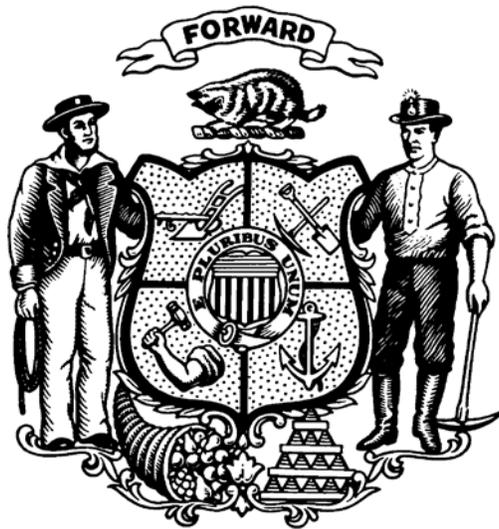


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



**June 8, 2012  
MEETING**

**Michael Waupoose  
Chairperson**

**SCOTT WALKER  
Governor**

# State Council on Alcohol and Other Drug Abuse (SCAODA) Strategic Plan Goals: July 2010 – June 2014

## PRIMARY OUTCOME GOAL AND MEASURE:

The immediate primary outcome goal is to have Wisconsin no longer ranked in the top ten states for Alcohol and Other Drug Abuse (AODA) and problems related to AODA.

*SCAODA's primary outcome goal is in accord with the Wisconsin Department of Health Services' "Healthiest Wisconsin 2020 Plan" regarding unhealthy drinking and drug use that results in negative consequences. Its goals are also consistent with the HW2020 lifespan and equity objectives and the data-driven priorities established through the current "Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008.*

## SCAODA GOALS:

1. SCAODA with its committees
  - a. Effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin
  - b. Is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues
  - c. Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
2. Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
3. There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).
4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:
  - a. For effective prevention efforts across multiple target groups including the disproportionately affected
  - b. For effective outreach, and effective, accessible treatment and recovery services for all in need<sup>1</sup>.
5. SCAODA with its committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remedying historical, racial / ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people.

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<sup>1</sup> Effective prevention, treatment and recovery services include: using science and research based knowledge, trauma informed, culturally competent, and use of practices that have promise to work.

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## **Tobacco-Free Environment**

American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

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

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

**Meeting Coordinator – Please make sure the meeting participants are aware American Family is a Tobacco-Free Environment.**

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# SCAODA 2012 Meeting Dates

**American Family Insurance Conference Center  
6000 American Parkway  
Madison, WI 53783**

**All meetings will be from 9:30am to 3:30pm and will be in Room A3151**

*The meeting dates are:*

*March 2, 2012*

*June 8, 2012*

*September 7, 2012*

*December 14, 2012*

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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

June 8, 2012

MEETING AGENDA

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center

6000 American Parkway Madison, WI 53783 Building A Room A3151

American Family General Information: (608) 242-4100 ext. 31555 or ext. 30300

Please call Lori Ludwig at (608)267-3783 or e-mail [Lori.Ludwig@wisconsin.gov](mailto:Lori.Ludwig@wisconsin.gov) to advise if you or your designee will not attend the meeting.

- 9:30 a.m. I. Introductions / Welcome/Pledge of Allegiance/Announcement Noise Level / Agenda – Michael Waupoose
- Representative Garey Bies
  - Dr. Raymond Perez from DVA
  - Dr. Anne Hoffmann from UW System
- 9:40 a.m. II. Review /Approval of March 2, 2012 Minutes – Michael Waupoose...pp. 19-30
- 9:45 a.m. III. Sue Gadacz Recognition---Michael Waupoose
- 10:00 a.m. IV. Public Input (maximum 5 minutes per person)—Michael Waupoose
- 10:15 a.m. V. Youth Risk Behavior Survey—Steve Fernan
- 10:45 a.m. VI. Adolescent Treatment—Tami Bahr
- 11:15 a.m. VII. Combined Mental Health and Substance Abuse Needs Assessment Ad-hoc Committee— Michael Waupoose, Joyce Allen, Rebecca Wigg-Ninham and Don Pirozzoli
- Charge to the Committee...p. 31
  - Membership...pp. 33-35
  - SAMHSA's priorities and vision...p. 37
  - Summary...pp. 39-40
- 11:35 a.m. VIII. Mark Seidl Recognition—Michael Waupoose
- 11:50 a.m. IX. Working Lunch
- 12:30 p.m. X. Report on Workforce Survey: Provisional Findings and Recommendations—Mike Quirke...pp. 41-50

- 1:00 p.m. XI. State Agency Reports to SCAODA—Michael Waupoose
- State Criminal Justice Coordinating Council—Ray Luick
  - Safe Ride Program—Sonya Sidky...p. 51
- 1:20 p.m. XII. DHS Summary of the President’s Budget and Impact on Substance Abuse Services—Joyce Allen
- 1:40 p.m. XIII. By-Laws Review—Scott Stokes...pp.52-67
- 2:00 p.m. XIV. Committee Reports: SCAODA Goals

1. Provide Leadership	2. Change the Culture	3. Educate Citizens	4. Sustain Infrastructure	5. Address Disparities
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- Executive Committee Report—Michael Waupoose...pp. 69-72
    - League of Municipalities Letter...p. 69
    - Sample Letter to Legislators...pp. 71-72
  - ITC—Norm Briggs and Roger Frings...pp. 74-122
    - Annual Report...pp. 74-80
    - Motion 1: Budget priorities for the 2013 budget...p. 81
    - Motion 2: SCAODA opposes elimination of specialized training for AOD Counselor...p. 82
    - Children Youth and Families Sub-Committee...pp. 114-122
  - Planning & Funding—Joyce O’Donnell...pp. 123-142
    - Annual Report...pp. 123-128
  - Diversity Committee—Rebecca Wigg-Ninham and Sandy Hardie...pp. 143-157
    - Annual Report...pp. 143-146
  - Prevention Committee—Scott Stokes...pp. 158-168
    - Annual Report...pp. 158-161
    - Motion to appoint Prevention Committee representative to the Ad-hoc Committee on Needs Assessment...p. 162
- 3:00 p.m. XV. Agenda Items for September 7, 2012 meeting—Michael Waupoose
- Recovery Presentation
- 3:15 p.m. XVI. Announcements—Joyce Allen and Lou Oppor
- 3:30 p.m. XVII. Adjourn—Michael Waupoose

<p><b>2012 Meeting Dates</b>  <del>March 2, 2012</del>          June 8, 2012          September 7, 2012          December 14, 2012</p>
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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

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

**MEETING MINUTES**

**December 9, 2011**

**9:30 a.m. – 3:30 p.m.**

**American Family Insurance Conference Center  
6000 American Parkway Madison, WI 53783  
Room A3141**

**Members Present:** Mark Seidl, Joyce O'Donnell, Mary Rasmussen, Sandy Hardie, Tina Virgil, Scott Stokes, Douglas Englebert, Duncan Shrout, Michael Waupoose, Rebecca Wigg-Ninham, Roger Frings, Kevin Moore, Dennis Baskin, Sonya Sidky, Norman Briggs.

**Members Excused:** Camille Solberg, Steve Fernan, Representative Sandy Pasch

**Members Absent:**

**Ex-Officio Members Present:** Mark Mathwig, Kim Eithun-Harshner

**Ex-Officio Member Excused:** Linda Preysz, Joann Stevens, Charlotte Rasmussen, Judith Hermann, Mike Wagner

**Ex-Officio Member Absent:** Ray Luick, Randall Glysch, Thomas Heffron

**Staff:** Joyce Allen, Linda Harris, Melanie Foxcroft, Scott Caldwell, LeeAnn Cooper, Sue Gadacz, Lori Ludwig, Lou Oppor, Pat Cork, Gail Nahwahquaw, Tanya Bakker, Faith Boersma, Christy Niemuth, Elizabeth Hudson, Arlene Baker, and Bernestine Jeffers.

**Guests:** Francine Feinberg, Denise Johnson, Jill Kenehan-Krey, Sue Gudenkauf, Dr. Steven Dakai, Shel Gross, Judith Reed, Todd Campbell, Karen Kinsey, Dave McMaster, Sarah Melde (Gunderson-Lutheran in La Crosse), Staci McNatt (Wisconsin Recovery Community Organization--WIRCO), Paul Krupski (Health First Wisconsin), Paul Moberg, Jill Kenehan-Krey.

**I. Introductions—Michael Waupoose**

Michael Waupoose welcomed the group. Members, staff and guests introduced themselves. The group recited the Pledge of Allegiance. Mr. Waupoose reminded everyone to avoid talking amongst themselves during the meeting. It makes it difficult to hear and difficult for the interpreters to follow. Mr. Waupoose then announced the newest citizen appointments and re-

appointments to SCAODA by the Governor. They are: Norm Briggs, Sandy Hardie and Duncan ShROUT.

## II. Review/Approval of September 9, 2011 Minutes—Michael Waupoose

Mr. Waupoose asked for any changes, corrections or additions to the minutes. Hearing none, **Mark Seidl made a motion to approve the minutes of September 9, 2011. Sandy Hardie seconded the motion. The motion was approved unanimously.**

## III. Public Input—Michael Waupoose

IV. There were no requests from the public to address the Council.

## V. Trauma Informed Care presentation—Elizabeth Hudson

Elizabeth Hudson introduced herself as a consultant from the University of Wisconsin Department of Psychiatry, working in the Bureau of Prevention Treatment and Recovery for the last three and one-half years. She explained that the underpinnings of Trauma Informed Care (TIC) come from the “Adverse Child Experience” (ACE) research. She distributed two handouts, “What’s My ACE Score?” and “Adverse Childhood Experiences and Health & Well-Being over the Lifespan.” Ms. Hudson encouraged the group to go to the Center for Disease Control’s website (<http://www.cdc.gov/ace/findings.htm>) and follow the link to the ACE Study. Major findings are: “Almost two-thirds of our study participants reported at least one ACE, and more than one of five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems.” Ms. Hudson reported correlations between ACE scores and problems such as IV drug use, sexually transmitted diseases, abortion, rape, use of hallucinogens, alcoholism, depression, suicide, chronic obstructive pulmonary disease, heart disease and liver disease. She reported that people with ACE scores are more likely to die earlier than people with no ACE scores. She continued that the research shows that ACE’s are very common and they predict health risks. TIC provides a philosophical shift from “What is wrong with you?” to “What happened to you?” Ms. Hudson played a video named “Still Face Baby”. The point of the video was to show that babies need empathetic responses for limbic development. It is a significant factor in prevention of the psychological and physical health problems listed above in order to endure life’s stresses as adults. Ms. Hudson conveyed that TIC is really an effort to change culture. It crosses boundaries, requires collaboration and consumer leadership. Wisconsin is the only state in the nation to designate TIC staff. She informed the group of her TIC activities. She is working to increase the number of TIC Champions statewide, modify assessment tools, hold statewide discussion, collect stories and data. Francine Feinberg reported that in women’s treatment TIC has been going on for years and years. The numbers of girls and women who experience violence are astonishing. She offered that violence effects the functioning of the brain. The executive functions are affected causing acting out, impulsiveness and a lack of a self concept. Kevin Moore indicated that DHS and DCF are involved in TIC efforts and that the First Lady has made TIC her priority and mission. Rebecca Wigg-Ninham asked about the relationship with the Tribes. Ms. Hudson responded that it has not been strategic. She has worked with Menominee, Stockbridge Muncie and Bad River Tribes, but not systematically. TIC resonates

deeply with tribal people. Norm Briggs felt that the substance abuse field hasn't engaged with this and asked Ms. Hudson if she would have any direction for the field. Ms. Hudson felt that engagement of consumers makes all the difference. Staci McNatt reported one reason that the mental health field uses TIC more than the substance abuse field does is that recovery coaching is more active in mental health field. Ms. Hudson added that the other reason is that AODA treatment comes from the disease model. TIC philosophy asks you to reconsider these assumptions. Mary Rasmussen reported that a reaction to "What happened to you," falls into the blame game. In other words, from the point of view of a substance use recovery, it allows one to avoid responsibility, for example, "It's because of..." In substance abuse recovery it is a forgone conclusion that something happened to you, the point is, what do you do now? Elizabeth Hudson felt that TIC looks at new explanations, better explanations, not excuses. Michael Waupoose added that the consumer movement actually began in the addiction community. The substance abuse community struggles with anonymity. It is a delicate balance, a double edged sword. Ms. Hudson concluded her presentation by providing the group with another handout, a schematic representation of the complexity involved with the integration of the TIC philosophy into existing systems, communities and cultures. Mr. Waupoose thanked Ms. Hudson for her presentation and the group responded with applause.

#### VI. Screening Brief Intervention and Referral to Treatment (SBIRT) presentation—Joyce Allen, Scott Caldwell and Dr. D. Paul Moberg.

Joyce Allen informed the group that there have been SBIRT presentations in the past, but since there are so many new people on the Council, it was important to bring them up to speed. Scott Caldwell will present on the SBIRT project and Dr. D. Paul Moberg, from the Population Health Institute, will present on the evaluation of the project. Ms. Allen continued that SBIRT is a part of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL). SBIRT has been implemented in 31 healthcare clinics throughout the state. The model identifies people with risky or unhealthy use of substances. She then introduced Scott Caldwell, SBIRT Program Coordinator in the Bureau of Prevention Treatment and Recovery (BPTR). Mr. Caldwell explained that SBIRT is a program which, when delivered properly, each and every client with a positive screen would be referred to treatment or a brief intervention as needed. While most people are low risk drinkers, there are lots of folks with risky or problematic drinking who would benefit from a brief intervention. If they are determined to be dependent, they will be referred to treatment. After five years (of implementation in Wisconsin) 117,580 people have been screened; there has been 26,336 brief interventions. Four hundred ten (410) people have been referred to treatment or 1.5% of all SBIRT patients. Mr. Caldwell explained that the average nationally for referral to treatment is 1.3%. However, there have been difficulties in actually admitting all of these referrals into treatment. Part of the problem is that health educators weren't trained in how to get a referral going. Primary care seems disconnected from AODA treatment as a system. We are learning lessons from primary care. SBIRT can be implemented in diverse settings, such as hospital emergency rooms, crisis settings and pre-natal care coordination settings. There is interest in implementing SBIRT in middle schools. Why deliver SBIRT? Reasons are: to prevent hazardous use; AODA is the fourth leading cause of death in Wisconsin; there is a huge economic cost; and it works. A meta analysis of all alcohol treatment shows that brief interventions are very effective. It works in general health care and it works on

drugs as well as alcohol. SBIRT provides a bridge to treatment and is cost effective. It has been endorsed by many organizations.

Dr. Paul Moberg began his presentation of the evaluation of SBIRT. He provided a power point presentation based on an interim report. There are both process findings and outcomes. Of 166,647 eligible patients, approximately 113,647 received brief screens. Of those, two-thirds were negative for harmful or risky use, or one-third (37,335) were positive. Of all of the brief screens, 27% were binge drinkers, 8% were drug users, 7% were positive in admitting using alcohol or drugs more than they meant to, and 11% thought they should cut down on their drug or alcohol use. Of all of the positive screens, 81% admitted to binge drinking. Additional areas of screening include tobacco, nutrition, exercise, depression, weight and violence. Sixty-three percent of the positive brief screens received full screens. 80% of those were determined to be “at risk” (83%), “harmful” (7%) or “likely dependent” (10%). Dr. Moberg pointed out that while approximately 1800 were determined to be “likely dependent,” according to Scott Caldwell’s statistics only 410 were referred to treatment. What accounts for the differences? Dr. Moberg explained that some sought treatment within their own health care systems and they were not tracked in this study. Outcome data were collected from a 10% random sample of all patients with a positive screen and also consented to follow-up interviews. Follow-up interviews were conducted via telephone by trained evaluation staff. The following data represent the results from 538 interviews. There were changes seen across all age groups except those who were age 65 and over. Dr. Moberg reported a significant change overall with respect to binge drinking. Marijuana use also decreased significantly from 25% to 21%. Program feedback indicated that SBIRT helped change many areas and 65% were able to modify their lifestyles. Dr. Moberg answered a number of questions from the Council members. Duncan Shroul thanked Dr. Moberg indicating that SBIRT is a great program that should be promoted and commended as well as the Population Health Institute for the evaluation. Dr. Moberg thanked Mr. Shroul and informed the group that the WIPHL team is applying for other projects within the private sector to build SBIRT into insurance health plans and employee health plans. He also informed the group that there is a code in Medicaid to pay for health education but it has not been used much yet. He relayed that he may need help to obtain de-identified Medicaid data for patients who went through WIPHL. He would like to look at the cost offset. He indicated that he may need SCAODA’s support. That would be useful and helpful. Mr. Waupoose thanked Joyce Allen, Scott Caldwell and Dr. Moberg for their presentation.

## VII. State Agency Reports

Kim Eithun-Harshner from the Department of Children and Families (DCF) reported on a new initiative to improve the neuro-development of children through a home visiting program. The goals of the program are to the relationships between mothers and their children and improve maternal and child health. There are two federal grants funding the program, a formula grant and a development grant. In Wisconsin 15 and 5 tribes will be funded. The Women’s Treatment Coordinator from BPTR has been involved in planning as have representatives from mental health and Birth to 3 partners. Elizabeth Hudson from the TIC initiative has also been collaborating. Ms. Eithun-Harshner informed the group of another DCF initiative in the Western Region, the Regional Partnership Grant. This initiative works with Child Welfare and the Courts with parents with substance use disorders. Joyce O’Donnell asked about the amounts

of the grants. Ms. Eithun-Harshner reported that the formula grant is for \$1.6 million and the discretionary grant is for \$2.1 million.

Kevin Moore from DHS reported that Pat Cork has been appointed his back-up to SCAODA. He also reported that he met with the Executive Committee from SCAODA, Michael Waupoose, Duncan Shroust and Scott Stokes. He reported that he is interested in having the Child Abuse and Neglect Board come to brief SCAODA on its activities; that the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) has been submitted; and that he has been working with Representative Sandy Pasch and the Legislative Liaison to identify additional legislators to serve on SCAODA. Todd Campbell asked about the disbursement of the SAPTBG. Joyce Allen responded that at this time, there is a funding plan in place. Regarding new initiatives, there have been rumors of reductions. However, future discussion at the federal level will include the issue of treatment needs in relation to health insurance and how the block grant should be used for non-insurance fundable services. Kevin Moore added that if dollar amount changes occur, procurement amounts would change.

## VIII. Committee Reports

### Executive Committee—Michael Waupoose

Michael Waupoose reported that on October 28, 2011 the Executive Committee of SCAODA met to discuss AB63/SB44. These bills extend the period of time retailers may sell alcoholic beverages (from 6:00 am instead of from 8:00 am). The Executive Committee made and passed a motion to send the letter of opposition to the bills to the Governor, asking for his veto. A letter was sent to the Governor on 10-31-11.

The Executive Committee's actions were ratified by SCAODA on 12-9-11 with the membership voting in favor except for abstentions from Tina Virgil and Kevin Moore. A guest reported that the Governor signed the bill on December 8<sup>th</sup>.

Michael Waupoose asked the group if SCAODA should send letters to the County Executives. Kevin Moore suggested that it would be more efficient to send letters to the League of Municipalities. Duncan Shroust and Mark Seidl felt that was an excellent suggestion. Mr. Waupoose added that in Dane County, there is not to be any changes in current hours of sale.

### Diversity Committee—Sandy Hardie

Sandy Hardie reported that the Diversity Committee has discussed issues regarding the Minority Training Institute. Please see the minutes in the packet about the impact on counselors. Also, the Diversity Committee is having difficulty obtaining a quorum. There has been discussion regarding what actions to take to keep members. Perhaps members of the Diversity Committee should separate and each one sit on each of the other Committees. She reported that the Diversity Committee is looking for suggestions. If there are any, please email Ms. Hardie or Gail Nahwahquaw. Michael Waupoose encouraged people to participate on the Diversity Committee. There is lots of meaningful work to do.

ITC—Norman Briggs

Mr. Briggs referred the group to the minutes in the packet. ITC has a focus on particular populations, such as the treatment population of adolescents, children and youth and older adults. Treatment has come a long way in specialized services, including Trauma Informed Care. Dave Macmaster reported on the latest WINTIP statistics and referred the group to <http://www.tobaccorecovery.org/> for tobacco recovery resources. He thanked ITC for making tobacco cessation part of their strategic plan. He reported that next year funding to WINTIP will be cut 22%. He also wanted to thank SCAODA and state staff for their continuing support.

**Mr. Briggs made the following motion on behalf of both ITC and Planning and Funding:**

**To oppose AB 286 (Companion bill SB 207). This bill specifies that it is not employment discrimination because of conviction record for an employer to refuse to employ or to bar or terminate from employment an individual who has been convicted of a felony and who has not been pardoned for that felony, whether or not the circumstances of the felony substantially relate to the circumstances of the particular job. Duncan ShROUT seconded the motion.** Mr. Waupoose asked for discussion: Joyce O'Donnell pointed out that employers in Milwaukee have been impacted. Legislators there have in the past opposed this type of legislation. **Mr. Waupoose called for the vote. All were in favor except Kevin Moore and Tina Virgil who abstained. The motion passed.**

Planning and Funding—Joyce O'Donnell

Planning and Funding made the following motion:

**Whereas SCAODA's purpose is to inform Wisconsin citizens on AODA policy and issues, and whereas providers and funders struggle to provide adequate and sufficient AOD services, and whereas the direction of national health care reform is ambiguous, the Planning and Funding Committee motions that the Chair of SCAODA appoint an ad hoc committee to address the growing number of Wisconsin citizens and tribal members seeking and not able to access AOD treatment in Wisconsin. The Planning and Funding Committee recommends this ad hoc committee prepare a preliminary report by March, 2012 and a complete report by June 2012.**

Discussion: Norm Briggs pointed out that within the latest Substance Abuse Block Grant application there is a great deal of information on access to treatment services on a county by county basis. ITC looks at access for special populations. He felt that the Ad-hoc Committee should be attached to ITC. He asked for a little more form and structure to the issues. Mr. Waupoose asked Joyce O'Donnell about the intent of the motion. What was Planning and Funding looking at? What were they asking for a report on? Ms. O'Donnell responded that the availability of counselors was an issue. Mr. ShROUT added that as the Affordable Care Act is implemented there will be changes to block grant funding. There is a strong desire among citizens in Wisconsin (reporting through the Public Forums that P & F have hosted) to understand the impediments to access. What can SCAODA do to decrease the barriers to

treatment and increase access to screening? We need to look at the entire state. The role of SCAODA is to inform the general public on access, funding and to decrease barriers.

Mr. Waupoose suggested an Ad-hoc committee to identify barriers and problems of access; potential remedies; funding; insurance; travel –all these elements. Is this confirmed, he asked? Mr. Shroul would like SCAODA to offer specific solutions to resolve them. We need to suggest solutions for the state. The issue is bigger than DHS, private clinics, insurance. People in Wisconsin have difficulty in accessing treatment. Regarding making this study part of ITC, Mr. Shroul said, “fine.” He suggested ITC consulting with P & F. Michael Waupoose asked who should be on the Ad-hoc committee. Mr. Shroul suggested that representatives from DHS should attend, one or two persons from P & F and meet telephonically.

Kevin Moore suggested adjusting the dates. There can be no preliminary report by March 2012, he suggested 2014. Drill down on those problems and difficulties. The scope is large, it may implode under the weight of the concerns. He was concerned that the report would hi-light what we already know. We already know the problem exists. Mr. Shroul responded that we do not want to recreate existing data. There is a multiplicity of issues. We should offer solutions, not unsolvable problems. Mark Seidl suggested that interested members contact Michael Waupoose, but the numbers of people involved should be limited.

Duncan Shroul recognized that the scope is broad. He suggested that we need assistance, perhaps from the Population Health Institute at UW. DHS could narrow down the issues. **Joyce O’Donnell added that the timeline is flexible. She added that she would delete the timeline of the motion with the consent of the Chair.** Michael Waupoose added that Ad-hocs are to exist for one year. Joyce O’Donnell suggested that ITC and P & F work together. Regarding the amendment to delete the timeline of the motion, **the group voted unanimously in favor of the amendment. Regarding the motion, all were in favor with Rebecca Wigg-Ninham abstaining.**

**Joyce O’Donnell made the following motion:**

**The Planning and Funding Committee recommends to Representatives Krusick and Ott a modification in the proposed legislation known as the Drunk Driver Reform Bill LRB 2144 in paragraph number 7 which recommends \$10 million of funding for this legislation be taken from current beer, wine, and liquor tax revenues. It is highly unlikely that any current revenue source will be allocated for this worthy legislation. The Planning and Funding Committee recommends that an alternate source of funding be created through an increase in Wisconsin’s beer tax on a barrel of beer. SCAODA is on record supporting legislation which would raise the beer tax from \$2 to \$10 a barrel. Based on current Wisconsin’s alcohol consumption patterns, an \$8 per barrel increase would raise an additional \$50 Million Dollars in annual revenue. Additionally, the SCAODA IDP Funding report approved by SCAODA in September 2011 also supports such a tax increase to fund treatment services for indigent Wisconsin citizens convicted of intoxicated driving for whom treatment is recommended.**

Joyce O'Donnell recognized that in order to increase funding for prevention and treatment services an increase on the alcohol tax is necessary. This is an opportunity for us to increase tax funding for additional needs for treatment dollars. **Duncan Shroul seconded the motion.** Discussion included the point from Kevin Moore that it extremely unlikely that the legislature would ever increase taxes. Duncan Shroul then made a motion to support LRB 2144 and instead of asking for increased taxes to support additional funding, ask legislators to consider other sources of funding. **The motion to change the motion to support LRB 2144 by removing increasing alcohol taxes to fund the bill and asking instead that the legislature consider other sources of funding passed with three abstaining, Tina Virgil, Kevin Moore, and Douglas Englebert. Duncan Shroul then made a motion that SCAODA support LRB 2144 and ask the legislature to consider other sources of funding for the bill. Joyce O'Donnell seconded the motion. The motion passed unanimously.**

**Joyce O'Donnell made the following motion: Planning and Funding opposes a multiple-tier reimbursement system based solely on educational status and recommends a grand fathering option where anyone with less than a Bachelor's degree, but a licensed counselor be given a period of time (10 years or until 2024) to complete their BA degree. Planning and Funding would ask that other SCAODA Committees weigh in on this proposal.**

Michael Waupoose asked for discussion. Kevin Moore asked that the motion be withdrawn. He referred to the survey of SACs and CSACs which will give the Department more information from which to make decisions. We need to see the numbers we're impacting. We need data and analysis. We need to continue the discussion with Medicaid and Health Care Access and Accountability. Joyce O'Donnell responded that this motion reflects a continuing concern of the Planning and Funding Committee. It is based on feedback from the public at our Public Forums. **She will withdraw the motion but asked the other Committee's to review this motion. Mr. Waupoose asked the other Committees to please address this issue.** He asked what a multiple tier reimbursement system was. Mr. Shroul replied that it means that someone with a bachelor's degree can be reimbursed at one level and someone with less education is reimbursed for the same service at a lower level. Joyce Allen informed the group that in general the current system reimburses Master's degreed persons at one level and a Ph. D. at another level. This practice is common throughout Medicaid. A multi-tier system already exists. Sue Gadacz then informed the group that the survey is being developed in conjunction with input from providers. Information will be collected from SACs and CSACs on race and ethnicity, age, rendering IDs, workplace data (private or MA certified clinic) and other information. She just obtained the address list from the Department of Safety and Professional Services. **Joyce O'Donnell then withdrew the motion.** She reiterated that the worry is who will get paid and who won't. Kevin Moore indicated that he appreciated that.

On other news, Joyce O'Donnell reports that liquor sampling includes up to 3 shots of liquor now and can be made available in gas stations. She sited Representative Kleefisch as responsible for the legislation. She also reported that regarding tobacco, there is a company converting tobacco into bio fuel as a substitute for gasoline.

Prevention—Scott Stokes

Mr. Stokes reported that Dorothy Cheney reported on the Controlled Substances Workgroup Report at the last meeting. The report is in the process of being finalized and published. This is the final year for SPF-SIG (Strategic Prevention Framework State Incentive Grant). There is a new Ad-hoc committee being developed within the Prevention Committee addressing the 911 Good Samaritan laws. Mr. Stokes indicated he would have a list of participants by the March meeting.

IX Agenda Items for March 2, 2012 Meeting—Michael Waupoose

- Update on the Counselor Survey
- Update on the Ad-hoc on Access Committee
- Update on WINTIP
- Update on Prescription Monitoring Program by DSPS
- Report from Wisconsin Recovery Community Organization (WIRCO)

X. Announcements—Sue Gadacz

- Synar Report is available on-line at the Bureau's website
- There will be an IDP (Intoxicated Driver Program) Audit. Timeline is about a month and a half for data collection, and then the Audit Committee will discuss.
- The SABG is being audited by the Legislative Audit Bureau
- There will be a federal audit of the SABG this Spring
- There is a combined meeting today of the Executive Committees of SCAODA and the Wisconsin Council on Mental Health to begin the process of developing a plan for the 2013 combined block grant application submission.
- Joyce O'Donnell thanked and recognized Sue Gadacz and LeeAnn Cooper for their work in obtaining an IDP Audit.

XVII. Adjournment—Michael Waupoose

Mark Seidl motioned to adjourn. Sandy Hardie seconded the motion. The meeting adjourned. The next SCAODA meeting is scheduled for March 2, 2012 from 9:30 am to 3:30 pm in room A3151.

2012 SCAODA Meeting Dates:

March 2, 2012  
June 8, 2012,  
September 7, 2012  
December 14, 2012



State of Wisconsin

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

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE  
MEETING MINUTES

March 2, 2012

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center  
6000 American Parkway Madison, WI 53783  
Room A3141

Members Present: Sonya Sidky, Craig Harper, Dennis Baskin, Kevin Moore, Steve Fernan, Roger Flings, Norman Briggs, Joyce O'Donnell, Tina Virgil, Charlotte Rasmussen, Mark Seidl, Duncan Shrout, Scott Stokes, Michael Waupoose, Rebecca Wigg-Ninham,

Members Excused: Douglas Englebert, Sandy Hardie, Mary Rasmussen, Sandy Pasch

Members Absent:

Ex-Officio Members Present: Raymond Luick, Michael Wagner, Robert Williams, Randy Glysch, Donna Williams

Ex- Officio Members Excused:

Ex- Officio Members Absent: Thomas Heffron, Colleen Baird, Linda Preysz, Joann Stevens

Staff: Joyce Allen, Scott Caldwell, Michael Quirke, Lou Oppor, Patrick Cork, Tanya Bakker, Faith Boersma, Arlene Baker, Lila Schmidt, Susan Endres

Guests: Francine Feinberg, Todd Campbell, Dave McMaster, Krystle Gutting, Staci McNatt, Tami Bahr, Cathy Bear, Paul Krupski., Emmanuel Scarbrough, Nina Emerson, Kit Van Stelle, Janae Goodrich

I. Introductions – Michael Waupoose welcomed the group and began the meeting at 9:35 A.M. Members, staff and guests introduced themselves. Craig Harper, recently appointed by the Governor's Office and Robert Williams, Bureau of Family and Children were welcomed as new members by Michael Waupoose. It was announced that Rebecca Wigg-Ninham and Sandy Hardie will co-chair the Diversity Committee.

II. The group recited the Pledge of Allegiance. Mr. Waupoose reminded everyone to speak up and be clear so that all can be heard. There was discussion about not having enough members

present for quorum, so unless the numbers increased, there would be no actions taken on the motions. A quick review of the agenda was asked by Mr. Waupoose.

III. Public Input – Michael Waupoose asked for any public input. Staci McNatt announced that the WIRCO (Wisconsin Recovery Community Organization) has recently launched their website [www.wirco.org](http://www.wirco.org). She urged everyone to go online and see what WIRCO is doing with advocacy and recovery support services. Staci also stated that a person can also sign up on line to be a member of WIRCO – which is free of charge and a great way to show support.

IV. Treatment Alternatives and Diversion presentation - Ray Luicks, Kit Van Stelle, and Janae Goodrich

The presenters introduced themselves and began with a power point presentation entitled: Advancing Effective Diversion in Wisconsin. Ray Luick explained that they wanted to see if treatment alternatives diversion (TAD) was useful with AODA offenders to see if it makes a difference regarding recidivism and cost. Mr. Luick thanked DHS, Lila Schmidt from the Bureau of Prevention Treatment and Recovery and DOC because these three agencies have been instrumental in assisting the presenters in gathering data. Today is the first opportunity to present the final evaluation of this program. He stated that their efforts have not stopped and they have been supporting the counties involved since 2006-07. Both Bayfield and Ashland Counties have just recently been included in this program. Kit Van Stelle thanked everyone for the invitation to speak at SCAODA and expressed that she was very excited with results and the TAD projects. She pointed out the web-link and the two page summary report. The full report is 80 pages and available online. The TAD projects include adult drug treatment courts in Burnett, Washburn, Wood and Rock Counties. As well there are adult diversion models in Milwaukee, Washington, Dane and in 2012 Ashland and Bayfield Counties. There are three evaluation components: the participant database, process evaluation and outcome evaluation. There was a 64% completion rate across all TAD programs – which is quite good. The core element of TAD is a variety of evidence based practices. The TAD model diverts non violent offenders, reduces recidivism (any new convictions post TAD participation) and reduces criminal justice system costs. Every \$1.00 invested in TAD yields benefits of \$1.93 to the criminal justice system through averted incarceration and reduced crime. TAD treatment courts yield benefits of \$1.35 for every \$1.00 invested. TAD diversion projects yield benefits of \$2.08 for every \$1.00 invested. Kit Van Stelle stated that the evaluations will be refining the cost analysis moving forward as certain factors were not included such as employment, and improved physical and mental health. The presenters were asked whether the cost benefit for child welfare will be included in this cost analysis. The evaluators indicated that it is very difficult to identify data for this type of analysis, but not undoable. At the same time, the presenters were not sure if there would be time to accomplish this. The recommendations for program improvement of TAD have a few high spots: 1. Modification of the language of existing statutes for TAD. 2. Promotion and encouragement of local development of projects. 3. Encourage the TAD projects to prioritize and admit moderate and high risk offenders. In conclusion, the presenters stated that TAD projects have positive impacts on individual offender's communities and local service systems. The next steps include dissemination of 2011 outcomes results; implementation at expansion sites; future evaluation activity and reports; and collaboration with other coordinating

efforts. Mr. Waupoose thanked the presenters for their hard work and information; the group responded with applause.

#### V. Review/Approval of Minutes – Michael Waupoose

A re-count of quorum members indicated that there were enough members present. Mr. Waupoose indicated that because some members need to leave early, the agenda will be shifted and minutes will be brought forth for approval followed by motions.

A review of the December 9, 2011, minutes by Michael Waupoose was brought forth. There was a motion to approve the minutes by Mark Seidl. Duncan Shrout seconded the motion. Mr. Waupoose called for the vote. All were in favor and the motion passed.

#### VI. Motions

##### A. Planning and Funding – Joyce O’ Donnell

Joyce O’Donnell made the following motions on behalf of the Planning and Funding Committee:

**1. That the council affirms the value of the Screening, Brief Intervention and Referral to Treatment (SBIRT) project and agree to a closer examination of its implementation. The Committee requests that this be done in consort with the Intervention and Treatment Committee, and within this year (2012) that the three members of each Committee meet with Scott Caldwell, Rich Brown and/or Paul Moberg to develop recommendations to improve SBIRT outcomes and to locate sources of funding for sustainability of the project. Tom Fuchs, Pamela Bean and Duncan Shrout will represent Planning and Funding on this project. Mr. Waupoose called for the vote. All were in favor; the motion passed.**

**2. To oppose Assembly Bill 464/Senate Bill 358 which state that under current law an under aged person may not enter/attempt to enter, falsely represent his/her age and procure/attempt to procure or possess/consume alcohol on licensed premises unless accompanied by a parent, guardian, or spouse who has attained the legal drinking age. A person who commits an underage violation is subject to various penalties, including a forfeiture ranging in amount from \$250 to \$1,000. This bill provides alcohol beverage licensees with a private right of action against person who engage in conduct that constitutes an underage violation. Under the bill, a licensee may bring a civil action against such an underage person and, if judgment is entered in favor of the licensee, the court must award to the licensee damages in the amount of \$1000, plus costs and reasonable attorney fees. However, if the underage person is less than 18 years of age and not emancipated, the licensee brings the action against the parent or legal guardian of the underage person instead. The licensee has the burden of proving that the**

**underage person's conduct constituted an underage violation but the action may be brought regardless of whether the underage person received a citation for, or was convicted of the violation.** Joyce O'Donnell indicated that AB 464 and the companion bill is self-serving to the tavern league, allowing taverns to profit from provision of alcohol to underage persons. It also placed children attempting to/purchasing alcohol in double jeopardy. **Duncan Shroul seconded the motion.** Kevin Moore asked if there were any amendments issued and accepted. It was answered that indeed, amendments were issued so alcoholic checks could take place and would make youth immune to punishments. A further discussion on the citations of taverns ensued. Mr. Waupoose asked for clarification of the purpose of the bill to which Mr. Shroul indicated he did not know the motivation behind the bill. **Mr. Waupoose called for a vote. All were in favor except Tina Virgil, Kevin Moore, Sonya Sidky and Norman Briggs who abstained. The motion passed.**

**3. To oppose AB 547 which would allow individuals licensed as marriage and family therapists, social workers, or professional counselors by the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board the use of the titles "alcohol and drug counselor" or "chemical dependency counselor without a separate certification established by DSPA. Duncan seconded the motion.** Mr. Waupoose asked for discussion. Mark Seidl stated that SCAODA may want to oppose AB 547 but this section has been pulled from the bill. He proposed an amendment to 457.02 line 5 of the bill which covers the provisions of the bill that is concerned. Norman Briggs would like the council to go on record as opposing any issues that allow LPC's to not have specific training in AODA. He went on to state that this comes up time and time again. Mr. Waupoose asked if Mr. Seidl could come back with a motion for the next meeting regarding what he is suggesting. Mr. Waupoose asked Joyce O'Donnell if she still wanted to make the motion based on the fact that the section of note has been pulled from the bill. Ms. O'Donnell stated that she would like the motion to stand as it reaffirms the position of the State Council. Mr. Waupoose asked for any further discussion and indicated that SCAODA has invited DSPA (Department of Safety and Professional Services) to attend a meeting however, they have not yet done so. Mark Seidl stated that considering the fact that we think the line of interest and discussion has been pulled, we may want to add this to any future amendments relating to this issue. The issue was brought up that different amendments to this bill keep coming in. **Mr. Seidl made the motion to oppose the bill and the specific line 457.02 line 5 and any other further amendments that would be introduced relating to this issue. Rebecca Wigg-Ninham seconded it.** Dave MacMasters added his concern that there is very little representation of AODA counselors for those that make decisions in regard to licensing. **Mr. Waupoose called for a vote on the amendment. All were in favor except Sonya Sidky who abstained. The amendment passed. Mr. Waupoose then called for a vote on the main motion. All were in favor except Sonya Sidky and Roger Frings who abstained. Mr. Frings stated that he felt there would be a conflict of**

**interest if he voted since he is a licensed professional counselor without specific AODA certification.**

**4. That the Executive Committee creates a strategy that involves SCAODA's development of an approach to increase representation of Legislators on SCAODA.**

**Duncan Shroul seconded the motion.** Mr. Waupoose asked for discussion. It was stated that the Planning and Funding committee would like the Executive Committee to meet with the caucus leaders from both parties and stress with them why it is so important to appoint someone to SCAODA. **Mr. Waupoose called for the vote. All were in favor. The motion passed.**

Prevention Committee – Scott Stokes

Scott indicated that the Prevention Committee was also going to oppose AB 464/Senate Bill 358 but that this was already opposed today by the Planning and Funding Committee. He indicated that there no other motions.

VII. Motivational Interviewing – Scott Caldwell

Scott Caldwell began his presentation stating that the phone is ringing off the hook for training in this evidenced based practice. Motivational Interviewing is an evidence based practice that is a collaborative and person centered way of being with people. It is nice and friendly, and welcoming and allows the professional to partner with the client's expertise and their ideas on the issue at hand. MI is collaborative, evocative and client centered. There are five elements of practice: Spirit, Client-centered /empathetic, Targeted behavior, Client Change Talk and Skills. The evidence for MI is outstanding: there are 1100 publications in support of MI – 230 are randomized clinical trials; 5 meta-analyses. For two decades MI has been top ranked for AODA treatment. Mr. Caldwell listed the current AODA treatments that are being utilized that work and do not work. The bottom 3 that do not work: #41: Standard treatment, #42 Confrontational Counseling, #43 Education - none of these are effective in treating adults with AODA. The Top 2 that do work: #1 Brief Intervention and #2 Motivational Enhancement. As well, MI is increasingly a go-to method for treating kids with substance abuse issues. Mr. Caldwell pointed out three studies demonstrating that MI added at the beginning of treatment significantly positively changed treatment outcomes. MI is effective for things besides AODA such as obesity, dental, asthma, violence, health promotions, diabetes, cardiac, smoking, eating disorders, gambling, and dual diagnoses. The things in common with these issues are that motivation is the key to change. Mr. Caldwell indicated that the number one market for MI training is DOC; Wisconsin is launching a huge initiative for all probation and parole staff to be trained in MI. Scott went on to state that MI has a cultural relevance in that it worked moderately for white participants. For patients of color the effects were tripled. Scott indicated that a reason for this could be explained as

such: If we go back to the spirit of MI, it is a collaborative process, the client is viewed as the expert, and the therapist draws out the client's goals and values. Historically, conditions of oppression for minority and racial ethnic groups, the spirit of MI – these conditions are missing. So MI brings these back and the client drives this. Norman Briggs asked if there is a statistical breakdown of outcomes based on economic diversity? Mr. Caldwell stated that this hasn't been looked at, but it is necessary to look for predictors that predict outcomes. What does not predict outcome: gender, demographics, race, or age. As well, clinical severity does not predict outcome in MI. What does predict outcome is the skill level of the counselor. Mr. Caldwell strongly recommended that MI should be emphasized in counselor training and that an increase in opportunities for initial training is necessary. Mr. Caldwell then opened it up for questions or thoughts. Mr. Waupoose asked Scott to identify the greatest barrier in counseling agencies or organizations that get in the way of ensuring fidelity. Mr. Caldwell answered that it is like learning any other skill – there is a need for supervisors to observe practice. In the medical field, doctors have tons of supervision; psychotherapists don't have those opportunities. Susan Endres asked if Mr. Caldwell is thinking about offering training to Medicaid/HMO providers. He indicated that he would love to share MI information no matter who requests it. Norman Briggs indicated that his team at ARC was trained on MI, and then continued with biweekly audio recordings with a talented Clinical Supervisor which held to the fidelity of the practice. Mr. Caldwell echoed Mr. Brigg's comment that supervision feed back is very important and it is unfortunate that there is not a lot of MI supervisor training available. Staci McNatt commented that her workplace offers 1.5 days of MI in AODA trainings. She indicated that this involves a lot of role playing and that it has been a great learning tool. Mr. Waupoose thanked Mr. Caldwell for his wonderful presentation and the audience responded with applause.

#### VIII. Update on Workforce Surveys – Mike Quirke

Mike Quirke stated that the survey just closed yesterday so the information is very preliminary. He stated that he would like to come back to share more information at a later date. He went on to state that there are at least 100 more surveys that will be added to the database that have not yet been tallied. The purpose of this survey has to do with issues coming down the pike re: Patient Affordable Care act. There is an emphasis on AODA clinicians being masters level professionals. At the same time the Feds have facilitated a group of experts to come up with some model ways to differentiate substance abuse. The survey is finding out what our counselors have in the way of credentials. We hope that the results can be used for discussion purposes and plan how to use the funds for Minority Training Institute. Francine Feinberg asked if the purpose of the survey was to standardize HMO's. Mr. Quirke stated that the impact that the health care reform act may or may not have would be on how we provide practice. Dave Mc Master wondered how to obtain the email list from DSPS as his agency would like to have an email list of providers available. The group indicated that any organization can purchase an email list and DSPS website can

instruct a person on how to do so. Emmanuel Scarborough asked that when Mike comes back to discuss the details of the survey findings that he include information on how the education level of the counselor impacts the reimbursement. Mr. Quirke stated that he would be willing to provide that information.

#### IX. Combined Mental Health and Substance Abuse Needs Assessment Planning Sub-Committee – Joyce Allen

Joyce Allen reported on the need for the Wisconsin Mental Health and SCAODA Councils to form a new combined planning group for the Substance Abuse and Mental Health Block Grant. The next block grant is due in April 2013, but it is important to begin the combined planning process now. Federal law has always required that the mental health block grant be reviewed by the mental health council before being submitted, but this is new for substance abuse. SAMHSA is now requiring a combined application process and a behavioral health advisory committee. The State's proposal is to have staff from both councils form a needs assessment planning committee and have both councils review the application. The combined committee will do the in depth work and make recommendations which will go back to the councils for action. The executive staff of both councils have already come together for discussion. Joyce referenced pages 55-56 of the meeting packet for definitions and process of a needs assessment. Members of this committee will be involved in looking at what services are in place now, conducting an analysis of what is needed, and identifying what the priorities will be. From there, goals and strategies will be developed and put into the block grant application that will drive the priorities of our staff resources. The EPI study will provide data for substance abuse and sources of data for mental health will be identified in addition to looking at our needs as a whole.

Areas for data collection will include: 1) The prevalence of problems for the entire population as well as relative needs for special populations. 2) Access to prevention, treatment and recovery supports. Are people able to gain access; do they receive the appropriate services; how timely are they, where are they available; and are there any differences for specific populations? 3) What is the capacity of the system and are the needed services available? 4) Quality of service, supports and treatment. Are these at the desired level, are they patient centered, safe and efficient? 5) Outcomes, are they provided and what is the impact?

Steve Fernan mentioned that youth are one of the special populations to keep in mind when conducting the need analysis. Joyce Allen responded that it will be important to have the right people involved on the committee who can provide helpful information. Todd Campbell asked about the amounts available in the block grants. Joyce Allen responded that there is 27.8 million in the 2012 SABG and 8 million in the 2012 MHBG. Though there is a requirement for a combined application, the SABG and MHBG will maintain separate funding. In 2013 the recommendation from SAMHSA is to break out prevention from treatment and have 4 block grants (substance abuse treatment, substance abuse prevention, mental health treatment and mental health prevention). In terms of funding reductions, Joyce Allen stated that the mental health formula reallocation was reduced by 9%, but will depend on the mental health prevention block grant. For substance abuse it looks like there will be an even wash. Todd Campbell asked about the level of commitment for the members. Joyce Allen replied that she anticipates that the committee will meet on a monthly basis and will have the ability for conference call in. The

deadline for the committee to complete its work will be by the end of 2012. The committee members will be asked to review material between meetings and provide information and advice on how to reach out to special populations. Michael Waupoose asked for volunteers interested in being a member of the committee. The following individuals identified themselves (Rebecca Wigg-Ninham, Steve Fernan, Todd Campbell, Duncan Shrout, Staci McNatt, and Tami Bahr).

## X. State Agency Reports

Charlotte Rasmussen from the Pharmacy Examining Board reported having shared the report from the Prevention Committee's Controlled Substances workgroup, "Reducing Wisconsin's Prescription Drug Abuse: A Call to Action" with the Board. She also reported that the Board has received a grant to develop and implement a prescription drug monitoring program in Wisconsin. Their goal is to get a program in place this Spring. Lou Oppor asked if there would be any public hearings on this program and if it would be a mandatory program. Charlotte responded that there had been a hearing on Monday, April 27, and thought that someone from SCAODA was present. There will still be opportunities for questions and comments with the work group that is pulling the program together. She confirmed that the program would be mandatory. Mr. Oppor noted that the original legislation would only approve the program if it was funded with federal grant money and asked how the program would be sustained. Charlotte responded that this is still one of the questions that will need to be answered.

Steve Fernan from the State Department of Public Instruction reported on the twenty year trend data from the 2011 Youth Risk Behavior Survey (YRBS). The program is administered every two years as a way to monitor at risk behaviors of students by gathering student self-reported data on health behaviors such as nutrition, exercise, mental health and substance abuse. On the positive side, there is a continuing trend line for reduced alcohol use and a delay in the age of onset. The percentage of students binge drinking is also coming down and is now closer to the national average. Driving after drinking or riding with a driver who had been drinking is also significantly lower from the base line established in the early 90's. In terms of negative trends, marijuana hit a low point in the early 90's and then saw a more substantial increase in the mid 90's which leveled off around year 2000. Since then it has continued to inch up. Tobacco use had significantly declined with the funding and policy changes occurring in this area but then flattened again as a reflection of the number of youth who had become addicted. There is no trend line to report on prescription drugs because there is not enough history to establish a trend. Steve offered to provide a presentation on the 2011 YRBS data at the June SCAODA meeting. Norm Briggs raised the idea of joint presentation with the Children, Youth and Families (CYF) subcommittee of ITC to include information on treatment trends as well. Emanuel Scarborough asked if information on trends was available by race, gender and age. Steve responded that this data is collected but is not sure if there is a large enough sample size to establish trends. Staci McNatt asked about the timeframes of the YRBS. Steve responded that the information is collected between February and April in the odd number years and then takes about one year to get the results. The survey results are available on the DPI website.

Kevin Moore from DHS reported that Sue Gadacz is no longer with the Division. She has taken a position with the Milwaukee Behavioral Health Services Division. Her position with the

Division will be filled and Lou Oppor is filling in until a permanent hire is made. The President's budget was recently released and will be reviewed by the entire Department. Outside of Medicaid we will be doing more with less and some hard decisions will need to be made. Kevin will provide the committee with future updates. Joyce O'Donnell recommended that a letter of commendation and thanks be given to Sue Gadacz from the council. She recommended that the council invite Sue to a meeting and present her with the letter at that time. Lori Ludwig was reported to be recovering from hip surgery and is expecting to return to work soon.

## XI. Committee Reports

### Executive Committee – Michael Waupoose

Michael Waupoose reported that the executive committee met to discuss the Drunk Driver Reform Bill and a motion was made to send a letter to Representatives Krusick and Ott that SCAODA is in support of the bill and be listed as a sponsor of the bill.

### Planning and Funding Committee – Joyce O'Donnell

Joyce O'Donnell reported no additional updates beyond the motions that were presented.

### Prevention Committee – Lou Oppor for Scott Stokes

Lou Oppor reported that the Prescription Drug Abuse Report from the Prevention Committee's Controlled Substances Workgroup was disseminated in January. He reported that Senator Pasch asked staff if there was any legislation she could support in regard to the recommendations of the report. There is currently some draft legislation created regarding product stewardship involving the Department of Natural Resources (DNR) and the Department of Agriculture. Product Stewardship is a policy that requires companies that manufacture and sell a product to be responsible for the disposal of the product in a way that reduces the health and environmental impacts.

### Diversity Committee – Rebecca Wigg-Ninham

Rebecca Wigg-Ninham reported that the Diversity Committee has a great deal of interest in the survey report from Flo Hillard in regard to where providers are in meeting the standards and requirements that are part of the Patient Protection and Affordable Care Act and Parity legislation. Who is providing them the education they need? The committee is also looking for new members and would like to increase the diversity of their membership. They are interested in the development of their website and want to be able to provide information there that would be of help to others.

### Intervention and Treatment Committee (ITC) – Norman Briggs

Norman Briggs reported that Roger Frings has been very helpful in addressing issues related to improving access to services. Roger has been updating the complaint system within the Office

of the Commissioner of Insurance (OCI), for all lines of insurance, by implementing a better coding system for the complaints they receive. Previously all complaints were generally categorized. ITC has had discussion on including the complaint line number on intake forms across treatment agencies.

ITC has also been serving as the Ad-hoc Committee on Access which has identified various sources of information related to access, including: the 2012 Substance Abuse Block Grant application which outlines unmet service needs and gaps and planning priorities to address the gaps; the 2010 Wisconsin Epidemiological Profile on Alcohol and Other Drug Use (EPI Report); and the 2009 Human Services Directory Survey. Mr. Briggs reviewed the difference between the prevalence rates of substance abuse disorders and the rate at which individuals seek out services. Multiple surveys, as confirmed by Mike Quirke, have determined that approximately 20% of US adults have diagnosable SUDS. Of that group, only about 20% perceive they have a problem and seek treatment. This is true for both the publicly and privately funded. Approximately one out of four individuals between the ages of 18 and 25 have a diagnosable substance abuse disorder, yet only half of those believe they have a problem and seek out treatment. Mr. Briggs also pointed out that the study found in the block grant application used a standard poverty rate of 54% to establish the poverty rate or income level that make people eligible for public financing of substance abuse treatment for all counties in the State. Since this analysis doesn't give us a clear picture of need and access to services for persons within their county of residence, data should be obtained and calculated by county using the poverty rate for each county. It will also be important to obtain information on the availability and accessibility for special population such as non English speaking, deaf or hard of hearing, women, and older populations. As an example, the women's urban/rural projects that have been documented as providing truly women-specific services can only accommodate 11% of the women receiving publicly funded treatment in Wisconsin. The block grant also made note of the fact that access to services is especially limited in our rural counties. According to the County Human Services Directory Survey, urgent needs were identified for halfway house (7 counties), residential (12 counties), medication assisted treatment (7 counties), and Intensive Outpatient or Day Treatment (6 counties). Mr. Briggs reported that this data fits well with the Bureau of Prevention, Treatment and Recovery's focus of providing services with a more regionalized approach to addressing some of the higher cost items. Michael Waupoose shared that the Healthcare Effectiveness Data and Information Set (HEDIS) used by HMO's to measure performance on important dimensions of care and service may be an additional source of information. There is a performance measure within HEDIS for access and availability of care called initiation and engagement of alcohol and other drug dependence treatment. The HEDIS measures are available on the National Committee for Quality Assurance (NCQA) website. Employee Trust Fund (ETF) and OCI also publish information for their health plans. Norman identified the need to talk about the coordination between the Ad-hoc Access Committee and the joint planning group of the Mental Health Council and SCAODA that Joyce Allen discussed earlier in the meeting.

WINTIP Update – Dave Macmaster

Dave Macmaster reported that as of May 1 2012, Libertas, at L.E. Phillips in Chippewa Falls will become the second program in the State to implement full integration of nicotine dependence

treatment and be a tobacco free environment. They are preceded by St. Joseph's Hospital in Marshfield who has been the pioneer under the leadership of Sheila Weix. There is another program expecting to begin implementation this year as well. Dave also reported that SUPAR (Substance Use Practitioners Association for Recovery) will be mailing a survey and information to counselors in March to expand services to those working in the field. They are currently recruiting for members. Focus groups are also being scheduled to occur around the state this year as well. The new Association is hoping to fill the role of the former WI Certification Board. WiNTiP has also selected seven recipients for the Integration Innovators Awards mini-grants designed to advance tobacco/nicotine integration into Wisconsin AODA and mental health services and the recovery community. More information will be available on the WiNTiP website. Three training manuals are now available on the website, one for AODA clinicians, a second for mental health clinicians and a third for managers and administrators. There is also a new Nicotine Anonymous group available as an expansion of an ongoing resource. WiNTiP's advertising campaign has been extremely successful, having received 7500 hits on the CETRI website. Lou Oppor asked if SUPAR was going to replace WAADAC. Dave responded that SUPAR is associated with WAADAC but offers a lower cost membership from WAADAC and a different set of benefits from the national benefits. The role of SUPAR is to support persons working in the substance abuse treatment field with information, resources and a united voice at the State level.

## XII. Agenda Items for June 8, 2012 Meeting – Michael Waupoose

- Joint presentation on the Youth Behavior Risk Survey (YRBS) by Steve Fernan and Adolescent Substance Abuse Treatment trends by the CYF subcommittee (suggested by Steve Fernan and Norman Briggs)
- Adverse Childhood Experiences
- Update on Workforce Surveys by Mike Quirke
- Summary of Presidents budget and the impact on substance abuse services
- WIRCO presentation of Recovery Support Services (suggested by Staci McNatt)
- Discussion on the development of core values and principles within the council to apply to rapid responses taken up by the Executive Committee to address urgent issues (suggested by Norman Briggs)

## XIII. Announcements

- Joyce Allen announced that Faith Boersma is the new Consumer Affairs Liaison in the Division and will be able to link us better with consumers across the State.
- She also announced that the Legislative Audit Bureau's audit of the IDP has been completed and released.
- Joyce Allen recognized Todd Campbell and the new initiative that Dane County is doing to address access to residential treatment services.
- Joyce O'Donnell announced that the author, Barron Lerner, will be discussing his book, "One for the Road: Drunk Driving Since 1900" on April 19, 2012, Noon -1pm

in Room 1306 Health Sciences Learning Center, 750 Highland Ave. in Madison. The discussion is free and open to the public. Joyce thought it would be a good idea for SCAODA to develop a library on books and resources. Nina Emerson identified the role that the alcohol industry plays in the issue of intoxicated driving and the need to address the issue from a public health approach that addresses lowering the availability of alcohol and opposing alcohol sponsored events.

- Nina Emerson announced the 18<sup>th</sup> Annual Traffic and Impaired Driving Conference on April 10-11 at the Paper Valley Hotel and Conference Center in Appleton.

#### XIV. Adjournment – Michael Waupoose

Joyce O'Donnell motioned to adjourn. Norman Briggs seconded the motion. The meeting adjourned. The next SCAODA meeting is scheduled for June 8, 2012 from 9:30am to 3:30pm in room A3151.

DRAFT

## **Charge to Ad Hoc Coordinating Committee from Wisconsin SCAODA and Council on Mental Health**

SCAODA hereby approves creation of an Ad Hoc Joint SCAODA-WCMH Committee on Needs Assessment. The tasks for this committee include:

- Oversee all aspects of the State Planning Process (needs assessment, gap analysis, state plan review and comment) necessary to ensure submission of a joint state plan to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Coordinate the necessary activities between the two Councils to complete the state planning process in a timely fashion and meeting SAMHSA's requirements for the joint plan.
- Be responsible for reporting back to the SCAODA and the WCMH at appropriate times. The report should include a summary of the committee's work, recommendations and action items required of the WCMH and SCAODA.

The committee may further define and identify its charge and scope of responsibilities, with the agreement of the full Councils.

This committee will sunset on June 30, 2013 unless extended by vote of the WCMH and SCAODA.

Approved by SCAODA Executive Committee May 18, 2012

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**Ad-Hoc Committee for Combined Mental Health & Substance Abuse Needs Assessment Planning & Block Grant Application**  
**Members Representing the State Council on Alcohol and Drug Abuse (SCAODA)**

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>SCAODA Affiliation</b>	<b>Phone Number</b>	<b>E-Mail Address</b>
Norman Briggs	Director of AODA Services	ARC Community Services	Member SCAODA, member Planning and Funding Committee, member Intervention and Treatment Committee	(608) 278-2300 x 19	<a href="mailto:nbriggs@arccommserv.com">nbriggs@arccommserv.com</a>
Dr. Kathryn Bush	Education Consultant for School Psychology	WI Department Public Instruction	Designee for Steve Fernan, Member of SCAODA representing DPI	(608) 266-1999	<a href="mailto:Kathryn.Bush@dpi.wi.gov">Kathryn.Bush@dpi.wi.gov</a>
Todd Campbell	AODA Manager	Dane County Department Human Services	Member of Planning and Funding Committee of SCAODA	(608) 242-6488 (608) 630-0977 (c)	<a href="mailto:campbell.todd@countyofdane.com">campbell.todd@countyofdane.com</a>
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**Ad-Hoc Committee for Combined Mental Health and Substance Abuse Needs Assessment Planning and Block Grant Application**  
**Members Representing the Wisconsin Council on Mental Health**

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*CC for All Meeting Information*

<b>PLEASE CC MICHAEL WAUPOOSE AND TAMI BAHR ON ALL MEETING INFORMATION</b>					
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*BPTR Staff Involved with Combined Needs Assessment Planning*

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\*BPTR: Bureau of Prevention, Treatment & Recovery in the Division of Mental Health & Substance Abuse Services at Dept. of Health Services  
Updated 4/3/2012'

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# SAMHSA 8 Priorities-4 Funding Priorities-in Vision for a High Quality, Self-Directed, and Satisfying Life in Health, Home, Purpose, & Community

## 4 Purposes for Combined Block Grant Funding<sup>1</sup>

<b>SAMHSA's 8 Strategic Priorities</b>	Priority Treatment & Support Services for Individuals w/o Insurance	Priority Treatment & Support Services for Individuals Not Covered by Insurance	Primary Prevention Activities & Services for Person Not Identified as Needing Treatment	Collecting Performance & Outcome Effectiveness Data & to Plan Implementa- tion of New Services
1) Prevention of Substance Abuse & Mental Illness	<p><b>Health</b> Physically &amp; Emotionally Healthy Lifestyle</p> <p><b>Home</b> Stable, Safe, &amp; Supportive Place to Live</p> <p><b>Purpose</b> Meaningful Daily Activities— e.g. Job, School, Caregiving, Volunteerism</p> <p><b>Community</b> Relationships &amp; Social Networks Providing Support, Friendship, Love, and Hope</p>			
2) Trauma & Justice				
3) Military Families				
4) Recovery Support				
5) Health Reform				
6) Health Information Technology				
7) Data, Outcomes & Quality				
8) Public Awareness and Support				

SAMHSA's vision for a high-quality, self-directed, and satisfying life in the community

Additional aims of the Block Grant programs reflect SAMHSA's overall mission and values, specifically:

- To promote participation by people with mental and substance use disorders in shared decision making person-centered planning, and self direction of their services and supports.
- To ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LGBTQ individuals.
- To promote recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.
- To increase accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.
- To prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

<sup>1</sup> Funding Priorities by SAMHSA: 1) to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; 2) to fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery; 3) to fund primary prevention—universal, selective and indicated prevention activities and services for persons not identified as needing treatment; and 4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and to plan the implementation of new services on a nationwide basis. SAMHSA needs to begin planning now for the FY 2014 when more individuals who are uninsured will have the option to become insured. This will require that SAMHSA use FY 2011, 2012 and 2013 to work with States to plan for and transition the Block Grants to these four purposes.

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SCAODA & WMHC Ad Hoc Needs Assessment Committee  
Update for SCAODA Meeting June 8, 2012

1. The joint committee co-chairs are Rebecca Wigg-Ninham (SCAODA), and Don Pirozzoli (WMHC).
  2. The meetings are open to the public. There are nineteen members representing SCAODA and WMHC. In addition, there is five additional BPTR staff involved. Brad Munger is the designated BPTR staff to the Ad Hoc Committee. Please see list of members included in materials.
  3. Charge to committee developed and approved by WMHC and the Executive Committee of SCAODA. Please see Charge included in materials.
  4. Timeline: Completed draft of Needs Assessment Report to Bureau by Sept. 15; initial Draft of Proposal to SAMHSA by Bureau end of 2012. Spring for review, input, with final submission to SAMHSA April 13, 2013. The Ad Hoc Committee sunsets on June 30, 2013 unless extended by vote of two councils.
  3. There have been four general meetings and one survey subcommittee meetings to date. The next general meeting date is set for 6-6-2012.
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Information Shared by Bureau

- A: A Combined Block Grant Needs Assessment Work Plan Roadmap was presented to the group.
- B: The first two steps are to document specific areas that we want to examine about the current state and expected future state of SUD/MH systems.
- C: Joyce did a great job of defining a needs assessment and presenting a framework for it, including steps.
- D: A Sample of Data Sources for Wisconsin's SUD/MH Needs Assessment was provided as it relates to the domains of Prevalence, Access to Services, Service Array, Quality of Services and Outcomes & Effectiveness.
- E: A Summary of Required vs. Recommended & Encouraged Populations by SAMHSA was presented as well as the seventeen goals of the substance Abuse Block Grant and five Criteria for the Mental Health Block Grant.

Surveys Reviewed:

Community Support Services Programs/Comprehensive Community Services Survey  
Youth at Risk Behavior Survey  
Recovery Orientated System Indicators  
Family Satisfaction  
GEP Consumer Satisfaction Survey  
Behavioral Risk Factor Survey  
National Survey on Drug Abuse  
County Needs Assessment Survey

Coordinated Services Team Family Satisfaction Team Family Satisfaction Survey  
Brief Needs Assessment Survey  
Pregnancy risk Assessment Monitoring System Survey  
Mental Health Statistic Improvement Program Survey

SAMHSA is looking for Evidence Based Interventions and Consumer Satisfaction.

It became clear that we needed additional information from consumers. The co-chairs and the department staff agreed that this goal should be pursued if at all possible with the time crunch.

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There has been lively, substantial and robust discussion around issues such as:

- How to customize the types of relevant questions
- Creating a dashboard of indicators
- Consumer satisfaction (how are we measuring, capturing this info, consumer input into surveys?)
- Children /youth with Serious Emotional Disturbance (SED)
- Need for keeping our focus on recovery
- Aging population
- Looking at national trends/data, other states (best practices)
- Periods of data collection and relevance over time
- Prevalence data may be of limited validity since most projection focus on urban areas
- Increasing number of youth seeking treatment out of state (MN, SD, IL)
- Data regarding access to Certified Peer Specialist data in HSRS or other sources

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**Wisconsin Substance Abuse Counselor Survey, 2012**

**Background and Purpose**

As a profession, substance abuse counselors perform a critical function in society as they work to reclaim lives that have been adversely impacted by alcohol and other drug abuse. They may not receive the same recognition as teachers, nurses or police officers, but collectively they help reduce the negative social, health and economic impact that substance abuse has on families, workplaces and communities in general. A specific Wisconsin example of this positive impact can be seen in the substance abuse counselor's role in highway safety. Prior to Wisconsin's 1982 program requiring OWI offenders to receive education or treatment, on average there were 27,000 alcohol-related traffic crashes and 17,500 alcohol-related injuries each year (statistics compiled from the Wisconsin Department of Transportation). Today there are 5,700 and 3,500 respectively. Before the program, there were 540 alcohol-related traffic fatalities each year. Now there are 220. There is also less impaired driving in general. Before the program, 11 percent of Wisconsin adults surveyed said that they recently drove after having too much to drink (Wisconsin Behavioral Risk Factor Surveillance Survey). Now it's 5 percent. As a result of Wisconsin's substance abuse counselors' dedication and effectiveness, 95 percent of the general public view addiction as being treatable and persons with an addiction can recover through treatment (2005 Wisconsin Behavioral Risk Factor Surveillance Survey).

The Patient Protection and Affordable Care Act (PPACA) healthcare reforms anticipated in 2014 and beyond emphasize Master's degreed substance abuse and mental health professionals. Currently, the Federal Medicare program requires Master's degreed, licensed behavioral health professionals. The health insurance market place in general is emphasizing more and more the need for Master's degreed professionals to bill insurance for substance abuse treatment. These factors make information about the education and credentials of Wisconsin substance abuse professionals necessary. The Wisconsin 2012 substance abuse counselor survey data will help to:

- Inform the future direction of the Minority Counselor Training Institute
- Inform the plans of substance abuse counselor education programs at vocational-technical colleges, four-year colleges and universities, and graduate schools
- Inform discussions about health insurance reimbursement policies that utilize education level

We wish to thank the group of Wisconsin Association of Alcohol and Drug Abuse Counselors (WAADAC) representatives who reviewed the initial survey results and provided very useful insights and recommendations.

**SAMHSA-facilitated "Model Scopes of Practice and Career Ladder for Substance Use Disorder Counseling" Recommendations, February 2011 Report**

In February 2011, the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) released a report of a 2010 gathering of experts in the substance abuse field who developed counselor scope of practice recommendations. While the recommendations in the report do not necessarily reflect the views, opinions, or policies of SAMHSA, the report is intended to serve as a guide for states as they develop or modify their own counseling practice levels, education, training, experience, clinical supervision standards and workforce development activities. In summary, the expert panel recommends five levels of counselor credentials:

- Independent Clinical Substance Use Disorder Counselor/Supervisor 4 (at least a Masters degree; may practice independently; 4,000 hours supervised experience; may practice psychotherapy)

- Clinical Substance Use Disorder Counselor 3 (at least a Masters degree and under supervision of an Independent Clinical Substance Use Disorder Counselor/Supervisor 4; must practice in a licensed facility; 3,000 hours supervised experience; may practice psychotherapy)

- Substance Use Disorder Counselor 2 (at least a Bachelors degree and under supervision of at least a Clinical Substance Use Disorder Counselor; must practice in a licensed facility; 2,000 hours supervised experience; may practice psycho-educational counseling)

- Associate Substance Use Disorder Counselor 1 (at least an Associates degree under supervision of an Independent Clinical Substance Use Disorder Counselor/Supervisor 4; must practice in a licensed facility; 2,000 hours supervised experience; may practice psycho-educational counseling)

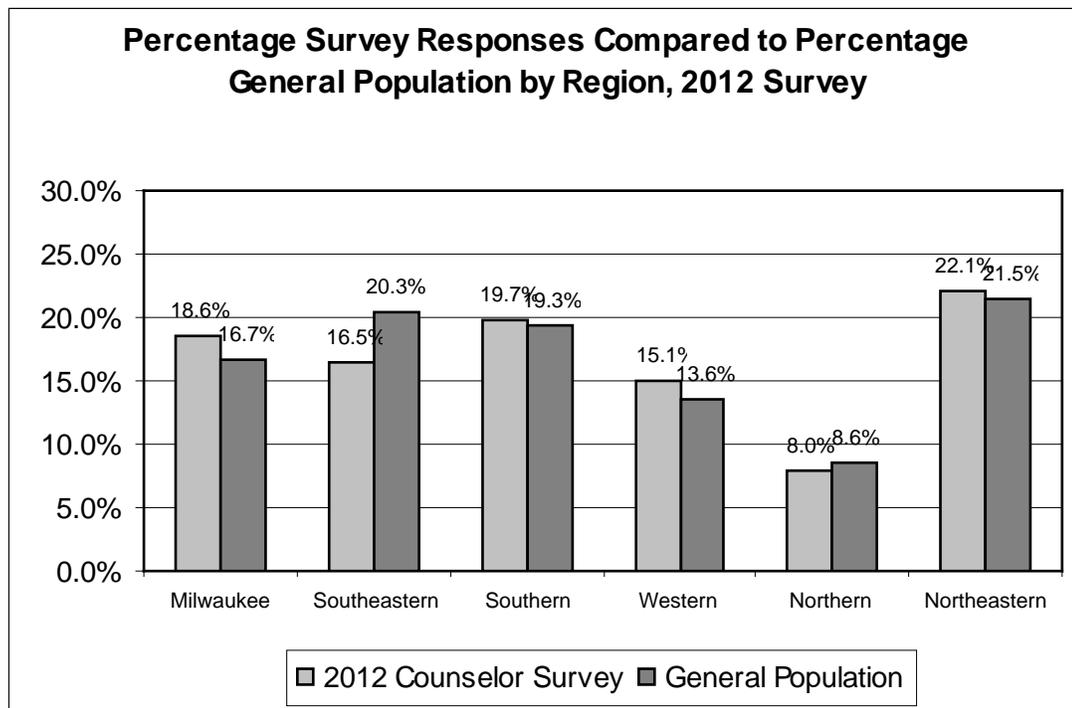
- Substance Use Disorder Technician (high school diploma or GED under the supervision of at least a Clinical Substance Use Disorder Counselor 3; must practice in a licensed facility; 1,500 hours supervised experience; may provide psycho-educational counseling under close supervision; 150 clock hours of substance use disorder education/training)

**2011 Wisconsin Substance Abuse Counselor Education Program Survey**

Another related statewide survey was completed by the University of Wisconsin (Flo Hilliard, MSH) in 2011. Twenty-two (22) substance abuse counselor education programs at various technical colleges and universities across the state responded. This survey provides a very useful listing of education programs, their curriculum, minority student population, and their future viability. It is recommended that the findings from this education program survey also be used for planning purposes.

**The 1995 and 2012 Substance Abuse Counselor Surveys**

A previous survey of substance abuse professionals was taken in 1995 (through the mail) when there were about 1,340 Wisconsin substance abuse counselors. In addition to certified substance abuse counselors, the 1995 survey included approximately 200 not-yet-certified counselors. In the 1995 survey, seventy-nine percent (79%) responded. In 2012, there are about 1,920 substance abuse counselors [certified Clinical Substance Abuse Counselor (CSAC) and certified Substance Abuse Counselor (SAC)] with fifty percent (50%; n=967) responding to the e-survey. The 2012 survey includes only CSACs and SACs certified by the Department of Public Safety and Professional Services [(DSPPS) formerly Department of Regulation and Licensing]. About 6 percent of the original list of 1,920 e-mail addresses provided for the 2012 e-survey were found to no longer be active and were not included in the e-survey. While there is some possibility of bias in the 2012 e-survey due to the response rate (50%), the 2012 e-survey does show representativeness as evidenced by the proportion of responses received by geographic region and the proportion of responses received from racial/ethnic group counselors in comparison to the general population (U.S. Census Bureau). These findings are presented in the figure and table that follow. A Wisconsin County map showing regional boundaries is appended to this report.



### 1995 and 2012 Survey Respondents by Race/Ethnicity

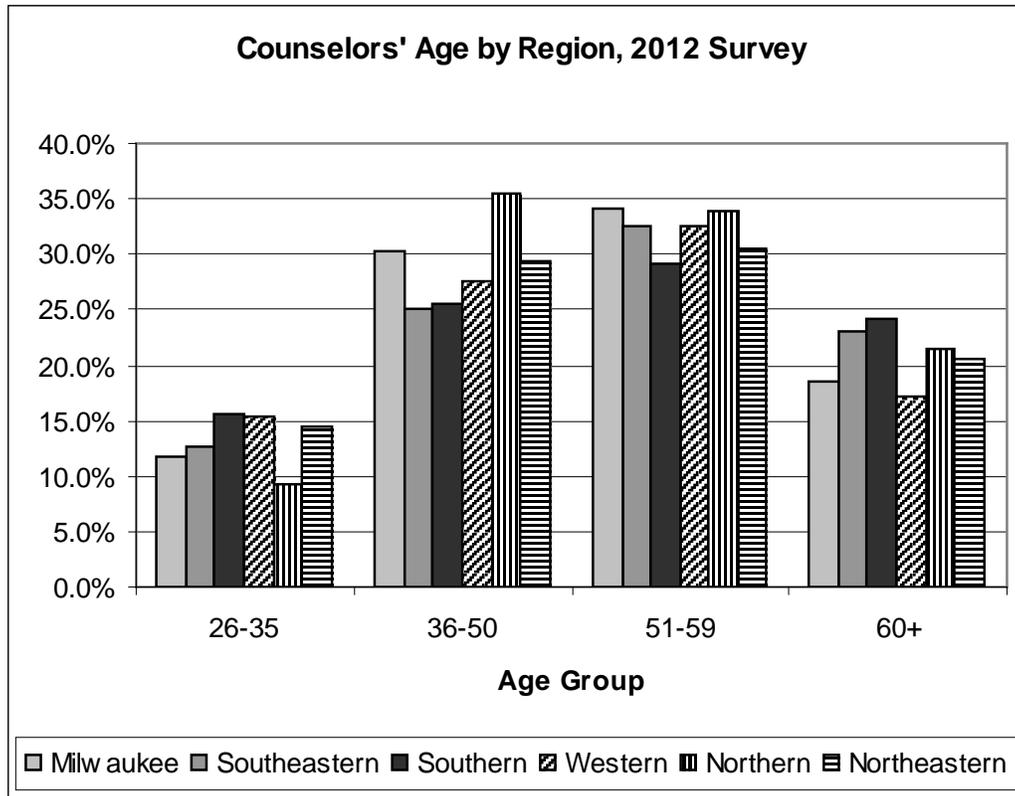
Race/Ethnicity	1995 Survey	2012 Survey	2010 General Population
White	91%	86%	85%
African American	6%	8%	6%
American Indian	2%	3%	1%
Asian	<1%	<1%	2%
Hispanic/Latino	1%	3%	6%

The table below shows a significant ( $p < .01$ ) increase in the proportion of females providing substance abuse counseling from 1995 to 2012. Regarding age, there is a disproportionately higher number of substance abuse counselors age 51 and older in 2012. Nineteen state surveys taken between 2002 and 2005 by the Addiction Technology Transfer Centers (ATTCs) found an average of just 40 percent of counselors were over age 50.

### 1995 and 2012 Survey Respondents by Gender and Age

	1995 Survey	2012 Survey
Female	55%	67%
Male	45%	33%
Age <= 25	0%	1%
26 – 35	11%	14%
36 – 50	58%	30%
51 – 59	23%	31%
60 +	8%	24%

Substance abuse counselors' age by region is depicted in the following figure. The southeastern, southern and northern regions have disproportionately higher numbers of counselors age 51 and older.



This next table displays the place of employment among 2012 survey respondents. About 9 percent were either not employed or retired.

**2012 Survey Respondents by Place of Employment**

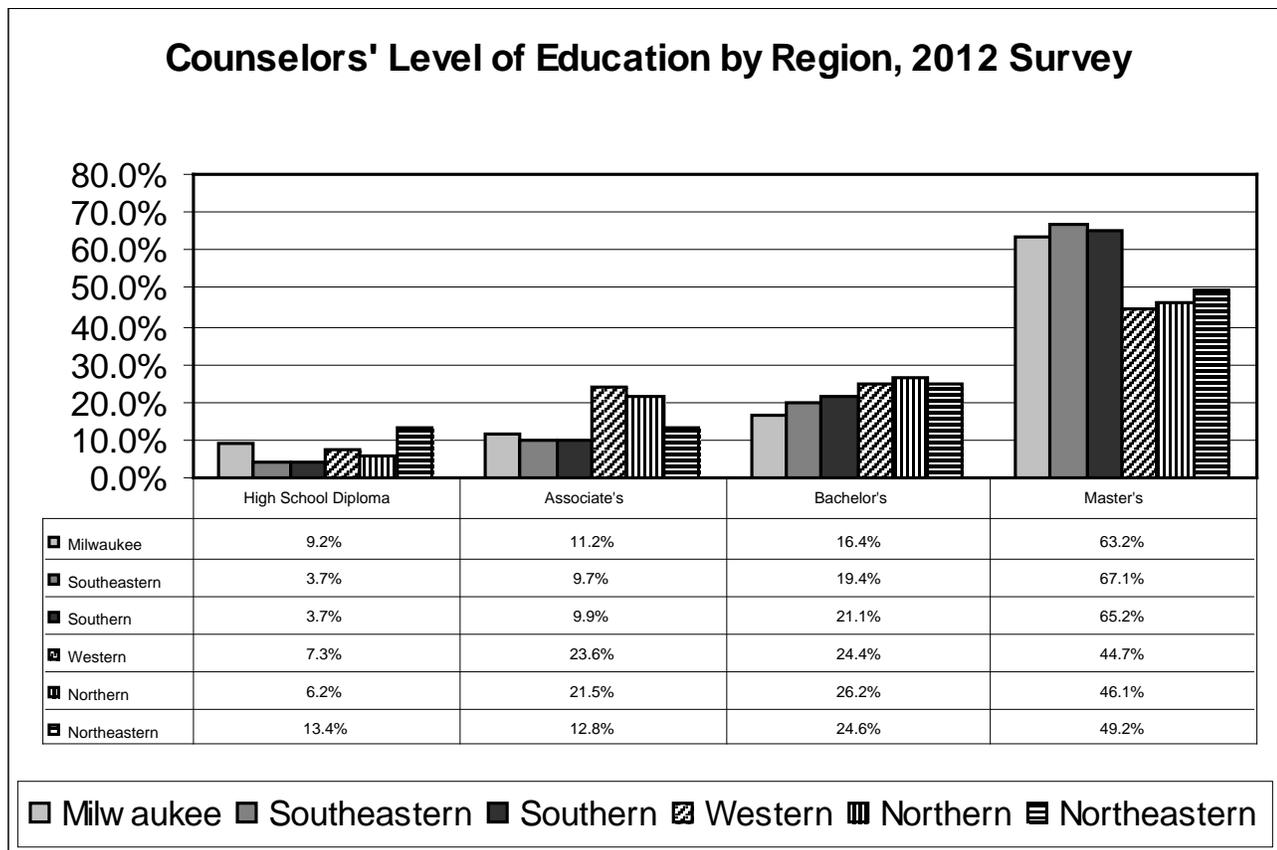
	2012 Survey
Private non-profit treatment agency	26%
Hospital or institutional setting	19%
Private for-profit treatment agency	17%
County Human Services Department or Department of Community Programs	15%
Private practice/self-employed	11%
Tribal health center or clinic	2.5%
Currently not employed in the AODA field	9.5%

The level of education of 1995 and 2012 respondents and educational goals of 2012 respondents are presented in the next table. The 2012 survey indicated that 56 percent of respondents possess a Master’s degree. The nineteen state surveys taken by the ATTCs found an average of 27 percent of counselors had a Bachelor’s degree and just 39 percent had a Master’s degree or higher. The WAADAC representatives advised that the 2012 survey may under-represent counselors having an Associates degree or high school education and so the survey results may overstate the proportion of counselors having Masters degrees. Seventy-five percent (75%) of Wisconsin substance abuse counselors have a desire to advance their formal education.

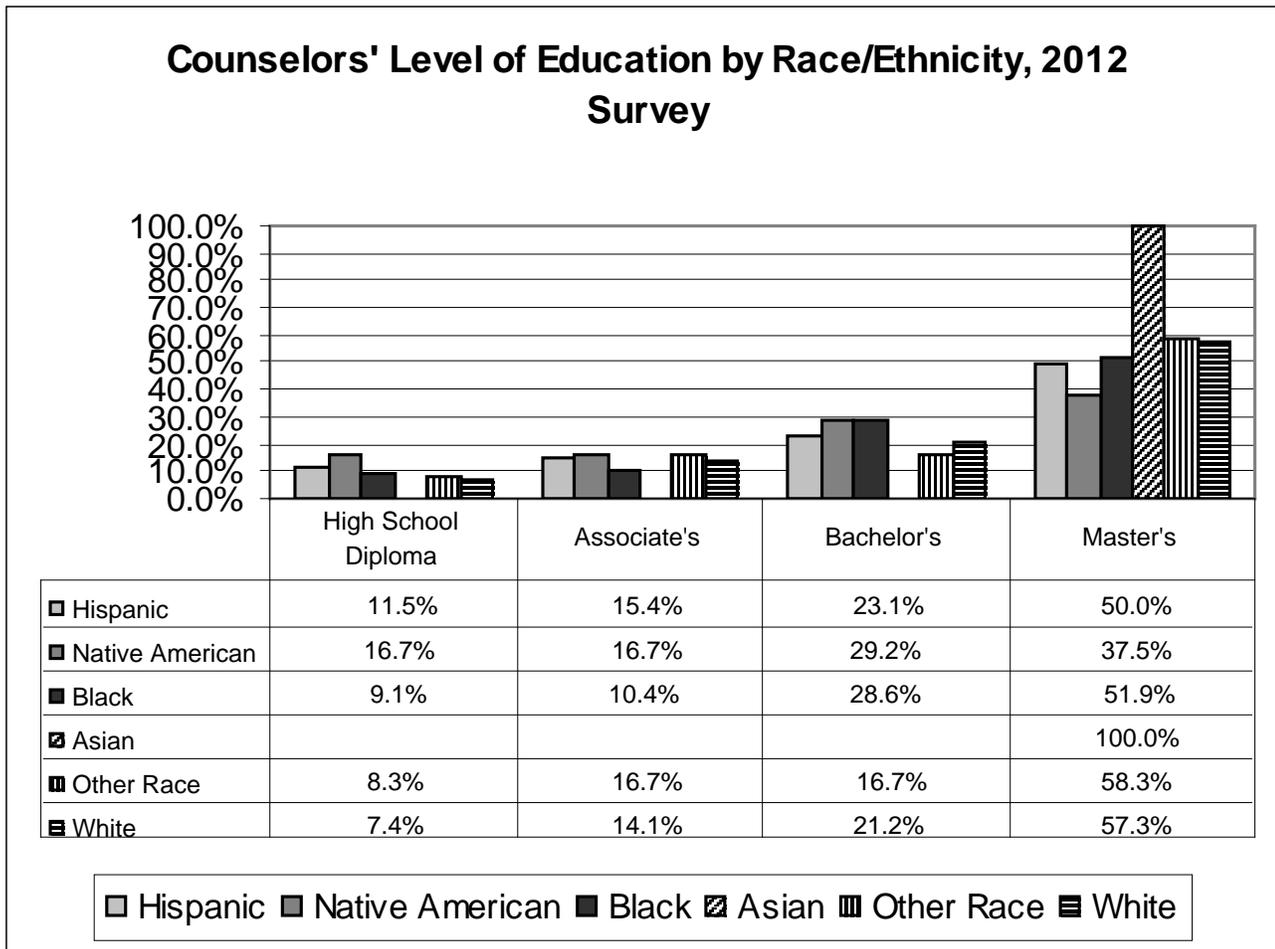
**1995 and 2012 Survey Respondents by Education Level and 2012 Respondents by Educational Goals**

	1995 Survey	2012 Survey
High School Diploma	29%	7.5%
Associate degree	9%	14.5%
Bachelors degree	22%	22%
Masters degree	37%	54%
Doctorate degree	3%	2%
Do you have any desire to attend college to attain a higher level degree? (percentages based on respondents currently having a Bachelor’s degree, Associate’s degree or High School Diploma)		
Desire a Bachelor’s Degree		17%
Desire a Master’s Degree		58%

The figure below portrays regional differences among substance abuse counselors’ level of education. The western, northern and northeastern regions of Wisconsin have disproportionately fewer Master’s degreed substance abuse counselors.



This next figure depicts racial/ethnic differences among substance abuse counselors' level of education. Disparities exist among Native American counselors with regard to level of education. Thirty-seven percent (37%) of Native American counselors possess a Master's degree.

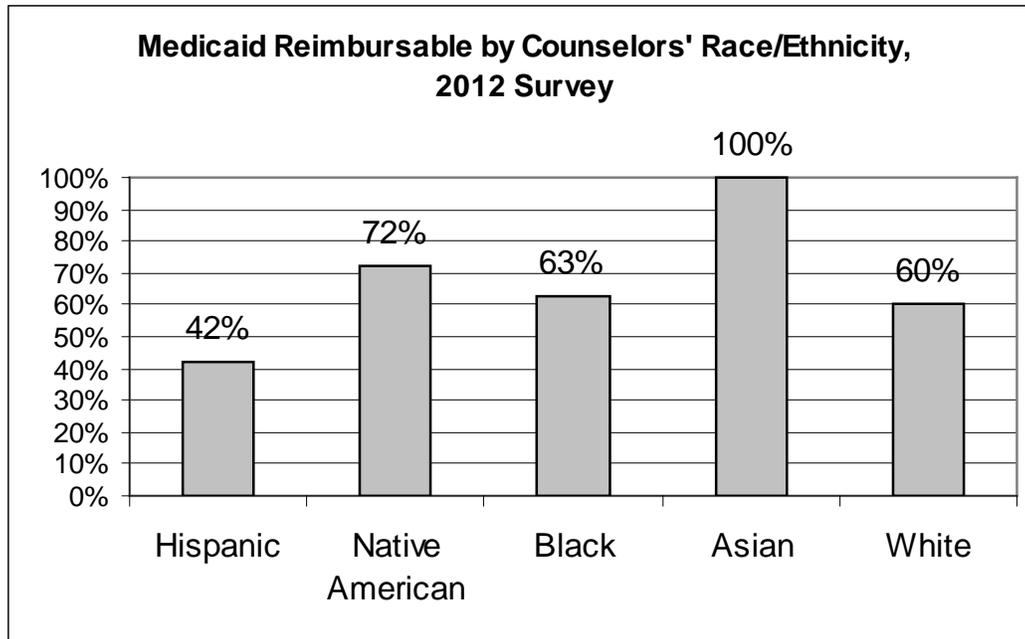


Wisconsin substance abuse counselors who are Medicaid-reimbursable increased significantly from 1995 to 2012 ( $p < .01$ ). Younger counselors are much less likely to be Medicaid reimbursable.

#### 2012 Survey Respondents Medicaid Reimbursable by Age Group

	1995 Survey	2012 Survey
Medicaid reimbursable?	54%	60%
Age ≤ 25		10%
26 – 35		46%
36 – 50		62%
51 – 59		64%
60 +		57%

There are disproportionately fewer Hispanic counselors who are Medicaid reimbursable as can be seen in the following figure.



Five percent (5%) of survey respondents reported fluency in another language besides English. Less than 1 percent reported American Sign Language and 2 percent reported Spanish.

#### **How to Increase the Number of Master's-degreed Substance Abuse Counselors**

The 2012 survey sought ideas about how to increase the number of substance abuse counselors possessing Master's degrees. Respondents as a whole reported strong opposition to a requirement that substance abuse counselors possess a Master's degree primarily because a Master's degree does not equate to competency and continuing education requirements help ensure that substance abuse professionals stay abreast of new skills and knowledge needed to remain proficient in their field. According to H. Westley Clark, MD, Director of the Federal Center for Substance Abuse Treatment, competencies are more important than degrees (Alcoholism & Drug Abuse Weekly). This stance is further documented in a study of the comparative effectiveness of substance abuse professionals, which found that a therapist's interpersonal skills and not their professional credentials, determined their counseling effectiveness. Furthermore, if a Master's degree were to become mandatory, survey respondents favored a provision to "grandfather" current substance abuse counselors that do not possess a Master's degree.

The three principal recommendations from the 2012 survey respondents about increasing Master's-degreed counselors are as follows:

- Forty-four percent (44%) recommended scholarships, employer benefits and other forms of financial aid. According to the Federal Bureau of Labor Statistics, a college degree costs an average of \$15,000 per year and this cost is increasing faster than the rate of inflation.
- Thirty-five percent (35%) recommended better wages and reimbursement rates if counselors are expected to seek additional formal education. The average annual wage reported by 2012 survey respondents was \$48,570. Subtract the annual cost of a college degree from the average annual income ( $\$48,570 - \$15,000 = \$33,570$ ) and the remaining income would be equivalent to 150% of poverty level for a family of four (Federal Poverty Guidelines, Federal Register, Department of Health and Human Services).
- Twenty-one percent (21%) recommended more accessible college programs. Specifically, college programs need to be more affordable and accommodate the schedules of working counselors.

## **Implications**

The survey results and the implications and recommendations that follow are intended to help inform the Minority Counselor Training Institute, substance abuse counselor education programs, and health insurance reimbursement policy discussions.

1. Survey respondents as a whole reported strong opposition to a requirement that substance abuse counselors possess a Master's degree. If a Master's degree were to become mandatory, survey respondents favored a provision to "grandfather" current substance abuse counselors that do not possess a Master's degree.
2. In order to promote higher education in a field where the prevailing wage does not readily support higher education pursuits, it is recommended that financial aid resources be expanded and current and prospective counselors be informed of financial aid resources. Higher education programs need to be more affordable, accessible, and accommodate the schedules of working counselors. Outreach to Native Americans is also recommended.
3. Compared to their presence in the general population, there are fewer Hispanic persons employed as counselors. A disproportionate number do not possess Medicaid approval. Outreach to increase Hispanic counselors is recommended.
4. There are a disproportionate number of substance abuse counselors age 51 and older in Wisconsin. Within the next 10 to 15 years, up to half of the counselors may age out of the workforce. Outreach to attract younger counselors is critical. Younger counselors also need assistance with obtaining Medicaid approval.
5. Even with the substitution of a degree for supervised experience hours, Wisconsin's hours of experience for substance abuse counselor certification exceed the national scope of practice guidelines discussed previously. It is recommended that the required supervised experience hours be lowered.
6. In order to have more ready access to the level of education of certified substance abuse counselors, it is recommended that the Department of Safety and Professional Services require an education update as part of the counselor recertification process.
7. In order to have more ready access to workforce planning data, it is recommended that Voc Tech schools, colleges and universities offering substance abuse counselor education degrees submit to the Department of Health Services annually a count of the number of substance abuse counselor degrees conferred.

## **References**

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- ATTC Regional Center State Workforce Surveys (2002 – 2005) obtained on 5/14/2012 from the following Internet site:  
<http://www.attcnetwork.org/explore/priorityareas/wfd/overview/surveys.asp>
- Hilliard, Flo (2011), Statewide Survey of Wisconsin Dept of Regulation and Licensing-approved Programs for Substance Abuse Counselors, Division of Continuing Studies, UW-Madison
- Najavits, L. (1994) Variations in Therapist Effectiveness in the Treatment of Substance Use Disorders: An Empirical Review, *Addiction*, vol. 89, pp. 679-688
- Substance Abuse and Mental Health Services Administration (2011), Model Scopes of Practice and Career Ladder for Substance Use Disorder Counseling, Rockville, MD
- The Wisconsin Certification Board, Inc. (1996), 1995-1996 Certified Counselor Survey, Wauwatosa, WI
- U.S. Department of Education, National Center for Education Statistics (2011), Digest of Education Statistics, 2010



## Survey Questions

What is the highest academic degree you have received?

Do you have any desire to attend college to attain a higher level degree?

Where are you currently employed?

County?

If you are employed as a Substance Abuse Counselor, approximately how many hours each week do you work?

If you are employed as a Substance Abuse Counselor, what are your weekly gross wages (before taxes)?

Do you have a Medicaid rendering provider number?

Do you have a Medicaid billing provider number?

Are you fluent in any other language than English?

Which other language(s) are you fluent in?

Are you fluent in American Sign Language (ASL)?

What is your gender?

Are you Hispanic or Latino?

What is your race?

What is your age?

Do you have any suggestions to increase the number of Substance Abuse Counselors with Masters degrees entering the workforce?

# Tavern League of Wisconsin Saferide Survey 2010-2011

League/ Group	Number of Riders	Cost of Rides	Average Cost	Participation	% of Membership	Total Cost
Adams	364	3,074.50	8.45	20	40%	7,116.57
Ashland/Bayfield	409	2,810.25	6.87	15	24%	3,779.25
Barron	1012	7,114.00	7.03	8	13%	8,460.10
Brown	625	11,148.00	17.84	75	45%	14,348.00
Burnett	794	11,353.00	14.30	6	8%	15,000.00
Clark	21	407.00	19.38	6	10%	407.00
Columbia	717	5,035.60	7.02	12	35%	6,235.60
Dodge	63	936.00	14.86	15	15%	2,111.00
Door	657	3,471.50	5.28	21	33%	6,750.50
Dunn	758	7,270.00	9.59	3	11%	9,580.00
Eau Claire	2506	19,054.00	7.60	27	40%	22,220.00
Elkhart Lake	33	311.00	9.42	8	100%	1,511.00
Fond du Lac	258	1,842.00	7.14	10	33%	2,097.06
Grant/Iowa	1368	12,436.00	9.09	27	22%	19,490.85
Greater Northwoods	475	2,968.50	6.25	30	50%	6,937.91
Green Lake Area	41	579.00	14.12	13	41%	3,668.00
Jackson	306	2,133.50	6.97	7	16%	2,408.50
Jefferson	184	613.50	3.33	9	11%	3,368.76
Juneau	151	2,712.13	17.96	17	26%	3,687.70
Kenosha City	1360	12,240.00	9.00	34	40%	14,694.00
Kenosha County	349	10,143.00	29.06	44	70%	20,143.00
Kewaunee	38	514.00	13.53	18	47%	614.00
La Crosse	6790	46,506.90	6.85	166	100%	54,558.46
Lakeland	503	4,900.25	9.74	18	39%	4,912.25
Langlade	549	5,440.00	9.91	21	40%	7,995.00
Madison/Dane	4171	48,684.07	11.67	65	40%	53,840.39
Manitowoc	933	7,944.00	8.51	35	35%	8,644.00
Marathon	8234	69,231.75	8.41	80	70%	74,253.75
Marinette	1018	10,440.00	10.26	20	35%	12,900.11
Marquette	519	6,395.07	12.32	28	62%	7,595.07
Milwaukee	200	2,333.25	11.67	50	22%	8,101.72
Monroe	5858	27,882.90	4.76	24	46%	53,953.46
Oconto	23	420.50	18.28	6	5%	2,450.84
Oneida	3222	18,340.69	5.69	28	44%	38,251.43
Oshkosh	2201	22,101.79	10.04	35	45%	27,101.79
Ozaukee	3	50.00	16.67	14	7%	1,550.00
Pepin	378	3,018.00	7.98	14	75%	7,768.00
Pierce	18	97.00	5.39	7	18%	497.00
Polk	2236	5,136.00	2.30	55	100%	6,062.00
Portage	1037	12,877.25	12.42	77	70%	14,577.25
Racine City	1095	21,475.00	19.61	44	55%	24,116.57
Racine County	107	2,522.00	23.57	15	33%	3,522.00
Rock	346	8,675.00	25.07	27	33%	11,175.00
Shawano	226	2,005.00	8.87	20	33%	2,755.00
Sheboygan	1059	4,590.00	4.33	36	50%	5,552.88
Superior/Douglas	1544	18,712.80	12.12	32	39%	29,299.86
Tomahawk/Merrill	4056	40,560.00	10.00	60	75%	61,035.64
Trempealeau/Buffalo	1683	19,492.55	11.58	70	79%	21,094.17
Walworth	452	7,354.75	16.27	91	87%	7,354.75
Washington County	39	478.00	12.26	5	7%	578.81
Waukesha	222	4,219.50	19.01	10	9%	4,299.50
Waupaca County	23	628.50	27.33	5	7%	1,528.50
Waushara	100	1,135.00	11.35	8	6%	1,769.75
Wood	3708	11,121.45	3.00	67	79%	14,840.20
Totals 54	65,042	\$552,935.45	8.50	1,658	40%	\$748,563.95
			AVG		AVG	

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

*<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:

5/31/2012

- 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.
- 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.
- j. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- k. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- l. 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 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.

5/31/2012

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, Regulation and Licensing, Veteran Affairs and Children and Families, and the Office of Justice Assistance, 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. Ex-officio members will serve four-year terms.
- d. 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.
- e. An ex-officio member may not be elected as an officer of the council.
- f. 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,

5/31/2012

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. 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 Past Chairperson**

The immediate past chairperson shall serve as a member of the council until expiration of their appointed term, and may serve as an ex-officio member during the term of her or his successor if the term of office as member of the council has expired.

### **3.5 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**

5/31/2012

- 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 are expected to attend all meetings of the council. Attendance means presence in the room for more than half of the meeting.
- 6.2 Council members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3 Any member of the council who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council 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. Any resignations will be announced to the council and forwarded to the appointing authority.
- 6.4 At any time the secretary of the council, after consultation with the appointed member, believes that a member will not be able to fulfill the duties of membership, he or she should bring the matter to the chairperson. When the chairperson confirms that recommendation, he or she shall place the matter on the next council agenda. The chairperson shall ensure that the member at issue is given notice that the council will consider a recommendation to the appointing authority regarding the membership. When the council, after the member at issue is given the opportunity to be heard, agrees with the recommendation, it shall recommend to the appointing authority that the member be removed from the council and a replacement appointed to fulfill the member's term.
- 6.5 If a statutory member or their designee are absent from two meetings within a year, they will be contacted by the secretary of the council to discuss the reasons for absence and whether the member will be able to continue serving. In the event that a statutory member believes they are unable to continue, the secretary of the council shall inform

the council chairperson and upon confirmation the chairperson will provide written notice to the governor of the need for an alternate or replacement.

## **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 interdepartmental coordination, 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

5/31/2012

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 the Americans with Disabilities Act (ADA) for deaf, deafblind and hard of hearing and is a subcommittee of the cultural diversity 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. The immediate past chairperson of the council may also be invited by the council chairperson to be a member of the executive committee.
- 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;

5/31/2012

- 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.

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To: Members of League of Municipalities

Alcohol misuse including underage drinking, binge drinking and drunk driving are serious problems in Wisconsin. Many municipal budgets are stretched as a result of alcohol-related costs for law enforcement, jails, emergency responders and, related municipal services. We are concerned by the likely consequences of Wisconsin Act 97, expanding the hours for alcohol sales, and urge municipalities to exercise your right to adopt more restrictive sales hours.

Extensive independent research has shown that expanding alcohol sales hours will increase alcohol consumption, which in turn fuels more alcohol-related problems, especially acute incidents such as vehicular crashes, sexual assault and vandalism. As you know, Wisconsin Act 97 allows all off-premises ("Class A" and Class "A") licensees to sell alcohol from 6:00 a.m. to 9:00 p.m., two hours earlier than previously permitted. Act 97 allows a municipality to adopt more restrictive sales hours, including the previous 8:00 a.m. to 9:00 p.m. hours for off-premises licensees.

We encourage you to consider adopting a shorter sales day for off-premises retailers as an effective approach to controlling alcohol-related municipal costs. Moderate, adult drinkers have ample opportunity to purchase alcohol during the 13 hour sales day that stretches from 8:00 a.m. to 9:00 p.m. Early alcohol sales hours will certainly spur early morning alcohol consumption. Early morning alcohol sales at convenience stores selling gasoline creates a troubling set of circumstances that will inevitably contribute to personal tragedy and public expense.

Some groups may erroneously label the longer sales day as economic development, however that incomplete picture ignores municipal cost resulting from the longer sales day. It may generate additional sales for some retailers, but the full cost of increased alcohol sales will be imposed on all property tax payers. Unlike costs for sanitary systems, roads or recreational areas, alcohol-related municipal costs do not support long term economic development. They simply burden the taxpayer and municipality alike.

The Wisconsin State Council on Alcohol and Other Drug Abuse encourages your municipality to retain the 8:00 a.m. to 9:00 p.m. sales day as matter of public safety and fiscal prudence. Your municipal attorney can advise you if any changes to local ordinances are needed.

This is a rare opportunity to enhance public safety while reducing public expenditures. We urge you to take action and pledge our support for your efforts.

Sincerely,

State Council on Alcohol and Other Drug Abuse

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Scott Walker  
Governor



Michael Waupoose  
Chairperson

Duncan Shrout  
Vice-Chairperson

Scott Stokes  
Secretary

State of Wisconsin

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

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

April 27, 2012

The Honorable Jeff Fitzgerald  
Assembly Speaker  
Room 206 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Representative Fitzgerald:

At the March 2, 2012 meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA), there was discussion and a motion to improve the representation of legislators on SCAODA. 1993's Act 210 of the Wisconsin Statutes Section 2 14.017(2) specifies that SCAODA's membership consist of (in part) "...two members of each house of the legislature representing the majority party and the minority party in each house..." Presently, one Legislator, Representative Sandy Pasch, is actively involved with the Council. The Council sent letters to the Legislature requesting additional participation of its members in January, 2011 and again in September.

The purpose of the State Council 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. SCAODA is also charged with reviewing legislation related to alcohol and other drug abuse. Consisting of providers, citizens, legislators and a variety of experts, SCAODA is the organization that is both most knowledgeable about these issues and when fully comprised, most able to affect change. While SCAODA can assist you with its expertise, it also needs your participation in order to be most effective.

To this date a vacancy for the Assembly majority member remains unfilled. The Executive Committee of the State Council (myself, Duncan Shrout—Vice Chairperson and Scott Stokes—Secretary) would like to meet with you (as our schedules allow) to discuss the vacancy on SCAODA for a legislative member from the majority party of the Assembly. Staff from the Department of Health Services will be contacting you or your staff in the near future to schedule a face-to-face meeting. If you have any questions or you would like to speak to myself or staff prior to our contact with you, you can reach me at my contact information below or you can contact Lori Ludwig at (608) 267-3783 ([Lori.Ludwig@wisconsin.gov](mailto:Lori.Ludwig@wisconsin.gov)). Thank you in advance for your assistance.

Sincerely,



Michael Waupoose, Chairperson

[Michael.Waupoose@UWMF.WISC.EDU](mailto:Michael.Waupoose@UWMF.WISC.EDU)

(608) 278-8206

cc: Kitty Rhoades, DHS Deputy Secretary  
Kevin Moore, DHS Executive Assistant

This letter was also sent to:

- Senator Scott Fitzgerald, Senate Majority Leader
- Senator Mark Miller, Senate Minority Leader
- Representative Scott Suder, Assembly Majority Leader
- Representative Robin Voss, Joint Committee Finance Co-Chair
- Senator Alberta Darling, Joint Committee Finance Co-Chair
- Senator Michael Ellis, Senate President

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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

**Intervention and Treatment Committee**

**Annual Report**

**Goals and Accomplishments**

From 2010 – 2014 Strategic Plan

June 8, 2012

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p><b>Increased Access to Care-</b> Specifically for Women, Adolescents, IDP and Older Populations</p>	<p>Work with DHS and substance abuse providers/organizations to identify treatment access challenges and recommendations for improvement</p>	<p>Raised the issue of MA funded transportation challenges with DHS –July &amp; August 2011</p> <p>Jane Raymond, State Elder Abuse and Adult Protective Services Program attended ITC to discuss substance abuse issues and challenges with older populations - 8/9/2011</p> <p>Facilitated a connection between Jane Raymond and Scott Caldwell at DHS to establish MI training for the adult Protective Service and Elder Abuse staff – August 2011</p> <p>Made a connection with Juan Flores, Bureau Director of Long Term Care to report concerns related to seniors being screened out of nursing home or assisted living facilities with a substance abuse disorder – 08/ 2011</p>

		<p>Through the CYF Payer/Provider Work Group, discussions occur with HMO's and Medicaid on treatment for kids and best practices - ongoing</p> <p>Motion to SCAODA to oppose the legislature unbalanced punitive approach toward people with substance abuse problems – 9/9/2011</p> <p>Public Forum at the Northern WI Substance Abuse Counseling Conference in Ashland, WI – 11/3/2011</p> <p>Public Forum is scheduled for the National Rural Institute on AODA – 6/12/2012</p> <p>Identified data sources on the Statewide gaps in treatment services as a SCAODA motion request – 2/14/2012</p> <p>LeeAnn Cooper, State Intoxicated Driver Program Coordinator attended ITC on 2/14/2011 to report on progress of Advisory Committee</p> <p>CYF sent out survey to adolescent treatment providers to update directory and track changes– May 2012</p>
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		<p>New ITC members:  Roger Frings from OCI as  Co-Chair  Francine Feinberg from  Meta House  Staci McNatt from WIRCO  Steve Dakai from  Maehnowesekiyah Center  Dennis Baskin from DOC</p> <p>CYF is holding monthly  meetings in different parts  of the state and regularly  include presentations on  services, best practices and  special projects occurring  within the State</p> <p>ITC joint motion with  P&amp; F to oppose AB 286  regarding employment  discrimination for persons  with felony conviction-  12/2/2011</p> <p>First Lady scheduled to  attend the ITC mtg –  7/10/2102</p>
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<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p><b>Improved Quality of Care –</b>  Increase the Awareness of and  Use of Evidenced Based  Practices, Trauma Informed  Care and Integration of  Treatment for Co-Occurring  Disorders specifically for  Women, Adolescents/Family,  IDP, and Older Populations</p>	<p>Support treatment standards  based on EBT’s, the Trauma  Informed Care Initiative and  Integration of Mental Health  and Substance Abuse</p>	<p>Staci McNatt presented  on WIRCO and the  Recovery Coaching  model CCAR -  11/8/2011</p> <p>Francine Feinberg  presented on the Dept of  Children and Families  Trauma Report to ITC –  2/14/2012</p> <p>Elizabeth Hudson, State  Trauma Coordinator</p>

	<p>Review proposed changes to AODA services and provide recommendations based on EBP's and national standards</p>	<p>presented on Trauma Informed Care at ITC mtg – 5/8/2012</p> <p>ITC reviewed Women's Treatment Standards and Core Values and made recommendations to DHMSAS – 7/13/2011</p> <p>Steve Dakai participates in the IDP Best Practices work group – ongoing</p>
<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p><b>Integration of Services – Nicotine Care, Mental Health and Diversity</b></p>	<p>Formally engage a mental health representative to serve on ITC</p> <p>Promote Nicotine Dependence treatment in the AODA/MH health Care system</p>	<p>Shel Gross continues as an ITC member since 1/11/2011</p> <p>CYF has connected with the MH Council's CYF committee and invited their co-chairs and interested members to their July 2012 mtg to share what they are doing</p> <p>WiNTiP webinars, newsletters, postings on website, Facebook and Twitter that focused on integration and sharing information</p>

	<p>Provide and promote training</p>	<p>WiNTiP provided regular briefings to the leadership of provider and key stake holder groups</p> <p>Electronic mailings through over thirty stakeholders and advisory groups</p> <p>Two WI AODA programs have committed to 100% tobacco free environments and treat nicotine dependence (St. Joseph's Hospital in Marshfield &amp; LE Phillips/Libertas in Chippewa Falls)</p> <p>Mini-grant awards were made to seven projects to introduce tobacco into their services and serve as early adaptor models</p> <p>WINTIP has provided 6 hour trainings at 4 WAAODA conferences and presentations.</p> <p>Trainings and exhibits at 4 Mental Health and AODA October Training Conferences</p> <p>Training at Conferences for social workers, psychiatrists and psychologists since 2008</p> <p>WINTIP provided 3</p>
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		<p>AODA daylong tobacco integration trainings for clinicians and one for managers and administrators</p> <p>Nearly 200 AODA counselors and supervisors have participated in the WiNTiP training</p> <p>WiNTiP developed a website offering information and online training for clinicians and managers including audio and video podcasts; webinars and newsletters</p> <p>A model Wisconsin integration that includes all levels of care is available to AODA managers and clinicians from the Alcohol and Drug Recovery Services program at St. Joseph's Hospital in Marshfield</p>
<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<b>Workforce Development</b>	Review results of ATTC workforce analysis. Review pending distribution and analysis of the survey	

## SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment
Motion: That the State Council on Alcohol and Other Drug Abuse develop a set of priorities for the 2013 budget and take appropriate steps to inform key decision makers; including State agencies and members of the Legislature about the priorities.
Related SCAODA Goal: Goal # 1 - SCAODA with its committees a. effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin b. is a highly recognized and respected body that serve as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues c. develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals
Background: The State Council has typically reacted to specific bills before the legislature. <ul style="list-style-type: none"><li>• Positive impact: The State Council may be more proactive in providing leadership and direction and consequently raise the Council's profile with the Governor and Legislature by taking positions that have been aligned across multiple departments and stakeholders..</li><li>• Potential Opposition: None Known</li></ul>
Rationale for Supporting Motion: By establishing budget priorities agreed to by the full Council, the Council, Executive Committee members and/or their designees can take proactive positions consistent with those priorities knowing that the position has the full support of the Council.

## SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment
Motion: The State Council on Alcohol and Other Drug Abuse recognizes that the treatment of substance use disorders is a specialty profession requiring specific training and experience. The Department of Safety and Professional Services has delineated the training necessary for certification and licensing. The council, therefore, opposes any proposal to eliminate or weaken the specialized training requirements necessary for anyone to present themselves as an alcohol and drug counselor, substance abuse counselor or other term which implies that the individual has the training prescribed by the Department of Safety and Professional Services.
Related SCAODA Goal: Goal #4 - Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity.
Background: There have been periodic efforts to eliminate the specialized training requirement for licensed mental health professionals. <ul style="list-style-type: none"><li>• Positive impact: Citizens in need of treatment for substance use disorders receive treatment from qualified professionals.</li><li>• Potential Opposition: Some licensed mental health professionals do not perceive the need for specialized training.</li></ul>
Rationale for Supporting Motion: The training and experience required to become a licensed mental health professional does not necessarily include training and education on the treatment of substance use disorders. Requiring such training assures that Wisconsin maintains the necessary qualified human resources to address the public need.



State of Wisconsin

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

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

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

**Tuesday, May 8, 2012**

**10:00am – 2:30pm**

Department of Corrections  
3099 E. Washington Ave.  
Secretary's Conference Room  
Madison, WI

**AGENDA (Amended)**

- |       |   |                   |
|-------|---|-------------------|
| I.    | Welcome and Introductions–Norm Briggs/Roger Frings  | 10:00am – 10:05am |
| II.   | First Lady's Chief of Staff Visit and Presentation on Adolescent Treatment Services - Norm Briggs/Roger Frings/Tami Bahr  | 10:05am –11:05am  |
| III.  | Presentation on Trauma Informed Care – Elizabeth Hudson   | 11:05am – 12:00pm |
| IV.   | Lunch on your own   | 12:00pm – 12:30pm |
| V.    | Children, Youth and Families Subcommittee/Adhoc Work Group Updates – Tami Bahr  | 12:30pm –12:50pm  |
| VI.   | WiNTIP Updates – Dave Macmaster   | 12:50pm – 1:10pm  |
| VII.  | Annual Committee Report for June SCAODA Mtg- Norm Briggs/Roger Frings   | 1:10pm – 1:20pm   |
| VIII. | ITC Public Forum Planning – Norm Briggs/Roger Frings  | 1:20pm - 1:35pm   |
| IX.   | SCAODA and ITC Strategic Planning – Norm Briggs/Roger Frings <ul style="list-style-type: none"><li>• Section Updates</li><li>• Task Assignments</li></ul>   | 1:35pm – 2:00pm   |
| X.    | Legislation/Miscellaneous Updates/Future Agenda – Norm Briggs/Roger Frings <ul style="list-style-type: none"><li>• ITC Motions at June SCAODA Mtg</li><li>• SBIRT Mtg Update</li><li>• Clinical Outcome Tracking Project</li><li>• Adhoc Needs Assessment Committee</li><li>• Other</li></ul> | 2:00pm– 2:20pm    |

XI. Adjourn

**Next meetings and dates:**

1. ITC  
July 10, 2012; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
May 17, 2012; 9:00am – 4:00pm. Madison
3. SCAODA  
June 8, 2012; 9:30 am – 3:30 pm. American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at:  
<http://www.scaoda.state.wi.us/meetings/index.htm>



State of Wisconsin

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

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

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

**Tuesday, April 10, 2012**

**10:00am – 2:30pm**

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

**MINUTES (DRAFT)**

**Present:** Roger Frings, Norm Briggs, Francine Feinberg, Jill Gamez, Shel Gross,  
Dave Macmaster, Staci McNatt, Dan Nowak  
Sheila Weix & Steve Dakai (by phone)  
Lila Schmidt - staff

**Absent:** Nina Emerson, Sheri Graeber, Andrea Jacobson, Dennis Baskin, Tami Bahr

**Welcome, Introductions, and Review of Minutes** – Norm Briggs and Roger Frings  
Roger brought the meeting to order at 10:05am with introductions. Minutes from the February meeting were reviewed and approved with one correction to page 5; changing North Dakota to South Dakota.

**March SCAODA Meeting Updates** – Norm Briggs and Roger Frings  
SBIRT Motion

Norm reviewed the motion that was passed at the March SCAODA meeting from Planning and Funding (P&F) to affirm the value of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Project and explore ways to improve outcomes and locate sources of funding for sustainability. Norm noted that Scott Caldwell and Paul Moberg had previously done an SBIRT presentation to the council and folks were interested in improving the rate at which people who are screened and referred to treatment actually get into treatment, as this number was relatively low. The council would like to form an adhoc work group consisting of three members of P&F and three members of ITC to meet with Scott Caldwell, Rich Brown and Paul Moberg to develop recommendations in this regard. The P&F members include: Tom Fuchs, Pamela Bean and Duncan ShROUT. Steve commented that in the northern part of the State it is often the lack of funding for treatment that is the reason why folks can't access treatment. Sheila raised the issue that SBIRT could be done for far more people but that reimbursement only goes to physicians or within physician offices within primary care. Steve discussed the follow up that occurs for persons screened by SBIRT, who are not found to be in need of

treatment that includes periodic telephone calls to see how the individual is doing. Sheila notes that they also use the SBIRT to do patient education. For example letting folks know that drinking a six pack at one time is really a binge. From a public health point of view, SBIRT provides an opportunity to provide education to improve their overall health even without treatment.

Norm identified that there are really two issues to address. One is maintenance of the SBIRT effort and the second is ensuring that there is access to treatment for those that need it. Shel notes that this is also an issue for integrated care. He shared that Rich Brown has always envisioned making SBIRT more viable by not limiting it to substance abuse and integrating other issues such as depression, obesity and nicotine. By broadening the focus, you are often dealing with the same people who have multiple chronic conditions and you make it more viable in terms of funding as it broadens the pool of people and activity that can potentially be reimbursed. As we start to see more medical homes come into play that's where the referral to treatment should come in. If they are screening and referring in their system then they should be providing the treatment. Mac notes that the tobacco people already have a quit line in place where you can send somebody if there are no other professional services available. This could be expanded to address other substances and provide brief intervention and referral assistance. Francine stated that SBIRT also provides us with an opportunity to identify the service gaps. Shel, Steve and Mac volunteered as the three ITC members to join P&F in the meeting with SBIRT.

#### Core Principles for SCAODA

Norm informed ITC that he has raised concern with SCAODA about some of the quick moving legislation that occurred during the last session. Among many things, there was a bill before the Homeland Security Committee, which had flown under the radar of the Bureau, and had included a requirement to eliminate the need for specific AODA training for mental health professionals wanting to call themselves substance abuse counselors. Though that particular component of the bill was eliminated it caused Norm to look at SCAODA's by-laws and the section called "Rapid Response" which permits the Executive Committee to take action on behalf of the full council. Norm thought it was somewhat unclear as to how the Exec Committee gets the authority post facto to take a particular position. He suggests that the Council may want to consider developing some core principles/values that could speak to the broader issues and consequently give the Exec Committee the authority to testify before a legislative committee. Norm mentioned that one of the members of the Homeland Security Committee had expressed concern that no one from the Council was present to testify at the hearing. Norm had suggested this idea to the Exec Committee members via email and had gotten positive responses from Duncan and Scott, but Michael did not feel it was necessary as the by-laws already allowed the Exec Committee to take action. He would not have any objection however if people wanted to move forward. Norm thought that perhaps the by-laws could be reviewed at the next Four Chairs Meeting. Roger added that to some degree there may be apprehension by the Council if the Exec Committee were to go out on a limb without having assurances of the full Council. Though in many instances it is not a problem, there are issues that are border line or have competing interests where there could be some apprehension. By creating a clearer vision, the Exec committee could take action without fear of getting their hand slapped. This may also allow SCAODA as a whole to become more involved in the Legislative process. Norm stated that one of the goals of SCAODA is to increase its visibility and influence within the Legislative process and within the

Executive Branch, which can be accomplished by providing testimony at public hearings. Norm mentioned that the Department representatives on SCAODA will often abstain from a vote or vote no based upon their individual Departments position which could create some political difficulties for the Council at large if the Executive Committee took a position that some of the Departments felt would not be in their own best interests.

Shel commented that the Mental Health Council has the same authority in their by-laws to respond and does so without any guidelines. Since Shel has been involved with the Council, it hasn't been an issue. If there is something where there is uncertainty, he will not move ahead with it. Shel looks at whether it is something they have previously taken a position on or if it is consistent with the values based on documents that the Council has created. Shel doesn't think it would hurt, but tends to agree with Michael that it is probably not necessary. The Council has representatives for the different committees so hopefully the differences of opinion would get reflected in whatever discussions occurred. Roger stated that the issue Norm is raising is really having a way to craft something that would encourage further involvement by the Council on legislative issues. The ability to have input from the experts within the Council, who deal with the issues on a daily basis, really benefits the whole process. Having office visits early on in the legislative process to provide introduction of who we are, what we do and how we can help. When committee meetings are scheduled we are aware of them and can provide coverage. Mac notes that there are also issues that come up at public hearings where there is regrettable action taken such as when the Joint Finance committee was putting together the budget and saw fit to cut the tobacco funding. Perhaps there is a need to send out a letter reflecting the Council's opinion on the action that was taken. Letters could also be sent out thanking folks for the legislative actions we support. Shel asked whether SCAODA has created budget priorities going into each budget year. Norm responded that there are priorities developed within the SCAODA four year strategic plan. Shel notes that the MH Council does establish budget priorities and has found it helpful in providing guidance. They then meet with Joint Finance committee members and the Health committee or others that are likely to deal with their issues. Mac feels that SCAODA needs to function like the MH Council in this regard. Shel underscored that even though the MH Council does this, they do not always get tangible results; though they have developed relationships, a process and a presence. Since we will be seeing more legislation on increased fines and penalties regarding substance use, it may be helpful if the Council at least had a statement/position and recommendation on that which could be promoted.

In terms of looking at a possible infrastructure, Norm reviewed the by-laws under rapid response which state that the Exec Committee may act on behalf of the full council only under the following circumstances: 1) when specifically authorized by the council or, 2) when action is needed to implement a position already taken by the Council or, 3) except when limited by the Council the Exec Committee may act upon the recommendation of a committee other than the Exec 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 Exec Committee may not act except to request further study of the subject or, 4) except when limited by the Council the Exec Committee by unanimous consent may take such other action as it deems necessary before a Council meeting may reasonably be convened.

Shel asked if there was need for a motion that SCAODA develop a platform of priorities for the 2013 budget as a way to start having visibility and promoting the goals of the Council. It also may give the Exec Committee something to look at if something comes up that is not directly related. Roger notes that now is the time to begin the ground work of having the Council involved in making those contacts so when the budget is introduced by the Governor in February we have a presence there. A motion would be appropriate if we want to encourage the Council to begin making those contacts and getting involved. Shel mentioned that the next SCAODA mtg is in June, is right when it would be important to meet with State Departments who are now preparing their budgets. Though it is often the case that State Dept's are discouraged from proposing anything new, folks could still meet and talk about where there might be support for certain things even if the Dept's are not allowed to put them into their budget.

#### Motion Introduction

Shel made a motion that SCAODA develop a set of priorities for the 2013 budget and take appropriate steps to inform key decision makers including State agencies and members of the Legislature about the priorities. The motion was seconded by Steve. A vote was taken with unanimous support.

#### Motion Introduction

Mac made the following motion: The State Council on Alcohol and Other Drug Abuse recognizes that the treatment of substance use disorders is a specialty profession requiring specific training and experience. The Dept of Safety and Professional Services has delineated the training necessary for certification and licensing. The Council, therefore, opposes any proposal to eliminate the specialized training requirements necessary for anyone to present themselves as an alcohol and drug counselor, substance abuse counselor or other term which implies that the individual has the training prescribed by the Department of Safety and Professional Services. The motion was seconded by Sheila. Following discussion, Shel made an amendment to the motion to include language "weaken" in addition to the elimination of specialized requirements. A vote was taken with unanimous support.

### **Children, Youth and Families Subcommittee Update – Jill Gamez**

#### Report Out-

Jill introduced herself as the Director of Arbor Place in Menominee and co-chair with Tami Bahr of the CYF sub committee. Last CYF meeting was March 17<sup>th</sup> at Options Treatment Center in Appleton. CYF has developed their annual meeting schedule meeting the third Thursday of every other month. Three meetings will be in Madison and three in other parts of the State (Appleton, Menominee and Milwaukee). The next mtg will be in Madison on May 17<sup>th</sup>.

There were three presentations at the March mtg. Danielle Volk, from Hazelden, is doing some outreach work in WI and talked about what she has been doing. Pat Ryan, Exec Director of Libertas in Green Bay, runs an adolescent residential treatment program. He talked about their challenges of getting adolescents into treatment. They have a capacity of 20 beds and typically are at about 50% occupancy. Katie Kennedy who runs the Options group home also presented on their program. The committee discussed their strategic plan and identified the following:

- 1) Updating the treatment provider directory; and looking at the gap analysis and trends.

- 2) Reach out the MH Council's CYF group. The chairs and other members have been invited to join their July mtg. At that mtg they will be having one of their partners from Milwaukee talk about their dual diagnosis work they are doing with their providers.
- 3) Doing more work with the adolescent treatment framework by continuing to educate and distribute it to providers,
- 4) Address adolescent opiate treatment. Dorothy Cheney is coming to their May mtg to present on the work they are doing on the prevention side and talk about collaborations with the CYF Opiate work group,
- 5) Presentation to SCAODA on the state of adolescent treatment.
- 6) Jill reports that the Provider/Payer work group has not been very functional as there was not a real focus for the group. They plan to identify what they want to do before establishing regular meetings. Currently there are three treatment providers in that group in addition to Mike Mercado and a few others from the insurance side. Shel talked about the fact that they have written the policy aspect of this into their work plan especially with reimbursement for transitional treatment services like residential or intensive outpatient. Shel is willing to share some of their ideas because they saw this work group as a nice venue to begin exploring these issues.

#### Discussion-

Francine asked about whether CYF focuses on children and families in addition to adolescents and if so wondered if it overlaps with the treatment model for the women's initiative. Jill responded that it is really with adolescents, with the acknowledgment that families and parental involvement is key in providing treatment. Norm believes there is some overlap and mentions that Susan Endres was very interested in distributing the syllabus for Celebrating Families program throughout the State. ARC has been able to get some training and is implementing components of it into their services. Francine stated they are also beginning to work with it, but how it started in Milwaukee was with people who were working with adolescents. There appears to be little interaction between the two but there is overlap as there is interest from ITC on women and their families whether that is children and/or adolescents. Since ARC and META house don't specifically focus on adolescents, many of the women have adolescent children of whom some have substance abuse problems themselves. Staci added that Teen Intervene is also being brought into some of the schools. Susan Endres and others are actually presenting on Teen Intervene at the JMATE conference today.

Jill shared that the issue of reduced adolescent referrals is also an issue for outpatient services. When asked why, she discussed: 1) fewer referrals from Health and Human Services of youth in the criminal justice system which may be related to more monitoring of kids and punishment for positive UA's versus referral for treatment and 2) less collaboration with the school system. There is a need to help schools properly screen kids and refer to treatment when needed. There is less identification and referral, especially in high school where the focus is on higher education, creating the class schedules and not on the counseling intervention. Some school policies are also stringent with a no tolerance. Francine asked about the role of child welfare. Jill said that in her experience they work well with human services and the kids that they interact with but the numbers of referrals have decreased. Jill thinks they may be trying to do more things in house than always referring out. At one time Jill reports that they used to run an adolescent treatment group and due the decrease in referrals they no longer have enough kids to

run a group. Options in Appleton used to do an intensive outpatient adolescent program and recently closed that because they didn't have the numbers. She also heard from a provider in Chippewa Falls who is thinking about no longer providing adolescent treatment services because of a lack of referrals. Jill said that it's not because the kids aren't out there.

Staci shared from her perspective as a parent that the number one issue is lack of funding and personal resources along with a lack of knowing where to go. Jill shared that the shame and wanting to keep the concern inside of the home is another contributor. In Dunn County they have had a pot of money for adolescent treatment and over the years it has been challenging to spend it. Now more kids have some type of insurance coverage like MA where they didn't in the past. Sheila pointed out that even with coverage it is difficult to get kids authorized because they don't tend to be medically sick so the insurance doesn't want to authorize much in the way of treatment. When you have to spend more time reviewing than you are in providing services, you start to question the value of doing it. Shel added that prior authorization is also an issue for mental health and that they have been meeting with the State on this. He will make sure that folks are aware there are also problems on the substance abuse side. The rate of MA reimbursement also poses challenges. Mac commented about how there used to be a process in the schools and there was funding to identify and intervene with kids. Steve raised the issue of availability of services. Menominee/Shawano County held an AODA summit last month where it was clear in both counties that there was a lack of treatment services available for youth and young adults. Jill mentions the committee looking at updating the treatment provider directory to see how things compare now to when the directory was first compiled.

There is a need to look at systems and how do we get systems to identify and refer. Schools are a big part of the picture. Tami and Steve Fernan will be presenting at the June SCAODA meeting which will provide an opportunity to hear more about referrals that are coming out of the school system. Staci thought the lack of funding, resources and programming in schools, made it difficult for the schools to do their job justice. There is still a culture that exists within the schools that sees this issue as one that the parent(s) need to address. Mac added that schools often did not experience very positive results with kids returning from treatment and lost confidence in the effectiveness of treatment. Though the kids had a good treatment experience, they returned to the same culture that they left and most returned to using. Finding the right people to work with the kids is a challenge too.

Staci stressed the importance of community education to help folks recognize, accept and be proactive. The general public isn't aware that there is a problem. Jill comments that now they are dealing with youth when they're IV drug users at ages 19 and 20 rather than when they were first beginning to experiment. It is also difficult to get kids the right intensity of treatment. Norm shared that there is not a UPC for adolescents though there is ASAM. Steve noted that there is also the PADDI which is similar to the SASSI.

#### **WiNTiP Updates– Dave Macmaster Report Out-**

Mac distributed his WiNTiP update and an announcement on the mini grant awards. Mac acknowledged that the META House Tobacco Cessation was one of seven programs to receive

an award. He also announced that May 1<sup>st</sup> is the launch date for the L.E. Phillips program full tobacco integration, which now follows St. Joseph's in Marshfield. Sheila and Mac have provided training to their staff. They were also one of the mini-grant award winners. WiNTiP has been invited to feature a poster at the National Conference on Tobacco Health in Kansas City. Due to budget cuts Mac is unable to go but Bruce Christiansen will be attending with separate funding. This is the same conference that was in Minneapolis a few years ago where the Sauk County Tobacco Free Coalition group encouraging policies for integrating tobacco into addiction and mental health services was adopted as national tobacco policy. There are plans to expand the advisory group membership to include some of the other public health associations over the summer and fall. This will include the cancer, heart, lung and other associations that are not currently on the advisory group. WiNTiP was also successful in getting an hour of discussion time with Dr. Kipnis who is the medical director for OASIS and the SSA in New York State. He was the champion in getting NY State to integrate tobacco into their behavioral health programs at all levels of care. Mac will be writing up a summary of that discussion which will be made available on the website. They will also be working with the treatment providers in New York State to find out how they are actually integrating this. Mac also notes the Sheila Weix was ahead of New York State in the integration of tobacco into their program and has helped provide a tremendous amount of assistance in this area.

WAADAC and WIRCO have both decided to incorporate tobacco work into all of their programs. They will also be sending out a 2000 post card type mailing to all licensed counselors in the State and inviting them to go to the new website to register as members. The mailing will be going out this spring with the goal of registering 500 members this summer. Mac has made a proposal that will be considered by the Dane County Chemical Dependency Consortium at an upcoming meeting, asking them to support the establishment of a work group to bring together all of the licensed AODA treatment providers in Dane County to move toward all tobacco free programs. This would be modeled after what was done in Rochester New York. If approved, this would be an experiment to see if we can get all the providers within one geographic area together with this goal.

#### Barriers to Nicotine Integration-

Mac distributed an Issue Paper which reviewed inconsistency in the Chapter 75 language. (86) defines that "substance use disorder" means the existence of a diagnosis of "substance dependence" or "substance abuse", listed in DSM-IV, excluding nicotine dependence. (82) defines "substance" as a psychoactive agent or chemical which principally affects the central nervous system and alters mood or behavior and may include nicotine if the individual is being treated for abuse of or dependence on alcohol or a controlled substance or a controlled substance analog under ch.961, stats.

Sheila reports that they have never been challenged with having nicotine dependence listed on the diagnosis. The only place you will have difficulty is if that is the only diagnosis that you are treating outpatient. If this is the case you can not use your regular codes. Nicotine comes under a behavioral health counseling code, which are available on the WiNTiP website. Mac expresses concern that if nicotine dependence is the only substance of concern for an individual they are still not able to receive the same services as persons with other substance disorders as they can not be funded for residential treatment if needed. Francine asked if there was any specialized

training for treating tobacco or requirements as to who can provide and bill for it. Mac replied that there is training but it is close to the treatment of other substance use disorders and WiNTiP is providing this training to clinicians. Sheila commented that in a primary care physicians office, you can have someone with two weeks of training providing this. In having a certified addictions counselor providing a behavioral approach to counseling to discontinue nicotine use there have not been any problems at all; meaning there have been no requirements of additional training in order to get payment. The insurance approach is that it is a dependence and not a mental health diagnosis so there are particular codes that need to be used and the services is paid at a much lower rate than other substance use dependence. Mac reports that another goal of WiNTiP is to get equality on the rate of reimbursement for nicotine dependence. Sheila reports that most people have multiple Axis I diagnosis so they don't usually break out billing for nicotine. This would only be done in cases where nicotine is the only diagnosis. If a person is in residential treatment and is also leaving the facility to go to a doctor's office for nicotine replacement treatment, you could bill for that as an outpatient service as long as it is not being provided within a residential facility.

Mac summarized that nicotine dependence can be treated if we choose to and that there are some billing opportunities for outpatient services. We can't admit into them into our services if that is the only diagnosis. A future goal would be to have all of our addiction programs provide admission criteria that accept those with only a nicotine dependence diagnosis for intervention and treatment services and have those treatment services be reimbursable. Shel adds that this would require that the administrative rule be changed to allow for the treatment of nicotine dependence as a stand alone. Mac said that their steering committee has been interested to know if there was anything in the current regulations where nicotine could be addressed and would allow surveyor's to start asking about it. Francine responded that if it's not in the statute then they can't put it on the survey. Sheila shared that under Joint Commission, their surveyor this past fall, was very interested in nicotine for all hospitalized patients. Mac pointed out that this is good news as there has now been some precedent for expecting more on nicotine and tobacco.

Norm asked if Mac was putting forth a motion today regarding this. Francine wondered if we could have some more information that would help us understand how this would be operationalized prior to any motion. Mac responded that he would be happy to work with Sheila and their work group on how to do this. He sees the goal as including people with nicotine dependence diagnosis into our treatment settings. This will require some new language in the statute and the need to identify the practical steps we need to take to make this a reality. Jill wondered if there was information on how many people need a higher level of care. Mac was not sure about what is available but believes it would be based on the number of quit attempts and the level of medical risk. Jill thinks if we could get some data on this that it would help support the need. If there is a co-occurring disorder nicotine is just wrapped into what you are providing. People are getting smoking cessation for nicotine dependence in an outpatient setting through primary care but are not getting substance dependence treatment as is provided by programs under Chapter 75. There are also no options for a higher level of care if the issue is only nicotine dependence. Mac decided to pull away from any motion at this time, since the focus right now seems to be the need to build the capacity to treat nicotine dependence in substance abuse treatment programs before taking any next steps. This will focus on staff

training and the acceptance of integration of nicotine dependence into more than a couple of programs.

### **Annual Committee Report for June SCAODA Mtg – Norm Briggs**

Norm let folks know that committees will be doing their annual report out at the June SCAODA meeting. Last years annual report format was shared with the group. Norm will be working with Lila to record the accomplishments of this last year based upon the minutes and asks everyone to share any activities that they want to make sure are included in the report. The time period to cover is July 2011 to the present.

### **SCAODA and ITC Strategic Planning – Norm Briggs**

#### Older Populations

Sheila's handout was distributed and reviewed.

Norm noted that both older population and women's specific treatment are topic areas within the combined work group of MH and SCAODA for the development of the Block Grant application. Norm, Shel and Staci were all at that first meeting. Shel notes that one of the items that came up was a definition of older adults. On the MH side it is still 65 and older unless you're in Milwaukee County, then it is 60 and older because you no longer go the Bureau of Health Division, you go to Aging and Disability. Sheila shared that the reasons she chose the 50 and older definition was because many of the people we see have Medicaid because of having children, unlike qualifying for Medicare because you have reached a certain age or have a disability. This results in the reality that many people who are 50 and older no longer have dependent children and have no insurance coverage unless provided by an employer. Additionally persons who are abusing substances tend to have bodies that are much older than their actual age and have multiple co-morbidities due to the impact of substance abuse.

Shel shared that the combined group is a function of the change in requirements at the Federal level with Block Grants in which they are requesting a combined planning and needs assessment. Though the planning is combined, the funding remains separate. Most of the committees of the two councils are represented on this adhoc committee. The group is trying to understand what the strategic planning elements are and then look at the available data sources and begin to prioritize the things they want to look at as well identify special populations. There are some special populations that are identified in both block grants but there are also some differences and there is a need to figure out how to get information from those groups and make sure that their needs are being met. The goal is to identify what we don't have, establish future goals which then may become the strategic plan. Norm mentions that there are also advocates on this combined committee who are passionate about their specialty area. Shel wondered what venues may be available to get specific information for older adults. Senior Centers within Counties was identified as one source, as were ADRC's. Sheila suggested another way may to get a survey into any of the clinics since this population tends to have more medical issues and may be seen more frequently for medical needs than the younger population. Asking how many outpatient providers take Medicare may be helpful. Finding programs that access Medicare is very challenging due to provider requirements as well as the reimbursement rates.

#### CYF

The CYF plan was distributed and reviewed. Norm asked if there were any targeted completion dates for the identified tasks. Jill responded that a few do; such as the July mtg including the MH council CYF folk to begin that collaboration. Overall positive comments were made as to the thoroughness of the plan.

### Moving Forward

Norm stated that in moving forward ITC want to have a standing agenda item to review each section of the strategic plan. He suggests that the committee may need to form some dyads or triads or identify a way in which to get all of the tasks completed. Who will do it, how to do it and the timeframe for completion.

### Women's Treatment Objectives

No further updates

### IDP

Steve is continuing to work on the two IDP committee meetings. There is a best practice work group on Friday. At the last WAID work group meeting they looked at the SASSI which would cost an additional \$2 per use. On the positive side, treatment providers understand the SASSI and what the information means more so than what is on the WAID. Some folks have been in contact with the WAID folks and are at a loss as to why DOT wants to hold it so close. There is speculation that the instrument would get into the wrong hands, such as defense attorney's, who would then use the information to coach their clients. If the goal is to provide quality treatment, providers need to be able to understand what the outcome of the assessment means. Norm mentions that the complaints they have gotten from women at their agency is that they have paid money for the IDP assessment and then have to get another assessment at the provider agency. The document that providers get from the IDP assessment has minimal information to use to determine level of care and a preliminary treatment plan. Steve reports that the work group is looking at different screening tools and will make a recommendation. Providers need to have the information obtained in the WAID explained to them. The Best Practices group is looking at what is available out there to make appropriate recommendations. If your going to make a recommendation as an IDP assessor then you will have some knowledge about what you're going to recommend.

Norm mentions that there was a request for a legislative audit bureau to look at the driver improvement surcharge funding. The report has been completed with a date of March 1, 2012. Norm thought that the issue being asked of the audit bureau was whether or not the counties were getting the appropriate share of the surcharge revenues in order to provide treatment services to the indigent. Folks can obtain the report at the legislative audit bureau at [www.legis.wi.gov/lab](http://www.legis.wi.gov/lab). Norm read from the report that a determination of how courts statewide impose the surcharge in recent years or whether counties transfer the correct surcharge amounts to the State was outside the scope of this audit. Steve said he was aware that between a third and a half of the counties apply for funds out of the yearly emergency supplemental pot; so some counties are making due with what they get. In an appendix to the report it lists 25 counties that applied for additional funds. The total amount requested was \$3,258,200 and the awards totaled \$744,300 or 22.8% of the requests. Steve also wonders what the counties are using that money for because Menominee and Shawano counties are not using it to pay for treatment.

### WiNTiP

Mac reports that Mike Quirke has asked for WAADAC to have a delegation of counselors to add their information to the survey that is going out.

### **Legislation/Miscellaneous Updates/Future Agenda** – Norm Briggs and Roger Frings

#### Adhoc Work Group on Service Gaps

Discussion completed

#### Barriers to Nicotine Treatment Integration Motion

Discussion completed and motion withdrawn

#### Invitation to Prevention Committee for Discussion on Adolescents/Children

There is a heavy emphasis on adolescents and children in the Prevention committee of SCAODA and we thought it might be advantageous to have members of the two committees meet with one another to ensure good coordination of what we are proposing. Jill thought it is a good idea as it still feels like there is a line between treatment and prevention when it is really a continuum. In looking at the barriers of getting adolescents into treatment in part is the screening process which can be prevention, early intervention and treatment. More discussion and cross over would be beneficial. Roger and Norm will do an invitation to Scott.

#### Development of Core Values and Principles within SCAODA

Discussion completed. A motion was passed to recommend that SCAODA as a whole develop budget priorities to give the Exec committee some background and authority to testify on legislation.

#### Committee Reports at SCAODA

Norm shared some concern expressed with individual committee members making reports at SCAODA mtg could lead to more requests from others. SCAODA has requested that any reports out of committee go through the chairs for inclusion. They are trying to limit the number of presentations at the Council meetings to no more than two, with 20 minutes for presentation and 10 minutes for questions.

#### First Lady Visit

The previously planned visit in April has been rescheduled to May. Ms. Walker will be talking about her interests with Teen Challenge and substance abuse and is willing to hear from us about our concerns. Norm invites every committee member for their input as to what is discussed and asks that these be coordinated through the Chairs. The First Lady will be attending for approximately one hour at the beginning of the meeting. Jill says that CYF wants to talk about the challenges of adolescent treatment.

Norm shares that the purpose of the visit is to raise the level of awareness of SCAODA and ITC and our obligation to oversee what goes on in the State in regard to the prevention and treatment of substance use disorders. Roger and Norm will begin with an overview of SCAODA and ITC with a presentation by CYF on their priorities. Norm suggests a 15 minute presentation that

would include the purpose of CYF, their accomplishments and needs. Francine adds that Ms. Walker also has an interest in the Child Welfare system and trauma. Perhaps this is also an opportunity to talk about gender specific treatment and family centered treatment. Francine agreed to pull together some data as well.

#### Elizabeth Hudson Trauma Informed Care Presentation

Elizabeth will be joining in the First Lady visit and providing a presentation as well on trauma informed care.

#### Other

Mac wants to clarify that the motion that was approved for SCAODA to develop budget priorities will emulate what the MH council is doing in having the same ability to advance our issues to legislative people. He wonders who can do this within SCAODA. Norm believes that the by-laws give the Exec Committee authority to do that. Mac wants to make sure that our intention to have the Exec committee do this, gets heard at the June meeting. Shel shares that the MH Council has the statutory authority to advise the legislature and is not sure if this is the case for SCAODA. Further clarification may be needed.

#### **Adjourn**

The meeting was adjourned by Norm.

#### **Next meetings and dates:**

1. ITC  
May 8, 2011; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
May 17, 2012; 9:00am – 4:00pm.  
Appleton
3. SCAODA  
June 8, 2012; 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison.  
For more information, visit the SCAODA web site at:  
<http://www.scaoda.state.wi.us/meetings/index.htm>



State of Wisconsin

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

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

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

**Tuesday, February 14, 2012**

**10:00am – 2:30pm**

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

**MINUTES**

**Present:** Roger Frings, Norm Briggs, Tami Bahr, Dave Macmaster, Dan Nowak, Staci McNatt, Shel Gross, Sheri Graber, Francine Feinberg & Steve Dakai (by phone)  
Lila Schmidt - staff

**Absent:** Nina Emerson, Sheila Weix, Andrea Jacobson

**Guests:** LeeAnn Cooper

**Welcome, Introductions, and Review of Minutes** – Norm Briggs and Roger Frings  
Norm brought the meeting to order at 10:05am with introductions. Minutes from the January meeting were reviewed and approved as written.

**WiNTiP Updates**– Dave Macmaster

Mac reported on the status of the Advocacy Associations reorganization process. He has been active with WAADAC and reports that 500 test mailings will be sent out to a select group of licensed counselors that will include a survey, information on the scope of practice issue and the reorganization model being proposed. The survey will help provide ideas on fees and dues. Right now folks are thinking of a \$50 a year membership. The website is also up thanks to the efforts of Joe Kuehn and folks are hoping by the end of spring that they will have an understanding of what can be done with the membership. The goal is to have 500 members enrolled by summer; WAADAC has a membership of 100. The association will be important for upcoming decisions that will be made in regard to the new health care act. Norm has provided the SAMHSA material that will be available to all the WAADAC members next week through the website.

WiNTiP will be providing Integration Innovator mini-grant awards to seven projects to individual practitioners or agencies that have an idea to introduce tobacco into their services and be early adapters to help move implementation forward. The deadline for applications is February 15<sup>th</sup>. WiNTiP plans to have a summit in November for presentations of the programs who received the awards and a report on their outcomes. The event will be publicized. Mac

announced that two of the training manuals developed for substance abuse and mental health clinicians are now available in pdf format for download on the WiNTiP website. The training manuals are different because substance abuse can treat nicotine dependence where as mental health may not be able to treat but needs to address nicotine dependence and know the available resources. The third manual for managers and administrators contains the heart of the “Drug Free is Nicotine Free” manual developed by New Jersey. Though their manual is no longer in print, they have given permission to use their material which presents a realistic pathway for integration. The posters that have been developed for mental health and substance abuse are available on the WiNTiP and CTRI websites and have become very popular. States have requested permission to use these which is not a problem given that they are all public domain. There is a good likelihood there will be more of them developed since the CTRI folks who have the resources are on the steering committee.

It was decided this year that Mac will be able to provide limited amounts of technical assistance to help people develop programs. Libertas, at LE Phillips in Chippewa Falls will begin their integration of nicotine dependence treatment and tobacco free environment on May 1, 2012. They are adopting the program that Sheila Weix developed for the Alcohol and Drug Recovery program at St. Josephs Hospital in Marshfield. Mac and Sheila will be providing them technical assistance and support. Mac has also been given information that another program in WI will be going in this direction this year as well. These three programs will then be able to share successful outcomes with others and help move integration forward in the scopes of practice in the State. WiNTiP has also done at good job at sharing what they are doing with other states and the State of Virginia has expressed an interest in adapting the WiNTiP model in their state’s integration process.

Mac reported that there are 7,800 individuals dying from tobacco this year and that 44% of these deaths are reported to be people with substance dependence and mental health disorders. It is also known that four additional people are harmfully affected by each smoker’s death. Part of the emphasis WiNTiP is trying to advance now is on the innocent victims, since there is little sympathy for the folks who smoke themselves to death. Due to the associated stigma, they have no traction with legislators. WiNTiP has been modeling after Mothers Against Drug Driving (MADD) who’s success has been based on advocacy for victims. Though WiNTiP lacks the legislative and financial support they have been successful due to their strong partnerships and advisory board.

Sheri commented on the DHS workforce survey and mentioned her contact with two individuals at the State to express her interest in being a part of a discussion group on what to do with the information obtained. Sheri expressed that the SUPAR Association may fit into how we are going to be able to assist staff in the field on the how the scopes of practice are going to influence us and what we are going to do. Mac noted that the websites will provide a forum to disseminate any information that comes out of our deliberations and help facilitate discussions for folks that have an interest. Sheri’s concern is whether there will be any place that is going to facilitate reaching as many people as possible given the broad spectrum of how it gets sorted once the surveys are done. Norm mentioned a recent meeting where Mickey Gabbert from Rogers Memorial Hospital and Mac began to make some plans to do some focus groups starting in the Northern part of the State to get folks informed about what is going on and gather

information from them. The plan is to do this on a more regionalized basis. Mickey is planning on conducting those groups in the northern part of the State in the spring and Mac is working on one in the LaCrosse area in the summer. Their goal is to collect some of the frequently asked questions so they can pursue the answers. Steve reported at the Diversity Committee meeting last week, that Flo Hillard gave a brief overview of the information collected from the educational provider's survey in terms of workforce development. Norm mentioned that there was also a lot of public comment made at the Public Forums on the topic. The issue of how the information will be centralized and allow people to get the information is the critical piece. Lila noted that information will be shared at SCAODA and will be available on the website. Tami felt that there were some things that weren't asked on the survey. Sheri noted that there isn't anybody from the substance abuse counselor's advisory committee who sits on the board who governs those credentials.

Norm noted the success of WiNTiP with other states who are showing an interest in adopting the posters and process and asked how they became aware of what WiNTiP was doing and if there is something we can learn to advance the visibility of ITC and SCAODA. MAC responded that when he was trained at the Mayo Clinic as a tobacco treatment specialist, he got involved with their national association and the 350 member list serve where he put out their messages, updates and information. He noted that they also had a mental health and substance abuse committee that had some influence. He went to two national conferences on tobacco and made contacts and the State advisory group gave him permission to send a limited amount of information to other associations. There were also the newsletters and webinars and buy in from the major stakeholders. The branding of WiNTiP was useful and the use of marketing strategies to get the name and mission known. In the beginning, they sent out a survey to all the Single State Agencies and asked them where they were at with the integration of tobacco into their programs. They currently have a second survey in the planning stage. In essence they created the awareness that WI was a leader in this area. Also of importance, was getting the WiNTiP resolution adopted by SCAODA and getting the program on both the tobacco strategic plan (on the basis of disparity issue of mental health and substance abuse) and our strategic plan. WiNTiP has taken a very comprehensive approach and communicates to anyone who will listen about what they are trying to do. Everything was done with a very deliberate marketing plan.

Tami mentioned her review of DHS 75 and identifying a specific clause which says that nicotine can not be treated in an outpatient substance abuse treatment program. She wondered how other agencies were able to integrate tobacco into their treatment programs. Who can provide it and who can bill for it? Mac stated that this would be something to address with Sheila. Mac noted that St. Josephs has been doing this since 2002. Sheila and her team were able to get the requirement for education for addictions specialist for tobacco education and expertise. Folks thought that St. Josephs may be providing it under an LPC or LCSW rather than a substance abuse counselor. If this exclusion is in 75, Mac suggested raising the need for revision through SCAODA and talking with Mark Hale. Mac reported that the 305 diagnosis and Medicaid codes authorizing a level of treatment reimbursement for that, would suggest that any substance abuse program can provide the service. Mac stated that the folks at CTRI have the answers to that and he would be willing to work with Tami. Mac also stated that we have to get the 75 language fixed because there is no longer an exemption for psychiatric and addiction services as had been the case prior to the smoke free laws that came into effect.

### **Children, Youth and Families Subcommittee Update – Tami Bahr**

Tami reported they met as a group at the end of January. Their December meeting minutes have been approved by the subcommittee and the January minutes are still in draft form. In the January meeting there were a couple of things they did that will be really helpful for their group and for future planning. They connected with a DHS IT person who helped set them up with Adobe Connect to be able to do meetings with people from around the state. This allows people to connect with a webcam or by phone. This will help include as many people from around the state as is possible without having to travel so much. CYF will still do some traveling meetings: Appleton in March, Madison in May, Menominee in Sept and Milwaukee in December. Jill Gamez will be acting as co-chair with Tami and be rotating attendance at ITC. She will attend her first ITC meeting in person in April and then will likely attend by phone. Tami's next ITC meeting will be in July.

There were a couple of motions that the members made in their discussion about the membership of the subcommittee. 1.) They would like to extend an invitation to a United Behavioral Health employee. Michael Mercado has been very helpful in gaining an understanding of the insurance issues and provides insight into the insurance realm. He is active in the Southeastern part of the State and United Behavioral Health is more in the Northern part of the State. They would also like to get someone from the local HMO's but so far haven't been successful in their outreach. 2.) They have received contact from an individual at Hazelton who does their outreach and marketing who has expressed interest in being a part of the group. Dr. Wright of Rosecrance is already on the committee and the State does not have a lot of adolescent treatment providers. The subcommittee is in favor of their participation since they already serve our State residents and are willing to be a part of the discussion. CYF would like them to present on the services they provide and become a committee member as well. 3.) CYF would also like to extend an invitation to Libertas in Green Bay since they do not have any one from residential services or from that part of the State on the committee.

In discussion of their strategic plan, CYF would like to invite the First Lady or a representative to their May meeting to hear about some of the things going on with child/youth and family treatment in the State. Included would be some power points and presentations on what agencies are doing around the State. They also want to extend the invitation to the mental health CYF committee to be able to share that information with them as well. Then in July, they want to be able to have John Frederick in Milwaukee talk about the work they are doing in dual recovery and their work with Dr. Minkoff in trying to integrate services there. At the January meeting Tami presented information on the work that Connections has been doing with front end collections and increasing receivables. Tami received several follow up calls following the meeting looking for assistance in this area. They would like to have more presentations at future meetings based on the strengths of the members using the NIATx model of providing 5X5 presentations. In addition to the members they would reach out to the local communities.

CYF has also spent a lot of time talking about the Opiate problem over the past year. They have been waiting to see how the summit in Dane County unfolded to see if there is a way to carry that forward on a statewide basis. Tami stated that CYF was not aware of the Prescription Drug Abuse report done through the Prevention Committee's Controlled Substances Work group and

thought this reflected a gap in the dissemination of information. Mac commented that a SCAODA newsletter would be a good way to pull together and share information. CYF plans to continue discussions on the opiate problem and keep focus on it, but not sure what form that can take. Tami noted that the issue has been made clear in Dane County but is also an issue elsewhere like the Appleton area who has also had overdoses.

CYF will be changing the day of their meetings to Thursday. In addition, the Payer Provider group has been focusing on the insurance end of things; they have had some offline Opiates discussions and an ongoing Communications group.

Shel mentioned talking with Susan about connecting with the Payer/Provider group and connecting it with the parity and health care reform discussions. He noted the importance of bringing those folks to the table on these issues. Shel has been taking advantage of the connections being made and invited Mike Mercado to a summit happening on deaf and hard of hearing issues for persons with mental health and substance abuse issues. Shel also connected Susan with Jackie Baldwin of the Mental Health Council to discuss some joint mtgs with the CYF committee of the Council. Tami reported that Jill is going to extend an invitation to the co-chairs of that committee about meeting or getting together on line and discuss how they might do something together. They have talked about having a joint mtg in July for the two committees to share what they are doing with one another and talk about the dual recovery information from Dr. Frederick and Minkoff.

Norm asked if the Directory of Adolescent agencies that was developed under Project Fresh Light was being updated periodically. Tami responded that Susan did a call update about one or two years ago and found that there was about a 30% drop off in adolescent treatment providers. Tami will bring the issue up at the next CYF meeting to see what they can do about another follow up to compare what is available now with when the Directory was first developed in 2005. Tami will also check to see if there is a way to tease out capacity as well and thought at one time they had completed a phone survey to obtain information on that. Tami notes that the biggest drop off is in residential treatment programs and day treatment. The lack of availability for these higher levels of care has impacted the number of kids in corrections, kids struggling in school, more health issues, and overdosing. Norm raised the impact on and involvement of family members when we have to go out of State for residential care; which is so critical in the treatment of kids and adolescents. Norm cited, from the prescription drug abuse report, that 24.5% of WI high school students report haven taken a prescription drug without a doctor's prescription. One out of five high school students report recreationally taking opiates and our capacity to provide treatment for those folks is decreasing. Tami reported that the experience at Connections is that there are fewer adolescents coming to treatment. They are flying under the radar until they hit ages 18-22 and then enter treatment with a drug related charge. There is a shift away from intervention and having adolescents getting into treatment sooner. Staci feels that some of this is related to the denial by the parents and stressed the need to get more information out there. Steve reported that they primarily get referrals from the schools and not very many from parents. They can work with the youth individually but most of the time they make a referral to Keystone in South Dakota. Staci also noted the reduction in the schools workforce having an impact on the kids they are able to identify and work with. Mac commented that though there is a lot of drug use going on, it usually takes some major event like

an arrest or overdose to bring attention to it. This means that there will not be an intervention until someone gets into trouble. Then the issue comes up about where you can you take them for the help they need. Tami discussed the impact that one kid entering treatment can have on other kids coming into treatment. The other kids hear that the treatment is ok and they decide to become involved without any arrest or crisis. If providers can be interacting more with schools, we can increase the number of youth coming in. Family treatment is also a barrier. A parent can call asking for help, the kid doesn't want to come in but they do and they have no way for their insurance to pay for it without a diagnosis. Tami reports that they are talking with insurers about these issues and trying to get them to see how they can get the most impact for their dollars. Sheri states that this is why the legal consequences are often the front door. In this economic environment if the parents can't use insurance dollars for help, they end up having to call the police when their kid steals from them in order to get county funding to get something done and some parents are reluctant to do that for a variety of reasons some of which has to do with their own behavior. Mac stated that it is possible for providers to do some things like a parent intervention group because they aren't going to get the professional help paid for. Tami reported that Connections does have a self pay parents group. Dane County is lucky in that there is also a Family Anonymous group available which doesn't exist every where in the State.

Norm wants to get CYF on the SCAODA agenda to report on what has been happening with adolescent treatment services since Project Fresh Light first did an analysis. The goal is to have the Council look at adolescent drug use, children and youth, women, pregnant women and babies and perhaps get the attention of the legislators. Norm plans to recommend a presentation to SCAODA on adolescent substance abuse treatment at an upcoming Four Chairs meeting. Shel suggests that this area also be addressed with the joint MHC and SCAODA planning group for the block grant. He mentioned that children's mental health issues are also a big concern in terms of access and are less available then they are on the adult side. We should look at how we can document this information and use that data in the planning process. Tami also wonders if it would make sense to work with the prevention committee since their prevention focus is often on adolescents or younger children. She suggested possibly having someone come to one of our meetings.

### **Intoxicated Driver Program DHS Update – LeeAnn Cooper**

LeeAnn informed everyone about the advisory committee that was formed and the how the first year was spent on talking about all the various issues, questions and concerns around the intoxicated driver program. A couple months ago a decision was made to form two work groups (Best Practices and Prevention and Policy). Both groups are chaired by members of the advisory group. Kristi Obmascher chairs the Best Practices group and Perry Ackeret chairs the Prevention/Policy group.

Despite the fact that Prevention has a strong network of coalitions across the State and the prevention committees are working on prevention activities, this committee feels they are working on a broader risky behavior model and looking at a public health model. This committee is really focused on how they can prevent intoxicated driving. They have talked about the culture in WI and some of the things they could do to prevent the first offense from

occurring. At their last meeting they meet with Driver Education Associations in trying to figure out what kind of education our kids get in drivers education. They learned that WI's requirement for driver education does designate specific time periods for specific topics like organ donation where you have to cover the topic in 30 minutes; but that the topic areas are really general. Public schools and commercial schools that provide driver education can promote what ever they feel is important. The Association was open to this committee coming up with the curriculum that they could present to their drivers education classes. They are now in the process of working on that and addressing how you deliver that information to driver education instructors and how you keep it updated given potential law changes. They are asking the Association to ask their driver instructors what videos or other materials they are using that seem to be the most effective for youth prevention and how we might be able to distribute those. None of the committee members are experts in youth prevention so there is a lot of information being gathered at this time. They also heard from the Association Chairs that some of the material that is already out there is wordy and outdated, so DOT has asked the work group to review some of their materials for publications and pamphlets and will be working with the Association to have a hand out for students. LeeAnn is hearing from assessors who spend a lot of time educating their clients about the whole IDP process that clients come in saying they were not aware. They are trying to figure out a way to distribute information to all drivers about what the effect is of having an OWI. If they had the information ahead of time might they make better choices before they get behind the wheel? This group was passionate about preventing OWI, not just risky drinking and risky behavior. OWI offenses are going down as are the number of assessments being scheduled. Act 100, the economy, and judges dropping BAC's as part of plea agreement (mostly on 1<sup>st</sup> offenses that are over .15 to avoid interlock requirements) are all seen as possible causal factors.

The Best Practice work group has come to the conclusion that they will not be able to come up with a best practice for all counties. Their focus will be on the development of standards and guidelines that counties can strive for based on the research of what is effective. As an example some counties require participation in victim impact panels and there is some research to suggest that they are not real effective. Some counties get police reports before they do the assessment and others don't, both for very specific reasons. Kristi Obmascher, who works with the Division of Continuing Studies at the UW Madison, does the assessor training and she and LeeAnn have gone to two IDP assessor association meetings where they listened to assessors concerns and issues in regard to doing the assessments and driver safety plans. There is not an association of this type in the southern counties so LeeAnn is identifying which counties are not a part of the Northeast or Northwest associations and will invite them to at least a phone conference to see what concerns or issues they have. They have heard a lot of issues but not a lot of solutions.

With the arrival of DSM V in the next year or so they are also looking at the Wisconsin Assessment of the Impaired Driver (WAID) to see if it needs to be modified to be more in compliance with the DSM V. The WAID was developed in the 70's or early 80's and is very dated and likely designed on the DSM III. They have had one WAID work group meeting in January and the consensus seemed to be retain the WAID. It was an instrument designed specifically in WI so anytime a county administers it there is no fee for it. If they decide to use another commercial assessment they would have to pay a fee per client which would add to the cost of the assessment. Four of the group members have contacted the surrounding states to see

what instruments and models they use. In Michigan, Minnesota and Illinois, assessments are provided directly from a certified treatment facility. They do not have the intermediary of an IDP assessor. It is not seen as a model we would be able to push through because the counties have investment in the current system. In the 70's when the new laws were in acted, the counties were given the responsibility to manage the IDP and the statutes do require that there be a single assessment facility within each county so a model change would require a change in administrative rule. They have looked at some other potential instruments including the Driver Risk Inventory II, SASI-3, ASUDS-R, TAD, and SUDDS-IV. These instruments were reviewed by the committee members and will be discussed at the February 21<sup>st</sup> meeting. They are really looking for something designed for intoxicated drivers.

The IDP assessment is really a screening not a clinical assessment but is supposed to make placement decisions and a treatment plan. They are trying to figure out what is the role of the IDP assessor screener and how do they interface with and work with the treatment provider. The State's substance abuse section believes that this should really be a screening process to determine who needs treatment and who needs education and have the certified treatment agencies do the clinical assessment. The difficulties identified by assessors are that they are left with doing a little case management because they have the responsibility to report compliance to the DOT based on their assessment. Many of them are certified substance abuse counselors but not all. Some assessors feel they need to write a more detailed plan to ensure that the client gets the level of service they need.

The primary focus after the two listening sessions is confidentiality. What ability do assessors have to deny licenses and report information back to DOT when they have legitimate concerns about someone's ability to safely drive? They are bound by confidentiality so what information can they refer back? How do they work with DOT when an assessor feels a client has a need of a psychiatric or medical evaluation because there is something else going on? How do they get those clients those services when DOT doesn't accept it from assessors and a physician needs to be involved when making those referrals? How do they link in those services to ensure the client is getting the services they need? Secondly, they are trying to get some consistent standards in place for writing the Driver Safety Plan. The reality is that some plans are very general and leave the specifics up to the treatment provider, while others are very specific and outline the duration and intensity of treatment. The State has no authority over county programs and the way they write their plans is developed by the county agency. The hope is to be able to establish some standards with clear justifications to support the recommendations and provide technical assistance to the counties. The biggest request from assessors is to make the process more standardized across counties and establish qualifications for assessors. Another question raised, was whether the assessment process should include a measure of risk for continued drinking and driving. Assessors that they heard from didn't feel that was their role but one that the treatment provider be involved with. The challenge is then making that link back to the assessor who is responsible to report to the DOT. DOT says these are the things we will accept from you, these are the treatment components you can include on your driver safety plan, these are the situations in which you can place someone in noncompliance which result in a suspended license and they are not necessarily congruent with each other.

There are treatment providers on the Best Practice work group and the WAID work group but they have talked about hosting a session with assessors and treatment providers in the same room to try and resolve some of the communication issues. There are some assessors who feel uncomfortable with this process so they are trying to better understand the issues and history before moving forward. It is clear that there are differences between counties and regions regarding the relationship between assessors and treatment providers.

LeeAnn is trying to understand why folks feel the need to hold the WAID so close. She notes that some assessors write the WAID criteria on the driver safety plan which tells the provider nothing and others provide a description of what criteria the client met. They did talk with the creator of the WAID and he didn't know why the WAID is so protected. It seems from a history standpoint that there were concerns that defense attorneys could get a hold of it and coach their clients on how to get out of being referred to treatment. With the IDP assessment functioning as a screening, there are concerns with clients having to pay for two assessments. They have also identified the need for education with the courts, attorneys and all the way through the process.

Mac was interested in whether any other states were set up like WI as a county based system and having similar problems. LeeAnn responded that there are boundaries and multiple players which make finding solutions much more complex. Michigan and Minnesota have no county IDP assessment process since they send everyone to a certified treatment program for an assessment. As they were meeting about the direction that the Dept could support, there were concerns with that type of model may overwhelm the treatment facilities and leave too many loop holes and cracks for people to fall into since there is not a single reporting entity to DOT. Mac commented that ITC is often unhappy with the sanctioned centered type of response to alcohol and drug related problems. He stated that though it is unlikely that WI would ever shift to a different IDP model, he wondered if more people would receive treatment if assessed by a treatment provider rather than a county IDP assessor. Based on his experience, he has seen a lot of people in an educational program that should have been in treatment. Mac asked about how much focus there has been on the funding piece of this. LeeAnn replied that SCAODA had developed an intoxicated driver funding sub committee and that she and Duncan had presented information about what they had learned about the surcharge and the portion that goes to the County. As a result of that work, SCAODA sent a letter to all legislators and the Governor with the three motions that SCOADA passed. This resulted in one of the co-chairs of the committee on Audit picking it up and putting it on their agenda. The committee then voted to do an audit of the IDP surcharge. The Legislative Audit Bureau (LAB) is now in the process of doing the audit. They expect it to be a medium size audit so they are hoping to have it completed in March. LeeAnn thinks it will help counties understand the surcharge and how to use it. Norm wondered if counties knew about the emergency funds. LeeAnn replied that only 29 of the 72 counties applied for the emergency funds, so they also wanted to get a handle on why are other counties not applying. Do they not know about it? Do they have enough money? Are they not referring people to treatment who need it? In the past counties had gotten 85% of the surcharge and over the years the surcharge has gone up but the county portion has gone down. The amount they get has remained stable while the percent of the total surcharges collected has gone down. Even the 40% that has come to the Department for supplemental funds has gone down and the Dept was only able to meet 23% of the requests that were submitted. The audit is also looking at the other agencies that get surcharge dollars and see how they are using it and perhaps make

some recommendations. Counties are using up to one third of their substance abuse block grant money to treat IDP clients and some are using tax levy. The IDP is definitely not a self supporting program.

Sheri encourages the committee to really look at the issue of IDP screening vs. assessment. She feels that there isn't a way to effectively screen out those persons who don't need treatment services. Those people get pushed into treatment groups when all they need is education. LeeAnn responded that in theory the WAID is supposed to screen those folks out. Irresponsible use findings go to education and irresponsible use borderline may go to treatment. Sheri feels the IDP assessors are going to err on the side of caution because of the political ramifications around drunk driving in our state right now. LeeAnn commented that if an assessor is applying the WAID properly and making a referral based on the finding, an irresponsible use should not be sent to treatment. The WAID was intentionally designed to under diagnose. She has heard that folks with insurance will ask to be sent to treatment because that is covered and education is not. LeeAnn mentioned that they have also heard that there is a breakdown in communication with an education instructor or treatment provider contacting the IDP assessor if they feel the person has been inappropriately directed for reassessment. Steve noted that this is an area that could use improvement because this is often where the breakdown in communication occurs.

Norm commented that when you're talking about devising a mechanism to provide solutions, he thought there was an administrative code DHS 62 to govern the IDP program which could be a vehicle for making changes. LeeAnn noted that any changes such as a new tool would require a rule change. Some of the assessors because of the way the rule is currently written specify that the assessor is to determine regiment and duration which is why some assessors feel they need to provide this in order to do their job. Some of the time administrative rule can get in the way of what seems to make the most sense. The other thing is that if they don't write a detailed plan they don't have a way to know if a client is in compliance. Norm also asked about the position that the Early Detection of Alcohol Consumption (EDAC) blood test currently holds. LeeAnn replied that this is also an area that the committee wants to talk about since they have counties that do urine testing and then if they get a positive result will automatically deny a drivers license. Some counties are using hair and nails which is another type of biomarker test. Tami asked about a directory for knowing the IDP assessment agency by county. LeeAnn noted that there is a directory on the DMHSAS website which will give you the designated coordinator and assessment agency. LeeAnn noted that Illinois is very tough on drunk driving and requires that a person diagnosed with alcohol dependence will not get their drivers license back until they have one year of documented sobriety. They have hearings by hearing examiners that look at all the information, interview the client and they make the decision as to whether there is sufficient evidence. A reality much different than in Wisconsin.

### **SCAODA and ITC Strategic Planning – Norm Briggs and Roger Frings**

Handouts were distributed of the section drafts on the IDP, Access to and Retention in Treatment for Women and their Children, WiNTiP, Parity and Health Care.

## IDP

Steve reported looking at an overall strategic plan and based on the work with LeeAnn at DHS looked at where some key points could fit in. The bullets come from material from the Best Practices work group with LeeAnn.

Goal # 5 (these are items to advocate for in the training and methods used by all IDP assessors which does not currently exist in this format)

- Get background information from the client which includes AODA treatment history, education, job history
- Review a copy of the court order and/or arrest report
- Ensure that assessors are culturally sensitive so that they may understand and assist with how clients accept the assessment findings
- Use motivational interviewing
- Use compassion and empathy
- Be understanding and respectful toward the clients

Shel asked if our goal would be to work on some sort of standards that would be consistently communicated to assessors. Steve affirmed and said that it builds on what LeeAnn talked about this morning.

Goal #2

- Coordinate with Probation and Parole through releases and...
- Coordinate with Treatment Providers through...
- Ensure that referrals are made to qualified, certified treatment providers

In looking at changing WI cultural norms, Steve looked at these as ways to break down some of those barriers. Shel asked what the vehicle would be for coordinating with probation/parole and treatment providers? Do you see if happening locally or at the state level? Steve replied having it come from the State, from SCAODA. It needs to be placed onto WAADAC, WIRCO, WADTPA, etc websites in order to get the information out.

Goal # 3 (letting folks know about what is going on is really important)

- Coordinate with Prevention Committee on measures to keep WI citizenry informed
- Request a quarterly publication/press release from SCAODA concerning intoxicated drivers and safety.

Coordinating with the Prevention committee and perhaps assisting them with a quarterly news bulletin that could be put on the website or a quarterly press release from SCAODA in terms their involvement in the IDP. Shel expressed that a quarterly publication or press release is an interesting idea assuming that SCAODA now only does this on an adhoc basis. The Mental Health Council doesn't do this either and it could be a valuable way to promote some things and may go beyond this particular topic. Steve commented that in his area they have a local newspaper and if we could feed them information they would cover it. Local newspapers in many rural communities look for information that they can pass along. There are a number of tribal newspapers that do the same thing. There was also mention made of tying it into something else like April is Alcohol Awareness month or something that may be indirectly related such as Heart Health Month where folks don't even think about the connection.

## WiNTiP

First Goal - WI AODA Treatment Facilities will be tobacco free providing a safe and supportive environment for recovery from nicotine dependence.

Objectives include:

- Support two programs that have committed to tobacco integration this year
- Development of model statewide guidelines and begin the statewide legislative advocacy for integration
- Obtain SCAODA support to remove any regulation barriers that prevent nicotine treatment in our programs

Second Goal –AODA professionals will be capable of treating more substance dependence by increasing their scope of practice.

Objectives include:

- Increase the number of clinicians willing to receive training to expand their scope of practice to include nicotine dependence

Norm asked how ITC or SCAODA may be able to help with the goal of training of clinicians. Mac responded that the best way to help with that is to receive the bulletins sent out to counselors about the training opportunities. In regard to possible changes to DHS 75, Shel recommended considering waivers as a more immediate remedy if the Dept were on board.

## Access to and Retention in Treatment for Women and their Children

Francine shared the following considerations:

1. Should we offer a definition of gender specific treatment because it's not always very clear to everyone about what this means?
2. There was nothing in the strategic plan that indicated we were doing anything in our State other than serving woman. There was nothing about serving women with a particular philosophy and services that match the needs of women. The next step to getting women into treatment is looking at what we are offering. Examples would be if our services are: family centered, trauma informed, based on the psychology, biology and social roles of women, do the staff have core competencies to work with women, and availability of child care. Francine wasn't sure why there was mention on medication assisted treatment for women. Norm responded that it was specific to a report that Bernestine Jeffers delivered to ITC in which she reported very limited accessibility for women in the northwestern part of the State to access any kind of MAT.

Francine stated that the issue for ITC is whether we want to take this on in any substantial way and if we do, how do we get the information. Norm reported that previously ARC used a couple of interns to do a telephone survey with identified women specific treatment centers on the number of beds for women and children, whether they provided child care, average length of stay, and capacity for each level of care (OP, DT, RT). From that process a report was given to the State Council. Norm distributed copies of this report to committee members. Though something like this could be repeated, it really doesn't capture the information that Francine identified. It is easy for folks to verbalize that they provide women specific treatment but it is a whole different thing to operationalize it. Mac wondered if this could be part of a State site certification review. Francine responded that it is not part of legislation or within statute to

include in that process. Unless the elements are included within a grant, RFP or contract there is no way to monitor it. Francine said that there are self assessment tools out there for programs to evaluate themselves. She also noted that you can't run a gender specific treatment program and just get paid by insurance. Tami asked if there was a way for ITC or SCAODA to help disseminate this information more broadly and promote it. One of the biggest challenges is that insurance doesn't pay for a family centered model and it's not about symptom management which is what insurance pays for. If a program is trauma informed then it is gender specific because some of the same precepts hold. Francine suggested that perhaps we can separate out what you can actually do within a traditional funding system and what would be the ideal. Tami also added trying to engage insurers in discussions and provide information on effectiveness and a cost benefit analysis.

Norm raised the issue that the block grant set aside for women should be specific to women services and would like to see that everyone is held accountable to providing women specific services. He also suggested that we collect data to see if capacity is staying the same and obtain data on the essential components of women specific services. Tami recommended that when we report on our findings that we include recommendations that would address some of the issues and barriers and identify the successful work that people are doing. Mac suggested the idea of framing some of this into concise specific dilemmas that we can then use for constructive problem solving. Sheri adds the need to include information on the fiscal dilemma we face since this is the piece that gets the attention of the legislature. This could be done by providing a cost benefit analysis or highlighting the experience of one individual to illustrate costs across systems. Francine said they are able to report on the birth outcomes, the impact on child welfare, infant mortality, criminal justice, medical, mental health and education for children with substance abuse in their family. She notes that sometimes this approach falls on deaf ears since the cost savings can be twenty years down the line. Norm agreed to talk to folks who were willing to volunteer their time to conduct another survey. He will work with Francine and others on the specific questions to include. Mike Quirke was identified as a possible resource on the data piece.

### Parity and Health Care

Goal: Given the existence of parity requirements in state and federal law, leverage those requirements to improve access to MH/SA treatment, and increase awareness of MH/SA issues.

Objectives:

- Monitor and provide input, as appropriate, to development of health care exchanges in Wisconsin and essential health benefits.

Shel notes that currently the State is not moving forward with this, but this may change later this year depending on what happens with the Supreme Court and other things. The Goal with essential health benefits is that they mirror the parity requirements that are in the Affordable Care Act. There are still opportunities as things move forward to reinforce that message. Norm asked if it's correct that you don't have to provide MH/SA benefits but if you do that it has to be with parity. Shel responded that if the healthcare exchanges get implemented in accordance with the federal legislation that will have to be part of the essential benefits. The Parity law right now does not require businesses to include MH/SA but if they do it must be with parity. The exchanges take things another step further and requires the provision of MH/SA.

- Collaborate with providers, payers and the Office of the Commissioner of Insurance (OCI) to understand whether/to what degree plans are complying with requirements of the federal Mental Health Parity and Addiction Equity Act and the Wisconsin Parity Act, and the impact of these changes on both access to care and the cost of treatment.

Tasks:

1. Reviewing and responding to the essential benefits plan. It is not quite clear what the Feds are going to do and it is not clear if the window is still open for comment. The Dept of Health and Human Services bulletin that came out in Dec 2011 still allowed for a lot of flexibility that would allow states to choose from or put together pieces from other benchmark plans that are identified. There would then be an opportunity if it goes forward to provide input to OCI and Roger will be a door for us in this process.
2. Meet with the Payer/Provider workgroup to get a sense of what they are doing right now. Shel hears the most about the transitional treatment services like SA Residential, CSP, Crisis Services, and less traditional private health insurance benefits being identified as the barriers; including the qualifications of the providers within those programs. Some of the mental health treatment provider associations are surveying their members to get a better sense of what is happening and get a sense of what they are experiencing with getting approvals of treatment. The parity law requires that if something is not approved that they provide an explanation of how it does not meet the plans medical necessity criteria and those criteria are supposed to be made public. There are a lot of pieces that can be looked at such as; are they using them in justifying any denials or reduction, what are they using to determine medical necessity or approval criteria, are they based on evidence based or best practices or approved standards.
3. Look at other potential follow up that OCI might be able to do. OCI was able to look at the percentage of their clients receiving services. It would be interesting to look a few years down the road to see if this has changed at all. Have there been any complaints or grievances? There are some pragmatic things that we can do. Roger mentioned that OCI is tracking complaints more closely so as things move forward, numbers can be generated to see what is happening and identify any problems that exist. Shel mentions that providers have identified that if there is a problem, it is the client that needs to make the complaint. Providers feel that some individuals in MH/SA treatment may not be able to do that even with support. There have been discussions with OCI that they would be happy to talk with providers but that they also need the details to be able to investigate. Roger reports that OCI is in the process of up grading and implementing a whole new complaint system network where everything is going to be coded to generate reports.

CYF

Plan will be reviewed at the next meeting.

Norm recommends that we receive an update from each of these groups as a running agenda item.

**Dept of Children and Families Trauma Report** – Francine Feinberg

Francine reported that after reading the report it affirmed her beliefs that the Child Welfare and the Substance Abuse Treatment system needs to be working together much more closely.

This was also the first report she has seen that looked at children and their biological families and had data broken down by gender. The report comes from the Department of Children and Families' Section on Continuous Quality Improvement. Not sure what the impetus was but the report basically says that they noticed that many of the parents and the children in the Child Welfare system had histories of trauma. They used the ACE study as the basis for their exploration. What they pulled out of the ACE study had to do with substance abuse.

There were some interesting quotes in the report but one quote from Felitti seemed a little odd; stating that the basic cause of addiction is related to the experiences an individual is exposed to rather than a physical dependence on a chemical. Francine is aware that this doesn't accurately reflect the beliefs of Felitti and may have been taken out of context because he certainly understands that this takes on a life of its own at some point although the beginning pieces of it may have something to do with the past. If Francine were to point to the one thing that is a precipitating factor, 95% of the women they serve have a history of childhood sexual abuse. The report data was gathered between 2008-2010, looking at 349 children and their parents through a random selection involving 31 counties. What Francine found interesting was that out of the 349 children, 302 had histories of trauma, as did 276 of the moms and then it dropped for the fathers. Francine noted that the next piece of this report that caught her interest was the amount of substance abuse and mental health issues in these families. This is why it is hard to understand why child welfare and substance abuse aren't married to each other. 217 parents have a mental health issues followed by 202 with substance abuse issues. The same pattern was documented with the children. The report also said that trauma informed care is not readily available in WI. Francine noted that the real question is how we stop this trauma in the first place.

Shel commented that what is powerful about this and the ACE study is the potential to de-stigmatize and get past the point of demonizing the chemical or the choices with that. Norm noted that there are some states that have done a better job at bringing together child welfare with SA/MH. There is some initiative in Dane County to try and improve that relationship and he views this as something that is critical. Francine said that they are in a pilot right now with child welfare and it's good but there isn't a system behind them. Their pilot is aimed at preventing folks from going into the system at all. Their focus is on pregnant women who are using and women who give birth to tox positive infants. Rather than removing the child at all they are coming to Meta House. They had so many referrals of tox positive infants that they couldn't handle the numbers. Francine also mentioned that the whole life initiative around infant mortality, has very little that addresses SA/MH. Shel brought up Strong Families/Healthy Homes which works with care givers, primarily women, who have a mental illness and dually diagnosed who have dependent children in the home. It was designed as a prevention program recognizing those kids are at risk. Shel has also been contracting with child welfare to work with families through safety services to reunify them and have been very successful (83% reunification rate).

### **Legislation/Miscellaneous Updates/Future Agenda – Norm Briggs and Roger Frings**

#### Adhoc Work Group on Service Gaps

Norm reported that there is a Planning and Funding meeting on Friday and will get more information about whether the data that's out there will be sufficient. As mentioned at the last

meeting P&F requested an analysis of service gaps and there is a lot of data collected in pulling together the block grant proposal, EPI study, etc. Shel also reminded folks of the effort to pull together a joint adhoc work group of P&F and the Mental Health Council to work on the joint needs assessment process for the joint block grant application. The executive staff of the two councils have been meeting regularly and talking about some joint presentations. The culture is very different between MH/SA at the treatment level.

#### Outreach to the First Lady

Roger reported talking with the First Lady's executive assistant and she has placed our request to attend our ITC meeting in April on her calendar. We are asking her to give us an update on her initiative with Teen Challenge. She did mention that this is her priority and she is not looking to expand to anything else right now but would love to meet with us and hear about everything we are working on and discuss next steps. Francine mentioned that the First Lady had made a visit to Meta House and Shel heard that she also has a work group on Trauma Informed Care through Child Welfare and Elizabeth Hudson/DMHSAS. Shel said he would see if he could find out more about that to help us figure out what we want to present to her in April. Steve reported that the TIC advisory committee agenda for February 17th includes preparing for their meeting on April 19<sup>th</sup> with the First Lady. Lila reported that none of the other SCAODA committees have done any outreach with the First Lady. Julia Sherman and Rebecca Deshane had meet with the First Lady over a year ago to see if she was planning on becoming involved with a National Organization of Governor's spouses on alcohol policy issues but reported that she was undecided at that time.

#### TAD Presentation at SCAODA

Lila distributed a summary and reported on the Treatment Alternatives and Diversion Program (TAD). The program was created legislatively in 2005 and funded seven projects. The programs were designed as diversion alternatives for persons with substance use needs. Four Drug Treatment Courts and three diversion programs were funded. The project was required to submit a report to the Legislature five years after implementation to look at outcomes. University Population Health did the evaluation and will be providing a report at the March SCAODA meeting.

#### Other

Francine inquired as to whether SCAODA had taken any position on the W2 legislation to reduce benefits to individuals found positive for substances. Roger reported that there is a bill introduced but nothing has been moving forward with it.

#### Motions

1. Mac wants to propose a motion from ITC that SCAODA request the removal of any statewide barriers that prevent licensed AODA programs from treating nicotine dependence in all levels of care. Tami expressed that if we are trying to implement nicotine treatment that we should eliminate any barriers and ask that SCAODA support their removal. Mac says that the intent of the motion is to ask that anything preventing us from treating nicotine dependence be removed if there are any. What the actual barriers are will emerge as we do some more work on it. Roger recommends that we get something in writing in front of us with the wording that you want, do a

little background on it and present it for motion at the next meeting. Mac agrees to work on this for the April meeting.

2. Staci passed around a WIRCO support resolution similar to what WiNTip has done. It is not to establish support for funding, it is merely to state that SCAODA's ITC supports the mission of WIRCO to establish statewide public support for individuals and families afflicted with and affected by substance abuse and related disorders. WIRCO is trying to gather as much support from different kinds of agencies and organizations to help them with credibility in moving forward and building a support network across the State. Staci makes a motion that ITC sign the resolution. Sheri seconded it. Norm asked if this was something we could move on in April so folks can have a chance to read this. Staci responded that she would prefer a vote on it at this meeting since they are in the middle of their seed money campaign and every endorsement counts. Steve reported receiving information from IC&RC that they are about two years out for obtaining certification on peer recovery coaches. Shel asked a procedural question as to whether the committee has standing to sign something like the resolution as separate from SCAODA. Mac commented that it was done in the past with WiNTiP which was then taken to SCAODA where Carol Roessler insisted that it have unanimous support. Francine raised the issue that the next to last bullet on the resolution was not true. The bullet states that 12 step and equivalent mutual self help groups have demonstrated that recovery from substance abuse is possible. Francine suggests that the language be changed to reflect that it has helped a lot of people. Roger suggests changing the sentence to read that 12 step and equivalent mutual self help groups demonstrate that recovery from substance abuse is possible. Francine agreed. Norm asked for a vote and the committee supported the motion unanimously.

Steve will send an email to Lila from the IC&RC on the recovery credentials for distribution to ITC members. Shel will be sending information about the Statewide Suicide Prevention Conference on April 26<sup>th</sup> for committee distribution. Shel also reports that Senate Bill 207, the Felon employment bill, still hasn't gone anywhere.

### **Adjourn**

The meeting was adjourned by Norm.

### **Next meetings and dates:**

1. ITC  
February 14, 2011; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
March 16, 2012 9:00am – 4:00pm.  
Appleton
3. SCAODA  
March 2, 2012; 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at:  
<http://www.scaoda.state.wi.us/meetings/index.htm>

Scott Walker  
Governor



Michael Waupoose  
Chairperson

Duncan Shrout  
Vice-Chairperson

Scott Stokes  
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**

Child, Youth and Family Treatment Subcommittee  
May 17, 2012

**AGENDA**

10:00 am to 2:30 pm

Hosted by:

Connections Counseling  
5000 University Ave #100  
Madison, WI 54914  
1-608-233-2100

**Toll-free Number: (888) 808-6929**  
**Access Code: 3230969**

Please RSVP to Susan Endres at (608) 266-2476 or email: [Susan.Endres@wisconsin.gov](mailto:Susan.Endres@wisconsin.gov)

10:00 am	I.	Introductions Review of the Minutes Agenda over view and additions Lunch Planning	Tami Bahr Jill Gamez Chairpersons
10:30 am	II.	Update from April ITC Meeting	Jill Gamez
11:15 am	III.	Review of 2012 Annual Plan	Discussion
12:00 pm	IV.	Member Updates	
12:30 pm	V.	Presentation: Reducing Wisconsin's Prescription Drug Abuse: A Call to Action	Dorothy Chaney
1:30 pm	VI.	Member Updates	
2:00 pm	VII.	Agenda Planning	
2:30 pm	VIII.	Adjourn	

Contact person: Susan Endres at (608) 266-2476 or by e-mail: [Susan.Endres@wisconsin.gov](mailto:Susan.Endres@wisconsin.gov).

Accessibility: This meeting is accessible to people with disabilities, if you need accommodations, an interpreter, materials in alternate formats, or another accommodation to participate, please contact Susan Endres at least 5 working days before the event to allow time for arrangements to be made. Also, please refrain from wearing perfumes or scented products to accommodate those with chemical sensitivity or environmental illness, and refrain from flash photography without permission of all present to accommodate those with seizure disorders. Public Notice sent to State Editor, Milwaukee Journal Sentinel, posted at the State Capital Building and 1 West Wilson Street, Madison, WI

Jim Doyle  
Governor



Mark Seidl, WCHSA  
Chairperson

State of Wisconsin

Linda Mayfield  
Vice-Chairperson

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

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

Scott Stokes  
Secretary

**OPEN MEETING NOTICE**

**Child, Youth and Family Treatment Subcommittee**

**March 15, 2012**

**AGENDA**

10:00 am to 2:30 pm

Hosted by:

Options Treatment Programs

4000 West Spencer Street

Appleton, Wi 54914

1-920-735-9010

**Toll-free Number: (888) 808-6929**

**Access Code: 3230969**

Please RSVP to Susan Endres at (608)266-2476 or e-mail: [Susan.Endres@wisconsin.gov](mailto:Susan.Endres@wisconsin.gov) .

- |          |             |   |  |
|----------|-------------|---|--|
| 10:00 am | I.          | Introductions<br>Review of the Minutes<br>Agenda over view and additions<br>Committee member updates<br>Meeting dates, times and location discussion<br>Discussion on use of Adobe Connect technology<br>Google Circle<br>2012 Strategic Plan | Tami Bahr<br>Jill Gamez<br>- Chairpersons<br>All members   |
| 11:30 pm | II.         | Presentations:<br>Hazelden Youth Outreach<br><br>Liebertas Program<br><br>Options Group Home  | Danielle Volk, Outreach Manager: Youth Services, Corporate Marketing-Administration ( via conference phone)<br><br>Tom Ritchie<br><br>Katie Kennedy, CSW, Program Coordinator- Options Group Home (via conference phone) |
| 01:45 pm | III.<br>IV. | Working Lunch:<br>Discussion and Completion of 2012 strategic plan  | Discussion   |
| 02:30 pm |             | Adjourn   | Discussion   |

Contact person: Susan Endres at (608) 266-2476 or by e-mail: [Susan.Endres@wisconsin.gov](mailto:Susan.Endres@wisconsin.gov).

Accessibility: This meeting is accessible to people with disabilities, if you need accommodations, an interpreter, materials in alternate formats, or another accommodation to participate, please contact Susan Endres at least 5 working days before the event to allow time for arrangements to be made. Also, please refrain from wearing perfumes or scented products to accommodate those with chemical sensitivity or environmental illness, and refrain from flash photography without permission of all present to accommodate those with seizure disorders. Public Notice sent to State Editor, Milwaukee Journal Sentinel, posted at the State Capital Building and 1 West Wilson Street, Madison, WI



State of Wisconsin

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

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

January 27, 2012

Minutes  
Children, Youth and Family Sub Committee  
Madison, Wisconsin  
Location: Connection Counseling

Attendees: Tami Bahr, John Frederick, Jill Gamez, Kimeko Hagen, Stacie McNatt, Michael Mercado.

Guest: Krystle Gutting, MS. LPC-IT. SAC-IT. Connections Counseling Therapist

Excused: Flo Hilliard, Cynthia Green, Jennifer Witkowsky, Kris Moelter, Tracy Mitchell, Kathi Cauley, Bernie Stevens

The minutes were approved with the corrections of the spelling of Mike Mercado's name and the correction to the CCISC acronym.

There was agreement that the summary format of the minutes completed in December were helpful. Thank you to State Staff Tanya Bakker for taking the minutes and offering this format. The minute for this meeting will be drafted in the same manner.

There was a general opening discussion of updates:  
Liebertas in Green Bay is under new Management  
All treatment providers shared that the number of referrals for youth ages 10-18 have decreased dramatically. They continue to advocate and treat youth but need to balance this with providing services to the adult population.

Discussion regarding membership composition

Susan Endres staff to the committee share the history of how the representation on the committee developed. This ad hoc committee was developed out of a need identify through the Project Fresh Light infrastructure grant work. Although numerous children, youth and family ad hoc committee were in existence there was not one that would consistently "provide a drum beat" for effective and accessible adolescent substance use disorder treatment. The consultants for the

project developed a list that represented regions of our state and some promising examples of the application of evidence base practice and family involvement.

The decision was made not to duplicate the state representation of SCAODA on the ad hoc committee but to have this committee include a continuum of Wisconsin services and when ever possible include the voices of families and youth. In the beginning it was the hope of the staff that each member would have a go to family member or youth in the committee that could respond from their point of view. Each member may have a variety of real life job responsibilities but what brings them together is the commitment that SUD treatment during adolescent works and is important to continue to develop in the State of Wisconsin. This would happen at the local level. It has been well documented that the SCAODA and many of the committee's structures take place when families and youth are not available to attend.

Changes to the Standing Sub Committee Membership need to be approved and reviewed by the Intervention and Treatment Committee prior to an offer of membership being made.

### Current Composition and Representation

Connection Counseling was invited because of their commitment to youth and the ongoing development of family involvement and youth mentoring process.

Kathi Cauley remains on board to provide assistance and feedback from the view point of a County Director

Hugh Davis represents Wisconsin Family Ties. They were the family consulting partners for the Project Fresh Light activities

Paul Florsheim brings with him three areas of expertise, the first having provided Adolescent SUD treatment in the State of Utah. The second is academic staff with the Center for Addictions and Behavioral Health research at the University of Wisconsin Milwaukee. It is the only University that has a Center status in the area. He is on faculty with the University of Wisconsin –Milwaukee public health department and has brings the perceptive of substance use disorder as a public health issue.

Joe Kuehn is a citizen member and brings with him the abilities to developed meaningful marketing materials.

John Frederick is with the Milwaukee Children's Court and Delinquency Services. He brings with him experience in the Child Welfare system and has been an innovator in developing new models of the delivery of services. Milwaukee County was the first to train the Contracted Treatment providers in the Global Appraisal of Individual Needs Assessment Tool and develop a new payment structure to intensify the use of the tool. He is currently leading the way in developing a co-occurring competent service system for Milwaukee adolescents.

Jill Gamez and her treatment agencies Arbor Place have been on the front line of learning and implementing evidence based practice services to her agencies. She brings with her the experience of developing community partnership and is an experienced prevention professional. Most recently under her direction they have experimented with the use of the POSIT plus web based program.

Cynthia Green represents the University of Wisconsin – Madison Adolescent Alcohol/Drug Assessment Intervention Program. They have experience in operating a free standing adolescent assessment program and have now moved into full certification for both MH/SUD treatment. Through generous grants from the Office of Juvenile Justice they have become trained in Multi Dimensional In Home Family Therapy and are beginning to provide this services under contract with the Division of Juvenile Corrections.

Kimeko Hagen represents Options Treatment Inc recently as the Director. Prior to this she was an AODA clinician as well as the Operational Manager. In the past six years they have expanded services. The agency has a commitment to adolescents and their families. They serve the following areas Appleton, Green Bay, Rhinelander, Oshkosh, Eagle River, Minocqua, and Wautoma. Options Treatment Programs has participated in the NIATX Teen Intervene training and have added this as a new line of service. They have opened a residential house for young people in Eagle River

Florence Hilliard is with UW Madison Continuing Education Gender Studies Program. Mary Unmuth is the Outreach Worker for the program. Both have been integral in the development of adolescent treatment. Flo has authored a paper on Gender Difference and has continued to offer the annual Boys and Girls at Risk Conference. Mary was a major driver in strategic implementation of PFL activities. She has recently returned to her work with Gender Studies. Welcome back to the committee.

Staci McNatt brings a parent voice to the Committee. This is one of the most important voices we can have as how the policies and programs we support will ultimately only succeed if they are accessible and effective with our youth and families. Staci as well brings her experience in being trained in Recovery Orientated System of Care and Recovery Coaching.

Dr. Thomas Wright is the Chief Medical Officer and Senior Vice President of Medical Affairs at Rosecrance and Clinical Supervisor of Milton Wisconsin. He has joined to provide a voice for Psychiatry and for intensive inpatient and step down residential approaches. His work on the Opiate Treatment Work Group has been so valuable in providing exposure and education on a state wide basis on the issues involved with the treatment of youth who have become opiate addicted.

Tracy Mitchell is director of Project Change, a recovery high school in Waukesha Wisconsin. A recovery high school provides the academic support in a recovery environment to support youth in graduating from high school and reaching vocational goals.

Tom Meyer is the father of Aaron and founder of Aaron's House. The basic structure of Aaron's House was an idea by Aaron for his own recovery--live with peers in recovery, hold a job, enroll in college courses, work a recovery program, and give back to the community. Aaron died before he could put his idea into action. Volunteering in recovery groups of college aged young people,

Tom heard people talk about their need for sober housing and took Aaron's idea to the Aaron Meyer Foundation for consideration. Since that day, Tom has been the inspiration behind the development and growth of Aaron's House.

Jennifer Witkowsky is a Juvenile Court Worker at Portage County Health and Human Services. She is the point person that coordinate screening and referral for treatment for those youth that have identified substance abuse treatment needs.

Bernie Stevens has joined us as a Substitute for Yvette Hittle at Kohler Behavioral Health in Rhinelander. Her position as changed and she was not able to continue membership. Yvette was a member of subcommittee since it's inception representing treatment in the Northern section of our state. Bernie Stevens will continue to be that voice.

#### Membership Motions

1. Presented by Kimeko Hagen  
Extend an Invitation to United Behavioral Health to be a member of the ad hoc committee  
Seconded by Stacie McNatt  
Motion approved
2. Presented by Jill Gamez  
Extend an Invitation to Hazelden to join our ad hoc committee  
Seconded by Kimeko Hagen  
Discussion  
3 in favor 3 deferred
3. Presented by Staci McNatt  
Extend an invitation to Hazelton to present at the a meeting  
Seconded by Michael Mercado  
Motion approved
4. Presented by Staci McNatt  
Extend an invitation to Libertas to present at a meeting  
Seconded by Michael Mercado  
Motion carried

#### Presentation by Tami Bahr

Please see attached power point

##### Discussion Items

1. Use of students : Connections Counseling offers Bachelor level students internships in the office operations. Graduate level students have internship opportunities in clinical practice. Options Treatment is working with Globe University's program for

Hospital Administration. They are developing internship for students in the business office of their clinic.

2. Connections Counseling was able to greatly enhance their revenue in the year 2010 by making small and simple changes to their upfront billing process and policies. Once they had their new policies in place they simply began asking people. Follow up questions were

When someone does not pay how often and who tracks this?

Billing documentation is held in 2 places

Every 2 weeks the bill is reviewed. If there is no payment a therapist can see the person 2 more times and a soft hand off is made to an agency that can provide the treatment. The idea is that if the person can not meet the financial responsibilities of paying for treatment this is not going to be a good option in the long run.

The office manager can do a billing conference with the person and the treatment provider is notified. Without this policy persons can end up in a great deal of debt. Addressing this clearly at the front end reduces this at the back end of therapy. The person is charged the entire billable rate of 120.00 per office if they are a no show.

3. Options shared that the highest rate of no shows are persons who are funded through medical assistance, either straight T19 or the HMOs. After 2 no shows or late cancellations the person may be discharged.

Connections Counseling has the financial policy and statement separated from the clinical records. This is so that the office staff can address this with the person.

Michael suggested that the treatment providers should be contacting the HMO utilization staff as they do have people that act as care manager/ advocacy that will work with the person to get them back to treatment.

Connections Counseling does maintain the persons credit and obtains ability to bill. They use an on line company called MOTUS financial.

Options policies for no shows are the clients are charged \$25.00, after they have signed off on the admission packet agreement. Wautoma office has a minimal \$25.00/month for their clients who are county funded. For those clients who have an outstanding account balance the minimum monthly payment is \$50.00. What happens is their total outstanding balance is divided by 6 (so account is paid in full in 6 months) and that becomes their monthly payment due to Options Treatment Programs. Clients who are not willing to set up a payment plan may be sent to a collections agency after their account reaches outstanding status of 90 days or greater.

4. What Percentage of persons are sent to collections?  
Options 8-10 families
5. What incentives do you offer therapists to reduce no shows?

The clinic average for no shows is 10%. New staff have about a 24% no show rate. Experienced therapist have about a 3% rate.

To track this Connections went to a calendar data set. They track rates of no shows. This rate is built into determining annual bonuses.

#### Presentation from Mike Jones

There were only a few technical difficulties

The group would like to hold all meetings over Adobe Connect

There is not much required information

#### Discussion

Equipment needs :

The success of the clarity comes from the amount of bandwidth available

Needed a computer or laptop with internet and camera plug in

If there is not a built in camera one can be purchased for 50.00.

The other option is to keep the conference line for the audio and plug into the computer for the visuals.

Audio can be a problem depending on the quality of the speakers

#### Yearly Meeting Schedule

There was a request from Kimeko Hagen to change the day of the week that the meeting was held to Thursdays from Fridays. The committee all agreed and the Thursday date will be better for every one. The changes are shown at the bottom of the minutes and have been changed on our web site as well.

There was a brief discussion regarding the purpose of traveling around the state. Initially, the idea developed from the committee wishing to replicate the energy of two really successful meetings. The meeting we held on Youth Opiate Strategies on 2010 and the meeting we held in Madison regarding insurance. In both meetings other individuals joined in the meeting. By having the meeting in different parts of the state we were hoping to create opportunities for those communities stakeholders to attend and continue to offer the sub committee guidance in following through on what issues are most meaningful to them.

There was a request by s committee membership to utilize the SCAODA letterhead when inviting their community's stakeholder. Staff will ask what the protocols are for using the letterhead at the next SCAODA internal meeting.

There was a general discussion regarding a trend where there are no referrals for adolescents in need of treatment. Options has opened a new residential site. See attachments. They have yet to receive a referral. There seem to be some areas of stigma related to have a clinic set up with in a school. It can be done but it is difficult to maintain.

#### Committee Presentation Requests

1. Presented by Staci McNatt  
Extend an invitation to Hazelton to present at the a meeting  
Seconded by Michael Mercado  
Motion approved
  
2. Presented by Staci McNatt  
Extend an invitation to Libertas to present at a meeting  
Seconded by Michael Mercado  
Motion carried
  
3. Presented by Jill Gamez  
Extend invitations to the first Lady to attend the May 18<sup>th</sup> meeting in Madison.  
Seconded by Michael Mercado  
John Frederick deferred. Motion approved

Discussion: the committee expressed a desire to share with the First Lady information regarding the evidence base practices that are successful in treatment adolescents so that she understands that treatment and early treatment are effective and that adolescence is another key developmental transition where the growing brain can accept changes. The committee discussed the content of the day. Staff shared the NIATx principle of 5 X 5 presentations. This means that in 5 power point slides and in 5 minutes the following information is shared: Agency description (services, clientele, staffing, change team make-up), Goal of the project and why, Changes made to reach goal and lessons learned. Staff notes that this will need to be discussed by the Intervention and Treatment committee before proceeding.

Some topics were discussed: John Frederick Mc 3  
Kimeko Hagen Teen Intervene  
Cynthia Green MDFT  
Susan Andrews ACRA  
Cleon Suggs and Group Celebrating Families  
Adolescent Brain Development Dr. Wright  
Department activities Susan

New Schedule for the 2012 meetings

January 27, 2012 Madison  
March 15, 2012 Appleton  
May 17, 2012 Madison  
July 19, 2012 Madison  
September 20, 2012 Menominee  
November 15, 2012 Milwaukee

Chairs Conference Call

February 16, 2012  
10:30- 11:30  
Adobe Connect and Conference Line

Scott Walker  
Governor



Michael Waupoose  
Chairperson

Duncan ShROUT  
Vice-Chairperson

Scott Stokes  
Secretary

State of Wisconsin

## State Council on Alcohol and Other Drug Abuse

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

### Planning & Funding Committee 2011 Annual Report Goals and Accomplishments From 2010 – 2014 Strategic Plan June 8, 2012

#### Goal 1

Identify services that are inadequately funded and create recommendations to increase the funding for those services.

#### Plan to Achieve Goal

Participate in Sub-Committee on financing for Intoxicated Driver Program.

#### Efforts Accomplished to Achieve Goal

- P & F member Duncan ShROUT chairs the IDP-Funding Subcommittee.
- At March 2011 SCAODA meeting, P & F makes three motions:
  - requesting that the Joint Legislative committee on Audit perform an audit of the Driver Improvement Surcharge Fund current allocations;
  - 2) requesting legislation that would allow any unspent Driver Improvement Surcharge Fund allocations return to the Department of Health Services to be utilized in their grant program; and
  - 3) requesting legislation that would produce an additional annual allocation of \$2.5 million dollars for the purpose of increasing funding for the supplemental grant process in DHS.
  - All three motions were passed.
  - The Audit was performed and report produced in March 2012.

#### Plan to Achieve Goal

There are inadequate resources for primary prevention efforts and early intervention efforts that would identify risky drinking or other drug use among WI citizens. DHS turned down the opportunity to apply for SBIRT (Screening, Brief Intervention and Referral to

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

Treatment), a federally funded grant which would identify WI citizens with risky drinking or other drug use in WI primary care settings; and a federally funded Primary Prevention Planning Grant.

### **Efforts Accomplished to Achieve Goal**

- During the September 2011 SCAODA meeting P & F made a motion to ask DHS Secretary Smith to reconsider his decision not to seek federal funding for the SBIRT program and the Strategic Prevention Framework State Prevention Enhancement Planning Grant. However the motion was withdrawn out of concern for DHS's argument that the federal grants were not part of an overall DHS coordination plan.

## **Goal 2**

When legislation that relates to alcohol and other drug abuse policies, programs or services is introduced or offered in the legislature, SCAODA will “provide considered opinion of the effect and desirability as a matter of public policy of the legislation.”

### **Plan to Achieve Goal**

Review and analyze AODA related bills as they are introduced into the legislature.

### **Efforts Accomplished to Achieve Goal**

- P & F introduced a motion at the June 10, 2011 SCAODA meeting supporting AB 57 (SB54) calling for a ban on synthetic compounds that mimic the effects of marijuana and other illicit drugs. There wasn't a quorum present to vote on the motion, however letters to legislators were sent under the signature of the P & F Chairperson. Most recent action on the bill— .6/8/11 Motion Tabled; 3/23/2012 Failed to pass pursuant to Senate Joint Resolution 1.
- Other motions introduced by P & F during the June, 2011 meeting were:
  - Opposing AB 63 which extended hours of alcohol sales. No quorum for vote. Letters sent under signature of Committee Chair. Most recent action— 12/12/11: Enacted into Law
  - To oppose AB 76 (the bill would recoup expenses for the Department of Corrections when inmates receive medical or dental care, requiring the prisoner to pay the charges). No quorum for a vote. Letters to legislators sent under signature of the Committee Chairperson. Most recent action—7/28/11: Public Hearing; 3/23/2012 Failed to pass pursuant to Senate Joint Resolution 1.
  - Motion to oppose potential GPR and PR cuts in the Governor's budget to alcohol and other drug prevention and treatment programs and services. No quorum present for a vote.
- SCAODA September 2011 motions from P & F included:
  - Opposition to AB 200 which would increase the accessibility of wine on fairgrounds. Motion passed. Most recent action: 1/27/12 Enrolled.

- Support AB 208 which increases penalties for OWI offenses with the caveat that 100% of the fines over \$600 be designated to the IDP Supplemental Fund. Motion passed. Most recent action: 2-14-12 Public Hearing scheduled. 3/23/2012 Failed to pass pursuant to Senate Joint Resolution 1.

### **Plan to Achieve Goal**

Promote legislation that increases a tax on beer and/or alcohol and directs resources to treatment and prevention.

### **Efforts Accomplished to Achieve Goal**

- At the December 9, 2011 SCAODA meeting P & F made a motion to support Representatives Krusick and Ott's proposed legislation LRB 2144, a Drunk Driving Reform Bill. P & F recommended that an alternate source of funding be created through an increase in Wisconsin's beer tax on a barrel of beer. However, the motion only passed when "alternate sources of funding" language replaced the "increase in tax on beer" language.
- See also Goal 1 above and the recommendations from the IDP-Funding ad-hoc committee where increases in the alcohol tax are recommended as a method to adequately fund IDP

### **Plan to Achieve Goal**

- Support legislation that prevents adults from taking underage children into bars.

## **Goal 3**

**Provide Leadership and coordination regarding AODA issues confronting the state.**

### **Plan to Achieve Goal**

Access to AODA treatment is inadequate for the amount of need that has been documented and has been conveyed to SCAODA via Public Forums testimony from the public and AODA treatment providers. Barriers and solutions to the problem of access must be identified.

### **Efforts Accomplished to Achieve Goal**

- At the December 2011 SCAODA meeting, P & F made a motion that the Chair of SCAODA appoint an ad-hoc committee to address the growing number of Wisconsin citizens and tribal members who are unable to access AOD treatment in Wisconsin. The motion passed. ITC is convening the group.

### **Plan to Achieve Goal**

Currently, educational standards for insurance reimbursement within the Medicaid system are being studied. Potential changes include: substance abuse counselors without Bachelors degrees would not be able to receive Medicaid reimbursement for AODA treatment, as is now the case. There must be provisions for equitable reimbursement for those who perform the same work, but have different degrees.

### **Efforts Accomplished to Achieve Goal**

- P & F introduced a motion at the December 2011 meeting recommending a grandfathering option and recommending anyone with less than a Bachelor's degree be given a period of time to complete their degree. The motion was withdrawn based on a request from DHS. A survey of SACs and CSACs will give the Department more information from which to make decisions.

### **Plan to Achieve Goal**

Alcoholic beverages of greater than or equal to 190 proof should be banned in Wisconsin.

### **Efforts Accomplished to Achieve Goal**

- During the September 9, 2011 SCAODA meeting P & F introduced a motion to support a ban on 190 Everclear and similar beverages. The motion passed. On March 15, 2012 Representative Krusick introduced a bill (AB 712) prohibiting the sale of liquor containing 80 percent or more of alcohol by volume (160 proof or higher). Most recent action: 3/15/12 Introduced and referred to committee; 3/16/2012 Fiscal estimate received; 3/23/2012 Failed to pass pursuant to Senate Joint Resolution 1; 3/26/2012 Fiscal estimate received.

### **Plan to Achieve Goal**

Tobacco use continues to be a threat to the health of WI citizens.

### **Efforts Accomplished to Achieve Goal**

- P & F made a motion at its October 2011 meeting to continue as an advocate and supporter of WINTIP and smoke-free programs. The motion passed unanimously.

## **Goal 4**

Create equity within the AODA system by remedying historical, racial/ethnic disparities and inequities toward any group of people.

### **Plan to Achieve Goal**

Increase the number of minority counselors available.

### **Efforts Accomplished to Achieve Goal**

- At the September 9, 2011 SCAODA meeting P & F introduced a motion that SCAODA create a plan of action to be implemented to address and remedy historical racial/ethnic disparities and inequities by increasing the number of minority counselors qualified and available to provide services under the Scopes of Practice recommendation. DHS asked that the motion be withdrawn. Motion withdrawn. DHS indicated that the motion can be brought back at a later time.

### **Other Activities during 2011:**

- Health Care Reform Presentation—David Riemer
- Hosted Public Forum during WAAODA conference May 16<sup>th</sup> from 5:30 to 7:30 p.m.
- Nomination Committee—Ms. O'Donnell and Rebecca Wigg-Ninham fulfilled the responsibilities of the Nominating Committee according to the By-laws: During July and August of 2011 they Publicized SCAODA's citizen appointment vacancies, acknowledged each application, Reviewed each application, and at the September 9, 2011 SCAODA meeting reported to the full council regarding its review of application materials and recommendations for appointment,
- Co-introduced with the Prevention Committee in September of 2011 at the SCAODA meeting, a motion in support of SB 159, a bill which prohibits underage use of any alcohol at on school property. Most recent action: 10/28/11—Received by the Assembly; 10/25/11—Passed Senate.
- Supported the Intervention and Treatment Committee's motion to oppose AB 286 (Companion bill SB 207) during the December 2011 SCAODA meeting. This bill specifies that it is not employment discrimination because of conviction record for an employer to refuse to employ or to bar or terminate from employment an individual who has been convicted of a felony and who has not been pardoned for that felony, whether or not the circumstances of the felony substantially relate to the circumstances of the particular job. Most recent action: 12/7/11—referred to the Committee on Rules, passed out of the Committee on Labor and Workforce Development.
- Presentation from Dave Macmaster at the October 2011 P & F meeting on WINTIP (Wisconsin Nicotine Treatment Integration Project) resulting in a formal motion of support and advocacy for the integration of nicotine treatment in alcohol and other drug treatment programs in Wisconsin.
- Presentation from Scott Caldwell at the October 2011 P & F meeting on Motivational Interviewing resulting in a formal motion to recommend that SCAODA incorporate Motivational Interviewing as part of its Strategic Plan as an evidence-based practice to promote substance abuse prevention, intervention and treatment. The motion passed unanimously.
- Hosted the Public Forum at the October 25, 2011 Bureau Conference from 4:45 p.m. to 5:45 p.m.
- Workforce Issues/Scopes of Practice presentation at the November P & F meeting from Sue Gadacz, WI Bureau of Prevention Treatment and Recovery AODA Section Chief resulting in a motion presented at SCAODA's December 2011 meeting

opposing a reimbursement system based solely on educational status and recommending a grand fathering option where anyone with less than a Bachelor's degree, but a licensed counselor be given a period of time (10 years or until 2024) to complete their BA degree. DHS asked that the motion be withdrawn. Kevin Moore referred to the survey of SACs and CSACs which will give the Department more information from which to make decisions. Ms. O'Donnell withdrew the motion but asked the other Committee's to review this motion. Mr. Waupoose asked the other Committees to please address this issue. He asked what a multiple tier reimbursement system was. Mr. Shrout replied that it means that someone with a bachelor's degree can be reimbursed at one level and someone with less education is reimbursed for the same service at a lower level. Joyce Allen informed the group that in general the current system reimburses Master's degreed persons at one level and a Ph. D. at another level. This practice is common throughout Medicaid. A multi-tier system already exists. Sue Gadacz then informed the group that the survey is being developed in conjunction with input from providers. Information will be collected from SACs and CSACs on race and ethnicity, age, rendering IDs, workplace data (private or MA certified clinic) and other information. She just obtained the address list from the Department of Safety and Professional Services. Joyce O'Donnell then withdrew the motion. She reiterated that the worry is who will get paid and who won't. Kevin Moore indicated that he appreciated that.



State of Wisconsin

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

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

**PLANNING AND FUNDING COMMITTEE MEETING**

Monday May 21, 2012 – 11:00 A.M. – 3:00 P.M.

ARC CENTER FOR WOMEN & CHILDREN  
1409 EMIL STREET, MADISON  
608/283-6426

Please call Lori Ludwig at (608)267-3783 or e-mail [Lori.Ludwig@wisconsin.gov](mailto:Lori.Ludwig@wisconsin.gov) to advise if you will not attend.

- |            |       |   |
|------------|-------|---|
| 11:00 a.m. | I.    | Call to Order – Joyce O’Donnell   |
| 11:10 a.m. | II.   | Review of April 13, 2012 Minutes – Joyce O’Donnell  |
| 11:20 a.m. | III.  | Report on Ad-hoc Needs Assessment—Todd Campbell<br>Norm Briggs, and Sally Tess                                    |
| 11:40 a.m. | IV.   | Lunch (on your own)   |
| 12:30 p.m. | V.    | P & F Annual Report—Lori Ludwig   |
| 12:45 p.m. | VI.   | Core Values—Norman Briggs   |
| 1:15 p.m.  | VII.  | IDP—Joyce O’Donnell   |
| 1:45 p.m.  | VIII. | Executive Committee and Legislators—Lori Ludwig   |
| 2:00 p.m.  | IX.   | WAAODA Conference May 21-23 <ul style="list-style-type: none"><li>• Public Forum 5:00 p.m. to 6:00 p.m.</li></ul> |
| 2:15 p.m.  | X.    | Draft SCAODA agenda   |
| 2:30 p.m.  | XI.   | Committee Reports--Group  |
| 2:45 p.m.  | XII.  | Report on Women’s Services—Norm Briggs  |
| 2:50 p.m.  | XIII. | Agenda Items for Next Meeting—Joyce O’Donnell.  |
| 3:00 p.m.  | XIV.  | Adjourn   |



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 & OTHER DRUG ABUSE**

Planning and Funding Committee Meeting Minutes

Friday April 13, 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608 283-6426

**MEMBERS PRESENT:** Joyce O'Donnell, Duncan ShROUT, Norman Briggs, Todd Campbell, Pamela Bean, Sally Tess

**EXCUSED:** Karen Kinsey, Ken Wagner, William McCulley, Manny Scarbrough, Tom Fuchs

**STAFF:** Lori Ludwig

**I. Call to Order – Joyce O'Donnell**

Joyce O'Donnell called the meeting to order at 9:45 A.M.

**II. Review /Approval of November 18, 2011 Committee Minutes—Joyce O'Donnell**

**Norman Briggs made a motion to approve the minutes of February 17, 2012. Duncan ShROUT seconded the motion. The motion passed unanimously.**

**III. IDP Report**

The group discussed "Driver Improvement Surcharge Funding," a report from the Legislative Audit Bureau dated March 2012. Duncan ShROUT indicated he was concerned about the funding for IDP—like all programs. Norman Briggs indicated that he was concerned that the report did not look at the counties. There may be serious administrative concerns, however, Mr. ShROUT pointed out that that was not the focus of the IDP-Funding Committee. Counties receive fixed dollar amounts rather than a percentage, so that as the surcharge has increased the amount received by counties has not changed. Also, are counties transferring the correct amount to the state? This audit did not focus on that. Todd Campbell added that the money that is transferred to the state and then returned through the supplemental IDP funds application, the audit didn't provide anything new. The amount of money in supplemental IDP funds has decreased over the last few years from \$1,000,000 to \$900,000 and last year \$850,000. He thought that the amount was not subject to cuts. The funding is not adequate.

LeeAnn Cooper from the Bureau of Prevention Treatment and Recovery attended the meeting to present the findings from the Intoxicated Drivers Program Legislative Audit Report. <http://legis.wisconsin.gov/lab/reports/12-5full.pdf>

Ms. Cooper explained that she was disappointed in the report. It didn't tell us much more than we already knew. She was hoping that they would look at the counties' 40% retained funds. Why are some counties significantly underfunded and some others not? Mr. Shroul referred the group to the bottom of page 3 of the report. Over time, the surcharge increased and the percentage of the surcharge transferred to the State increased from 29.2% to 40%. As such the amount of each imposed surcharge transferred to the State increased from \$88 to \$146 or by 65.9% compared to the amount retained by counties \$212 to \$219, or 3.3%. Mr. Shroul also referred the group to Table 5 on page 8. Aids to the Tavern League's Safe-Ride program totaled nearly \$400,000 in FY 2010-11. He reported that the taverns contribute 80% of the cost of the ride. Dr. Pamela Bean brought up the fact that the college students want the Safe-Ride. Mr. Briggs explained that that is a completely different program that is funded by student fees. Ms. Cooper explained that the IDP surcharge funded program is for anyone. It is the only program that is guaranteed a percentage off the top of the surcharge allocated to the state (9.75%). Ms. Cooper continued that Table 4 on page 6 shows that the amount of the surcharge allocated to DHS in 2011 was \$744,300—or about 19%. This year it amounts to about 17%.

The issue of “lapsing funds” came up. The Department of Transportation (DOT), UW System and Department of Public Instruction lapsed a total of \$755,000 in surcharge funds to the General Fund in FY 2009-10. DOT chose to lapse \$120,000 to the General Fund in FY 2010-11. This was done to meet statutorily required budget reductions. Ms. Cooper reported that the Bureau's Budget Analyst was looking into that situation. The Bureau is asking for a guarantee of 20-25% of the surcharge funds. Mr. Shroul asked if the ability for Departments to lapse, is it statutorily incorrect? Mr. Briggs, reminded the group that SCAODA is on record asking that any unspent funds be returned to DHS. LeeAnn reported that funds are lapsed back to the Department of Administration (DOA), if unencumbered. DOA determines whether the funds lapse or not. Mr. Shroul suggested SCAODA writing a letter to Senator Robert Cowles and Representative Samantha Kerkman, the Co-Chairpersons of the Joint Legislative Audit Committee, or the Department of Transportation asking about the lapses. Mr. Briggs asked why not all 72 of the counties apply for supplemental funds? Ms. Cooper responded that some need it and some don't. She asked if counties are making different referral decisions based on funds. Dr. Pamela Bean summarized two items from the report: 1) A small number of counties are applying for supplemental grants and 2) a fraction of what is requested is funded. Why aren't they applying? Mr. Shroul guessed that it is because the counties don't need it. LeeAnn added that about one-third of the SAPT Block Grant is used for IDP drivers. Some counties claimed they got no surcharge. Of the surcharges collected, 60% stay with the county and are to go to the 51/42 Board to be distributed for treatment expenditures. The other 40% goes to DOA and part of that goes to DHS for supplemental funding, and Safe Ride programs at DOT as well as DPI, UW System and DOJ. Mr. Shroul pointed out that there is no oversight for the Safe-Ride program. Pamela Bean asked how do we get our questions answered. Mr. Briggs pointed out that while the money goes up to the Tavern League it goes down to the counties. Ms. Cooper agreed, pointing out that in a certain year the percentage of funds going to the Tavern League more than doubled. She asked, where are the priorities for the citizens of Wisconsin? She

reported that the Triple A (AAA) has some recommendations in the area of Drunk Driving. They recommend a high level Task Force on Drunk Driving, with access to the Governor and the Legislature. Another alternative recommendation is to ask for a Joint Legislative Council Study Committee topic, and propose that they look at the entire system, enforcement, prosecution, treatment, fines, corrections, probation. However they have closed applications in March. If we can get a legislator to sign on we still can request it. Ms. Cooper went on to explain that there is an IDP Advisory Committee which is looking at the assessment and prevention areas. In the area of prevention they are interested in providing resources for driver's education instructors; updating the DOT brochure and providing public information on how much OWI's cost the individual arrested. Dr. Bean thought this should be a Planning and Funding priority. Mr. Shroul thought it should stay on the front burner. He asked the group to let Ms. Cooper know of concerns- and make motions at the May meeting. Mr. Shroul will not be attending the June 8<sup>th</sup> SCAODA meeting, but Ms. O'Donnell can carry any motions forward.

#### **IV. Report on MH & SA Ad-hoc Coordinating Committee—Todd Campbell, Duncan Shroul, Norm Briggs, and Sally Tess**

Mr. Shroul reviewed for the group the purpose of the Ad-hoc Needs Assessment Committee, which is to fulfill a requirement for a combined mental health and substance abuse prevention and treatment block grant application. However, he felt that the substance abuse prevention and treatment service needs and population were not being adequately reflected. As an example, he pointed out that the mental health population is static and the substance abuse population is not. He felt that an overarching strategy was needed. At the December meeting (after the SCAODA meeting), a set of ground rules was agreed to. He felt the rules needed to be changed. A different narrative is needed. Mr. Campbell offered that the larger conversation is how do we integrate mental health and substance abuse services in Wisconsin. We need to go along further in integrating the conversation. Mr. Shroul felt that the group did not contain the right representation. He felt a vocal consumer is what is needed, others need to be included. Mr. Briggs added that there are differences in terminology between, for example, recovery in the mental health world is different from recovery in the substance abuse arena. Joyce O'Donnell suggested that definitions should be stated up front. Mr. Shroul felt that was not the problem. The problem is not just the definitions, it's what it means. Mr. Briggs felt that the expectations for outcomes are very different. An overall strategy is needed. Ms. O'Donnell asked Ms. Ludwig if the Ad-hoc Needs Assessment Committee was on the SCAODA agenda. Ms. Ludwig indicated that it was. Mr. Briggs pointed out that the group would be meeting on Monday. Ms. O'Donnell suggested bringing these points forward on Monday. Mr. Shroul felt that a clearer picture is needed, the picture needs to be filled in. Recovery in mental health is a lifelong proposition, whereas recovery in substance abuse is finite—after a time one is considered recovered. Mr. Briggs pointed out that the mental health issues are different for the substance abuse population (trauma and depression) than severe and persistent mental health issues such as schizophrenia. Mr. Briggs and Mr. Campbell agreed that the way to get treatment services is a substance use disorder, not a mental health disorder, unless there is a suicide attempt. Duncan Shroul indicated that one would require services for life in the mental health system, not so much in the AODA system which is time limited. Ms. O'Donnell asked if these differences are why there is variance in funding. Mr. Shroul responded that the narrative on this needs to change. Mr. Campbell agreed. Mr. Shroul felt that the mental health folks are leading the charge within this workgroup. There are other elements to this picture. Mr. Campbell asked how he should

articulate that. Mr. Shroul pointed out that the recovery conversation is important. And, as Rebecca Wigg-Ninham pointed out during the meeting, there is diversity within the population and that one size didn't fit all. That doesn't work. Mr. Briggs indicated that mental health consumers' treatment most likely includes long-term medication whereas in the substance abuse client, treatment is medication-assisted.

## **V. Legislation—Group Discussion**

Lori Ludwig referred to Assembly Bill 712, Representative Krusick's bill re: ban on high concentration alcoholic drinks. This idea originated with a call to Ms. Ludwig from a citizen looking for a way to outlaw high concentration alcoholic drinks following the death of her son from ingesting such a drink and then going swimming in the family pool. Ms. Ludwig referred the citizen to Joyce O'Donnell who could assist her in the legislative process, if she so chose. Ms. O'Donnell then proceeded to garner support for the idea within her community and through her Legislator and some time later, AB 712 was introduced into the Assembly. While the bill never made it through the entire process prior to the legislative session ending, and will have to be re-introduced next session, it is an example of how the system can really work for citizens. Regarding Assembly Bill 670, Representative Krusick's bill regarding OWI offenders, the Executive Committee met and reaffirmed SCAODA's position to endorse the bill, reported Ms. O'Donnell. Unfortunately, it too didn't make it through the entire process before the legislative session ended and will have to be re-introduced next session. Mr. Campbell asked about the funding for AB 670 and the P & F Committee's recommendation. Will it be a separate issue? He reported that the Dane County Sheriff felt that funding for AB 670 is inadequate. Ms. O'Donnell reported that the IDP area will promote additional funding.

## **VI. Break for Lunch**

## **VII. Follow-up on Motions from March 2, 2012 SCAODA Meeting: Executive Committee and Legislators**

SBIRT and Motivational Interviewing: Mr. Shroul reviewed for the group that the motion was to ensure that the approaches are sustained. State staff Scott Caldwell will talk to Duncan Shroul and set up a meeting with Tom Fuchs, Pamela Bean, Duncan Shroul (from the Planning and Funding Committee), Shel Gross, Dave Macmaster and Dr. Steve Dakai (from the Intervention and Treatment Committee) and Dr. Rich Brown. The purpose of the meeting is to plan ways to sustain SBIRT before the project ends. Mr. Shroul will talk to Mr. Caldwell and Mr. Briggs.

AB 464 failed to pass prior to the legislative session ending. It will have to be re-introduced next legislative session. AB 464 provides alcohol beverages licensees with a private right of action against persons who engage in conduct that constitutes an underage violation. Under the bill, a licensee may bring a civil action against such an underage person. SCAODA passed a motion opposing the bill at its March 2, 2012 meeting.

Joyce O'Donnell asked Duncan Shroul if the Executive Committee had met with any legislators yet. Mr. Shroul indicated he had not. Lori Ludwig gave a brief update. The SCAODA Chairperson requested staff to draft a letter to go to the Speaker of the Assembly majority party

and the leaders of the Senate, both majority and minority parties, explaining SCAODA's need to improve representation of legislators on the Committee. Acting Section Chief, Lou Oppor had asked Kevin Moore for any more recommendations regarding with whom to meet. Mr. Moore also suggested contacting Representative Scott Suder, leader of the majority party in the Assembly, and Joint Committee on Finance Co-Chairs Senator Alberta Darling, and Representative Robin Voss. To simplify scheduling, Mr. Oppor suggested having Mr. Waupoose schedule directly from his schedule and then ask Scott Stokes and Duncan Shroud if they were available to attend. Ms. O'Donnell remembered that the Executive Committee was to meet with various parties. Mr. Shroud thought that meeting with the Co-Chairs of the Joint Finance Committee was not needed. Mr. Shroud was concerned about the process. Mr. Shroud indicated he would speak with Mr. Waupoose about the process.

### **VIII. Health Care Reform Update**

The Affordable Care Act has been debated by the Supreme Court and a ruling is expected at the end of May.

### **IX. Ad-hoc Committee on Access—Norman Briggs**

Mr. Briggs reported that he thinks the Committee on Access and the Needs Assessment Committee are similar. Both are concerned with accessing service and service quality. Mr. Shroud suggested that access under the Affordable Care Act will change how people access services. Mr. Campbell offered that he thought the Ad-hoc Committee on Access was a response to testimony from the Public Forums. One theme of the Public Forum last fall was special populations and the counselor certification issue. Mr. Shroud felt that SCAODA brushed off this idea but he felt that this is important. How do people gain access to the correct services. It is a specific conversation. The reimbursement issue is part of this. The Affordable Care Act is with the Supreme Court right now. Todd Campbell acknowledged that comments brought forth during the Public Hearing were about the needed and unavailable services for Native Americans. How do we pick up on that? It could be a sub-committee on access. A related issue is staff certification. Mr. Briggs commented that a report on access could be achievable if he took a six month sabbatical. Lots need to be investigated. Lori Ludwig thought that the report on access would look at how programs are doing more for less. Todd Campbell shared how Dane County is working with people on wait lists for residential services and offering other than residential services such as day treatment or out patient and working more cooperatively with housing resources. He reported that the County has taken over the process, basically. Mr. Shroud suggested that this information should be taken to the ad-hoc coordinating committee. We need to have recognized the fluid and dynamic nature of AODA clients. Mr. Briggs made the point that the study of special populations is necessary to determine their needs specifically. UPC (Uniform Placement Criteria) and ASAM (American Society of Addiction Medicine) attempt to determine appropriate level of care, but those who show up to residential get residential and those who show up to out patient get out-patient.

### **X. Planning and Funding Annual Report**

Lori Ludwig distributed a document which organized the activities of the Planning and Funding Committee for 2011 by goals and plans. She asked the group to read over the document and let her know if there are any additions or revisions. It needs to be approved for the June meeting packet.

## **XI. CSAC (Certified Substance Abuse Counselor) Survey Preliminary Results**

Lori Ludwig distributed a document that was provided to attendees at the March 2, 2012 SCAODA meeting titled Survey Results. There were 896 respondents (about two thousand were sent electronically to Wisconsin certified SACs and CSACs). Mr. Briggs noted from the document that 54% of CSACs and SACs have Masters Degrees. He also had 1995 results to compare. In 1995 only 37% had Master's Degrees. From the 2012 survey, he noted that 22% would not qualify for Medicaid reimbursement. He also noted that 55% of the respondents were age 51 and older, whereas in 1995 just 31% were 51 and older.

## **XII. WAAODA Conference May 21-23**

Joyce O'Donnell indicated that at the next Planning and Funding meeting, the group could set specifics on what to discuss at the Public Forum. She noted that we should footnote the agenda for the Public Forum indicating that minutes from the Public Forum are posted on SCAODA's website (without names of those testifying). Ms. O'Donnell asked if there were any topics the group wanted to suggest. Mr. ShROUT felt that since the audience is comprised of counselors, P & F should present the preliminary CSAC data. Another suggestion from Mr. ShROUT was the ad-hoc needs assessment committee—there is interest in these areas. A suggested topic: What trends do you see in the people you serve, in general and in funding?

## **XIII. Report on Women's Services**

Mr. Briggs reported that concern was expressed to SCAODA's Executive Committee about the requirement for mental health professionals train in AODA for certification being taken out of legislation. No one from the State Council was there to talk about the bill. Under the By-laws SCAODA's Executive Committee has the right to convene and act prior to a regularly scheduled Council meeting under certain circumstances. Mr. Briggs believes there should be more circumstances. He proposed developing guiding principles or core values that would give members of the Executive Committee the authority to testify on legislation that reflects SCAODA's Core Values. Duncan ShROUT was supportive of the idea. Scott Stokes was lukewarm and Michael Waupoose felt that it was unnecessary. However, Mr. Waupoose did not object to Mr. Briggs carrying the idea forward. Mr. Briggs who Co-Chairs the ITC Committee reported that Shel Gross, a member of the ITC felt that these core values could be evidenced through budget priorities. Mr. Briggs asked the group to look at the rapid response section and review whether the Executive Committee has implicit authority or not. Mr. ShROUT repeated that the expectation would be regarding testifying. There could be a chain of command: First, the Chairperson, and if he were not available, then the Vice-Chairperson, then the Secretary. On the agenda for the May meeting, please add what Planning and Funding would recommend for core values so testimony could be given in support or opposition of certain legislation. He continued

that we can no longer expect motions we make to carry the ball. Mr. Briggs will be writing these ideas up and Planning and Funding will review them at their May meeting.

#### **XIV. Agenda Items for Next Meeting**

SBIRT & MI

Legislators and the Executive Committee

Ad-hoc Committee on Needs Assessment

Core Values

IDP

WAAODA

Annual Report

#### **XV. Adjourn.**

The meeting was adjourned at 2:30 p.m. The next meeting was re-scheduled to May 21<sup>st</sup>, the day of the Public Forum at the WAAODA Conference, beginning at 11:00 a.m. and adjourning at 3:00 p.m. The group will then travel to the WAAODA conference in time for the 5:00 p.m. Public Forum.

#### **PLANNING AND FUNDING COMMITTEE MEETING**

April 13, 2012, 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET

MADISON, WI

608/283-6426



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 & OTHER DRUG ABUSE**

Planning and Funding Committee Meeting Minutes

Friday February 17, 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608 283-6426

**MEMBERS PRESENT:** Joyce O'Donnell, Duncan Shrout, Tom Fuchs, Norman Briggs, Todd Campbell, Manny Scarbrough, Pamela Bean

**EXCUSED:** Karen Kinsey, Ken Wagner, Sally Tess, William McCulley.

**STAFF:** Faith Boersma

**I. Call to Order – Joyce O'Donnell**

Joyce O'Donnell called the meeting to order at 9:30 A.M.

**II. Review /Approval of November 18, 2011 Committee Minutes—Joyce O'Donnell**

*Norman Briggs made a motion to approve the minutes of November 18, 2011. Duncan Shrout seconded the motion. The motion passed unanimously.*

**III. Review of Draft Agenda for March 2, 2012 SCAODA Meeting.**

Norman Briggs reported that the Intervention and Treatment Committee (ITC) had passed a motion at their last meeting on February 14, 2012, which will be added to the agenda. Following examination of the December 9, 2011 SCAODA meeting minutes (item II. on the March 2, 2012 SCAODA agenda) Pamela Bean initiated discussion on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) project. Primary care remains disconnected from AODA; she is surprised that this effort is not rendering better results. Norman Briggs affirmed that SBIRT has been successful; however, referrals have not necessarily been so successful. This may be due in part to the fact that educators have not had the proper training. Duncan explained that the purpose of the project is not to determine an absolute positive or negative result, but to test for use along a spectrum. The goal of the SBIRT project is to inform people, not to refer to treatment. A significant concern then is what is happening to the at-risk/high-risk group, since this group is not the focus of this project. Pamela questioned what role SCAODA has in raising these concerns about discrepancies in outcomes. Committee members estimated that roughly ten million dollars have already been spent on the project, with a third round currently being financed. Even after three years of grant funding, primary care clinics are presented with no

means of administering the screening within their own systems of care, as screenings are required to be administered by health educators who through the grant are Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) employee. Mr. ShROUT shared examples of SBIRT success in ER's in San Diego. Tom Fuchs stated that there is a disconnect between MH/SA and physical health. Medicaid reimbursement for health educators, though activated at the Federal level, has not been turned on in Wisconsin. Pamela Bean wondered if we might implement SBIRT in different settings. Reimbursement is a key concern. Duncan asked whether this would be an appropriate conversation for ITC. Manny Scarbrough noted that this initiative will cost more up-front, but will save Wisconsin money eventually. Dr. Bean suggested that the reason primary care might be reluctant to implement SBIRT is because there are no next steps, and physicians simply don't have time to follow up. She voiced concern about that monies spent would not have been a judicious investment were a plan not implemented for sustainability. Duncan ShROUT stated that the motion should be to have proper engagement with the ITC committee, and asked Norman Briggs whether ITC would work with P&F to take these concerns to other branches of government. Norman replied that ITC's strategic plan would encompass this activity, although ITC has been primarily focused on special populations and treatment, rather than intervention.

***Duncan ShROUT made the following motion: That the Council affirm the value of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) project and agree to a closer examination of its implementation. The Committee requests that this be done in consort with the Intervention and Treatment Committee, and within this year 2012 that three members of each Committee meet with Scott Caldwell, Rich Brown, and/or Paul Moberg to develop recommendations to improve SBIRT outcomes and to locate sources of funding for sustainability of the project. Tom Fuchs, Pamela Bean, and Duncan ShROUT will represent Planning and Funding on this project. Pamela seconded. Motion passed unanimously.***

#### **IV. Legislation – Group Discussion**

**Assembly Bill 464** – Duncan provided a synopsis of the bill and informed the Committee that this bill was already being examined by the Prevention committee.

*Under current law an under-aged person may not: enter/attempt to enter, falsely represent his/her age, and procure/attempt to procure, or possess/consume alcohol on licensed premises unless accompanied by a parent, guardian, or spouse who has attained the legal drinking age. A person who commits an underage violation is subject to various penalties, including a forfeiture ranging in amount from \$250 to \$1,000. This bill provides alcohol beverages licensees with a private right of action against persons who engage in conduct that constitutes an underage violation. Under the bill, a licensee may bring a civil action against such an underage person and, if judgment is entered in favor of the licensee, the court must award to the licensee damages in the amount of \$1,000, plus costs and reasonable attorney fees.*

*However, if the underage person is less than 18 years of age and not emancipated, the licensee brings the action against the parent or legal guardian of the underage person instead. The licensee has the burden of proving that the underage person's conduct constituted an underage violation, but the action may be brought regardless of whether the underage person received a citation for, or was convicted of, the violation.*

It was noted that the amount of money for which a tavern is ticketed is less than amount allowable for a lawsuit under this bill; thus a tavern could potentially not only recover costs but profit. Pamela apprised the Committee that she had been in discussion with a tavern owner whose facility had received three underage drinking tickets. This individual requested that when police confiscated ID's, they spend time with the bouncer to educate. Mr. Shroust stated that Alaska has a policy for the first citation; whereby the tavern gets off with such a training program.

**Tom moved that P&F oppose Assembly Bill 464.** Rationale: AB 464 is self-serving to the tavern league, allowing taverns to profit from provision of alcohol to underage persons. It also places children attempting to/purchasing alcohol in double jeopardy. **Duncan seconded. Norman Briggs opposed. All others were in favor. Motion passed.**

**Assembly Bill 547** – Synopsis: *Under current law in Wisconsin, a licensed Social Worker with Master's Degree must complete an additional certification program to obtain a Substance Abuse Counselor License. This bill would remove that requirement, allowing a Social Worker currently certified in the State of Wisconsin to also provide Substance Abuse Counseling services.*

**Norman Briggs moved to oppose AB Bill 547.** Rationale: It is unethical to hold yourself out as a profession when not trained in that profession. **Duncan Shroust seconded. Motion was unanimously passed.**

#### **V. Report on 1-26-2012 Teleconference with SCAODA and MHC**

Joyce O'Donnell reported that she listened in on this call and referred to Duncan Shroust for a summary of the meeting. Mr. Shroust stated that states will now be required by SAMHSA to submit a combined block grant application, though the funds remain separately distributed. Thus the combined group has been created for planning and prevalence purposes. Members include Michael Waupoose, Scott Stokes and Duncan Shroust from SCAODA, Shel Gross and Judy Wilcox from the MHC, Jackie Baldwin, and Joyce Allen as a facilitator. They wanted to establish a subcommittee of this combined committee on un/underserved population. SCAODA needs to be better informed, as the block grant application process and reporting process are very detailed. Discussion followed on the combined block grant application. Concerns were raised regarding the disparities between Mental Health and Substance Abuse funding. It was mentioned that the population receiving mental health services is more static and often has Social Security Disability, Medical Assistance, or other additional funding source not available to individuals seeking substance abuse services. It was also noted that Mental Health advocates tend to be a larger group with more influence, which may be due in part to traditions of anonymity and different cultural views of recovery. County partnerships with SCAODA would be very powerful on this issue. Whoever does this work has to have the skills set for both mental health and substance abuse. Prevalence studies need to be done first. P&F will be expected to contribute two to three members to this subcommittee. **Todd Campbell, Duncan Shroust, and Sally Tess were appointed to represent P&F.**

Pamela Bean raised the concern that no legislators sit on SCAODA. How effective are we then in our advocacy efforts? Is there anything more P&F can do as a group to get legislators to SCAODA? Duncan Shroust wondered if SCAODA could move the meeting day from Friday to

another day of the week. Could SCAODA invite particular legislators? Joyce O'Donnell wondered whether talking to Caucus leaders would be more effective.

***Manny Scarbrough motioned that P&F recommends that the Executive Committee create a strategy that involves SCAODA's development of an approach to increase representation of legislators on SCAODA. Duncan ShROUT seconded. Motion was unanimously passed.***

**VI. Break for Lunch** – Pamela Bean excused herself due to other commitments.

### **VII. Krusick Bill update**

SCAODA is supporting the bill, with three members abstaining. The Executive Committee went on record supporting the bill because Representative Krusick has a lot of support from other agencies. Representative Krusick originally experienced hesitancy from Department heads to open up, but once they started talking – in a roundtable: she went to them - most came to this consensus. Lou Oppor has sent e-mail communication expressing SCAODA's concerns about the bill. The Executive Committee met by telephone on 2-16-12 and voted to approve LRB 2144 as it exists. The Executive Committee made this motion, not SCAODA as a whole, because SCAODA had requested modification to the bill to look for other sources of funding. Representative Krusick will receive a letter stating this new motion without the funding note. Todd Campbell brought forth a question that the Dane County Sheriff raised on insufficient funding and an objection to the repeal of Huber. Duncan stated that in his opinion this bill has a very slight chance of being passed. Representative Krusick wanted a yes or no recommendation. Joyce O'Donnell has been in contact with Representative Krusick. It is a nonpartisan bill, so there will be a lot of give and take.

### **VIII. Health Care Reform update**

The Governor has decided that Wisconsin will not participate in Health Care Exchanges.

### **IX. Essential Health Benefits**

Tom Fuchs shared his response to Health and Human Services' proposed Essential Health Benefits Bulletin:

1. *Do not allow the states to have flexibility to determine their own EHB based on benchmarked health insurance plans as it will result in a patchwork of state plans leaving winners and losers depending on which state you live in.*
2. *Allowing the states to have flexibility to determine their own EHB based on one of the four benchmarked health insurance plans does not ensure parity for Mental Health and Substance abuse services*
3. *Medical Necessity continues to be used as a hidden criteria which undermines EHB and allows insurance companies & Managed Care to deny services. Even when the decision is rendered on sound clinical judgment and assessment by trained Mental Health and Substance Abuse professionals. Require industry to publish Medical Necessity Criteria and push to standardize components*
4. *Require all plans to address the full continuum of services of Mental Health and Substance Abuse services including Residential Treatment as part of the EHB set, and make state Medicaid programs responsible to pay for it.*

5. *Without a strong federal role in determining a consistent EHB set, the states are allowed to abandon the existing Mental Health and Substance Abuse services, that were previously paid for by the Federal Substance Abuse Treatment Block grant (SAPTBLOCK GRANT) but being diminished in conjunction with ACA rollout*

Norman Briggs informed the Committee that states can determine for themselves what these essential health benefits (EHB's) will be. Tom Fuchs stated that the states are given four choices along a spectrum. Mr. Briggs shared his thoughts that what will be the more insidious element is a risk-management issue. We will only pay for these particular services – the state will cut off and be more clear in what services are necessary to provide. Either the ceiling becomes the floor, or the floor becomes the ceiling. The question becomes, what are the EHB's? Manny Scarbrough felt that the money is what will drive this. Tom Fuchs indicated that this discussion is also involved in infrastructure study. The apprehension is that we will pick lowest cost option, not based on needed services. There was discussion on a motion that SCAODA recommend to the Governor of State of WI and to appropriate Department heads that WI adopt the full continuum of services in the MHSA infrastructure study. The state of WI would through its Medicaid program accept responsibility to pay for these services, and these services would be provided as needed. The wording of this motion was not finalized during the meeting.

#### **X. Workforce Development/Scopes of Practice Update**

Mike Quirke will be reporting on preliminary findings from the 2012 Wisconsin Substance Abuse Counselor Survey at the 3-2-2012 SCAODA meeting.

#### **XI. Mental Health and Substance Abuse Services Training Conference Update**

DMHSAS is no longer sponsoring this annual conference; UW-Stevens Point will assume responsibility. A content advisory committee has been formed of various stakeholders. Norman Briggs commented that his agency doesn't have the funds for travel to trainings and we need to offer more electronic training. It was noted that separate private and public conferences are competing, such as WAAODA and the "State" conference. The question was raised as to how we deliver training services for continuing education requirements. Duncan Shroul asked what the needs are, and what are the effective ways to meet these needs? Faith Boersma noted that DMHSAS offers Mental Health and Substance Abuse Telecasts. Sola Millard and Jamie McCarville are the contacts at the Division for these programs.

#### **XII. Agenda Items for Next Meeting**

Review and discussion of 3-2-2012 SCAODA meeting  
Update on results of Workforce Survey

***XIII. Motion to adjourn was made by Duncan Shroul. Tom Fuchs seconded. Motion was unanimously passed.***

The next meeting is listed below (Duncan was not available for the originally scheduled date of April 20, so the meeting was moved to April 13):

PLANNING AND FUNDING COMMITTEE MEETING

April 13, 2012, 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET  
MADISON, WI  
608/283-6426



State of Wisconsin

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

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

**Diversity Committee**

**2011 Annual Report**

**Goals and Accomplishments**

From 2010 – 2014 Strategic Plan

June 8, 2012

Goal 1	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p>1. SCAODA with its committees</p> <ul style="list-style-type: none"> <li>a. Effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin</li> <li>b. Is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues</li> <li>c. Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.</li> </ul> <p><i>Establish the expectation and provide a mechanism for service providers to engage in a documented process of cultural competence assessment, improvement, and evaluation and make that information available to citizens and other providers.</i></p>		<p>Diversity Committee member-Gail K is drafting a letter to be sent to treatment agencies statewide encouraging the use of cultural competency self assessment.</p> <p>Diversity Committee is listing credible resource links on the SCAODA webpage-with specific cultural competency assessment tool resources.</p>

Goal 2	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p>2. Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.</p> <p><i>For all communities, promote consistency between their values and standards and the substance-related behavioral practices of their members.</i></p>	<ul style="list-style-type: none"> <li>• <i>Disseminate relevant data to Wisconsin AODA organizations representing all community groups.</i></li> <li>• <i>Communicate effective ways for community representatives and providers to positively influence community norms and expectations and increase consistency between cultural values and standards and the behavioral practices of members.</i></li> </ul>	<p>Pick one community to focus on over a course of time as a means to provide education, information and resources very specifically.</p>

Goal 3	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p>3. There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).</p> <p><i>Citizens demand that prevention, intervention, or treatment services are delivered in culturally competent ways which are effective in meeting their needs.</i></p>	<ul style="list-style-type: none"> <li>• <i>Inform members of all Wisconsin community groups of their right to culturally informed care, how to recognize programs prepared to provide culturally competent care and how to access those programs.</i></li> <li>• <i>Insure that Wisconsin citizens understand the impact of substance abuse in their communities (including negative impacts and disparities that exist relative to prevalence, access to treatment and public policy) by developing and publicize guidelines to help communities develop PSAs that are delivered in</i></li> </ul>	<p>Sandy Hardie reported that discussion at the Diversity Committee has centered on engaging with the Bureau of Prevention Treatment and Recovery regarding Scope of Practice issues and to continue the conversation about the Minority Counselor Training Institute about how to promote obtaining diversity in counseling practitioners.</p> <p>Gail Kinney Professor and Associate Director of the AODA Program at Chippewa Valley Technical College presented on Culturally and Linguistically Appropriate Services (CLAS) at the June 2011 SCAODA meeting.</p>

	<p><i>a culturally congruent formats</i></p> <p>Champion scope of practice include years of practice and not be limited to Bachelor Degree and up.</p> <p>.</p> <p>One presentation a yr. to SCAODA on cultural competency.</p>	<p>Ms. Kinney related the CLAS Standards to three of SCAODA's Goals from the Strategic Plan 2010-2014</p> <p>In April discussed AODA services or lack of services for LGBTQ population.</p>
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<b>Goal 4</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p>4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:</p> <p>a. For effective prevention efforts across multiple target groups including the disproportionately affected</p> <p>b. For effective outreach, and effective, accessible treatment and recovery services for all in need<sup>1</sup>.</p> <p><i>Wisconsin's prevention, treatment and recovery workforce is prepared to provide culturally competent services.</i></p>	<ul style="list-style-type: none"> <li>• <i>Influence qualified minority group members to seek training and employment in providing treatment and recovery services.</i></li> <li>• <i>Ensure that Wisconsin adequately funds AODA counselor training for members of diverse communities to ensure a competent and diverse workforce.</i></li> <li>• <i>Require that all AODA / MH conferences receiving any funding from the Division have at least one workshop on providing culturally competent care.</i></li> <li>• <i>Encourage treatment programs to provide clinical appropriate internship opportunities for qualified minority group member</i></li> </ul>	<p>Diversity committee invited Sue Gadacz, Bureau-Substance Abuse Section Chief to talk about the potential impact of Scopes of Practice changes.</p>
		<p>Michael provided technical assistance to Bob Kovar, Marshfield Clinic for training</p>

		around cultural competency.

<b>Goal 5</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<ul style="list-style-type: none"> <li><i>The State of Wisconsin and its leaders issue apologies to the indigenous people of Wisconsin for the historical trauma inflicted on them.</i></li> </ul>		

It should be noted that a lot of time was spent organizing , researching and educating around scope of practice. It appears that it will adversely affect diverse and underserved communities. It is the committee’s opinion that the workforce will loose cultural connections within substance abuse treatment.



State of Wisconsin

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

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

**Diversity Committee Meeting**  
**Monday April 23, 2012 (Approved)**  
**9AM-11:00AM**  
**DHS, 1 W. Wilson St., 951CR**  
**Madison, WI 53703**

**Attendees:**

1. Michael Waupoose-Teleconference
2. Gail Kinney-Teleconference
3. Steve Dakai-Teleconference
4. Denise Johnson-Teleconference
5. Sandy Hardie-Teleconference
6. Rebecca Wigg-Ninham-Teleconference

**Excused Absent:**

1. Angela Rivera

**Unexcused Absent**

1. Angela McAlister
2. Jerry Kaye

**State Staff:**

Gail M. Nahwahquaw

**Diversity Committee Meeting Minutes:**

I. Call to Order:

Meeting was called to order at 9:08AM. Members reviewed the February 2012 minutes. Steve motioned for approval, Gail K. 2<sup>nd</sup>, minutes approved as written.

II. SCAODA Update:

Rebecca shared the highlights of the March 2, 2012 SCAODA meeting. There was a Treatment Alternative and Diversion (TAD) presentation. Planning & Funding presented several motions; 1) SBIRT-emphasizing a closer examination of the implementation of SBIRT. 2) Oppose AB 464, companion SB 358. A bill to allow tavern owners the avenue to potentially draw lawsuit or charges against an underage person found drinking in their bar with penalties assigned from \$250-\$1000. Motion passed 3) AB-547 made changes to the DSPS Administrative Rules and would have affected Marriage, Family Therapist and Profession Counselors, however this section was removed from the bill. 4) Executive

Committee come up with a strategy to increase the legislative representation on the SCAODA. Motion passed

Scott Caldwell offered a Motivational Interviewing presentation. Mike Quirke offered a brief summary of the Substance Abuse Counselors survey findings. Data was not completely analyzed and Mike will return to SCAODA for a detailed analysis. Joyce Allen-presented information about an ad hoc, planning group made up of representatives from both the Mental Health Council and SCAODA to identify indicators to be included in a needs assessment and data on how to bring mental health and AODA together. The block grant funding for each area will continue to be funded separately, but a plan needs to be created as to how the state will move toward a joint plan.

State Agency reports: the state pharmacy board representative shared that WI received funds to create a prescription drug monitoring program. DPI-Steve Fernan reported on the 20 year trend data, by the Youth Risk Behavior Survey (YRBS). Marijuana use was down in the 1990's, but data show its use is on the increase. Norm Briggs discussed the Children Youth and Families (CYF) subcommittee of the Intervention and Treatment committee (ITC) will present on adolescent treatment trends for a future SCAODA meeting. Kevin M-updated that since Sue Gadacz has accepted a job with the Milwaukee County Behavioral Health Lou Oppor is the interim Substance Abuse Section Chief until a permanent hire of this position can be made. SCAODA Executive Committee contacted the sponsors of the Drug Driver Reform Bill to state SCAODA's support of the bill.

Committee Reports: Prevention-Lou reported for Scott Stokes the Prescription Drug Report was out in January 2012. Representative Pasch has asked the workgroup if there is legislation that can be supported as a result of the report. The workgroup has recommended legislation with regard to Product Stewardship. Diversity-reported on the survey, new recruitment efforts and updates to the webpage. ITC-Roger Fringes reported on OIC's efforts to update the coding system for complaint submission. ITC is looking at data to better understand treatment access issues. One in four (18-25y.o) are diagnosed with the need for treatment only half of these seek treatment at either public or private treatment agencies. WIN-TIP Libertas now has nicotine dependence treatment and it is a smoke free environment.

### III. Diversity Workplan:

Gail N sent SCAODA's 2010-2014 Strategic Plan with Diversity Committee's specific goals as reference for the workplan goals for this year. Members indicated in the last meeting focusing on bolstering the webpage, identifying and listing resource materials (weblinks). Denise-In reading goal #3 it appears the Deaf, Deaf Blind and Hard of Hearing community can not be included based on the groups listed in the established goal. Diversity will need to advocate on behalf of other cultural groups and make sure the language in Diversity's workplan is inclusive. Rebecca and Sandy will also remind the SCAODA at large this issue within the Strategic Plan.

Rebecca understands the rates of AODA use/misuse is significant in the DHH community. Is this a goal the committee want to address specifically? Gail N.-There was

a Summit of Deaf, Deaf Blind and Hard of Hearing needs with an emphasis on AODA. “How do we link the outcomes of the Summit to the efforts of the Diversity Committee?” Denise-the next meeting of the group who helped plan the summit is 5/17. Denise will update the Diversity Committee at an upcoming meeting. Attendees of the summit shared AODA treatment now, serve the general community. There is a lack of interpreters for the DHH community to participate in many services, namely AODA treatment. Most agencies are not aware of Americans with Disabilities Act (ADA) responsibilities. Other issues mentioned are how do individuals with DHH maintain sobriety and or recovery. The support network groups like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) as self run groups are not required to offer interpreters. Also within the criminal justice system many people are required to fulfill recovery maintenance standards of 2-3X/week of meetings or service but don’t have the resources for interpreters. Sandy-The feedback from the Summit was great is there a short version or presentation of some of these highlights that Denise or someone can present at a future SCAODA meeting? Denise will get a better idea of the Summit results and talk with Michael about a date maybe at the end of the year or Spring 2013.

Gail K is willing to draft a letter to treatment agencies about cultural competency self assessments. Gail K. will share between Sandy, Michael, Rebecca and Gail N. Denise J- sent the [www.deafaodawi.org](http://www.deafaodawi.org) link for consideration to be included on Diversity’s webpage. Gail K. sent the Office of Minority Health weblink. <http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>

Harold Gates recommended Georgetown University’s cultural Competency weblink and a few other resource listings to be included on the webpage.

#### IV. Annual Report

SCAODA committees will present their annual report at the June meeting. Rebecca is asking for help with this item. Sandy suggests re-reading previous minutes to get an idea of the activities to include in an annual report. Michael-Diversity made a motion to require any entity receiving DMHSAS funding of conferences to offer a breakout session/workshop on cultural competency. Gail K-provided a cultural competency presentation to SCAODA last year. Denise-Diversity made a motion for SCAODA to recommend the DSPS-Substance Abuse Counselor Advisory Committee be reconvened. Michael offered to Rebecca in preparing for the annual report he reread previous minutes, highlighted the discussion, strategies and actions taken when he made the report. Gail N.- will send committee minutes to Rebecca.

#### V. Scope of Practice Update:

Gail N-There has not been a lot of work in the Bureau with regard to the Substance Abuse Counselors survey. Gail K-I continue to ask questions and I’ve emailed both Michael and Sandy to discuss my concern about the direction this Scope of Practice issue is moving. I know for certain today the Affordable Care Act (ACA) does not require a particular level of training/degrees for practice. The ACA if developed as planned will provide a huge number of people access to treatment services who do not have that access now. Who are the providers? What will Medicaid (MA) require providers to have

in order to get reimbursed? In the meantime we there are people in other professions (national organizations, i.e advocacy groups) with master's level training advocating because of their education they should be allowed reimbursement for treatment services. Michael agrees with Gail K on these points. The interpretation of ACA and MA reimbursement have gone in this direction and there has been some confusion as a result. Michael-It's also true that the ACA will provide opportunity for large numbers of people to have access to treatment services. What Michael understands in meeting with MA staff is the intent of language within the MA handbook, listing credential requirements of substance abuse treatment is that MA credentialed providers need a bachelor's degree. Again the interpretation of this language is clearly stated in sections of the handbook and ambiguous in other sections. The history of the MA language has been interpreted loosely, again MA staff indicate moving forward the intent of the language will be reinforced. MA providers will need a bachelor's degree. Gail K-I have to disagree. The way this information has been shared with providers is that it's a given in order to be eligible for MA reimbursement a provider need a bachelor's degree. I don't know that this is a given. The MA handbook has stated MA reimbursement is allowed for bachelor's level (substance abuse counselors certified by the WCB). The wording in the handbook changed at some point, from bachelor's level to bachelor's degree. Who changed this language? That is likely the people we need to talk to before ongoing discussion. We can make the point that substance abuse counselors can continue doing the work without bachelor's degrees. Sandy agrees with Gail K suggestions. Gail K-there seems to be an intentional move from "level" to "degree". The handbook has always listed the counselors certified by the WCB that did not change. Michael-the handbook describe MA modifiers as being counselors without a master's degree require a bachelor's degree. Michael-I'm not weighing in on one side or the other, but I'm sharing the information in many conversations with MA staff about the use of MA modifiers for billing. Michael-I just attended a meeting with the state (MA staff) who brought in a speaker to talk about MA and health home models. The information shared at that meeting was the intention of the MA language is that providers have a bachelor's degree. This item was not strictly reinforced previously. People without bachelor's degrees got reimbursement codes. Michael suggests people go to the SCAODA public forum during the WAAODA conference. Michael had to leave for another meeting. Sandy-how does the committee come together around this issue? Gail K-Is it useful to send a follow-up letter to DSPD Secretary Ross to request the Substance Abuse Advisory Committee be reconvened? Listing the concern for the loss of providers and how this will affect minority groups specifically. Gail N-when that letter went out last year the letter did come from Michael as Diversity Committee chairperson. SCAODA did not have quorum at two separate meetings at that time and the recommendation from Mark Seidl was for committees to take action on its motions specifically. So a follow-up letter from the Diversity Committee may be okay.

VI. Announcements:

Steve D.-Wisconsin's First Lady, Tonette Walker is visiting Maehnowesekiyah (4/25) to convene a public forum to hear concerns about services for women and children specifically in relation to trauma informed care. Sandy presented at the state drug court conference recently on trauma informed care services.

Next meeting is listed as Monday, May 21 at the WAAODA Conference with call-in capability. Other suggested dates include, 7/18, 8/20, 10/15 and 11/19. Sandy noted July 18<sup>th</sup> is not a Monday, also Sandy is the only staff addressing crisis call on Mondays so she may be called away or not be able to attend a meeting as a result. Gail K.-I don't know my fall schedule yet so I'm not sure about the dates in August, October and November yet.

Everyone agrees to keep the **next meeting set for Monday, May 21, 9-11AM.**

Rebecca-what is the protocol for recruitment? Gail N-there has not been a formal process in the time I've staffed the Diversity Committee. Steve knows there was an application process a number of years ago. Rebecca would like to meet with potential members and once she gets feedback from the committee, send a letter of invitation. Denise has an invitation letter and will send it to Gail N. Sandy met a person at the drug court conference that may be a potential committee member. Sandy suggests creating a brief application, 3-4 key questions.

Meeting was adjourned at 11AM.



State of Wisconsin

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

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

**Diversity Committee Meeting**  
**Monday February 6, 2012 (Approved)**  
**9AM-11:00AM**  
**DHS, 1 W. Wilson St., 850B**  
**Madison, WI 53703**

**Attendees:**

1. Michael Waupoose-Teleconference
2. Gail Kinney-Teleconference
3. Steve Dakai-Teleconference
4. Denise Johnson-Teleconference
5. Sandy Hardie-Teleconference
6. Rebecca Wigg-Ninham-Teleconference

**Excused Absent:**

1. Angela Rivera

**Unexcused Absent**

1. Angela McAlister
2. Jerry Kaye

**State Staff:**

Gail M. Nahwahquaw

**Diversity Committee Meeting Minutes:**

I. Call to Order:

Meeting was called to order at 9:04AM. Members reviewed the July 2011 minutes. Rebecca motioned for approval, Steve 2<sup>nd</sup>, minutes approved as written.

II. SCAODA Update and New Leadership:

Rebecca shared some background information. She was appointed to the SCAODA by Governor Doyle and has been a SCAODA member for about 2 years. Rebecca is a Juvenile Court Worker, in Brown County. Also lives on the Oneida Reservation and sees the effects of substance abuse in the community. It is by this experience both professionally and personally why she is interested in diversity and AODA issues. Rebecca and Sandy have agreed to co-chair the committee.

Gail K-Has there been any action on the credentialing issue for substance abuse counselors? Sandy-the Planning and Funding committee made a motion regarding substance abuse counselor credentialing. Sandy-My memory is that there was a recommendation either to put the motion on hold or stop it all together. Sandy is aware Sue G. sent out a questionnaire to counselors including questions such as their level of education, whether they had a Medicaid billing number, etc. Both Sandy H and Steve D received the questionnaire. Gail K-has not seen this questionnaire yet, also I've not heard the news about Sue G. Sandy-Sue G. has accepted a job with the Milwaukee County as the Associate Administrator of Community Services, which administers mental health and substance abuse services. Sandy-the motion from Planning and Funding asked that a grandfathering clause be added to any decisions around substance abuse counselor credentialing changes, and to allow up to 10 years for someone to complete a degree. Sandy added that Francine Feinberg commented during the SCAODA meeting that ultimately what influences the credentialing is how Medicare and insurance companies bill for substance abuse counseling services. Some insurance companies will only reimburse counseling services from master's or bachelor's trained counselors. Gail K-requesting a grandfathering clause to what exactly, this is the question. Gail N-The Bureau of Prevention Treatment and Recovery is in information gathering mode, still. Flo Hilliard will join the meeting soon to give a summary of the survey that went out to institutions, and a survey went out to Clinical Substance Abuse Counselors (CSACs) and Substance Abuse Counselors (SACs) of which the Department of Safety and Professional Development (DSPA, formerly DRL) provided over 2000 counselor contacts. The information learned will help inform a Request for Proposals (RFP) process to contract funds for minority counselor training. The information was gathered to inform this RFP process, by priority. How this information will inform the credentialing issue overall is not fully defined as yet. Gail K-Why was the survey not sent to Substance Abuse Counselors-In Training (SAC-ITs) it's this segment of the counseling community who should be sought for their feedback. Flo Hilliard joined the meeting. Question-How soon can we anticipate an RFP? Gail N.-This is a priority for the Bureau I will say June of this year.

### III. Scope of Practice Update:

Flo Hilliard, UW Madison, Division of Continuing Studies (DCS) was contracted to issue and analyze a survey of Wisconsin educational institutions that offer a Substance Abuse Counselors AODA Program. The survey was one means to better understand the SAC programs; which programs are offered as an associate's degree, which articulate to a four year institution, what is the curriculum, how many minority students were in the program, could the institution recruit more minority students. Flo will send to Gail N. the electronic version of the survey write up. Mechanism for the survey 1) Review respective institution web-pages to learn if there was an AODA counselors program and identified 22 programs throughout the state, with the majority being offered at technical colleges. Flo then plotted the programs on a Wisconsin state map to get an idea of where the programs were being offered. By this technique learned the southern and southeastern regions of the state have multiple education options. However the survey also informed that because classes were identified, this did not mean a full SAC program was offered, just some courses. There was a high return rate with 18 of the 22 institutions returning the survey.

Learned there is a big disparity in where the programs are offered with the southern/southeastern part of the state hosting most of the SAC programs by institution, the middle section of the state with less and the northernmost point of the state with only one program option. Also there was a variety of programs; UW-Madison offers one alcohol class, while UW-Milwaukee embeds the program in a bachelor's in human services including clinical hours experience. The hospital (s) programs were not sure they would continue offering the program if healthcare reform is implemented. (Memorial Medical Center Behavioral Health Services in Ashland is the only program in the northern region of the state).

Once the program was identified, Flo or other staff called the institution to learn who the appropriate person was to send the survey. An introduction email with an explanation of the survey and a copy of the Scopes of Practice was emailed to this person. The questions included; is the program an associate's and are the credits transferable to a four year institution, how many students identify as minority in the program, what is your ability to recruit more minority students if you had the resources to do so, what is the timeline to complete the program, what is your course outline. Fox Valley Technical College- Answered it's SAC Program is not currently an associate's degree program, but they have created a program that is transferable and undergoing approval for this program now. Milwaukee Technical College Offers the program in two ways; for credit –degree program in the Associates of Human Services or non-degree program for the hours instead, typically those who have a degree and choose to get hours to attain the SAC certification go through this type of program. UW-Whitewater has the program embedded within the master's of Community Counseling program. Every institution said they could recruit more minority students if they had more resources. The average minority population of the programs surveyed is about 10-15%. Milwaukee Area Technical has a 75% minority representation in its Human Services Associate Program with 10-15 completing their requirements per semester out of 40-50 graduates of the program. UW-Stout has 28 minority students in its Vocational Rehabilitation Program. UW-Madison has the highest minority population (Flo made a comment that I didn't make good notation here) still lower? The program (School of Social Work?) have minorities on the waiting list to get into the program. College of Menominee Nation-No longer offers an alcohol program/substance abuse counselors program. Survey conclusions include there are educational opportunity for substance abuse counselors programs primarily in the southern/southeastern region of the state. For the other 2/3 of the state distance learning or hybrids of learning will need consideration. Michael W- What is your interpretation of the response that institutions could recruit more minorities? Flo-Could recruit more minority students if they had more resources to offer scholarships and or enrollment support. Institutions don't have the resources to offset costs and if they don't have the resources for this they don't recruit minority students. Michael –this response assumes minorities can't pay for the program which is an odd response from an institution. Because an institution doesn't have the resources to help offset costs they are not going to recruit minority students into their program. This seems like a racist statement, what about minority students who can pay. Flo-this was an online survey so we did not get the details or background behind the answers. Michael-Maybe the question should have been what are the barriers to recruiting minority students to your program.

Also you indicate that Milwaukee had 75% minority enrollment in its Human Resources program is this because of recruitment efforts or because the minority population is much higher in Milwaukee than anywhere else in the state. Maybe a more indicative question is to measure the percent of minority enrolled compared to the minority population overall. Sandy- another question would be to learn which minority groups are in the program. Maybe one approach is to do a follow-up questionnaire now that you have the contacts from each school. Gail N. and Flo can talk about his further. Some of the follow-up questions may help discern that recruitment may not cost any more, but a change in perspective. Gail K. the survey was four questions that only required short answers. For instance, estimate the number of minorities in your program; I responded with 1-2 self identified students. We don't have a way of knowing or identifying if a student is minority. Flo-Yes the survey was meant to be short, with a goal to collect basic information to identify the gaps. Flo-On UW campuses we can enter racial data. Gail K. we used to get a general idea of the number of minorities and the college may know this for other grant reasons and we may or may not have a tracking mechanism. I only answered the earlier question. The email introduction that I received was about the Scopes of Practice not minority training in general. If others received the same introduction to the survey as I did, they may not have had the mindset to focus on minority opportunity. Flo-The introduction should have included mention of the Scopes of Practice, the pending changes to credentialing given the pending healthcare reform and the fact that Wisconsin has historically low recruitment of minority students in SAC programs. Gail K.-looking at the email stream I have regarding the survey there is no mention of minorities as a focus. Gail K-Again if this is what I received did everyone else get this same introduction. Flo-Will look into how the introduction to the survey were written, but we know there are gaps in minority counselor training programs and we also know there is a gap in general for the northern region overall. And the survey findings will be used to help structure the RFP. Denise-for students who are deaf, deaf blind or hard of hearing who provides interpreters service for these students. Gail K.-I've not ever had a student with an interpreter in my classes. Students who need listening devices or accommodations often work through disability services. Sandy-I'm being called out for a crisis client, Rebecca will facilitate the rest of the meeting. Rebecca-it seems there are more questions as a result of the survey. Gail K-Also seems like there are two big issues mixed into one resolution. Gail N.-I am being challenged to define terms of a RFP, to contract the funds set aside for a minority counselor training program. Currently the Bureau does not have a contract for this program. The previous contract with the Wisconsin Alcohol and Other Drug Abuse (WAAODA) for the Minority Counselor Training Institute (MCTI) has ended. The funds allocated to this program = \$283,000 we added \$100,000 more to this project and these dollars need to go out in contract or risk loss by internal budget decisions within the Department. The money remains prioritized for a minority counselor training initiative. Gail K.-suggests going to the institutions with larger minority student enrollment and asking them for insights on how to use funds to help students get through their AODA programs. Gail N-that is an option, but it doesn't respond to the gap identified by tribes and other minority groups north of HWY 29. Rebecca-Flo also mentioned distance learning or on-line courses as an option too. Gail K.-is aware that distance learning and on-line programs require 50% of the program have face-to-face encounter and by the current rule a person can only get certified if they

receive all their training through one program. So taking a class here or there will not serve a person seeking to complete a SAC program and get certified. There are inherent problems with distance learning and or on-line programs. Rebecca-Flo also mention Fox Valley Technical College is working on a transferable program, which may be one answer for students “up north”. I’m aware FVTC also gets some other federal funds. Gail K-Flo mentioned something about the College of Menominee Nation, Steve are you aware is the College willing to negotiate reintroducing the program? Steve D-I have not heard anything the program is gone. Gail K.-Most technical schools have worked on articulation programs, ultimately it’s up to the four year institution whether or not the program is transferable. Gail K-I can ask people here at CVTC if the state has funds available to get more minority students into the program what is the most effective and efficient way to get this done. Gail N-that will be helpful. We have an internal bureau meeting set to occur next week (2/13) I will share this with the Bureau staff working on this issue.

#### IV. Diversity Workplan:

Are there any thoughts on the workplan? Based on the minutes from the July 2011 meeting there was suggestion in relationship to the SCAODA website. Gail N-We have more staff who can make webpage changes the committee will be responsible for content materials. Gail K-had suggested linking cultural competence information from the Georgetown University web-page. Denise-we can also link my web-page as well. Gail N-so link Independence First’s web-page? Denise-yes but I have a separate AODA Deaf webpage. I can send the link and the committee can review it. Michael-suggests everyone come prepared to share web-links at the next Diversity meeting. Gail K-If we have suggestions and can email those to Gail N. who can compile those in one list that will also be helpful to review the links all together. Gail K-is also interested in this information from Denise in particular. Gail N-Can send reminder email to members before the next Diversity Committee meeting, which will be in April 2012. Michael-another suggestion from previous meetings was to encourage treatment agencies to undergo a cultural competency assessment. Gail K-suggests using an internal resource list and AODA Program Directors must all have them. I have a list of referrals for internship placement. I could send out a blast email asking for their feedback on some items. These contacts have already set themselves as a training ground for interns we can use this network to garner more feedback. Michael-We can ask questions like what is your current mechanism for self assessment. Gail K. we may miss agencies not connected to institutions. Michael-Gail N can you get us a list of certified treatment clinics in the state from the Division of Quality Assurance (DQA)? Maybe Rebecca and or Sandy can write a letter encouraging self assessments. Steve D-or we can use SAMHSA’s Treatment Providers list, Michael-I believe SAMHSA’s list is created as a result of state certification. Gail K-The Department of Corrections would be missed but getting those contacts should not be a problem. Michael will work on a draft letter and share it with Rebecca, Sandy and Gail N. Gail K-regarding Goal #4 of the Strategic Plan-is there a role for the Diversity Committee in a transition communication for the participants of MCTI, now that the contract is done? Gail N-shared WAAODA received a 6 month contract through June 2011. Angela advocated for an extension to help 12-14 MCTI participants complete their 360 hours, which was granted through the end of the year and

extended once more into January 2012. A final report is due by the end of February. Gail K-suggest MCTI transition as an agenda item. Gail K had to leave.

V. Announcements:

Gail N-Most know Sue G. has accepted a position with Milwaukee County. Joyce Allen has shared internally that she will advocate for Sue's position as Substance Abuse Section Chief to be filled and doesn't foresee any problems as the position is funded with federal dollars. I don't know the timeline, just that work on the position can not occur until the position is vacant and Sue was using some vacation or other time.

Rebecca and Sandy will facilitate the SCAODA Chairs meeting on 2/20 this will be Rebecca's first meeting, Michael shared it's a meeting to get the chairs on the same page. Most of the discussion is about the pending motions to be presented during the SCAODA meeting. The meeting is a means to learn of committee action and potentially inform committee members so a more informed vote can take place during the SCAODA meeting. Rebecca-Michael do you join the meeting as SCAODA Chair? Gail N.-In the past the meeting was just for the committee chairs, unless there was an issue that needed the SCAODA Chairs response.

Rebecca is encouraging recruitment of diverse members and more members to the Diversity Committee. Gail N-invitations to the Diversity Committee are up to the committee. Michael-always believed more activity around recruitment could happen. Often the recruitment that took place was informal. Maybe more direct action like mailings or a letter to focused treatment agencies can occur, groups like the Tribal State Collaborative...(TSCPC), or treatment agencies in Milwaukee. Denise suggests adding to the SCAODA page, "How to apply" instructions. Rebecca also wants to conduct personal outreach to recruit new members.

Gail N.-Prairielands Addiction Technology Transfer Center (PATTC) is attending the March 7, 2012 TSCPC meeting to discuss native initiatives. Anne Helene Skinstad, Program Director is bringing, Dr. Vanessa Simmons-Native American Coordinator, Erin ThinElk, representative Great Plains Tribal Health Board and Donovan Sprague. Michael-Is there a way to join the meeting via conference call? Yes, we have had others join the meeting in this manner. Steve encourages attending in person. Rebecca participated in training by the PATTC.

Scheduling meetings: Gail N will send out an email checking on availability for meetings on Mondays, 9-11AM. Any Monday but the first Monday work better for Michael. Next Diversity Committee meeting April 2012.

Meeting adjourned 11AM.



Scott Walker  
Governor

Michael Waupoose  
Chairperson

State of Wisconsin

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

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

Duncan Shrout  
Vice-Chairperson

Scott Stokes  
Secretary

**Prevention Committee  
2011 Annual Report  
Goals and Accomplishments  
From 2010 – 2014 Strategic Plan  
June 8, 2012**

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
<p>a. Effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin.</p> <p>b. Is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues.</p> <p>c. Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals</p>	<p>Strengthen existing and develop new collaborative opportunities.</p> <p>Identify existing groups with which we currently collaborate and identify groups with which we want to collaborate.</p>	<p>The Prevention Committee completed the Alcohol, Culture and Environment Report and included recommendations for:</p> <ul style="list-style-type: none"> <li>• Legislative or State Action</li> <li>• Municipal Action</li> <li>• Educators or Educational Institutions</li> <li>• Community Groups and Organizations</li> <li>• Employers</li> </ul> <p>The Prevention Committee completed the Prescription Drug Abuse Report providing recommendations in the following focus areas:</p> <ul style="list-style-type: none"> <li>• Fostering Healthy Youth</li> <li>• Community Engagement &amp; Education</li> <li>• Health Care Policy and Practice</li> <li>• Prescription Medication Distribution</li> <li>• Prescription Medication Disposal</li> <li>• Law Enforcement and Criminal Justice</li> </ul>

		<ul style="list-style-type: none"> <li>• Surveillance Systems</li> <li>• Early Intervention, Treatment &amp; Recovery Across Lifespan</li> </ul>
	Develop and implement collaborative initiatives with identified groups.	Ad-hoc Committees were established to complete the two reports identified above. New partnerships were built among providers, law enforcement community, and community advocates in establishing and implementing recommendations.
	Improve Committee operations and effectiveness	Quarterly Meetings held.
	Explore and enhance membership and participation of the Committee.	A review of membership was completed in 2011 and as a result, new members representing minority agencies were added to the committee and representatives from law enforcement and the Brighter Futures Initiative.
	Provide opportunities to enhance the knowledge and skills of Committee members to educate others.	
	Keep apprised of similar initiatives in the State.	
	Explore funding opportunities.	Opportunities were explored for implementation of new Drug Free Community Grants in Wisconsin.

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.	Develop and implement a mass social marketing plan using the internet and media partners to disseminate critical data, information, resources, and updates to key audiences.	An Alcohol Culture and Environment Ad-hoc Committee was established to develop recommendations and strategies to impact on Wisconsin alcohol abuse culture. Report was widely distributed and print, radio and television news reports regarding the report was reported through out

		Wisconsin and neighboring states.  The Prevention Committee provided input in to the development of the Parents Who Host Lost the Most Campaign.
	Use epidemiological data and other valid sources; develop impact data/information sheets and white papers for SCAODA to disseminate to Governor, legislators, community leaders, etc.	The Prevention Committee consults on the development of Wisconsin's Epidemiological Profile on Alcohol and Other Drug Use. Three Epi reports have now been completed. A fourth report will be completed in August 2012.

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
<p>Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:</p> <ol style="list-style-type: none"> <li>a. For effective prevention efforts across multiple target groups including disproportionately affected.</li> <li>b. For effective outreach, and effective, accessible treatment and recovery services for all in need.</li> </ol>	Identify key policies and practices	<p>A number of motions were adopted and presented to the full council on such issues as:</p> <ul style="list-style-type: none"> <li>• Supporting absolute sobriety of anyone under the age of 21 operating a snowmobile.</li> <li>• Opposing a Bill allowing private colleges and university's to establish an area to sell alcohol without a permit.</li> <li>• Supported a Bill to establish a Prescription Drug Monitoring Program.</li> <li>• Opposed a Bill to allow alcohol use for passengers riding a quadricycle.</li> <li>• Requested that a Bill be passed to ban the use of Synthetic Marijuana.</li> </ul>
	Develop a definition/description of a healthy, safe, sober Wisconsin.	The Alcohol Culture and Environment Report developed a definition of a balanced alcohol environment leading to safe

		alcohol use.
	Recommend resources to advance the work and effectiveness of local coalitions.	The Alliance for Wisconsin Youth Regional Prevention Centers continues to evaluate the needs of local coalitions and work towards meeting local needs.

<b>Goal</b>	<b>Plan to Achieve Goal</b>	<b>Efforts Accomplished to Achieve Goal</b>
SCAODA with its committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remedying historical, racial/ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people.	Engage and collaborate with stakeholders at all levels who have an impact or influence on alcohol, tobacco and other drug abuse.	

## SCAODA Motion Introduction

Committee Introducing: Prevention Committee
Motion: To appoint a prevention committee representative to the Ad-hoc committee for combined mental health/substance abuse needs assessment.
Related SCAODA Goal: SCAODA provides leadership & direction on AODA issues in WI; is highly recognized & respected as the voice of AODA issues; and develops & exhibits broad collaborative leadership & aligned action across multiple sectors to advance progress on SCAODA goals.
Background: The Ad-hoc committee for combined mental health/substance abuse needs assessment has been meeting to: <ul style="list-style-type: none"><li>• Oversee all aspects of the State planning process and advise as necessary to ensure submission of a joint state block grant plan to SAMHSA.</li><li>• Coordinate the necessary activities between the two councils to complete the state planning process in a timely fashion.</li></ul>
Rational for Motion: <ul style="list-style-type: none"><li>• The member list for the ad-hoc committee appears to have ample representation from mental health and AODA treatment and recovery, but is lacking strong representation from the prevention field.</li></ul>



Scott Walker  
Governor

Michael Waupoose  
Chairperson

Duncan Shrout  
Vice-Chairperson

State of Wisconsin

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

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

Scott Stokes  
Secretary

**Prevention Committee Meeting**

**May 24, 2012**

**9:30 AM – 1:30 PM**

**Population Health Institute Office**

**Ultratec Building**

**5901 Research Park Blvd.**

**Madison, WI 53719**

**AGENDA**

- Welcome and Introductions
- Approve Minutes of January 19, 2012 Meeting
- Annual Report to SCAODA
- Request for Proposals – Mental Health and Substance Abuse Collaborative Pilot
- Federal Budget Update
- Underage Drinking Video
- Progress on AODA Epi Study
- Joint MH/SA Needs Assessment
- Alcohol Outlet Density Report
- Parents Who Host Lose the Most – Change in future campaigns
- 911 Good Samaritan Law Ad-hoc Committee Update
- Wisconsin State Prevention Conference
- Health First – UW Partnership Grant Update
- Public Intoxication Ordinance Policy Paper
- National Drug Control Strategy
- Alliance for Wisconsin Youth Update
- Department and Agency Updates
- Future Meeting Dates/Agenda's



State of Wisconsin

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

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

**Prevention Committee Meeting**

**January 19, 2012**

**9:30 a.m. – 1:30 p.m.**

**Wisconsin State Patrol Deforest Post**

**911 W. North Street  
Deforest, WI 53532**

**Members Present:** Emanuel Scarborough, Francie McGuire-Winkler, Wendy McCarty, Scott Stokes, Kathy Marty, Ken Wagner, Julia Sherman, Chris Wardlow, Jane Larson, Rick Peterson

**Others Present:** Lou Oppor, Robin Lecoanet, Christy Niemuth, Arlene Baker

**Call to Order, Welcome and Introductions & Approval of Minutes**

The meeting was called to order at 9:33 a.m. Scott Stokes (chairman) welcomed those in attendance and asked members and guests to introduce themselves. Minutes from the 10/20/2011 meeting were reviewed. Emanuel Scarborough moved to approve the minutes, seconded by Julia Sherman. Minutes were approved.

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

There were four motions brought to SCAODA at the December meeting. The Planning and Funding committee introduce three; 1) to appoint an Ad hoc Committee to study treatment access, 2) To make modifications to LRB 2144 pending intoxicated driving legislation, and 3) workforce scopes of practice. The ITC subcommittee introduced one motion, to oppose AB 286 and companion Bill SB 207. All motioned passed. Oppor invited all members to attend the SCAODA meetings. The next one will be held on March 2, 2012 at the American Family Insurance Training Center.

**Legislative Summary**

There is a hearing scheduled on a bill to legalize marijuana. Assembly Bill 57 has been passed, however, Sherman reported that many communities are taking action to retain their 8:00 a.m. opening time for retailers. If a community has simply adopted the rules of Chapter 125.0 then they would need to pass an ordinance to retain the 8:00 a.m. selling time.

The committee discussed Senate Bill 360 which would exempt prescriptions from the minimum mark up law. This is being pushed forward by large chain pharmacies that would like to sell refill prescriptions for \$3.00. Individual pharmacies are in opposition to the bill as it would mean they could no longer be competitive.

The committee also discussed Senate Bill 358: which would allow retailers to take civil action against a minor who attempts to purchase alcohol underage. The retailer would be able to bring action for up to \$1,000 in order to recoup damages, however if a licensee is caught selling to a minor the penalty is only \$500. This legislation is based on the “brown jug model” from Alaska. Sherman reported that she has spoken with Health First Wisconsin to put this bill on their radar as an advocacy issue.

*Scarborough moved to oppose Senate bill 358 for the following reasons:*

*a) It is the responsibility of the licensee not to sell to minors. Licensees should not be able to shift that responsibility, and the cost of that responsibility, onto the citizens of Wisconsin.*

*b) The recovery for the retailer (\$1,000) is more than the retailer is responsible for should they fail to comply with retail sales laws (\$500).*

*c) It is possible a whole group of minors could be charged even if only one of attempted to purchase the alcohol.*

*Motion was seconded by Sherman. Motion passed.*

Members have noticed that K2 and Spice are making their way back onto store shelves. There is also a new synthetic called Dragonfly: liquid synthetic similar to the effects of LSD. Police find that it is time consuming and costly to test for the banned substances in K2 and Spice, so they have difficulty confiscating it. There is currently no good process for the handling of synthetic drugs cases through prosecution or documentation.

Representative Jacques is re-introducing and looking for a sponsor for a “social host bill”. It would serve to close a loophole in Chapter 125 created by the Supreme Court decision which defined “premises” as “licensed premises”. This bill would close that loophole and make “premises” mean any premises where minors were served alcohol. It is currently a private LRB and will likely not be brought to the legislature this session. The Prevention Committee would like continued updates on any movement with this proposed bill and would like to encourage people to reach out to their senators to find a co-sponsor for the bill.

### **SPF SIG Updates**

The SPF SIG is coming to an end. Coalitions will wrap up evaluation activities by March 30 and can use unspent funds through September 29, 2012 on programming & sustainability. Lecoanet reported on the University of Wisconsin Population Health Institute’s (UW PHI) evaluation plans for the grant. UW PHI will be publishing a final evaluation report in August. They will be using data from the following for their report:

- Baseline and follow-up young adult binge drinking and motor vehicle survey responses for the nine counties funded to look at these priority areas,
- Youth survey data from the 11 underage drinking coalitions to include pre/post grant funding review of consumption patterns,
- Capacity survey data from Alliance for Wisconsin Youth, SPF SIG and DFC coalitions,
- Coalition data from community readiness surveys,
- Qualitative data from coalition site visits that were conducted in the fall of 2011, and
- Data on compliance checks, ordinances passed and licensing issues from an environmental scan survey.

The committee discussed the results of the community readiness assessment interviews conducted in all 21 funded service areas. UW PHI feels that analysis of these results will set a nice baseline for communities to move forward with sustainability. The question was raised as to whether the results could be used state-wide. Since the interviews are designed to be specific to the community and their priority issue, there is no opportunity to make inferences about other communities. The community readiness survey is not meant to be an evaluation tool, but a help to the communities for choosing appropriate strategies based on the level of readiness identified in the community. The SPF SIG funded coalitions were asked to push beyond their identified community readiness level and implement environmental strategies that would lead to policy change. McGuire-Winkler reported that discussion around the issues and problems associated with excessive drinking is taking place in the communities because policies have been enacted which raised awareness. The SPF SIG has also helped coalitions form better working relationships with law enforcement and raised coalition capacity.

### **SAPT BG Update**

Congress has increased funding for the Substance Abuse and Treatment Block Grant. Coalitions should be talking to their county Human Service Agencies that receive block grant funding. 20% of block grant funding needs to be spent on programs that have a primary direct outcome of substance abuse reduction. Many counties are not spending their prevention dollars appropriately. The Affordable Care Act goes into place in 2014 and Block Grant Funding will most likely be affected.

Partnership for Success Grants have also received funding approval, and states will have the ability to apply. No specifics on timeline or funding amounts are known at this time.

### **Epidemiological Profile**

The third Epi Profile will be published again in July or August, 2012. The report will include new data on individual risk factors, such as childhood trauma (child abuse and neglect, sexual abuse, etc) and pregnant women drinking behaviors and community risk factors such alcohol outlet density. Depending on availability, data will be reported on by race/ethnicity, age and gender. Sherman requested that there be some discussion with the League of Municipalities prior to publishing alcohol outlet density data, as it may be different than what is known locally.

### **Parents Who Host**

Applications have been sent to coalitions and are due to DHS on 1/27/12. Parents Who Host (PWH) is a joint project between DHS, DPI, DOT, Local CESA's and the WI Clearinghouse. Last year 60 communities participated. The project runs primarily April - June, and focuses on prom and graduation. The PWH committee recognizes that minors primarily get alcohol from older siblings or friends rather than from parents providing it, so they continue to discuss whether this campaign should be expanded beyond parents to others that host. There are some problems with the change including funding for a new campaign and loss of name recognition. The committee would like to look for PWH coalitions who would be willing to work with law enforcement to have a TV station do a ride along during compliance checks or party patrols.

## **Controlled Substances Work Group Report**

The Ad hoc CSW committee examined prescription drug abuse in the state. The final report is at the printer and will be distributed to all legislatures, county boards, county social services, AWY coalitions and regional centers and January 30, 2012. There will be a press release announcing its availability. This date coincides with the “Stopping the Overdose Epidemic Summit” put on by Safe Communities coalition at the American Family Insurance Training Center.

The committee discussed issues concerning prescription drug abuse. An update was given on the status of a Prescription Drug Monitoring Program (PDMP) implementation: DRL received an implementation grant and have held a planning meeting. At this point there is not a known start date for Wisconsin’s PDMP. McGuire-Winkler reported that the SEARCH Institute survey is adding questions about 30 day prescription drug use. Discussions are ongoing with DNR about re-classifying drugs so they can be incinerated in state.

## **Good Samaritan Law**

Skye Tikkanen will be chairing the ad hoc Good Samaritan Law Committee. Twenty potential committee members have been identified, and letters of invitation will be sent on Monday. The committee will meet once a month for six-months to develop recommendations for the Prevention committee to review. They will look specifically at opium overdoses. The 911 Good Samaritan Law would follow other states that have programs in place that provide drug users limited immunity from prosecution when they report on overdose. The committee will look into issues such as providing education on rescue breathing, CPR and the use of naloxone. Stokes reported that needle exchange programs have seen an increase in teenagers using the program as well as an overall 50% increase in the number of people using the needle exchange in the past year.

## **Items of Interest:**

CDC report on Binge Drinking Rates:

Oppor provided copies of current reports that have been published on the Wheeler Report. The CDC reports that Wisconsin is leads the nation in the number of adults binge drinking (25.6%) and the number of drinks they consume at a time (nine). Sherman was on WI public radio discussing the CDC findings. She reported that she received many calls from listeners asking what they could do. The report also noted that the highest episodes of binge drinking occur with people over the age of 65. The committee agreed that more focus should be paid to this demographic population with substance abuse prevention messaging.

The committee discussed how to frame messages in response to these news stories in a way that highlights the public safety issue and the need to create a healthier alcohol environment. There is a need for consistent messaging from all prevention providers. The discussion included:

- Focusing on the changing the statistics rather than ranking.
- Alcohol outlet density plays a large role in consumption in Wisconsin
- Talk about creating a healthy alcohol culture.
- Changes to a healthier culture would not have that much impact of legal moderate drinkers.

The committee would like to explore a message that states, “it is not acceptable to put others in danger”. It not acceptable to over serve, provide alcohol to minors, get in a car after drinking,

etc... Health First Wisconsin will be doing polling and message testing as a part of their grant. This concept may fit in with their efforts. A youth component should also be reviewed.

### **Overdose Deaths Surpassing Traffic Deaths**

**Governor's Report:** Produced every year, highlighting the work of DHS

**MADD Letter:** MADD has sent a letter to senators and representatives about courts that are reducing the blood alcohol level so they do not have to issue the interlock system for OWI offenders.

**Town Hall Meetings on Underage Drinking:** SAMHSA is providing \$500 stipends to forty WI coalitions to host town hall meetings on underage drinking during the last week in March.

### **Departmental/Agency/Member Updates**

**DPI:** Emily Holder is replacing for Brian Weaver at DPI. Wagner provided an update on grant funding for DPI. They are facing a 10% decrease in funding. DPI will be able to fund WATODAN for one more year, but will ask them to look for other funding opportunities in the future. Wagner provided documentation of how DPI grant funding will be distributed the CESA's. Student mini grants, written by students, were also funded around the state through the CESA's. DPI is also concluding work on their Active Schools Grant; an obesity initiative showing that active children produce better in the classroom, which will end on June 31<sup>st</sup>. Wagner offered to provide toolkits to anyone interested in strategies for getting active in the classroom. There are 17 strategies in the toolkit focused on creating an active recess, an active classroom, more active minutes in PA, and an open gym before or after school. So far students and teachers love the program and want to see it continue. Wagner is available to speak to school boards and principals about the toolkit.

**DCF:** McCarty reported that DCF does not yet have Bureau Director hired. Work continues to focus on trauma informed care and home visiting. The Department Secretary is working on a mission for the department to include trauma informed care and youth programs. BFI counties are pooling services, and fewer people are being served as funding is running low.

**WCH:** The annual Prevention Conference is scheduled for June 11-13 at the Kalahari Resort in Wisconsin Dells.

**Others:** Southeast region – John Underwood will be coming in March to train on the Life of an Athlete program. Each county in the Southeast Region will be able to send 50 student athletes. This program has gained momentum in the state and many school districts have revised their athletic codes.

Kathy Marty requested that anyone who knows of funding opportunities to contact her as there is grant for community prevention that has ended in their community which provided alternative activities to students on early release days. Marty would like to find funding to sustain these efforts.

### **Future Agenda Items:**

Wardlow requested that the committee review marijuana rates and trends. Marijuana use is increasingly seen as acceptable due to its legalization in many states. Wardlow suggested beginning a work group to look at issues with marijuana after the Good Samaritan Law work group concludes. Wardlow would like to see a well framed message that would reduce the disconnect around the safety issue related to marijuana.

### **Adjourn**

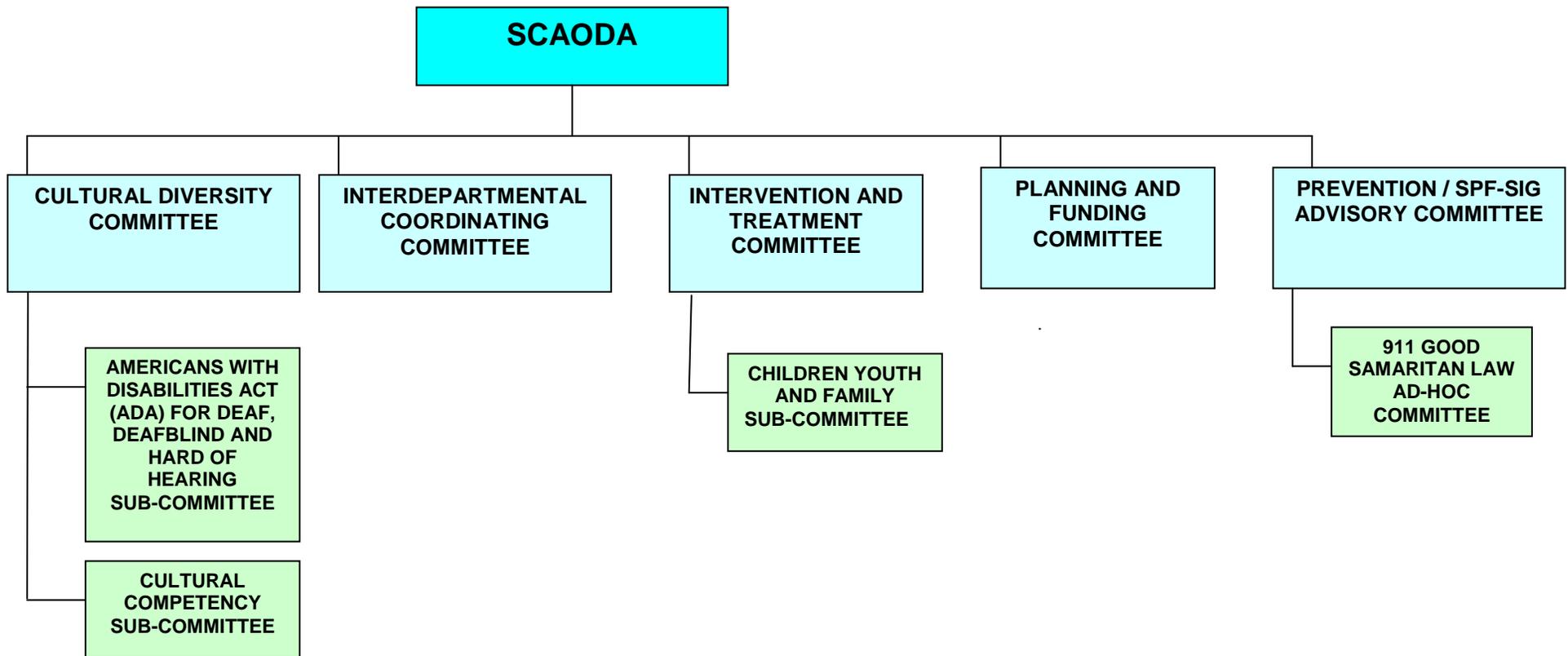
Stokes adjourned the meeting at 1:15 p.m.

Next meeting April 19, 2012 at 5901 Research park Blvd, Madison, WI 53719.

# SCAODA Organization Chart

May 2012

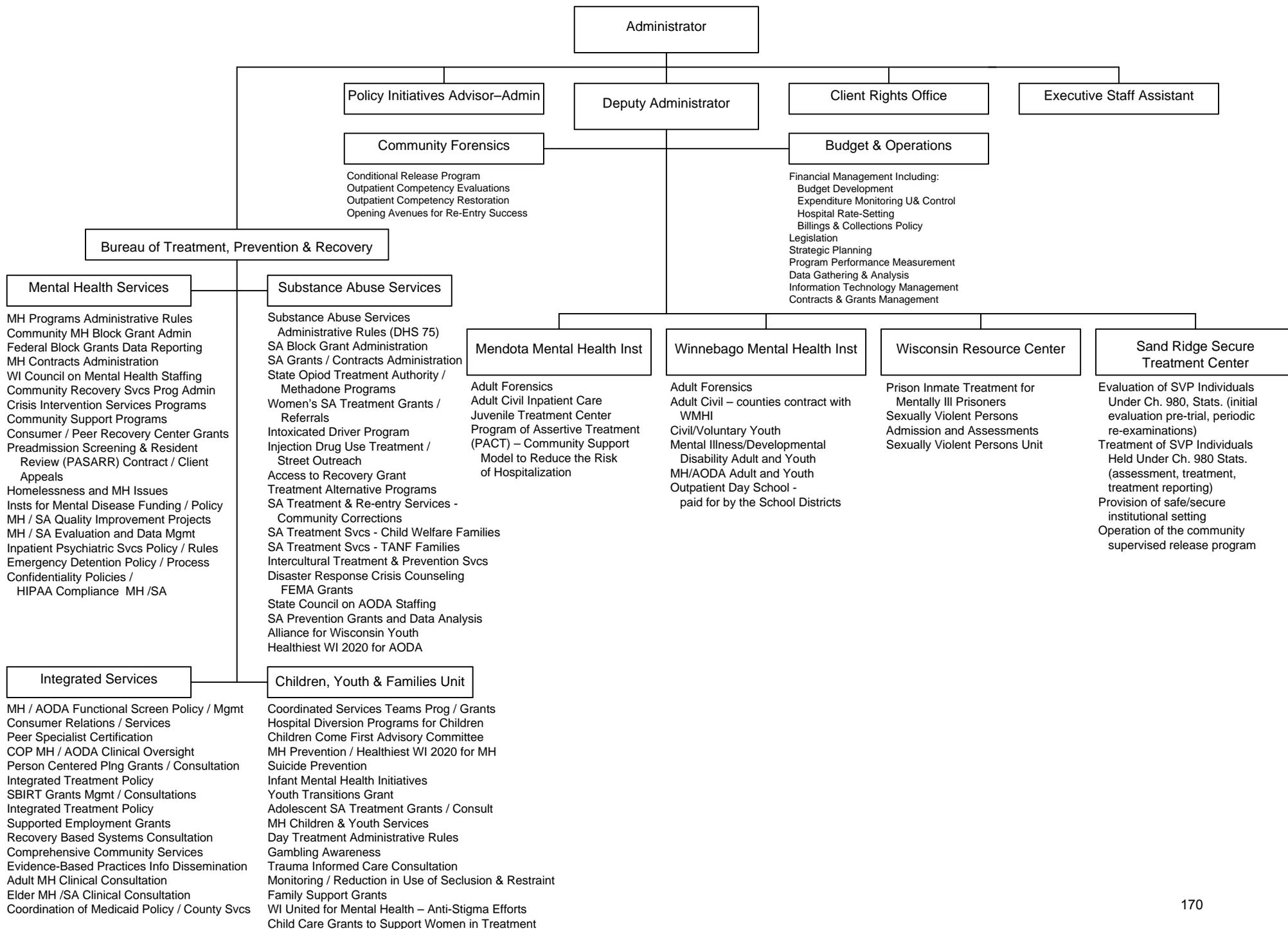
1. Cultural Diversity Committee
  - a. Americans with Disabilities Act (ADA) For Deaf, Deafblind and Hard of Hearing Sub-Committee
  - b. Cultural Competency Sub-Committee
2. Interdepartmental Coordinating Committee
3. Intervention and Treatment Committee
  - a. Children Youth and Family Sub-Committee
4. Planning and Funding Committee
5. Prevention / SPF-SIG Advisory Committee
  - a. 911 Good Samaritan Law Ad-Hoc Committee



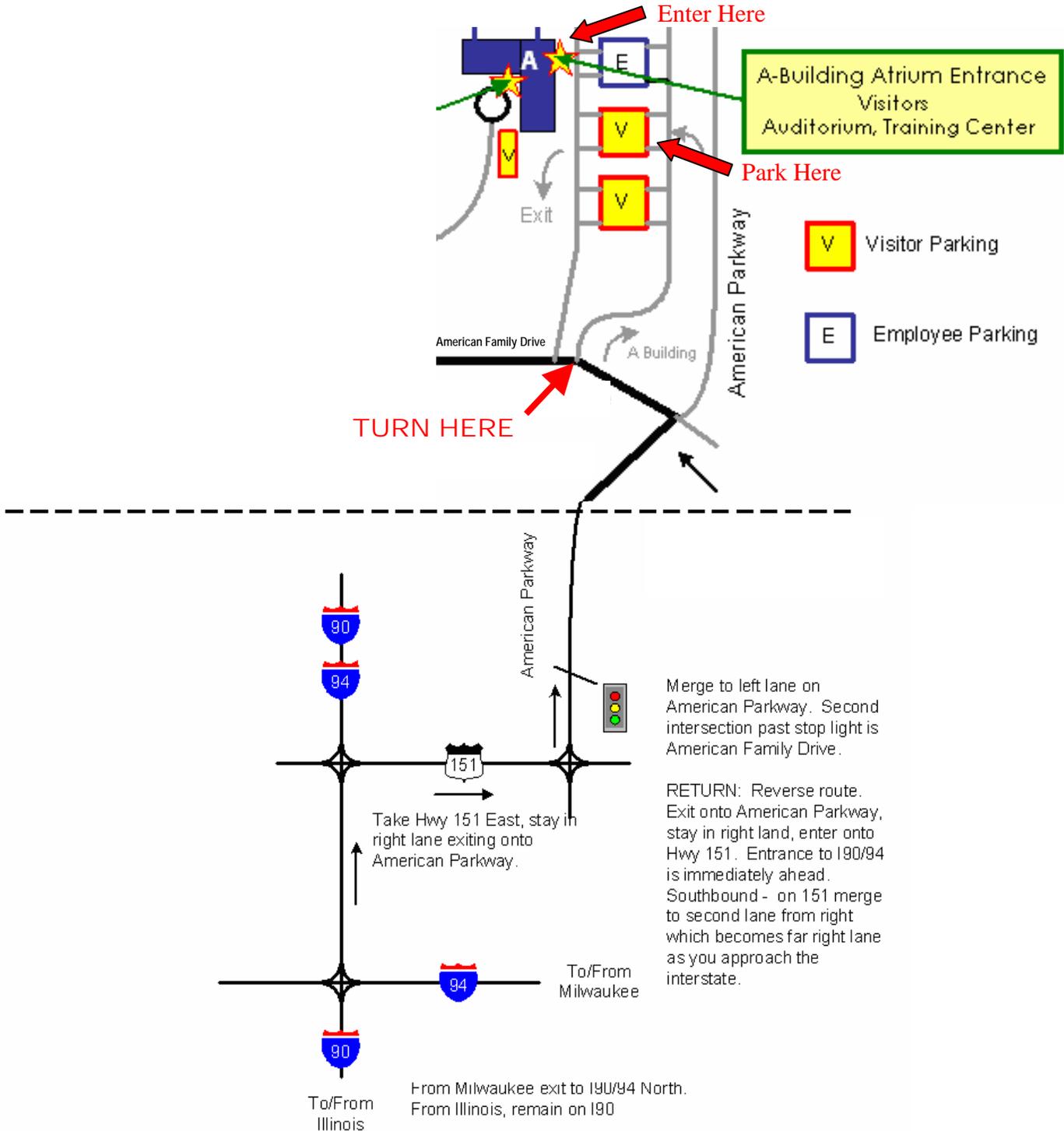
Department of Health Services  
**Division of Mental Health and Substance Abuse Services**

April 2011

**Functions**



# Directions to American Family's Training Center and Auditorium



**Highway Directions to AF-NHQ Campus**