  - Presented on death certificate data, vital records, International Classification of Disease (ICD)-10 codes and reporting practices
  - Surveillance of alcohol is difficult to do, but there is enough data to present a somewhat realistic picture of what the problem is
  - Getting accurate data can be difficult because families will often go to great lengths (even challenging in court) to get any mention of alcohol removed from the death certificate or removed from being listed as a 'cause of death'
  - In 2013 – a checkbox was added to check off if a physician believes alcohol contributed to the death – this is not part of the death certificate that the family receives (so they then don't get involved) but can still be collected for statistical analyses
  - Wisconsin is a "home rules" state – so every county coroner office has their own standards and procedures (in terms of always testing Blood Alcohol Concentration (BAC), not sending any toxicology at all, can cite any number of reasons – budget, not thinking that there was even a problem to flag to begin with, etc.) – this is part of why it is so hard to collect uniform data
  - Injury is one of the most difficult topics to cover because there is no disease process
  - There are some things that are 100% attributable to alcohol – ex: alcohol liver cirrhosis; alcohol gastritis, alcohol-related dementia – but less clear on what can be indirectly attributable to alcohol
  - Wisconsin Interactive Statistics on Health (WISH) data reporting system breaks alcohol data down by county, but alcohol is regulated at the municipality level – so addressing that issue in the WISH system would be a helpful way to get more accurate and useful data
  - OHI is trying to adjust how they record events with more accuracy but there are privacy issues; also working on a new data-display initiative that would allow people to look at data at the census-track/village-level
  - There are other data to look at other than just mortality – hospitalizations, etc.; but this needs a push to get access to the electronic medical records from Epic
  - Dane County Chief Medical Examiner (ME) and Columbia County ME – may be useful people to talk to about next steps to addressing the death certificate issue; also 'medical certifiers'
- **ACTION ITEM: Maggie will reach out to Michelle and Ousmane to get recommendations from them on who else the committee should bring in to share knowledge and expertise on this topic**
- **ACTION ITEM: Faith Price, Department of Children and Families (DCF), will talk to person at DCF who may be able to speak to role of alcohol in child abuse cases and other DCF-relevant topics**

- **DECISION: keep Eric (WI Hospital Association Board) on the list to discuss IDC-10 codes and hospitalizations, etc.; ROGER will reach out to Eric**
    - Tina Virgil, Department of Justice (DOJ), is interested in doing a presentation to full State Council on Alcohol and Other Drug Abuse (SCAODA) on alcohol-related statistics & crime

5. Governor's Budget Review and Feedback

- Close to $500,000 in each fiscal year for DHS to establish a regulatory system for medical marijuana – means that we are moving in that direction
- What kind of prevention infrastructure can be built into this initiative *as it is getting developed* (not like dose of reality, where the prevention infrastructure was initiated after-the-fact)?
    - Can the Alliance for Wisconsin Youth (AWY) play a key role in supporting this infrastructure?
- Rep. Sargent just introduced legislation for legalization of marijuana (today) – wants DHS to have a registry where medical conditions would be identified; people would hold a card; put in exclusions regarding driving under the influence, can't have more than 12 plants, would be a 10% surcharge (but did not identify where that money would be going)
    - Some of the language in the bill indicated that "minor" would be defined as anyone under age of 17 – can we pressure to have them re-define as "minimum legal age"?
    - Is there a way for us – as a SCAODA committee – to change legal age to 21 for ALL substances (including tobacco)?
- 'Prevention' – in terms of substance use/abuse/misuse – is not mentioned a lot in the budget
- Other committees are looking at budget and members are emailing their thoughts, recommendations, reactions, etc. to Roger – committee members from this committee should do the same
    - Roger's hope would be that by the June SCAODA meeting, committees would take up some recommendations regarding the budget and any other pieces of legislation to then forward on to the Governor; if it is an issue that action will be taking place before the June meeting, there is a mechanism for the Executive Committee to take action before the June meeting
- **ACTION ITEM: all committee members: look at the budget and send recommendations to Roger in anticipation of the June SCAODA meeting**
- **ACTION ITEM: Raina will look into the budget to make sure there is enough funding in the budget to continue supporting the HOPE consortium**

6. Workplace Prevention Ad Hoc Workgroup (Jill Gamez)

Michelle Devine Giese and Eva Scheppa – other members of workgroup; (Frank Buress – not present)

- Jill provided committee with background on process for working on the report
- Discussion of substance use disorder vs. substance USE?
    - Substance misuse – paired
- Recommendation 2 – change back to Jill's original wording
- Add to Glossary of Terms: defining what we mean by intervention, prevention, treatment, and recovery
    - And recovery-friendly vs. recovery-supportive
    - Use Surgeon General's report for definitions of substance use vs. misuse
- Julia Sherman: why is SBIRT not included as a recommendation for pre-employment? (Similar to pre-employment drug testing – should accompany a job offer) eSBIRT – deals a lot with alcohol and would be a way to address the alcohol issue in this report?
- Recommendation 1: "employers need to consider if a pre-employment drug screening program is the most effective policy for their specific industry and the workforce they are seeking to hire."
    - Racial disparities and inequity MUST be a primary piece of this recommendation
- **DECISION: Workplace ad hoc group needs to re-look at recommendations surrounding pre-employment screening in order for Prevention Committee to approve report**
- **DECISION: Workplace ad hoc will bring report back to Prevention Committee at the July 18 meeting**
    - Julia Sherman motioned for this decision; Sarah Johnson seconded the decision. No discussion, motion passes and report will be presented at the next meeting.

7. Agency Updates

- Julia Sherman (Wisconsin Alcohol Policy Project): Applebee's is wanting to deliver small, airline-size bottles of alcohol with their "applebees to-go" – citizens can object to this practice
- Department of Public Instruction: Alcohol and Other Drug Abuse (AODA) prevention grants are due tomorrow; they have weighted 2019 YRBS data (about half of entire student population in WI participated)

- Department of Health Services: Prevention Conference is June 11-12
- Marshfield Clinic: no new updates; Ladysmith Family Health Center has a grand opening in May
- Great Lakes Inter-Tribal Council: no major updates; planning a mental health first aid training in June for their communities

Ronda Kopelke motioned to adjourn; Nicole Butt seconded motion, and meeting adjourned.

Prepared by: C. Culp on 4/18/2019.

These minutes are in draft form. They will be presented for approval by the governmental body on: 7/18/2019

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE
Prevention Committee

July 18, 2019

9:30 AM to 4:00 PM

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

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……Interim Chair
3. Approve Minutes from April 18 Meeting…….Interim Chair
4. Alcohol Priority Action Team (APAT) Work…….Maggie Northrop, OPPA/DHS
   - Presentation from the Wisconsin Hospital Association
   - Alcohol Data Dashboard Scoping – Lynne Cotter, OHI/DPH/DHS
   - Discussion about future speakers and draft topics and questions for future presentations
5. Opioid Priority Action Team (OPAT) Work
   - Update
   - Updates on Prevention Grants (PFS15, PDO, SPF Rx, STR, and SOR)
6. Workplace Prevention Ad Hoc Workgroup…….Roger Frings, SCAODA Chair
7. Agency Member Updates…….Committee Members
8. Future Agenda Items…….Committee Members

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

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

Planning Tables

Table 1 Priority Areas and Annual Performance Indicators

Priority #: 1

Priority Area: Tuberculosis

Priority Type: SAP, SAT

Population(s): PWID, TB

Goal of the priority area:

Prevent tuberculosis (TB) transmission among persons who inject drugs, and treat those persons with TB.

Objective:

Improve rate of TB screening, information and referral requirement compliance by certified Alcohol and other Drug Abuse (AODA) treatment agencies in Wisconsin in order to prevent TB transmissions at those sites.

Strategies to attain the objective:

(1) Partner with the DHS' Division of Quality Assurance (DQA) to identify agencies in non-compliance with TB screening, information and referral requirements, and provide follow-up technical assistance to ensure compliance. (2) Monitor county agency compliance with TB screening, information and referral requirements through on-site visits and review of annual reports on use of SABG Community Aids funds. (3) Partner with the DHS' Division of Public Health (DPH) to track the monitoring and testing of persons who are at risk of contracting or transmitting TB.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of DHS 75-certified county treatment agencies that report in the annual SABG Community Aids Grant survey that they have complied with communicable disease screening, information and referral requirements under DHS 75.

Baseline Measurement: In CY 2018, all 67 county-based agencies reported that they complied with communicable disease screening, information and referral requirements, so 100% percent were in compliance.

First-year target/outcome measurement: In CY 2019, 100% of all county based agencies receiving SABG Community Aids Grants will report that they complied with communicable disease screening, information and referral requirements.

Second-year target/outcome measurement: In CY 2020, 100% of all county based agencies receiving SABG Community Aids Grants will report that they complied with communicable disease screening, information and referral requirements.

Data Source:

Wisconsin Department of Health Services (DHS), Division of Care & Treatment Services (DCTS) annual County SABG Community Aids Reports.

Description of Data:

SABG Annual Community Aids Surveys are issued to counties by DCTS. The survey includes a question asking counties to confirm that they are in compliance with TB screening, information and referral requirements under the SABG program.

Data issues/caveats that affect outcome measures::

(1) Note that Indicator #1's measure covers calendar years because the annual SABG Community Aids Surveys collects county-based program and fiscal information on a calendar year basis. (2) Under DHS 75.03(11) and (21), non-residential substance abuse treatment programs are required to complete a written or verbal screening. For residential facilities, DQA still checks for TB screening under the DHS 83 regulations. However, for the past few years, DQA has scaled back the number of providers it reviews annually to monitor TB screening, information and referral policies. Consequently, little comprehensive statewide data from DQA is presently available for use to monitor treatment provider compliance. As a result, DCTS will more closely monitor the annual reports received from counties to ensure that providers are in compliance with the TB requirements. Also, DCTS will continue, as part of its partnerships with DQA and

DPH, to explore strategies for both divisions to assist with monitoring TB screening, information and referral efforts and generating compliance data.

Priority #: 2

Priority Area: Persons Who Inject Drugs

Priority Type: SAP, SAT

Population(s): PWID

Goal of the priority area:

Increase the engagement of persons who inject drugs in county-authorized services.

Objective:

Increase the number of persons receiving county-authorized services who report injecting drugs.

Strategies to attain the objective:

(1) Continue strengthening collaborations among DHS, counties, local service providers and communities. (2) Monitor the number of intravenous drug use-related deaths and number of treatment admissions of persons who inject drugs with county-authorized providers. (3) Provide training and technical assistance to counties, service providers and communities on evidence-based practices and models in intravenous drug use prevention, outreach, and intervention activities.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of persons receiving county-authorized services annually who report injecting drugs.

Baseline Measurement: In CY 2017, there were 3,408 persons in county-authorized services who reported injecting as a route of administration for drug use. (Note: CY 2018 data is not currently available to use for the baseline.)

First-year target/outcome measurement: Assuming no change in national statewide trends of persons who inject drugs, the number of persons receiving county-authorized services who report injecting drugs will increase by at least 2 percent over the baseline level during CY 2019.

Second-year target/outcome measurement: Assuming no change in national statewide trends of persons who inject drugs, the number of persons receiving county-authorized services who report injecting drugs will increase by at least 2 percent over Year 1 level during CY 2020.

Data Source:

The Substance Use Disorder (SUD) Module of the Program Participation System (PPS), the State's data submission system for all counties used to collect and submit federal Treatment Episode Data Set (TEDS) data.

Description of Data:

All counties submit data describing all consumers served to the PPS SUD data system. The federal SABG requirements as well as State requirements are incorporated into the PPS SUD data system. The system includes data describing the consumer's status at enrollment (such as substance problem and route of administration), services received (such as outpatient vs. inpatient), and the outcomes of treatment (such as treatment completion, substance problem at discharge, support group attendance, and number of arrests at discharge). The specific data here is the count of persons served that year that have needle or injection as the route of administration for their primary, secondary, or tertiary substance problem.

Data issues/caveats that affect outcome measures::

(1) Data quality and completeness issues are minimized through data quality control reports and contracts with reporting agencies. Public substance use services do not fully reflect the scope of substance use services throughout the state. Furthermore, data does not take into account national or state trends, which may reflect yearly fluctuations in the statewide number of persons who inject drugs or the number of persons who inject drugs that are seeking treatment. (2) Note that Indicator #1's measure covers calendar years because the PPS SUD Module collects county-based treatment data on a calendar year basis. CY 2017 data is the most current data available for establishing the baseline.

Indicator #: 2

Indicator: The number of counties and tribes that receive training and technical assistance to select and implement one or more evidence-based practice or model in intravenous drug use prevention, outreach or intervention activity.

Baseline Measurement: In SFY 2019, a total of 4 counties and tribes received training or technical assistance featuring one or more evidence-based practice or model in intravenous drug use prevention, outreach or intervention activity.

First-year target/outcome measurement: A minimum of 6 counties and communities will receive training or technical assistance during SFY 2020 featuring one or more evidence-based practice or model in intravenous drug use prevention, outreach or intervention activity.

Second-year target/outcome measurement: A minimum of 8 counties and communities will receive training or technical assistance during SFY 2021 featuring one or more evidence-based practice or model in intravenous drug use prevention, outreach or intervention activity.

Data Source:

DHS/DCTS staff records and training and technical assistance reports; county and/or tribal agency records.

Description of Data:

Staff records of training and follow-up technical assistance and implementation activities, and fidelity support provided to counties/tribes. County and tribal agency records and correspondence regarding practices and models featured in training.

Data issues/caveats that affect outcome measures::

None anticipated.

Priority #: 3

Priority Area: Culturally-appropriate and Comprehensive Services for Underserved Populations

Priority Type: SAP, SAT

Population(s): Other (LGBTQ, Rural, Persons with Disablities, Homeless, Underserved Racial and Ethnic Minorities, Native American)

Goal of the priority area:

Improve access to recovery-oriented, culturally-appropriate substance use services for underserved populations.

Objective:

Improve existing substance use services to be more culturally appropriate and comprehensive, thus increasing access to these services for members from underserved populations, including racial and ethnic minorities, Native American, LGBTQ, persons with disabilities, veterans, homeless, and the Deaf and Hard of Hearing.

Strategies to attain the objective:

(1) Provide training, technical assistance and consultation to service providers and underserved population communities to design services that are accessible, culturally appropriate and comprehensive. (Examples include Choices for After School, which uses native culture programming to bring culture practices to native youth; provision of technical assistance on project work plan and budget development to tribal staff and two Hmong organizations.) (2) Promote participation in Emergent Leaders and Mentors training to members of underserved population groups. (3) Incorporate National Standards for CLAS (Culturally and Linguistically Appropriate Services) into contracts and grant awards for counties, tribes and service providers to implement in order to promote greater access to culturally appropriate substance use treatment services. (4) DCTS will design a workplan to add fields within the current PPS data system, enabling providers to identify consumers as belonging to particular underserved population categories, allowing staff and policymakers to better track how substance use disorder services meet the needs of underserved populations.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of training, technical assistance and consultation sessions or modules that are provided to service providers and underserved population communities that focus on increasing access to culturally-appropriate services.

Baseline Measurement: In SFY 2019, a total of 12 training, technical support or consulting sessions/modules were

provided to underserved population communities or service providers who target underserved populations.

First-year target/outcome measurement: During SFY 2020, a minimum of 14 training, technical support or consulting sessions/modules will be provided to underserved population communities or service providers who target underserved populations.

Second-year target/outcome measurement: During SFY 2021, a minimum of 16 training, technical support or consulting sessions/modules will be provided to underserved population communities or service providers who target underserved populations.

Data Source:

DHS and DCTS staff records, and training and technical assistance reports; county, tribal and provider records. Note that UW-Milwaukee is receiving a contract starting July 2019 to assess training needs and develop a work plan coordinating SUD training and technical support statewide. This work plan will help inform the number of training and technical support events to occur statewide.

Description of Data:

Number of training, technical support and consulting sessions provided that specifically target special population sub-groups, communities, or service providers that serve persons of special populations.

Data issues/caveats that affect outcome measures::

The University of Wisconsin (UW) Center for Urban Population Health, will not complete its SUD training needs assessment and resulting work plan until late 2019 or early 2020. Therefore some data will not be immediately available for tracking whether some indicator measures are being met during Year 1. From this assessment and workplan, however, UW-Milwaukee will define outcomes and measures for determining the degree of cultural-appropriateness of programs and services that target members of underserved populations. Also, note that currently our PPS system is limited to identifying few underserved population categories (racial and ethnic minorities, rural residents, Native Americans). This is a major barrier for comprehensively analyzing whether training and technical assistance is appropriate for specific underserved population groups. The planned increase in underserved categories within the PPS system will enable DHS/DCTS to better plan and deliver training and technical assistance that meets the unique needs of various population groups.

Priority #: 4

Priority Area: Youth Access to Tobacco Products

Priority Type: SAP

Population(s): Other (Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce youth tobacco use

Objective:

Reduce youth access to tobacco products and maintain a retail outlet non-compliance rate of less than 10 percent.

Strategies to attain the objective:

(1) Continue retailer compliance checks and provide public outreach and tobacco use prevention efforts, including prevention of vaping, through the DHS, Division of Public Health's (DPH's) Tobacco Prevention and Control Program. (2) Partner with DPH, WI Department of Public Instruction (DPI), and the State Council on Alcohol and Other Drug Abuse (SCAODA) to research and develop policy on reducing the use of vaping, especially among youth.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The proportion of successful purchases of tobacco products by youth will remain below 10 percent, using unweighted data rates.

Baseline Measurement: The rate of successful tobacco purchases by youth during CY 2018 (based on unweighted data) was 5.8 percent, as reported in the FFY 2019 Synar Report.

First-year target/outcome measurement: The rate of successful tobacco purchases by youth (based on unweighted data) will be less than 6.0 percent during CY 2019, to be reported in the FFY 2020 Synar Report.

Second-year target/outcome measurement: The rate of successful tobacco purchases by youth (based on unweighted data) will be less than 6.0 percent during CY 2020, to be reported in the FFY 2021 Synar Report.

Data Source:

The Synar compliance check effort is coordinated by the Department of Health Services, DPH's Tobacco Prevention and Control Program "WI Wins" program. Data will be using an approved sampling scheme.

Description of Data:

The University of Wisconsin Survey Center scientifically determines the random sample of retail outlets that will be targeted for law enforcement-supervised compliance checks in which minors will attempt to purchase tobacco products. The compliance checks are completed by July each year and the rate of violations data are available by December.

Data issues/caveats that affect outcome measures::

Note that Indicator #1's measure covers calendar years because the annual Synar survey data gathering focuses on reviewing and analyzing data which is collected on a calendar year basis.

Priority #: 5

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAP, SAT

Population(s): PWWDC

Goal of the priority area:

Increase the number and quality of substance use disorder services for pregnant women and women with dependent children.

Objective:

Increase the number of counties, community-based providers and tribes that receive training and technical assistance, and then effectively implement evidence-based practices and strategies targeting pregnant women or women with dependent children.

Strategies to attain the objective:

1) Provide training and technical assistance to counties, community-based providers and tribes to help them develop and implement evidence-based programming and services serving substance-using pregnant women and women with dependent children; 2) provide training and implement strategies for soundly-researched outreach models and interim services targeting pregnant women, including women from underserved and vulnerable populations.

Note: The specific practices and strategies will be based on findings from a training needs assessment being conducted by UW's Center for Urban Population Health, which will be completed by early 2020. (Examples of evidence-based practices and strategies may include some of the following: ASAM (American Society of Addiction Medicine) training covering all levels of care for pregnant women and women-injecting drugs populations; incorporating Trauma Informed Care models, including Stephanie Covington's Trauma and Addiction, and Lisa Najavits' Seeking Safety; gender-specific program and treatment; the Matrix/Living in Balance Model to address methamphetamine and cocaine users; model pharmacological treatments for pregnant women who are opioid dependent; FASD (Fetal Alcohol Spectrum Disorder) /NAS(Neonatal Abstinence Syndrome) /(NOW) Neonatal Opioid Withdraw health educator - Train the Trainer curriculum; My Baby and Me Intervention and Screening Tool; and Dialectical Behavior Therapy (DBT) for substance use disorders.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of counties, tribes and community-based providers receiving training and technical assistance on implementing evidence-based practices and treatment for substance-using pregnant women and women with dependent children.

Baseline Measurement: From 2015-18, ten counties and tribes received training and technical assistance on evidence-based practices and strategies for substance using pregnant women and women with dependent children, and began implementing a minimum of one model or strategy.

First-year target/outcome measurement: During SFY 2020, a minimum of five additional counties, tribes and community providers will receive training and technical assistance and begin implementing evidence-based practices and strategies targeting pregnant women and women with dependent children.

Second-year target/outcome measurement: During SFY 2021, a second group of five or more counties, tribes and community providers

will receive training and technical assistance and begin implementing evidence-based practices and strategies targeting pregnant women and women with dependent children.

Data Source:

DHS/DCTS records; training and fidelity forms and reports; County, Tribal and community-based provider agency client records.

Description of Data:

Staff records of training and follow-up implementation and fidelity support provided to counties, tribes and community-based providers.

Data issues/caveats that affect outcome measures::

None anticipated.

Priority #: 6

Priority Area: Primary Prevention Services

Priority Type: SAP

Population(s): Other (Individuals in need of primary substance use disorder prevention services)

Goal of the priority area:

Prevent occurrences of substance use disorders among at-risk populations through the use of SABG funds for primary prevention services and activities.

Objective:

Wisconsin will continue expending more than 20 percent of the state SABG allocation on primary prevention services for individuals and communities that are at-risk of substance use disorders.

Strategies to attain the objective:

(1) Require counties to spend at least 20 percent of their SABG community aids awards on primary prevention services. (2) Award contracts and grants to service providers to deliver primary prevention services. (3) Award contracts and grants to agencies to train and build capacity among the workforce and communities to deliver primary prevention services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Wisconsin will spend at least 20 percent of its SABG fund allocation on primary prevention services, training and technical assistance.

Baseline Measurement: During SFY 2018, Wisconsin spent 24.0 percent of its SABG expenditures on primary prevention services, training and technical assistance. The state anticipates that it will have spent approximately 24 percent of SABG funds on primary prevention activities during SFY 2019, once financial records are prepared and finalized for that period.

First-year target/outcome measurement: During SFY 2020, Wisconsin will spend at least 20 percent of its SABG expenditures on primary prevention services, training and technical assistance.

Second-year target/outcome measurement: During SFY 2021, Wisconsin will spend at least 20 percent of its SABG expenditures on primary prevention services, training and technical assistance.

Data Source:

Department of Health Services, Bureau of Fiscal Services (BFS) records of SABG expenditures and the Division of Care and Treatment Services (DCTS) records of contractor activities.

Description of Data:

Program records from DCTS will be used to identify which contracts engage in primary prevention activities. Fiscal records will be used to determine how much money those programs spent during the fiscal year.

Data issues/caveats that affect outcome measures::

None anticipated.

Priority #: 7

Priority Area: Reduce Adult and Youth Binge Drinking

Priority Type: SAP, SAT

Population(s): Other (Adolescents w/SA and/or MH, Students in College, Individuals with Substance Use Disorders who engage in high risk drinking)

Goal of the priority area:

Reduce the percentage of adults and youth binge drinking statewide.

Objective:

Reduce the percentage of adults ages 18-55 and youth ages 12-17 who report that they have engaged in binge drinking statewide through the use of evidence-based practices, public educational campaigns and data monitoring.

Strategies to attain the objective:

(1) Continue working with the Wisconsin Alcohol Policy Project to assist communities in implementing evidence-based environmental prevention and enforcement strategies. (2) Monitor adult and youth binge drinking rates. (3) Work with the Alliance for Wisconsin Youth coalitions to promote implementation of environmental prevention strategies and strategies that limit youth access to alcohol. (4) Implement new campaigns disseminating information and education on the risks of underage drinking and caretaker hosting of drinking activities.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percent of adults ages 18-55 who report binge drinking (consuming 5 or more beverages during an occasion of drinking) within the past 30 days.

Baseline Measurement: In CY 2017, 22.7 percent of adults in Wisconsin reported binge drinking within the past 30 days. (95% confidence interval range is 21.2-24.3 percent). Note: CY 2018 data is not yet available to use for the baseline.

First-year target/outcome measurement: During CY 2019, the percentage of adults who report binge drinking in the past 30 days will not exceed 22.2 percent.

Second-year target/outcome measurement: During CY 2020, the percentage of adults who report binge drinking in the past 30 days will not exceed 21.8 percent.

Data Source:

National Survey on Drug Use and Health; Youth Risk Behavior Survey

Description of Data:

The National Survey on Drug Use and Health is a survey of randomly-selected individuals that provides state-level estimates on the use of alcohol. The Youth Risk Behavior Survey is administered to selected school districts in Wisconsin and provides estimates of youth use of alcohol, including binge drinking.

Data issues/caveats that affect outcome measures::

Note that Indicator #1's measure covers calendar years because the annual binge drinking rate data available for adults and youth across Wisconsin is measured by calendar year.

Indicator #: 2

Indicator: The percent of youth ages 12-17 who report binge drinking (consuming 5 or more beverages during an occasion of drinking) within the past 30 days.

Baseline Measurement: In CY 2017, 6.0 percent of youth ages 12-17 reported binge drinking within the past 30 days. (Note: CY 2018 data is not yet available to use for the baseline.)

First-year target/outcome measurement: During CY 2019, the percent of youth ages 12-17 who report binge drinking will not exceed

5.8 percent.

Second-year target/outcome measurement: During CY 2020, the percent of youth ages 12-17 who report binge drinking will not exceed 5.6 percent.

Data Source:

National Survey on Drug Use and Health; Youth Risk Behavior Survey

Description of Data:

The National Survey on Drug Use and Health is a survey of randomly-selected individuals that provides state-level estimates on the use of alcohol. The Youth Risk Behavior Survey is administered to selected school districts in Wisconsin and provides estimates of youth use of alcohol, including binge drinking.

Data issues/caveats that affect outcome measures::

Note that Indicator #2's measure covers calendar years because the annual binge drinking rate data available for adults and youth across Wisconsin is measured by calendar year.

Priority #: 8

Priority Area: Opioid Misuse and Abuse

Priority Type: SAT

Population(s): PWWDC, PWID

Goal of the priority area:

Reduce the number of opioid-related deaths in Wisconsin.

Objective:

Address the misuse and abuse of opioids, by reducing prescription drug availability, increasing the number of persons receiving opioid treatment, and increasing the use of evidence-based interventions and prevention strategies statewide.

Strategies to attain the objective:

(1) Implement best practices for reducing prescription drug availability. (2) Track statistics from the Prescription Drug Monitoring Program (PDMP) and track the number of opioid-related deaths. (3) Provide technical assistance to opioid treatment centers statewide and to providers of opioid treatment services. (4) Continue expanding the availability and use of Naloxone and education on EBPs in opioid use disorder prevention and treatment within communities statewide. (5) Implement best practices for preventing opioid misuse through education and awareness programs offered through several grant programs (i.e., Opioid Harm Prevention Program; Prevention Prescription Drug/Opioid Overdose program; State Opioid Response Program).

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The annual number of opioid-related overdose deaths.

Baseline Measurement: In CY 2017, there were 916 opioid-related deaths statewide. Note: CY 2018 final data is not yet available to use for the baseline.

First-year target/outcome measurement: During CY 2019, the number of opioid-related deaths statewide will not increase over the CY 2017 baseline level of 916 deaths.

Second-year target/outcome measurement: During CY 2020, the number of opioid-related deaths statewide will decrease by at least 3 percent from the baseline level of 916 deaths.

Data Source:

WI DHS Vital Records Death Data, Office of Health Informatics

Description of Data:

Death certificate records are counted by the Office of Health Information within the Division of Public Health, DHS.

Data issues/caveats that affect outcome measures::

Note that Indicator #1's measure covers calendar years because the annual number of opioid-related deaths across Wisconsin is

measured by calendar year.

Indicator #:	2
Indicator:	The number of persons with an opioid-related substance problem who received county-authorized services.
Baseline Measurement:	During CY 2018, 5,455 persons with an opioid-related substance problem received county-authorized services.
First-year target/outcome measurement:	During CY 2019, the number of persons receiving county-authorized services with an opioid -related substance problem will increase by at least 5 percent over the baseline level.
Second-year target/outcome measurement:	During CY 2020, the number of persons receiving county-authorized services with an opioid -related substance problem will increase by at least 5 percent over the Year 1 level.

Data Source:

The Substance Use Disorder (SUD) Module of the Program Participation System (PPS), the State's data submission system for all counties used to collect and submit federal Treatment Episode Data Set (TEDS) data.

Description of Data:

All counties submit data describing all consumers served to the PPS SUD data system. The federal SABG requirements as well as State requirements are incorporated into the PPS SUD data system. The system includes data describing the consumer's status at enrollment (such as substance problem and route of administration), services received (such as outpatient vs. inpatient), and the outcomes of treatment (such as treatment completion, substance problem at discharge, support group attendance, and number of arrests at discharge). The specific data here is the count of persons served that year that reported an opioid problem as their primary, secondary, or tertiary substance problem.

Data issues/caveats that affect outcome measures::

Data quality and completeness issues are minimized through data quality control reports and contracts with reporting agencies. Public substance use services do not fully reflect the scope of substance use services throughout the state. Note that Indicator #2's measure covers calendar years because the PPS SUD Module collects county-based treatment data on a calendar year basis.

Indicator #:	3
Indicator:	The number of individuals receiving training or education on evidence-based practices for opioid use disorder prevention and treatment. (Individuals receiving training or education include SUD service providers, prevention coalition members, law enforcement officers, EMTs and first responders, physicians and other medical professionals, individuals with lived experiences, family members of drug users, and other members of the public from counties and tribes.)
Baseline Measurement:	During 2017, 6,382 individuals received training/education on evidence-based practices for opioid use disorder prevention and treatment. (Note: CY 2018 data is not currently available to use for the baseline.)
First-year target/outcome measurement:	A minimum of 6,500 individuals will receive training/education on evidence-based practices for opioid use disorder prevention and treatment during CY 2019.
Second-year target/outcome measurement:	A minimum of 6,500 individuals will receive training/education on evidence-based practices for opioid use disorder prevention and treatment during CY 2020.

Data Source:

DHS/DCTS records; training records of AIDS Resource Center of Wisconsin, Inc. (ARCW).

Description of Data:

DCTS maintains records from ARCW that records the opioid misuse and abuse prevention and treatment training and education (e.g., use of naloxone) provided across WI to individuals, including service providers, law enforcement, medical professionals, and EMTs.

Data issues/caveats that affect outcome measures::

(1) EBPs and other models covered under training and education will include: Use and administration of naloxone; various Medication Assisted Treatment models; application of ASAM standards; MATRIX model; Trauma Informed Care; cultural competency standards and

models; Hub and Spoke model; peer services; Motivational Interviewing; SUD prevention models that include Youth Thrive;, Substance Abuse Prevention Skills Training (SAPST), ethics in prevention, Advanced Roadside Impaired Driving Enforcement (ARIDE), Drug Impairment Training for Educational Professionals (DITEP), and Question Persuade Refer (QPR). (2) Note that Indicator #3's measure covers calendar years because the training and education data collected from ARCW and DHS staff is calendar year based.

Priority #: 9

Priority Area: Methamphetamine Addiction

Priority Type: SAP, SAT

Population(s): PWWDC, PWID

Goal of the priority area:

Expand interventions and treatments for methamphetamine addiction.

Objective:

Expand the use of evidence-based interventions and treatment opportunities for methamphetamine users.

Strategies to attain the objective:

(1) Provide training and technical assistance on evidence-based methamphetamine addiction treatment and prevention practices to counties, tribes and coalitions across the state. (2) Continue monitoring the number of persons receiving methamphetamine treatment statewide.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of persons with a methamphetamine-related substance problem who received county-authorized services annually.

Baseline Measurement: During CY 2018, 2,252 persons with a methamphetamine-related substance problem received county-authorized services.

First-year target/outcome measurement: During CY 2019, the number of persons with a methamphetamine-related substance problem receiving county-authorized services will increase by at least 5 percent over the baseline level.

Second-year target/outcome measurement: During CY 2020, the number of persons with a methamphetamine-related substance problem receiving county-authorized services will increase by at least 5 percent over the Year 1 level.

Data Source:

The Substance Use Disorder (SUD) Module of the Program Participation System (PPS), the State's data submission system for all counties used to collect and submit federal Treatment Episode Data Set (TEDS) data.

Description of Data:

All counties submit data describing all consumers served to the PPS SUD data system. The federal SABG requirements as well as State requirements are incorporated into the PPS SUD data system. The system includes data describing the consumer's status at enrollment (such as substance problem and route of administration), services received (such as outpatient vs. inpatient), and the outcomes of treatment (such as treatment completion, substance problem at discharge, support group attendance, and number of arrests at discharge). The specific data here is the count of persons served that year that reported a methamphetamine problem as their primary, secondary, or tertiary substance problem.

Data issues/caveats that affect outcome measures::

(1) Data quality and completeness issues are minimized through data quality control reports and contracts with reporting agencies. Public substance use services do not fully reflect the scope of substance use services throughout the state.
(2) Indicator #1's measure covers calendar years because the PPS SUD Module collects county-based treatment and services data on a calendar year basis.

Priority #: 10

Priority Area: Evidence Based Practices in Mental Health and Substance Use Disorder Services

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, PWID

Goal of the priority area:

Expand the use of Evidence Based Practices in the Mental Health and Substance Use Disorder service systems.

Objective:

Increase the capacity of Mental Health and Substance Use Disorder service system providers to implement and expand the use of evidence-based practices.

Strategies to attain the objective:

Provide training and technical assistance to counties, tribes and other service providers on implementing Medication Assisted Treatment (MAT), Multi-Dimensional Family Therapy (MDFT), and evidence-based primary prevention programs. (Examples include the Too Good for Drugs and Violence Program for high school students, Strengthening Families Program for middle school students and family members, and Prime for Life Program that help youth with decision making.)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Unduplicated number of DATA-waived, federally-approved buprenorphine prescribers in Wisconsin.

Baseline Measurement: As of March 2019, there were 883 DATA-waived, federally-approved buprenorphine prescribers across Wisconsin.

First-year target/outcome measurement: By March 2020, the number of DATA-waived buprenorphine prescribers in Wisconsin will increase by at least 2 percent from the baseline target.

Second-year target/outcome measurement: By March 2021, the number of DATA-waived buprenorphine prescribers in Wisconsin will increase by at least 2 percent from the Year 1 target.

Data Source:

SAMHSA, Division of Pharmacologic Therapies, through a special request made by the Wisconsin State Opioid Treatment Authority.

Description of Data:

The unduplicated count of individuals who are Wisconsin buprenorphine prescribers and who fall within one of three lists of DATA-waived prescribers: 1) All approved prescribers; 2) Agencies that have prescribers; and 3) Approved prescribers who permit their name to be listed in a public directory maintained by SAMHSA.

Data issues/caveats that affect outcome measures::

(1) Data quality and completeness issues are minimized through data quality control reports and contracts with reporting agencies. (2) In our 2017 Substance Use Disorders Needs Assessment, we estimated that 78% of Wisconsin persons who need SUD treatment were not seeking or receiving treatment. One major factor contributing to this treatment gap was the lack of close access to medicated-assisted treatment (MAT) options for many citizens, including buprenorphine. Despite the presence 520 DATA-waivered buprenorphine prescribers statewide in March 2017, no prescribers were located in 17 of Wisconsin's 72 counties. Since then, the state has sought to target the increase in number of prescribers in some of those counties so that more opioid and other users will access buprenorphine treatment.

Indicator #: 2

Indicator: Implementation of Multi-Dimensional Family Therapy (MDFT) training through the Youth Treatment-Implementation Grant.

Baseline Measurement: A Youth Treatment-Implementation Grant received by Wisconsin in 2017 was implemented in 2018 and 2019 to provide MDFT training.

First-year target/outcome measurement: In FFY 2020 Wisconsin will complete the following: 1) Increase client enrollment; 2) provide training to clinicians and stakeholders on engagement, outreach, and brain development; 3) provide training on the EBP of MDFT to clinicians and stakeholders beyond the identified service sites; and 4) begin long term sustainability planning with identified

service sites.

Second-year target/outcome measurement: In FFY 2021 Wisconsin will complete the following: 1) Increase client enrollment to expected capacity; 2) service sites will have sustainability plans to integrate MDFT services into existing Medicaid funded programs; 3) Using the MDFT train-the-trainer model, service sites will expand beyond existing clinicians to additional clinicians within and beyond their organizations; and 4) statewide dissemination of MDFT as an evidence based practice.

Data Source:

Performance monitoring reports for the Youth Treatment-Implementation Grant.

Description of Data:

DHS/DCTS staff will monitor and track the implementation of the above activities.

Data issues/caveats that affect outcome measures::

None anticipated. Note: Indicator #2 and the attendant information pertain to the MHBG Plan only, not to the SABG Plan.

Indicator #: 3

Indicator: The percent of primary prevention programs and interventions implemented by counties, tribes and other providers that are evidence based. (Note: Programs are considered evidence-based if they: (1) are included in a Federal List or Registry of evidence-base interventions; (2) have been reported – with positive effects – in a peer-reviewed journal; or (3) are based on documentation of effectiveness based on a solid theory or perspective that has validated research, are supported by a documented body of knowledge a converging of empirical evidence of effectiveness generated from similar interventions that indicate effectiveness, and are judged by informed experts to be effective.)

Baseline Measurement: During CY 2018, 90 providers implemented 250 primary prevention programs. Of that total, 220 programs (88 percent) were evidence-based.

First-year target/outcome measurement: During CY 2019, a minimum of 89 percent of implemented primary prevention programs will be evidence-based.

Second-year target/outcome measurement: During CY 2020, a minimum of 90 percent of implemented primary prevention programs will be evidence-based.

Data Source:

DHS, DCTS staff records; Substance Abuse Prevention Services Information System (SAP-SIS) data.

Description of Data:

Percentage of primary prevention programs reported in SAP-SIS and to DCTS staff that are found to be evidence-based practices.

Data Issues/caveats that affect outcome measures::

(1) In the past, we have experienced some inaccuracies with the reported data into SAP-SIS and to staff. DCTS staff continues to work to refine our reporting requests and data collection methods to improve the level of accuracy. (2) Indicator #3's measure covers calendar years because the SAP-SIS database collects county-based treatment data on a calendar year basis.

Priority #: 11

Priority Area: Workforce Capacity

Priority Type: SAT, MHS

Population(s): Other (Substance Use Disorder and Mental Health Workforce Professionals)

Goal of the priority area:

Expand and enhance the workforce capacity for Mental Health and Substance Use Services.

Objective:

Increase the amount of training and technical assistance to mental health and substance use professionals and providers to increase the number of

providers who provide mental health and substance use treatment services, and increase their capacity to provide quality and effective services.

Strategies to attain the objective:

1) Reestablish and implement the Emerging Leaders Program to recruit and train substance use disorder professionals from underserved, vulnerable populations.

(2) Design effective and quality training and technical assistance for the identified workforce (e.g. prescribers, behavioral Health clinicians, clinical supervisors) utilizing the NIRN (National Implementation Research Network) model and SAMHSA's building blocks recruitment and retention training intervention. (See http://toolkit.ahpnet.com) Examples of activities include: (a) Provide trainings, technical assistances for prescribers, clinicians and supervisors regarding integration of MH/SUD services and primary care in a Health Home model; identify or establish learning collaborative by discipline; Prescriber recruitment dinner and Buprenorphine X-waiver training. (b) Expand training and technical assistance for clinical supervisors that address supervision of both mental health and substance use disorder services in collaboration with the University of Wisconsin academic partners CUPH, and CHESS (GLATTC, MHTTC & PTTC). (c) Provide training and technical assistance to behavioral health professionals on evidence-based practices, including: ASAM trainings, women's health, Project Echo, Living in Balance/Matrix, gender-specific programs, methamphetamine-based programs, and implementation science concepts utilizing the NIRN model.

(3) Evaluate current workforce quality and capacity; identify gaps; develop a recruitment and retention MH/SUD workforce plan.

(4) Provide technical assistance to counties, pregnancy postpartum women (PPW) grantee programs, and programs targeting persons who inject drugs regarding outreach models, data collection and program fidelity tools.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Implementation of the above four strategies.
Baseline Measurement:	During 2019, the four strategies identified and described above were selected by the SABG and MHBG program staff and partners in DHS for development and implementation.
First-year target/outcome measurement:	In SFY 2020, a minimum of 15 training, educational and technical assistance events or sessions will be held that incorporate one or more of the four strategies listed above.
Second-year target/outcome measurement:	In SFY 2021, a minimum of 15 training, educational and technical assistance events or sessions will be held that incorporate one or more of the four strategies listed above.

Data Source:

DHS/DCTS staff and trainer/technical assistance provider records of implementing the above strategies and activities.

Description of Data:

Internal DHS/DCTS records of completing the above strategies and activities.

Data issues/caveats that affect outcome measures::

None anticipated.

Priority #: 12

Priority Area: Behavioral Health Services in Criminal Justice System

Priority Type: SAT

Population(s): Other (Criminal/Juvenile Justice)

Goal of the priority area:

Improve the quality and effectiveness of behavioral health services in the criminal and juvenile justice systems.

Objective:

Increase the use of effective and recovery-oriented, evidence-based behavioral health services for persons coming in contact with the criminal and juvenile justice systems.

Strategies to attain the objective:

1) Provide technical assistance to service providers on implementing evidence-based practices to address the behavioral health needs of people in the

criminal and juvenile justice systems. 2) Expand the number of persons at risk of incarceration that receive SUD treatment and interventions in Treatment Alternative Programs (TAPs). 3) Expand the number of persons residing in correctional institutions or returning into the community who receive SUD treatment and support in programs held in juvenile corrections, correctional institution for females, and adult community corrections. 4) The OARS (Opening Avenues to Reentry Success) Program will continue to implement various evidence-based practices, including Motivational Interviewing and Trauma Informed Care.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of people who participated in a Treatment Alternative Program (TAP).

Baseline Measurement: During CY 2018, 190 persons participated in a TAP.

First-year target/outcome measurement: During CY 2019, a minimum of 200 persons will participate in a TAP, an increase of 5 percent over the baseline number.

Second-year target/outcome measurement: During CY 2020, a min. of 210 persons will participate in a TAP, an increase of 10 percent over the baseline number.

Data Source:

TAP contact records, training forms and records; County and/or Tribal agency client records; DHS/DCTS staff records.

Description of Data:

TAP program administrative and client records.

Data issues/caveats that affect outcome measures::

(1) In the past, we have experienced some inaccuracies and uncertainties with the data reported by the TAPs. DCTS staff continues to work to refine our reporting requests and data collection methods to improve the level of accuracy. (2) Indicator #1's measure covers calendar years because the TAP contracts are set up as calendar year programs.

Indicator #: 2

Indicator: The number of people who participated in one of the four SABG-funded treatment programs with the Wisconsin Department of Corrections (DOC), and the percentage who successfully completed the program. (The programs target the following four populations: (1) persons in juvenile corrections or returning to the community; (2) female residents at the Taycheedah Correctional Institution; (3) Native Americans who are returning into the community from corrections; and (4) adults in community corrections who are in halfway houses or who live in the community.)

Baseline Measurement: During SFY 2018 2018, 433 persons participated in one of the four DOC programs. Of those persons, 226 (52%) successfully completed the program, while another 110 either continued the program into SFY 2019, or no information on them was available regarding their ending status. (Note: SFY 2019 data is not currently available to use for the baseline.)

First-year target/outcome measurement: During SFY 2020, a minimum of 455 persons will participate in a DOC program, an increase of 5 percent over the baseline number. Of those, at least 50% will successfully complete the program.

Second-year target/outcome measurement: During SFY 2021, a min. of 470 persons will participate in a DOC program, an increase of 3 percent over the Year 1 number. Of those, at least 50% will successfully complete the program.

Data Source:

DOC program contact records, training forms and records; DOC client records; DHS/DCTS staff records.

Description of Data:

DOC contract program administrative and client records.

Data issues/caveats that affect outcome measures::

We have experienced some inaccuracies and uncertainties with the data reported by the DOC programs. DCTS staff continues to work to refine our reporting requests and data collection methods to improve the level of accuracy.

Priority #: 13

Priority Area: Certified Peer Specialists

Priority Type: SAT, MHS

Population(s): SMI, SED, ESMI, Other

Goal of the priority area:

Increase service quality and system capacity through the training, certification, employment, and utilization of Certified Peer Specialists (CPS).

Objective:

Increase the number of Certified Peer Specialists (CPS) in Wisconsin.

Strategies to attain the objective:

1. Provide and support training opportunities for people to become CPS. 2. Promote the benefits of CPS involvement in behavioral health care and substance use disorder treatment settings to increase utilization of CPS in the behavioral health system.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Certified Peer Specialists in Wisconsin.

Baseline Measurement: As of August 2019 there were 1187 Certified Peer Specialists in Wisconsin.

First-year target/outcome measurement: An additional 40 people will become Certified Peer Specialists.

Second-year target/outcome measurement: An additional 40 people will become Certified Peer Specialists.

Data Source:

Contract data provided by Certified Peer Specialist examination provider.

Description of Data:

Count of new people successfully achieving Certified Peer Specialist Certification.

Data issues/caveats that affect outcome measures::

None are anticipated.

Priority #: 14

Priority Area: Early Intervention for First Episode Psychosis

Priority Type: MHS

Population(s): SMI, ESMI

Goal of the priority area:

Prevent long-term disability and severity of psychotic disorders through early intervention utilizing the Coordinated Specialty Care (CSC) model.

Objective:

Expand the provision of CSC model services for youth and young adults experiencing a First Episode Psychosis (FEP).

Strategies to attain the objective:

1. Continue providing funding for community behavioral health providers to provide CSC services. 2. Provide technical assistance, program monitoring, and oversight to Wisconsin's CSC programs. 3. Provide ongoing CSC program evaluation and outcome monitoring. 4. Continue to develop Wisconsin's system capacity for future CSC program expansion and continue to develop means of program sustainability.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of youth and young adults receiving CSC model services.

Baseline Measurement: An estimated 75 youth and young adults will have received CSC services in 2019.

First-year target/outcome measurement: An additional 15 youth and young adults will have received CSC model services.

Second-year target/outcome measurement: An additional 15 youth and young adults will have received CSC model services.

Data Source:

Annual program reports from Wisconsin's MHBG funded CSC programs.

Description of Data:

Service provision reports provided to the Wisconsin Department of Health Services by contracted CSC providers.

Data issues/caveats that affect outcome measures::

Based on counts available at the time of the development of this indicator 75 youth and young adults are estimated to have received CSC services in FFY 19. The baseline may be adjusted for outcome measurement if this amount is different at the conclusion of FFY 19.

Priority #: 15

Priority Area: Children's Mental Health

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Improve service outcomes for youth with SED through the use of Coordinated Services Teams (CST) Initiatives.

Objective:

Improve the quality of services provided through CST.

Strategies to attain the objective:

1.Provide on-going technical assistance, training, and support to areas of the state/tribes with CST Initiatives to improve collaboration, coordination, system improvements, and outcomes for children and families.2. Providing training and Technical Assistance on development of local systems of care. 3. Review data on child and family outcomes of CST Initiatives and identify quality improvement objectives. 4. Provide training on the use of Evidence Based Practices (EBP) and fidelity monitoring with the CST Initiatives.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of youth who have completed CST services with "major or moderate" improvement as reported by the CST provider.

Baseline Measurement: 39% of CST youth participants complete their services with "major or moderate" improvement at discharge (2018).

First-year target/outcome measurement: 42% of CST youth participants will complete their services with "major or moderate" improvement at discharge (2019).

Second-year target/outcome measurement: 45% of CST youth participants will complete their services with "major or moderate" improvement at discharge (2020).

Data Source:

The Mental Health Module of the Program Participation System (PPS) – the State's data submission system for all counties.

Description of Data:

All counties submit data describing all consumers served to the PPS MH data system. The federal MHBG requirements as well as State requirements are incorporated into the PPS MH data system. The system includes data describing the consumer's needs at enrollment (such as diagnosis), services received (such as outpatient vs. inpatient), and the outcomes of treatment (such as clinical improvement

and functioning) which are reported every 6 months as long as a consumer is receiving services.

Data issues/caveats that affect outcome measures::

None anticipated.

Priority #: 16

Priority Area: Suicide Prevention

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Prevent suicide and suicide attempts in Wisconsin.

Objective:

Expand programs and policies to prevent suicide among people with a Serious Mental Illness or Serious Emotional Disorder.

Strategies to attain the objective:

1. Support and expand systems change approaches in health care settings serving individuals with SMI/SED to strengthen suicide prevention policies, procedures, and practices in those settings. 2. Support development of the mental health workforce through training in recognizing, assessing, managing, and responding to suicide risk in populations with SMI/SED.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of behavioral health organizations, including county-based systems, that have completed the Wisconsin Zero Suicide Training.

Baseline Measurement: Seven behavioral health organizations completed the Wisconsin Zero Suicide Training in Federal Fiscal Year 2019.

First-year target/outcome measurement: Five new behavioral health organizations will complete the Wisconsin Zero Suicide Training in Federal Fiscal Year 2020.

Second-year target/outcome measurement: Five new behavioral health organizations will complete the Wisconsin Zero Suicide Training in Federal Fiscal Year 2021.

Data Source:

Division of Care and Treatment Services administrative records and contract performance reports.

Description of Data:

Number of behavioral health organizations completing training in the Zero Suicide Model as reported by the contractor.

Data issues/caveats that affect outcome measures::

None are anticipated.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

This is to clarify that Priority numbers 10, 11, 12 and 13 are joint priorities that target both substance use disorder and mental health programs and populations under both the SABG and MHBG programs.

FFY 2020-2021 SABG & MHBG Application and Plan – Final Draft

A copy of the final draft complete SABG and MHBG Application and Plan for the new two-year cycle covering FFY 2020-2021 is posted on the SCAODA website home page, underneath the Spotlight banner. The home page is located at: https://scaoda.wisconsin.gov/.

Richard A. Rawson, Ph.D., is a Research Professor in the Vermont Center on Behavior and Health, Department of Psychiatry, University of Vermont and the retired Co-Director of UCLA Integrated Substance Abuse Programs and now Emeritus Professor in the Geffen School of Medicine department of psychiatry at UCLA. He received a Ph.D. in experimental psychology from the University of Vermont in 1974. Dr. Rawson has spent his career conducting research and providing training on innovative behavioral and medication treatments for individuals with stimulant use disorders. Dr. Rawson oversees clinical trials on pharmacological and psychosocial addiction treatments. He is principal investigator of the NIDA grants on aerobic exercise, screening and brief intervention in a mental health setting, and a Fogarty training grant between UCLA and Cairo University. He also is principal investigator of the SAMHSA/PEPFAR: Cooperative Agreement for Workforce Development in Vietnam: HIV-Addiction Technology Transfer Center and recently completed the SAMHSA/Department of State: Iraq Drug Demand Reduction Initiative. He has led addiction research and training projects for the United Nations, the World Health Organization, the Drosos Foundation and the U.S. State Department, exporting science-based knowledge to many parts of the world. He just completed an evaluation of the Vermont Hub and Spoke opioid addiction treatment system. He is currently principal investigator of a grant from the California Department of Health Services to export the Vermont Hub and Spoke model to California. He recently was awarded a SAMHSA grant to initiate medication for opioid use disorders in the ED of 3 Vermont hospitals. Dr. Rawson has published 3 books, 40 book chapters, and over 220 peer-reviewed articles and has conducted over 1,000 workshops, paper presentations, and training sessions.

Some of Dr. Rawson's peer-review articles on methamphetamine and other stimulant use:

Rawson, R.A., Chudzynski, J., Mooney, L., Gonzales, R., Ang, A., Dickerson, D., Penate, J., Salem, B.A., Dolezal, B., & Cooper, C.B. (2015). Impact of an exercise intervention on methamphetamine use outcomes post-residential treatment care. ***Drug and Alcohol Dependence, 156***, 21-28**.** PMCID: PMC4633370

Haglund, M., Ang, A., Mooney, L., Gonzales, R., Chudzynski, J., Cooper, C.B., Dolezal, B.A., Gitlin, M., & Rawson, R.A. (2015). Predictors of depression outcomes among abstinent methamphetamine-dependent individuals exposed to an exercise treatment. ***American Journal on Addictions, 24***(3), 246-251. doi: 10.1111/ajad.12175

Rawson, R.A., Chudzynski, J., Gonzales, R., Mooney, L., Dickerson, D., Ang, A., Dolezal, B., & Cooper, C.B. (2015). The impact of exercise on depression and anxiety symptoms among abstinent methamphetamine-dependent individuals in a residential treatment setting. *Journal of Substance Abuse Treatment, 57*, 36-40. doi:10.1016/j.jsat.2015.04.007. PMC4560957

Messina, N., Jeter, K., Marinelli-Casey, P., West, K., Rawson, R.A. (2014). Children exposed to methamphetamine use and manufacture. Child Abuse & Neglect, *38*(11), 1872-1883. doi: 10.1016/j.chiabu.2006.06.009. PMCID: PMC3029499

Radfar, S.R., & Rawson, R.A. (2014). Current research on methamphetamine: Epidemiology, medical and psychiatric effects, treatment, and harm reduction efforts. Addiction & Health, 6(3-4), 146-154. http://ahj.kmu.ac.ir/index.php/ahj/article/view/187/229 PMCID: PMC4354220

Gonzales R, Mooney L, Rawson RA. The methamphetamine problem in the United States. Annu Rev Public Health. 2010; 31:385-98. doi: 10.1146/annurev.publhealth.012809.103600. Review. PubMed PMID: 20070191;

Mooney LJ, Glasner-Edwards S, Marinelli-Casey P, Hillhouse M, Ang A, Hunter J, Haning W, Colescott P, Ling W, Rawson R. Health conditions in methamphetamine-dependent adults 3 years after treatment. J Addict Med. 2009 Sep**; 3**(3):155-63. doi: 10.1097/ADM.0b013e3181a17c79. PubMed PMID: 21769012.PubMed Central PMCID: PMC4440680.

Shoptaw S, Rawson RA, Worley M, Lefkowith S, Roll JM. Psychosocial and behavioral treatment of methamphetamine **dependence.** In: Methamphetamine addiction: From basic science to treatment. Roll JM, Rawson RA, Ling W, Shoptaw S, editors. New York: Guildford Press; 2009. p.185-201.

https://livestream.com/DHSWebcast/events/8602604/videos/189182707

Dr. Richard Lawson presentation: “Strategies to Address Cocaine and Methamphetamine use by individuals in Medication treatment for Opioid Use Disorder.” (Given at the March 2019 Opioid Forum in Green Bay)

MATRIX

A Treatment Response to Methamphetamine Use

Kristin Deprey MS LPC CSAC ICS | September 6, 2019

History

In 2005, there was an increase in methamphetamine use and arrests in St. Croix County.

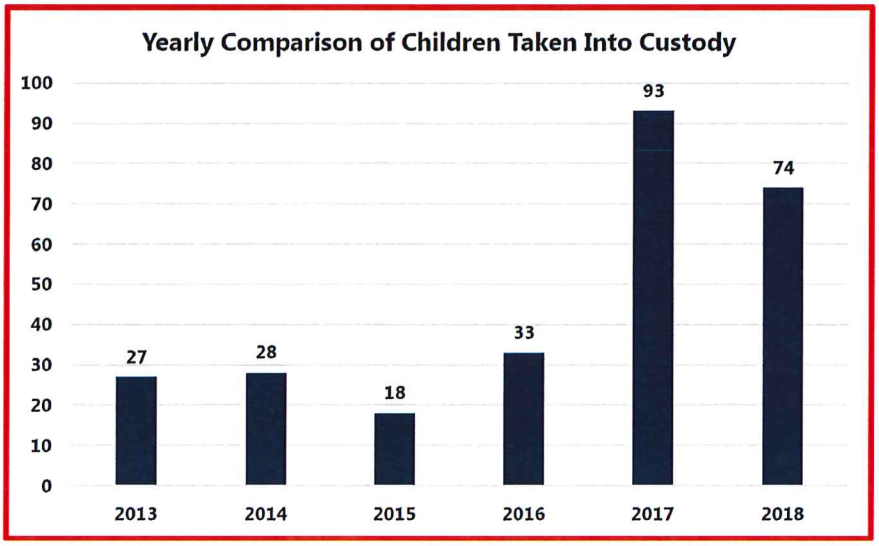
- -Drug Court (2006)
- -Psycho-education groups in the jail
- -Matrix model was implemented

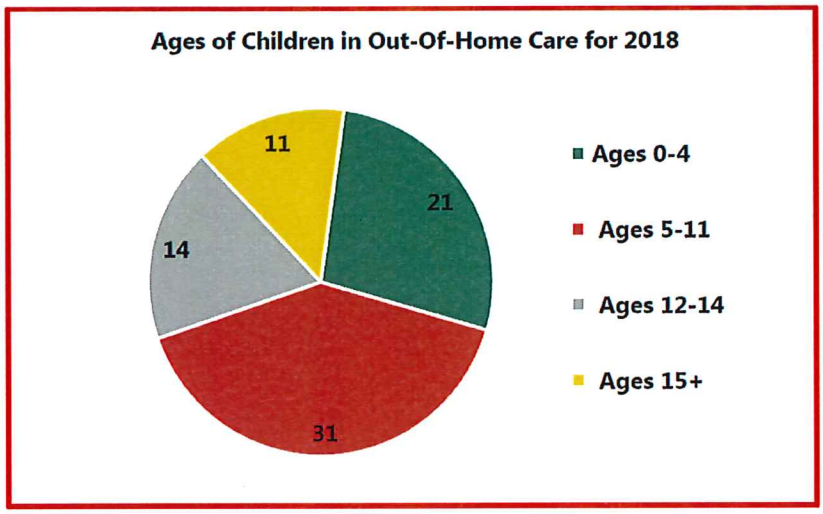
In 2017, we again saw an increase in methamphetamine related issues.

This time, it is through our Children's Services division. Anecdotally, the spike in out of home placements is due to methamphetamine and alcohol use.

Workers are saying that parents just don't care about their children because of methamphetamine.

St. Croix County

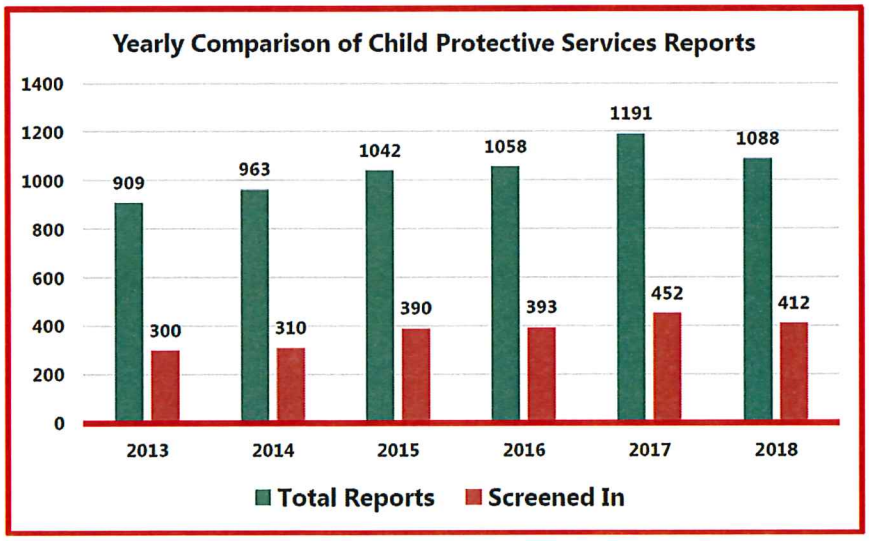




In 2018, 139 Total Children Were in Out-Of-Home Care, 62.34% were with Relatives

ST. CROIX COUNTY Wisconsin Innovation Through Cooperation

St. Croix County



ST. CROIX COUNTY Wisconsin Innovation Through Cooperation

Matrix Model of Addiction Treatment

Treatment admissions from 2014 to 2018
- Alcohol
- Marijuana
- Methamphetamine

St. Croix County

Matrix Model of Addiction Treatment

-Matrix Institute, then returned to train staff

-Matrix was implemented in the clinic in 2006

-Since then, we have offered Matrix groups with no gap in service delivery

Matrix Model of Addiction Treatment

Target Population

-Individuals meeting criteria for intensive, out-patient treatment
-Individuals who have attempted previous treatments and have not been as successful
-Included Drug Court participants and referrals from the Department of Corrections as well as internal referrals

St. Croix County

Matrix Model of Addiction Treatment

Evidence based treatment approach
-Cognitive-behavioral
-Psycho-educational
-Family
-Community based self-help supports

Matrix Model of Addiction Treatment

Multiple Components

-Early Recovery Skills Group (8 sessions, 2x per week)

-Relapse Prevention Group (32 sessions, 2x per week)

-Family Group (12 sessions, 1x per week)

-Social Support Group (36 sessions, 1x per week after Family group is completed)

All group topics are interwoven.

St. Croix County

MATRIX GROUP SCHEDULE

Monday	Tuesday	Thursday
Family Group 4:30 PM-5:30PM Weeks: 1 through 12 12 sessions total Facilitator: Warren Stouffer	**Early Recovery Skills** 4:00PM-5:00PM Weeks: 1 through 4 8 sessions total Facilitator: Kristin Deprey	**Early Recovery Skills** 4:00pm- 5:00pm Weeks: 1 through 4 8 sessions total Facilitator: Kristin Deprey
Wednesday	**Relapse Prevention** 5:00 PM-6:30PM Weeks 1 through 16 32 sessions total Facilitator: Kristin Deprey	**Relapse Prevention** 5:00 PM-6:30 PM Weeks 1 through 16 32 sessions total Facilitator: Kristin Deprey
Social Support 5:30pm-6:30pm Beginning Week 13 Minimum of 12 sessions Facilitator: John Ganong		

Matrix Model of Addiction Treatment

-Contingency Management via fishbowl
- -negative drug tests
- -bring supportive person to family group

What's in the bowl?
"Good Job"
Small—small items like notebooks, colored pens, toothbrushes, candy
Medium--$10 gift card for a local restaurant, gas station, store
Large--$100 in gift cards

St. Croix County

Matrix Model of Addiction Treatment

Drug Testing
- Matrix participants are randomly drug tested.
- Our philosophy around testing is to catch them doing something good
- ~98% negative tests

Retention of Drug Court Participants
- July 1, 2018 to June 30, 2019
- 96% retention rate

Program Changes, Challenges, or Improvements

-Staff Changes

-Family Group Involvement

Other Initiatives

-Criminal Justice Collaborating Counsel-Substance Abuse subcommittee

This group is in the process of gathering data. The focus of the committee is on prevention.

-Regional Work Group

This workgroup is comprised of multiple counties and the regional office. We have just started meeting with a goal of working together towards solutions of methamphetamine use disorders.

Derr, Michael G - DHS

Subject: FW: [NCI] FW: News Release: State Health Agency's New Data Tool Shows a Decline in the Number of Opioid Deaths in Wisconsin

I wanted to pass along the recent news release of the DHS opioid data dashboards, as well as the 2018 decline in the number of opioid-related deaths in Wisconsin. Please see below and check out the new online tool, which is what Kate Rifken will demonstrate during the Sept. 6th Council meeting. The Opioids: Data Direct webpage featuring dashboards is located at: https://www.dhs.wisconsin.gov/opioids/dashboards.htm.

From: Wisconsin Department of Health Services [mailto:widhs@public.govdelivery.com]
Sent: Wednesday, August 14, 2019 3:06 PM
To: Haralampopoulos, Mary R - DHS
Subject: News Release: State Health Agency's New Data Tool Shows a Decline in the Number of Opioid Deaths in Wisconsin

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

News Release

For Immediate Release

Month #, 2019
Contact: Jennifer Miller/Elizabeth Goodsitt 608-266-1683

State Health Agency's New Data Tool Shows a Decline in the Number of Opioid Deaths in Wisconsin

The 838 deaths reported in 2018 is a 10 percent reduction from the year before

Opioid deaths are at their lowest level since 2015 according to the most recent data collected by the Wisconsin Department of Health Services (DHS) and reported through a new online tool featuring interactive charts, graphs, and maps, Data Direct: Opioids.

"The most recent data on Wisconsin's opioid epidemic is encouraging," said DHS Deputy Secretary Julie Willems Van Dijk. "It shows that our collective ongoing efforts to support individuals and communities affected by this public health crisis are working to save lives, but we still have a lot of work to do to end this epidemic."

View the entire news release.

Wisconsin Department of Revenue – Preliminary Tax Revenue Amounts for FY 2019

Preliminary Tax Revenues	Fiscal Year Totals		Percent Change
	FY18	FY19	
Cigarette Stamp	539,830,980.50	514,962,365.05	-4.61%
Cigarette Refund	-932,585.73	-689,557.81	-26.06%
Cigarette (Net)	**538,898,394.77**	**514,272,807.24**	**-4.57%**
Tobacco Products	**80,202,186.55**	**85,521,189.78**	**6.63%**
Wine	3,981,978.04	3,821,842.21	-4.02%
Liquor	47,913,001.56	49,705,776.03	3.74%
Apple Cider	74,551.82	72,121.96	-3.26%
Liquor	**51,969,531.42**	**53,599,740.20**	**3.14%**
Beer	**8,908,801.41**	**8,524,214.51**	**-4.32%**
Total Excise	**679,978,914.15**	**661,917,951.73**	**-2.66%**

2019 Substance Use Disorder Training Sessions and Conferences

(SUD Prevention Focus)

September 6, 2019 SCAODA Meeting

National Prevention Network Conference
August 27-29 in Chicago, IL
Registration is Open: http://npnconference.org/registration

WI Psychiatric 2019 Fall Conference -- Suicide: A Population Approach to Prevention
September 12-13, 2019 at Saint Kate the Arts Hotel, Milwaukee, WI
See: https://www.thewpa.org/event/2019Fall

National Dialogues on Behavioral Health 60th Annual Conference
November 3-6, 2019 in New Orleans, Renaissance New Orleans Arts Hotel
For further information: https://www.regonline.com/builder/site/?eventid=2568069

2019 Substance Use Disorder Training Sessions and Conferences

(SUD Treatment Focus)

September 6, 2019 SCAODA Meeting

Buprenorphine X-Waiver Training Series - http://www.wisam-asam.com/XWaiver
August 27, 2019, La Crosse
October 28, 2019, Madison
November 6, 2019, Wauwatosa

Rally for Recovery -- Wisconsin Voices for Recovery
September 14, 2019, 11:00 to 3:00 at State Capitol in Madison
http://wisconsinvoicesforrecovery.org/recovery-rally/

23rd Annual Crisis Intervention Conference:
"Intersection or Roundabout: Moving from Crisis to Hope"
September 19-20, 2019 in Wisconsin Dells, WI
Registration is open: https://www.uwsp.edu/conted/ConfWrkShp/Pages/Crisis/default.aspx

2019 Wisconsin Society of Addiction Medicine (WISAM) Annual Conference:
"Healing through Partnerships"
September 26-27, 2019 in Madison, WI at the Pyle Center
Registration is open: https://wisconsinsocietyofaddictionmedicine.wildapricot.org/WISAM2019

2019 NAADAC Annual Conference: "Navigating the Addiction Profession"
September 28-October 3, 2019 in Orlando, FL
Registration is open: https://www.naadac.org/annualconference

2019 Wisconsin Association of Treatment Court Professionals (WATCP)
Coordinator's Conference
October 3-4, 2019 in Sheboygan, WI
Registration is open: https://web.cvent.com/event/39c9f172-e69a-4a66-bd3f-060a667570f4/summary

2019 Wisconsin Opioid and Meth Summit: Making Progress through Collaboration
October 15-16, 2019 in Lake Geneva, Grand Geneva Resort
Register at NorthCentralHIDTA.org .

NCAD West: "State of the Science: Explore the Convergence of Traditional and Medication-Assisted Treatments"
October 24-26, 2019 in Denver, CO
Registration is open: https://west.theaddictionconference.com/

15th Annual Mental Health and Substance Use Recovery Training Conference: "Living Your Best Life through Recovery"
October 29-30, 2019 in Wisconsin Dells, WI
Registration open soon: https://www.uwsp.edu/conted/ConfWrkShp/Pages/MHSA/default.aspx

Cocaine, Meth and Stimulant Summit
November 8-10, 2019 in Miami, FL
Registration is open: https://www.stimulantsummit.com/

30th Annual Children Come First Conference
November 11-12, 2019, Glacier Canyon Lodge at Wilderness Resort, Wisconsin Dells
Registration information available at: https://www.ccfconference.org/

18th Annual Focus Conference for Health Care Providers and DQA staff
November 20 & 21, 2019
Kalahari Resort & Convention Center, Wisconsin Dells, WI

Save the date -- Annual Opioid/Trauma Forum, Wisconsin Dells
May 4-7, 2020, Wisconsin Dells
Kalahari Resort & Convention Center, Wisconsin Dells, WI

STATE OF WISCONSIN
Department of Health Services
Division of Care and Treatment Services

1 West Wilson Street
PO Box 7851
Madison WI 53707-7851

Telephone: 608-266-2717
Fax: 608-266-2579
TTY: 711 or 800-947-3529

Date: August 15, 2019 DCTS Action Memo 2019-11

To: County Departments of Community Programs
County Departments of Health and Human Services
County Departments of Human Services
Tribal Chairpersons/Human Services Facilitators

From: Rose Kleman, Division Administrator

State Opioid Response: Grants for Opioid Use Disorder Treatment

Document summary

This memo describes the procedure for counties and tribes to request State Opioid Response (SOR) funding from the Department of Health Services Division of Care and Treatment Services (DCTS) for the purpose of increasing access to Food and Drug Administration-approved forms of medication-assisted treatment for opioid use disorder, decreasing opioid use disorder treatment denials and waitlists, and addressing other unmet opioid use disorder treatment needs for the period September 30, 2019, through September 29, 2020.

Background

The Department of Health Services is using a portion of Wisconsin's share of the SOR grant from the Substance Abuse and Mental Health Services Administration to provide funding to counties and tribes specifically for the purpose of increasing access to Food and Drug Administration-approved forms of medication-assisted treatment for opioid use disorder, decreasing treatment denials and waitlists, and addressing unmet treatment needs.

Eligibility for funding

Counties and tribes with a demonstrated need for this funding are eligible to apply. Priority will be given to counties and tribes based on a recent statewide needs assessment that determined areas of highest need. View the list of priority areas. Counties and tribes currently receiving SOR funding for opioid use treatment services are eligible to apply. Counties and tribes not identified as priority areas are eligible to apply. Applications from areas not identified as priority areas must include information that illustrates why there is a high-need for funding for the county or tribe.

Application process

Information to be submitted for funding consideration

Applications are due September 12, 2019, for implementing contracts starting September 30, 2019, for funding available through September 29, 2020. Using the SOR Grant Program Funding Request F-02122, each county or tribe must describe unmet opioid treatment and recovery needs, the number of additional people the county or tribe is able to serve, a description of planned services, and the cost to provide these services. Awards will be based on need, number of people county or tribe will be able to

serve, and prorated based on the amount of funding available. These awards will not be made as an appendix to the state-county contract. These awards will be stand-alone contracts for the grant period.

Applicants must ensure accuracy when reporting the number of individuals they are able to serve and amount of funds they can spend during the contract period. There will be no carryover funding as part of this opportunity.

Another year of funding may be available. If available, this funding would be provided based on performance in this grant period. All contract requirements for this grant period must be met to be eligible for potential funding in future years.

Conditions for funding

In order to qualify to receive this SOR funding, counties and tribes must agree to meet the conditions of funding and address the criteria below in a narrative. The narrative can be in the form of a cover letter or attached document. SOR funding requires the following:

- The applicant is expected to increase the number of people with substance use disorder served during the grant period over the number served in calendar year 2019. The applicant is expected to increase the amount of annual substance use disorder expenditures during the grant period over the amount expended in calendar year 2019.
- Recipients must report on three types of data.
  - Client-level data through the Program Participation System (PPS)
  - Expenditures through the PPS.
  - Government Performance and Results Modernization Act (GPRA) of 2010 data collection, Substance Abuse and Mental Health Services Administration-required elements regarding clients served, including diagnosis, demographic characteristics, substance use, services received, types of medication-assisted treatment received, length of stay, criminal justice involvement, and housing. GPRA data should be collected at intake, six months post intake, and discharge. These data elements are required for Substance Abuse and Mental Health Service Administration to meet its obligations under GPRA. An approved GPRA data collection tool will be provided along with training.

  NOTE: DCTS will negotiate with tribes regarding a client-level data and expenditure reporting method having adequate integrity. This may include an extract from the Indian Health Service Resource and Patient Management System or other in-house database or accounting system.
- Each grantee must develop a system within their programming to register clients into PPS to generate a unique ID number for use in administering GPRA to clients served with SOR grant funds at each data collection point. **GPRA training and technical assistance will be provided.**
- Counties must comply with all local (city, county) and state requirements for licensing, accreditation, and certification. Tribes must comply with all applicable tribal requirements for licensing, accreditation, and certification or explain that licensing, accreditation, and certification requirements do not exist.
- Counties and tribes must use evidence-based practices for opioid addiction treatment, including access to medication-assisted treatment for opioid use disorder. Applicant must agree that it will not deny or limit persons the opportunity to receive pharmacotherapy (buprenorphine and naltrexone formulations). Applicants proposing to serve a population with a practice that has not been formally evaluated with that population are required to provide evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines,

findings from focus groups with community members, etc. Applicant may describe experience either with the population(s) of focus or in managing similar programs. Information in support of the proposed practice needs to be sufficient to demonstrate the appropriateness of the applicant's practice.

- Counties and tribes must permit access to opioid use disorder services for people reentering communities from criminal justice settings or other rehabilitation settings**.**
- Counties and tribes must begin delivering services on or prior to September 29, 2019.
- Counties and tribes who complete this application process and are awarded funds must provide DCTS with a list of subcontractors and Data Universal Numbering System (DUNS) numbers.

Timeline

The following process will be used for the review and approval of these funds:

- Counties and tribes must email a completed SOR Grant Program Funding Request F-02122 and a narrative addressing the conditions for funding to Jason Harris by September 12, 2019.
- Staff in the DCTS Bureau of Prevention Treatment and Recovery will review the applications and forward recommendations to the DCTS Administrator's Office for final approval.
- Staff in the DCTS Bureau of Prevention Treatment and Recovery will contact selected counties and tribes regarding awarding of funds and contracting after final approval.

REGIONAL OFFICE CONTACT

Area Administrators

CENTRAL OFFICE CONTACT

Jason C. Harris, MS
Bureau of Prevention Treatment and Recovery
Division of Care and Treatment Services
Department of Health Services
1 W. Wilson St., Room 850
Madison, WI 53703
608-261-0652
jason.harris@dhs.wisconsin.gov

Memo websites

DCTS Action Memos
DCTS Action Memos are posted online in PDF format.

DCTS Information Memos
DCTS Information Memos are posted online in PDF format.

DCTS Action and Information Memos Email Subscription Service
Receive an email each time a new memo is released. This email will include a link to the online version of the memo.

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 and Objectives for 2018-22
1. Change Wisconsin's cultural norms to transform the state's Substance Use Disorder (SUD) problems into healthy behavioral outcomes. Objectives: (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.** Objectives: (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.** Objectives: (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. (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 Culturally and Linguistically Appropriate Services (CLAS) Standards. (d) Continue supporting and advocating the use of SBIRT (Screening, Brief Intervention and Referral to Treatment) 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.** Objectives: (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.

SCAODA 2019-20 Meeting Dates

September 6, 2019
December 13, 2019
March 13, 2020 (tentative)
June 5, 2020 (tentative)
September 11, 2020 (tentative)
December 4, 2020 (tentative)

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.