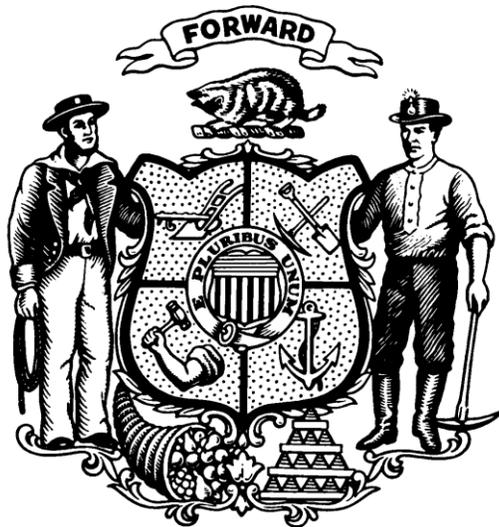


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



March 01, 2013
MEETING

Michael Waupoose
Chairperson

SCOTT WALKER
Governor

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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 need¹.
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.

¹ 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

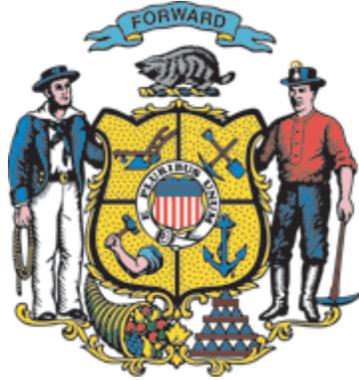
American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

- 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 2013 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 1, 2013

June 7, 2013

September 13, 2013

December 13, 2013



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

March 01, 2013

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 Louis Oppor at (608) 266-9485 or email Louis.Oppor@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
- 9:45 a.m. II. Review / Approval of December 14, 2012 Minutes –
Chairperson....pp. 41 - 49
- 9:55 a.m. III. Public Input (maximum 5 minutes per person) – Chairperson

10:10 a.m. IV.

Committee Reports

SCAODA Goals				
Provide Leadership	Change the Culture	Educate Citizens	Sustain Infrastructure	Address Disparities

- Executive Committee Report – Chairperson....pp. 31-39
 - Letter to Secretary Mark Gottlieb, Wisconsin Department of Transportation....pp. 31
 - Letter to Dr. Tony Evers, State Superintendent, Department of Public Instruction....pp. 33
 - Letter to Governor Walker regarding Planning and Funding committee’s approved motion from the December 14, 2012 SCAODA meeting to Support the Department of Public Instruction in retaining \$1.8 Million in Penalty Surcharge Revenue into the next biennium and for the foreseeable future....pp. 35
 - Letter to the Honorable Scott Fitzgerald requesting assistance in filling the vacancy for the Senate Majority member seat....pp. 37
 - Letter to the Honorable Chris Larson requesting assistance in filling the vacancy for the Senate

Minority member seat....pp. 39

- Diversity Committee – Rebecca Wigg-Ninham and Sandy Hardie....pp. 41-49
- Intervention & Treatment Committee – Norm Briggs and Roger Frings....pp. 50-64
 - The Intervention and Treatment Committee requests that SCAODA support the concept of reducing the prison population by the use of alternative sanctions which may include, but are not limited to, the Wisdom 11x15 initiative....pp. 64
- Planning and Funding Committee – Joyce O’Donnell....pp. 65-93
 - Motion: To request that SCAODA recommends to DHS to fund women’s services through the block grant in proportion to the prevalence of women seeking services....pp. 78
 - To support the Department’s "2014-2015 Combined Application for the Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Block Grants: Executive Summary for Comment"....pp. 79
 - In recognition of the request from Health First Wisconsin, P&F recommends that SCAODA convey the 10 priorities it adopted and recommended to the governor in 2012 as funding priorities in the event of additional funding from a future increase in the alcohol tax....pp. 80
 - To oppose AB3 exempting Wisconsin veterinarians from reporting to the Prescription Drug Monitoring Program (PDMP)....pp. 81
- Prevention Committee – Scott Stokes....pp. 94-97

11:30 a.m. V. Lunch

12:00 p.m. VI. Block Grant Report– Joyce Allen, and Ryan Stachoviak, Mental Health Planner, Department of Health Services, Division of Mental Health and Substance Abuse Services

- 2014-2015 Combined Application for the Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Block Grants: Executive Summary for Comment....pp. 98

- VII. Combined Mental Health and Substance Abuse Needs Assessment - Mike Quirke, Substance Abuse Program Evaluation Coordinator, Department of Health Services, Division of Mental Health and Substance Abuse Services
 - Wisconsin Ranked List of Needs....pp. 111
- VIII. Public Input/Forum – Joyce Allen
- 1:00 p.m. IX. Report from Department of Public Instruction/Department of Transportation(DPI/DOT) Updated on Usage of Surcharge Dollars – Steve Fernan and Dr. Randy Thiel (DPI)/Major Sandra Huxtable, Director of Transportation Safety, Division of State Patrol and Sonya Sidky, Alcohol Program Manager, Division of State Patrol (DOT)
 - Department of Public Instruction’s FY 12 Alcohol Traffic Safety Program Report....pp. 113
 - Tavern League Foundation Monthly Spending: A comparison between FY 2011 and FY 2012....pp. 124
 - Tavern League of Wisconsin Saferide Survey 2011-2012....pp. 125
 - Tavern League of Wisconsin Press Release....pp. 126
- 1:30 p.m. X 2012 Epidemiological Study – Lou Oppor
- 1:45 p.m. XI State Agencies Reports
- 2:00 p.m. XII. Wisdom – David Liners, WISDOM State Director
- 2:30 p.m. XIII. Planning & Funding – Joyce O’Donnell
 - Motion: The Planning and Funding Committee requests SCAODA endorse Wisdom's 11x15 campaign....pp.
- 2:45 p.m. XIV. Agenda Items for June 7, 2013 Meeting
 - Workforce Development
 - Department of Children and Families Update
- 3:00 p.m. XV. Announcements – Joyce Allen and Lou Oppor
 - Governor’s Mental Health Proposal
- 3:15 p.m. XVI.
 - Adjourn - Chairperson

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

<p>2013 Meeting Dates March 1, 2013 June 7, 2013 September 13, 2013 December 13, 2013</p>
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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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES

September 7, 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, Linda Harris for Kevin Moore, Steve Fernan, Norman Briggs, Joyce O'Donnell, Tina Virgil, Charlotte Rasmussen, Sue Shemanski, Michael Waupoose, Rebecca Wigg-Ninham, Sandy Hardie, Douglas Englebert, Mary Rasmussen, Roger Frings, Duncan Shrout, Cory Bruce for Representative Garey Bies, Dennis Baskin.

Members Excused: Sandy Pasch and Scott Stokes

Members Absent:

Ex-Officio Members Present: Ray Luick, Matthew Sweeney, Katie Bland for Robert Williams, Raymond Perez, Ann Hoffmann, Don Pirozzoli, Randy Glysch

Ex- Officio Members Excused:

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

Staff: Joyce Allen, Sarah Coyle, Michael Quirke, Lou Oppor, Lori Ludwig, Tanya Hiser, Faith Boersma, Arlene Baker, Lila Schmidt, Susan Endres, Christy Niemuth, Lee Ann Cooper, Bernestine Jeffers, Gail Nahwahquaw, Sarah Norberg, Bernestine Jeffers, Julianne Dwyer

Guests: Francine Feinberg, Todd Campbell, Dave McMaster, Nina Emerson, Bill McCulley, Keith Lang, Paul Krupski, Keith Lange, Mary Raina Haralampopoulos, Jacob Melson,
Recovering guests: Kelly, Tyler, and Mark Clark.

I. Introductions/ Welcome/ Pledge of Allegiance/Announcement Noise Level – Michael Waupoose

Mr. Waupoose welcomed the group at 9:34 AM. The group recited the Pledge of Allegiance. Members, staff and guests introduced themselves. Mr. Waupoose reminded

everyone to speak up and be clear so that all can be heard. He welcomed as new members Sue Shemanski representing the Wisconsin County Human Service Association, Don Pirozzoli representing the Wisconsin Council on Mental Health, and Sarah Norberg the new Clinical Coordinator for the Bureau. He recognized Francine Feinberg for her many contributions, a true pioneer in the field of women's treatment who is retiring from Meta House after decades. There was a round of applause. She will continue to participate in SCAODA on the ITC Committee. Ms. Feinberg wanted to mention two things to SCAODA: 1) What it takes to recover isn't covered by insurance. Fifty minutes once a week is not adequate. 2) Substance abuse is driving child welfare as well as criminal justice. She recommends bringing more people in from child welfare. She thanked the group for the recognition.

Following Ms. Feinberg's recognition, Lori Ludwig was also recognized for staffing SCAODA for the past nearly five years. Lou Oppor announced that Ms. Ludwig was retiring and presented her (me) with a plaque. I was completely surprised by the gesture. I thank-you so much for the opportunity, the challenges and the rewards of working with such a committed, accomplished group of experts.

II. **Elections--Joyce O'Donnell**

Ms. O'Donnell thanked Lori Ludwig and Francine Feinberg. She also recognized the Nominations Committee members Rebecca Wigg-Ninham and Roger Frings. She then asked for any nominations from the floor for Chairperson, Vice Chairperson or Secretary. Hearing none, **she made a motion to re-elect current SCAODA officers Michael Waupoose for Chairperson, Duncan Shroul for Vice Chairperson and Scott Stokes for Secretary. Mary Rasmussen seconded the motion. The vote was unanimous in favor and the three were re-elected.**

III. **Review/Approval of June 8, 2012 Minutes—Michael Waupoose**

Joyce O'Donnell made a motion to approve the minutes of June 8, 2012 and Duncan Shroul seconded the motion. The minutes were adopted unanimously.

IV. **Public Input—Michael Waupoose**

There were no persons present interested in providing Public Comment.

V. **Committee Reports:**

- Executive Committee—Michael Waupoose

Mr. Waupoose reported that he, Duncan Shroul, and Scott Stokes held a teleconference on August 31, 2012 during which they reviewed the agenda of the upcoming (this) SCAODA meeting, the motions and the budget priorities from each of the Committees.

- Prevention Committee—Lou Oppor

Mr. Oppor reported that Scott Stokes was unable to attend today because of illness. Mr. Oppor reported that the Prevention Committee met on May 24th and August 15th. They have been reviewing membership trying to balance cultural diversity and the different geographical state regions. If anyone is interested in joining, please let Mr. Oppor or Mr. Stokes know. Mr. Oppor then went on to report on the Public Forum at the Prevention Conference. There were about 60 attendees. The issues discussed were: the 20% set-aside from the Substance Abuse Prevention and Treatment Block Grant and how it is used; marijuana use; the Good Samaritan 911 Law and limited immunity to prevent overdoses. The Epi Report has been completed and is at the printer. It should be out October 1st. Also discussed was the Parents Who Host Campaign.

- Diversity Committee—Rebecca Wigg-Ninham and Sandy Hardie

Ms. Wigg-Ninham reported that the Diversity Committee has had a long conversation about the needs of the Deaf and Hard of Hearing community pertaining to alcohol and other drugs. For example, prevention advertisements should be captioned. She indicated that Denise Johnson would be presenting at SCAODA in December. The Diversity Committee is also looking for more members from Diverse populations. The Diversity Committee is also concerned about counselor certification and workforce issues. There is a dire need for substance abuse counselors and educational programs for those who want additional information. Minority Training funds are a concern for the Diversity Committee and what will happen to those funds. Ms. Wigg-Ninham indicated she has spoken to Senator Hanson about an on-line learning program to enable counselors to become billable under Medicaid—to lift up the profession. The Diversity Committee also updates the website regularly with items from the National Center for Cultural Competence. Sandy Hardie indicated that she would only add in regards to the Scope of Practice issue, she is hearing that trying to get the hours needed and required under clinical supervision is very difficult. Ms. Wigg-Ninham announced that she has gone back to school in Green Bay with a substance abuse major.

- ITC—Norm Briggs and Roger Frings

Norm Briggs indicated that there have been changes in staffing at ITC. Lila Schmidt has done a sterling job for the past 2 years with Sarah Norberg now taking over. Susan Endres has resigned and Sarah is taking over staffing the Child, Youth and Family Treatment (CYF) Sub-Committee, too. Tami Bahr, the Chairperson of the CYF Sub-Committee has resigned and Jill Gamez will take over that position. CYF is concerned about the number of providers in Wisconsin for adolescents. They are diminishing. It is not in the interest of

Wisconsin families to have to go to Iowa for adolescent treatment. Mr. Briggs reported that ITC facilitated the Public Forum at the Rural Institute. Mr. Frings reported that the Public Forum was held at UW-Stout and it was the first he had ever attended. The issues were: 1) access to care, North of Highway 10 is very different. The cost of obtaining treatment is prohibitive. There was good Tribal representation at the Forum. 2) Discussion occurred about the Native community and Tribal culture. It is important to take culture into account during the certification process. Mr. Frings found the Forum to be very interesting and looks forward to going back again. Mr. Briggs mentioned that it is important to stick closely to the strategic plan and ITC continues to work towards decreasing tobacco use in the State. He then referred the group to ITC's motion on page 83 of the packet, and made the following motion.

“The Intervention and Treatment Committee requests that SCAODA send a letter to the Governor’s office requesting an appointment from the substance abuse credentialed profession, including independent clinical supervisors to the Marriage Professional Counselors and Social Workers (MPSW) Board.” Duncan Shroul seconded the motion. Discussion:

Douglas Englebert asked if there was a statute governing the composition of the Board. Mr. Briggs didn't know. Mr. Englebert suggested if SCAODA does send a letter, it should ask interested candidates to submit an application on-line. Michael Waupoose pointed out that Drug and Alcohol Counselors are not licensed, there is a significant difference between certification and licensure. Mr. Briggs thought that was so, but was told yes, licensed. Sue Shemanski indicated it was confusing; we are getting two answers. Mr. Waupoose said there was a significant difference between licensed and certification. Social Workers go to be licensed. We are only certified. Social Workers can do so much more. His understanding was that the MPSW Board does not govern Drug and Alcohol Counselors in any way. If there were a complaint against a Drug and Alcohol Counselor it would not go there; it would go to the Substance Abuse Counselor Advisor Board. Two or three people oversee the applications and problems. He sat on the Substance Abuse Advisory Board and there is a big difference. That makes this motion complicated. He didn't know why they would welcome a Drug and Alcohol Counselor on the Board when they don't have oversight of Drug and Alcohol Counselors. He posed the question if Mr. Briggs knew whether or not anyone on the MPSW Board was certified for Alcohol and Drug Counseling. Mr. Briggs replied that there is not. Dave Macmaster argued that there is no substance abuse input into that Board at all. He relayed that when he was there, there was no one from certified counselors positions. There were physicians and PhD's but no Addictionologist. There was no mention of substance abuse issues. He felt that the motion was a good one and there is a need for a voice on that Board from the substance abuse community. Mr. Waupoose asked for any further discussion. Hearing none, he called for the vote. **There were four votes in opposition (Sidky, Hardie, Englebert and**

Virgil); two abstentions (Mary Rasmussen and Wigg-Ninham); and eleven in favor. The motion passed.

Mr. Briggs then made the following motion: “The Intervention and Treatment Committee requests that SCAODA convene a meeting with key representatives from the public and private educational institutions in Wisconsin to alert them to the critical need of the current work force of substance abuse treatment professionals as well as the need for new persons entering into the field for specific education and training necessary for them to maintain a viable career as a treatment professional.” Duncan Shrout seconded the motion. Discussion:

Raymond Perez asked a question of Mr. Briggs about whether the educational institutions were working against the alcohol and other drug abuse community. Mr. Briggs indicated that they were not in opposition but have not embraced the AODA curriculum. Mr. Perez asked if we (SCAODA) sat down with the UW System or Technical College System, would they think this idea would be viable. Joyce Allen responded that four years ago, they did sit down with the UW System. The comment was that there were not enough people coming to them to seek the degree. If people were there, they would implement the curricula. Mr. Shrout felt that that was a spurious argument. (If they don’t build it, they won’t come.) He felt others should be at the table such as Michael Waupoose, Norm Briggs, a DSPS representative and also DHS. Other schools have found a market in Wisconsin. Our own State should have an interest in this. He was befuddled that they don’t. Linda Harris agreed that having everyone in the same room is imperative. The course content must be accepted by DSPS. Lou Oppor added that there is no training through the State for those who want to be certified prevention specialists. There was a general discussion on how to proceed. Gail Nahwahquaw pointed out that the Survey of substance abuse counselors reported on by Mike Quirke at the last meeting—74% of respondents were interested in returning to school. **Without further discussion Michael Waupoose called for the vote. There were all “ayes” and no one in opposition or abstaining. The motion passed.**

- **Planning and Funding—Joyce O’Donnell**

Joyce O’Donnell reported that at the July meeting of the Planning and Funding Committee Joyce Allen reported on the Affordable Care Act. She indicated that Planning and Funding would like to hear from John Peacock or Brett Davis. Please review the July Planning and Funding minutes for plenty of information to absorb. Ms. Allen also brought two reports to the attention of the Planning and Funding Committee: “Forward Health—Your Connection to Health Care Coverage and Nutrition Benefits” and “An Evaluation of the Medical Assistance Program.” She then introduced Duncan Shrout and LeeAnn Cooper to report on the Intoxicated Driver Program Funding Sub-Committee, and Ad-hoc Committee of the Planning and Funding

Committee. Duncan Shroul reported that in 2007 SCAODA passed a motion to examine the Driver's Surcharge Program. The purpose of the surcharge was to assist counties with the cost of the Intoxicated Driver's Program. In 2011 the Planning and Funding Committee formed an Ad-hoc Committee to look more closely at the Driver Surcharge Program and resulted in three motions being passed at SCAODA. Again the goal was to increase funding to counties who would otherwise use County taxes or Substance Abuse Prevention and Treatment Block Grant funds to cover the costs of the Intoxicated Driver's Program. One of the three motions passed at SCAODA asked for a Legislative Audit Committee Report of the Driver's Surcharge Funds Program. The report of that Committee is in the SCAODA packet. LeeAnn Cooper reported that the focus of the study was on the 40% that the state receives from the Surcharge and not the 60% that counties receive. Mr. Waupoose asked whether the recommendations address issues of the Tribes and Counties that refer Tribal members to counties for IDP assessments and Driver Safety Plans which may include treatment and the counties won't pay. LeeAnn responded that the State's Tribal Relations are talking about this. They are talking about strategic change to allow Tribes to get IDP funding. **Joyce O'Donnell made a motion to accept the Legislative Audit Bureau's "Driver Improvement Surcharge Funding Report," Report 12-5 March 2012. Duncan Shroul seconded the motion. Without further discussion Mr. Waupoose called for a vote. There were all "ayes," with no opposition and no abstentions. The motion passed.**

Ms. O'Donnell went on to explain that the Planning and Funding Committee was interested in the funding that went to the Department of Transportation, the Safe Rides Program and the funding that went to the Department of Public Instruction to Driver's Education programs. How do they decrease the rate of OWIs in Wisconsin? **Ms. O'Donnell made the following motion: The Planning and Funding Committee motions to 1) request that the Department of Transportation (DOT) provide any information they have on the effect of the Safe Rides Program and its impact on decreasing the number of people driving intoxicated in Wisconsin; and 2) requests the Department of Public Instruction (DPI) provide any information they have on the Driver's Education Program and its impact on decreasing the number of people driving intoxicated in Wisconsin. Duncan Shroul seconded the motion.** Discussion: Steve Fernan agreed that greater visibility/transparency is fine. He would have provided the data and won't oppose the motion. However, the next step is how SCAODA views the information. If there is impact data, and it shows there is not an impact, are those funds then diverted back to the counties? He is concerned. There is a significant amount of state and federal dollars going to treatment but not prevention. If we cannibalize prevention funds further (10 million dollars in prevention funding has been removed through the Safe and Drug Free Schools cuts), almost all remaining prevention funds would be removed from the schools. Down the road Mr. Fernan indicated that DPI would have issues with motions to defund

Driver's Ed. Or Safe Rides. Ms. O'Donnell explained that that was not the intent, to remove funding. She suggested striking words in the motion. Duncan Shroul agreed that it was not the Planning and Funding Committee's intent to remove funds. DPI stood out—with its arguably prevention programs and DOT. Planning and Funding is just asking for effectiveness data. If it is not available, then so be it. If it is available, it could be presented at the next SCAODA or Planning and Funding meeting. **Michael Waupoose called for a vote. There were five abstentions (Fernan, Virgil, Sidky, Bruce for Bies, and Baskin). The rest were “ayes” and the motion passed.** Ms. O'Donnell added that 744 people could receive treatment with that funding (Safe Rides).

Ms. O'Donnell informed the group that Planning and Funding reviewed a legal case involving “huffing.” Nina Emerson explained that she was the Director of the Resource Center for Impaired Driving. In the case mentioned the Court reversed a 3rd OWI conviction where the driver was under the influence of an intoxicant DFE1,1 and inhalant. The Court determined that DFE1,1 doesn't fall under the controlled substance list or the definition of a drug. There is a gap in the law. In 2007, a bill was proposed to broaden the definition to include household substances used in a manner not intended. It would have covered this instance. But, the bill never made it out of Committee. Terese Burceau is involved in the bill and intends to reintroduce it.

Ms. O'Donnell reported that Planning and Funding member Pamela Bean reported on Biomarkers during a meeting. Also she recognized Bill McCulley for his effective work with the Portage County Coalition.

VI. 2013 SCAODA Budget Priorities—Executive Committee

Michael Waupoose explained that the plan was that each Committee submitted up to three priorities and the Executive Committee would then adopt 3-5 priorities. However, the Executive Committee decided to adopt them all. Prevention had priorities for underage drinking reduction, strengthening prevention infrastructure and reducing OWIs. Diversity's priority was to create workforce sustainability (which was also a Planning and Funding priority). ITC prioritized initiatives to increase alternative sanctions (also a Planning & Funding priority), improve the integration of mental health and substance abuse treatment and increase the capacity of women's treatment (also a Planning and Funding priority). SBIRT was a priority for Planning and Funding in terms of increasing its capacity and funding. Mr. Waupoose conveyed that the Executive Committee felt that they all warranted equal attention and support. Sandy Hardie felt that the Diversity Committee also identified the priority of having an AOD counselor on the MPSW Board. Mr. Waupoose explained that the Executive Committee did not see it as a budget issue, the Board is not meeting and it just needs to be forced to meet. Ms. Hardie continued that the Board is not meeting because staff are not available and budget is not available. Mr. Waupoose agreed to put the

issue in with the other budget priorities. Mr. Shroul also agreed. Without further discussion **Mr. Waupoose called for a vote on the budget priorities as they appear in the packet under each Committee's report. The vote was unanimous in favor.**

VII. Report on Combined Mental Health and Substance Abuse Needs Assessment Ad-hoc Committee—Rebecca Wigg-Ninham and Don Pirozzoli

Ms. Wigg-Ninham reported that the Ad-hoc Committee on Needs Assessment has been encouraged to think about how to show a defensible need. They have looked at over 20 population groups and 51 indicators. The framework of the analysis takes into account prevalence, access, service array, quality of services and outcomes. One criteria used to help make decisions is when there is a difference between state and national rates. For example, when the state has a 50% withdrawal from treatment rate and the national rate is 30%. She reported that the Ad-hoc group learned that substance abuse is the fourth leading cause of death (including accidents). 40% of all accidents involving fatalities are due to alcohol. She reported that the data people are fabulous. The needs assessment is still a work in progress.

VIII. State Agency Reports

Department of Veteran Affairs (DVA)—Raymond Perez from the Department of Veterans Affairs reported on the Veterans Transitional Service and the Veterans Homeless program. Recently there has been the biggest deployment of vets since World War II. They have been deployed to Iraq and Afghanistan. Over 50% of these veterans have depression or PTSD. 30% have come forward as being victims of rape and sexual assault. Even though there is “0” tolerance for alcohol and drug abuse, drinking is a way to deal with stress. The rate of suicide is significantly high. 50% of vets think about or try suicide. There are programs available to veterans: education and home loans and grants are available at the state level and they are eligible for federal help. The Veterans Assistance Programs are for homeless or on the verge of homelessness veterans. There they are assessed at intake to determine their needs, plans are developed to transition back to society. The incidence of treatment is high, there are increases in problems. Some judges see an increase in vets in the criminal justice system for AODA and mental health problems. There are now Veteran Treatment Courts in Wisconsin. To integrate vets into society there are job training programs. The Governor wants to see increases in veterans employment and has made a Proclamation that this is the Year of the Veteran. Because of the increase of all the problems, we are seeing an increase in hiring counselors. The DVA's needs are significant. DVA is working with Edgewood to get trained in counseling. Sue Shemanski indicated that Champus Insurance does not pay for AOD counseling and that is a big problem. Mr. Perez agreed, that he would be working on that. Joyce Allen reported that she had been invited to do strategic planning with Army One Source on how to improve services to vets, or returning active duty soldiers—anyone in uniform. Julianne Dwyer is our representative on that task force. There is a need to seek treatment from our networks but our networks don't understand their stressors. We need to do that. There is a Dry Hooch Summit and a Warriors Summit with Mental Health America. Ms. Allen indicated that collaboration is important, as is telemedicine.

Office of Justice Assistance (OJA)—Ray Luick

Mr. Luick wanted to update the group on the State Criminal Justice Coordinating Council. There are twenty-two members with the Secretary of the Department of Corrections (DOC) and the Attorney General Co-Chairing. They will be meeting on September 13th at 1 South Pinkney St. Public Comment is on the agenda. The Council has four Sub-Committees: 1) Outreach 2) Benchmarks/Goals 3) Data Sharing 4) Treatment Alternatives. He also announced that grants for funding specialty Courts are in the grants section of the OJA website (OJA@wisconsin.gov). He reported on the effort of the Treatment Alternatives and Diversion program (TAD) to address the future of the programs and legislative activity. The TAD project participated in drafting language to create the Community Corrections Act to guide and shape local programs and to move towards evidence-based programs that are measureable. There are at least 30 local Criminal Justice Councils (nine have been given TAD grants). Mr. Luick also informed the group that he had participated in a Great Lakes Inter Tribal Council meeting where pharmaceuticals, overdose deaths and addiction to pain killers were identified as a priority issue.

IX. Fetal Alcohol Spectrum Disorders (FASD) Proclamation and Awareness Day— Bernestine Jeffers and Raina Haralampopoulos

Ms. Jeffers introduced Ms. Haralampopoulos who presented a segment from a CD titled “Recovering Hope: Mothers speak out about Fetal Alcohol Spectrum Disorders.” Ms. Jeffers then made the point that in Wisconsin 67% of new mothers have consumed alcohol in the months before pregnancy compared to 54% nationally. Nine percent of new moms in Wisconsin consume alcohol in the last three months of pregnancy whereas 7% do so on the national level. Dr. Georgiana Wilton at the University of Wisconsin Department of Family Medicine in Madison is Director of the FASD Treatment outreach project. Ms. Haralampopoulos pointed out that there was a copy of the Governor’s Proclamation that September 9, 2012 was Fetal Alcohol Spectrum Disorders Awareness (FASD) Day on page 128 of the packet. Ms. Haralampopoulos then introduced an individual with an FASD who spoke of his life issues related to FASD. He is a representative of the organization “Self Advocates with Fetal Alcohol Syndrome” or SAFAS. The group gave the presenters a warm round of applause.

X. Review of By-Laws—Scott Stokes

Lou Oppor quickly reviewed SCAODA’s By-laws from the packet. He referred the group to page 143 containing 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.” Norm Briggs presented an argument that the Mental Health Council has lots of consumer input. In the Substance Abuse field there is not nearly that kind of consumer input. There was a concern expressed in the ITC that we should maximize consumer input of individuals not employed by treatment agencies or the state, who would not otherwise be compensated from consumers who might have to take off from work. The By-laws say that (Article III Section 8) “Members of a council shall not be compensated for their services...” It does not say “Committee members.” Lou Oppor pointed

out that statute 15.04 (1) (c) “Members of councils and committees created under this general authority shall serve **without compensation, but may be reimbursed for their actual and necessary expenses incurred in the performance of their duties...**” In addition, Mr. Oppor pointed out that SCAODA does not have a budget. There is no statutory budget authority. However, he acknowledged that the proposal could be brought to the next SCAODA meeting and brought to a vote. Discussion: Mr. ShROUT suggested that if authority is not in the By-laws perhaps this requires legislation. Mr. Waupoose asked how the group got to the assumption that consumers don’t participate because there is not compensation. Mr. Briggs offered that this has also been a concern of consumers on the Mental Health Council. Mary Rasmussen pointed out that when she was employed by the school district she was unable to attend often because it was hard to get away. The school would have to pay for a substitute. Mr. Oppor recognized that in the Department of Safety and Professional Services (DSPS) Board members do receive stipends of about \$25. Mr. ShROUT argued that if this change requires a legislative change, anyone not compensated could be; Council members as well as Committee members. Mr. Waupoose suggested that they bring this to a vote at the next Council meeting.

XI. Recovery Presentation—Faith Boersma, Kelly Bentley, Camille Burnett, Tyler Lybert and Mark Clark

Tyler and Kelly shared their personal stories of recovery. The group warmly welcomed and congratulated them with applause. Faith Boersma presented a handout with “SAMHSA’s Working Definition of Recovery.” The working definition of recovery from mental disorders and/or substance use disorders is, “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Ms. Boersma reported that SAMHSA has delineated four major dimensions that support a life in recovery: health, home, purpose and community. Recovery encompasses the belief that recovery is possible and the commitment to make it happen. Recovery has many pathways and is supported by peers and allies. It is culturally based and influenced and supported by addressing trauma. It is not: “What’s wrong with you?” It is: “What happened to you?” Two organizations which focus on recovering people are: “The Alliance for Recovery Advocates,” (AFRA) and “The Recovery Implementation Task Force.” Mark Clark was introduced as the Director of AFRA. He explained that he is focused on dual recovery for both youth and young adults. He is trying to build a membership and trying to lift the veil of anonymity. He announced that September is Recovery Month and that AFRA is sponsoring a “Recovery Walk” from Tellurian to Ahuska Park. There will be a band and a cook out. Ms. Linda Harris will be attending. He pointed out fliers on the table in the back of the room. Mr. Clark explained that a goal of AFRA is to reduce stigma, not just for people but for counselors, too. Recovery is real. It is a celebration! There are peer leadership trainings. More people in recovery are needed on our committees. It is good to see SCAODA and the Mental Health Council working together. Duncan ShROUT expressed gratitude for the recovery movement. He felt that people’s experience is so different. Mr. Waupoose noted how important it is to have people come to tell their stories. We get caught up in things like by-laws, but we shouldn’t lose sight of the effect on people’s lives. Mr. Waupoose expressed thanks to all the presenters today.

XII. Great Lakes Inter Tribal Council (GLITC) Strategic Prevention Enhancement Plan Presentation—Jacob Melson, Behavioral Epidemiologist for GLIT-Epi Center

Jacob Melson introduced the topic by explaining that about one year ago, GLITC received an enhancement grant to develop an inter-tribal prevention plan. There are 12 member tribes, all eleven Wisconsin Tribes plus one from Michigan. He reviewed for the group key elements in the development of the plan.

- Prescription drug abuse prevention focus
- Policy consortium
- Epidemiologic work groups
- Multi-disciplinary
- Tribal representatives
- On-line survey
- Strategic Prevention Framework
- Traditional cultural beliefs
- Strength-based traditional medicine wheels

He explained that culture is prevention. However the plan also included Strategic Prevention Framework components such as data collection and analysis, coordination of services, technical assistance, evidence-based practices and evaluation. He referred the group to the publication of the plan document, “Great Lakes Inter-Tribal Council, Inc. Prevention Strategic Plan,” funded by SAMHSA, Strategic Prevention Enhancement Grant #18649. In it, the traditional Medicine Wheel which is a holistic inter-tribal symbol is combined with the strategic prevention framework (SPF). The medicine wheel involves mental physical, emotional and spiritual components. The East of the wheel is infancy and in combination with the SPF represents data collection, analysis and reporting. The South is capacity building, reimbursement and knocking down silos. The West is implementation. The model presents opportunities to address issues with secondary data; share relevant data, implement a shared data system and coordinate resources. They are looking to increase reimbursement for screening and assessments from traditional healers. Mr. Melson can be reached at 612 624-1322 or google GLITC for the documents.

XIII. Agenda Items for December 14, 2012 Meeting

Michael Waupoose summarized agenda items for the December 14th meeting. They are:

- Deaf and Hard of Hearing Presentation
- 2012 Epidemiological Study
- Affordable Care Act
- Workforce Development
- Drug Endangered Children presentation
- Department of Children and Families Update
- DPI/DOT Update on Surcharge (through Executive Committee or Planning and Funding)

XIV. Announcements—Joyce Allen and Lou Oppor

- Joyce Allen reported that DHS has entered into contracts for two regional pilots. There will be two grants of \$200,000 per year for three years. Both are in the Western regions: 1) Chippewa, Eau Claire, Pierce, Barron and Dunn counties are teaming up to develop shared services and 2) La Crosse, Monroe and Jackson counties are also collaborating on the development of core services and shared services.
- Nina Emerson reported that “Paula’s Story” the video of a woman with an impaired driving history is on CD and there is an electronic version, too. Ms. Emerson has four CDs with her or you can email her if you want more copies.
- Lou Oppor announced that the Bureau has received approval to fill Lori’s position.
- The Alcohol and Other Drug and Mental Health Conference will be held at Chula Vista on October 24th and 25th.
- Mr. Oppor announced that the Bureau has applied for a “Partnership for Success Grant,” which is a prevention grant targeting hi-risk counties for prescription drug abuse.
- Denise Johnson was impressed with the captioning on the DVD. She asked if an electronic version was available to share. Bernestine Jeffers has CDs and the electronic version.

XV. Adjournment – Michael Waupoose

Duncan Shrout made a motion to adjourn. Norm Briggs seconded the motion. The meeting adjourned at 3:30 p.m. The next SCAODA meeting is scheduled for December 14, 2012 from 9:30am to 3:30 pm in room A3151 of the American Family Complex.



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 14, 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, Kevin Moore, Steve Fernan, Norman Briggs, Joyce O'Donnell, Tina Virgil, Sue Shemanski, Michael Waupoose, Rebecca Wigg-Ninham, Sandy Hardie, Douglas Englebert, Mary Rasmussen, Duncan Shrout, Sandy Pasch, Craig Harper and Scott Stokes

Members Excused:

Members Absent: Roger Frings, Dennis Baskin, Charlotte Rasmussen, Gary Bies

Ex-Officio Members Present: Ray Luick, Matthew Sweeney, Raymond Perez, Don Pirozzoli, Randy Glysch

Ex- Officio Members Excused:

Ex- Officio Members Absent: Anne Hoffman, Linda Preysz, Colleen Baird, Thomas Heffron, Robert B Williams

Staff: Joyce Allen, Lou Oppor, Tanya Hiser, Faith Boersma, Pat Cork, Arlene Baker, Susan Endres, Christy Niemuth, Lee Ann Cooper, Bernestine Jeffers, Sarah Norberg, Bernestine Jeffers, Ashleah Bennett

Guests: Denise Johnson, Dave Macmaster, Nina Emerson, Keith Lang, Paul Krupski

I. Introductions/ Welcome/ Pledge of Allegiance/Announcement Noise Level – 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 introduced new SCAODA staff member, Ashleah Bennett.

II. Review/Approval of September 7, 2012 Minutes—Michael Waupoose

Mr. Waupoose asked for any changes, corrections or additions to the minutes. Hearing none, **Joyce O'Donnell made a motion to approve the minutes of September 7, 2012. The motion was seconded by Duncan Shroust. The motion was approved unanimously.**

III. Public Input—Michael Waupoose

Mr. Waupoose asked if anyone wanted to offer public input, hearing none Mr. Waupoose continued with the next agenda item.

IV. Committee Reports:

• Executive Committee—Michael Waupoose

The executive council met on December 5, 2012. During the meeting they reviewed the vacancies for council positions. With the change due to the legislative elections, the Executive committee will send out legislative letters for council appointments. Duncan Shroust has agreed to make personal follow up visits with legislative offices to help influence these appointments.

The Wisconsin Department of Children and Family Services (DCF) have asked SCAODA to appoint a SCAODA representative to the Secretary's Council on Child Welfare. Michael Waupoose referenced the letter sent by Wisconsin's Department of Children and Family Services. Lou Oppor indicated a request was made for DCF to send out a representative to speak to the council about the scope of their council but, no one was able to attend. Mr. Waupoose stated he believes it is a big compliment to us that they reach to us for representation; that they recognize the important role that substance abuse plays in the lives of children and families. Mr., Waupoose requested a volunteer to represent State Council on Alcohol and Other Drugs (SCAODA) on the Secretary's Council on Child Welfare for DCF. Rebecca Wigg-Ninham volunteered for the position. Lou Oppor will coordinate with DCF to let them know the decision.

Mr. Waupoose reported that in response to the motion at the September SCAODA meeting, a letter is being drafted to Wisconsin's Department of Transportation (DOT) and Department of Public Instruction (DPI). The letter was a formal request for a presentation at the March 1st meeting in regards to how they spent the Intoxicated Driver surplus funds. Sonya Sidky asked who within the organization the letter would be sent. Lou Oppor replied that they are normally sent to the agency's Secretary.

- **Diversity Committee—Rebecca Wigg-Ninham and Sandy Hardie**

Rebecca Wigg-Ninham reported that the Diversity committee is working on recruiting members. Ms. Wigg-Ninham thanked the two new members for joining the committee and for their time. She also reported they are looking for additional members from the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community especially. She asked for suggestions of possible members. They have been talking about Veteran's and LGBTQ community issues. Also, they have been researching the LGBTQ community's substance use which include an especially high number of tobacco users. They have been working on educating themselves and figuring out a way to support the community. Michael Waupoose suggested contacting Outreach and Sandy Pasch suggested Diverse and Resilient.

- **Intervention and Treatment Committee (ITC)—Norm Briggs**

Mr. Briggs reported that ITC was working on standing issues on the treatment and care of women, children and special populations. Also workforce and minority populations, they are looking forward to training coming in January.

Mr. Briggs made the following motion on behalf of ITC:

It is a policy goal of SCAODA that people seeking treatment for Nicotine Use Disorders shall have access to the same range of treatment services as those offered for the treatment of other substance use disorders. Duncan ShROUT seconded the motion. Michael Waupoose asked for discussion: Sandy Pasch inquired about the Diagnostic and Statistical Manual (DSM) of the new health care plan and wondering if it is not already included in that. Ms. Pasch mentioned the resistance from providers could be a possible issue since many use tobacco during substance abuse recovery. In addition, Duncan ShROUT voiced concerns and questions were brought forth on compensation from Medicare and other programs to providers for nicotine addiction related treatment. Kevin Moore stated the Department of Health Services is working on a project for a medical home that works with mental health and medical conditions. 44% of applicants were addicted to nicotine. The 17,000 applicants, after averaging, had about \$20,000 per person in Medicare bills. Mr. Waupoose brought forth the concern that there are no criteria for "Access to same range of treatment." Is it appropriate or necessary? Mr. Briggs replied ITC meant when necessary. Mr. Waupoose pointed out that nicotine addiction is usually a co-occurring condition. David McMaster agreed it is rare that nicotine is the only substance being abused but, stated they are out there and they deserve assistance. Raymond Perez asked about whether or not there's data regarding in-patient treatment for nicotine addiction and what is the funding for that. Mr. Briggs replied data is based on New York state data. Mr. McMasters stated ITC believes this motion is more of a statement of philosophy rather than a firm policy. They would like Nicotine addiction to be recognized as a disorder and that it should have more available treatment options. Sue Shemanski suggested the motion be reworded. Mr. ShROUT made a motion to reword the original motion from ITC; Ms. O'Donnell

seconded the motion. Mr. Briggs stated he was uncomfortable agreeing to that without input from the committee but, would take suggestions on wording. **Mr. Waupoose called for the vote on the motion from ITC. Vote resulted in six in favor, six opposed, and three who abstained. As a result of a tied vote, Mr. Waupoose cast a vote in the opposition. The motion did not pass.**

- **Planning and Funding—Joyce O’Donnell**

Joyce O’Donnell reported a public forum in Wisconsin Dells. The forum had low attendance so they are going to work on ideas for attracting more people. Ms. O’Donnell thanked Lou Oppor for his presentation at the Planning & Funding Committee’s Public Forum. She reported the Planning and Funding committee is in conference with Maureen Busalacchi, who will be giving a presentation to the Committee. Lou Oppor reported that Maureen is the director of Health First WI, formerly known as Smoke Free WI. They have, in the past, primarily focused tobacco use but have recently expanded to include alcohol use and obesity. Mr. Oppor requested that Paul Krupski, a guest from Health First WI, mention the three primary areas that Health First WI is focusing on. Mr. Krupski reported they have put together a state leadership team around Alcohol in Wisconsin. The state leadership team consists of representation of all regions of the state, law enforcement, a judge, health representatives and others. The three policy priorities that came from this team were: An increase on alcohol taxes, removing the parental exemptions in the state on buying alcohol for minors at licensed establishments, and lastly, making sobriety check points legal in Wisconsin. Mr. Oppor requested that Mr. Krupski talk about the focus groups that Health First WI ran recently. Mr. Krupski reported Health First WI contracted with a group from Pennsylvania to come and run focus groups around the state on issues regarding alcohol use and the three priorities mentioned previously. He reported they received really interesting feedback and hopes to use the feedback as they moving forward. A question was asked about what they were doing to reach out to diverse populations in Wisconsin (i.e. the tribes, the Latino community). Mr. Krupski replied they do have representation on their state leadership board from Great Lakes Inter-Tribal Council (GLITC). He said they do not have a set plan as of now but they do plan to reach out to all ethnicities. A question was raised about the parental exemption and where it would be in effect. Mr. Krupski gave the answer that it would be in effect at licensed bars and establishments but not in private residences. Another question was posed in response to why this would not be enforced in the residences since the law states the legal age is 21. Mr. Krupski explained that it came down to public property versus private property. Ms. O’Donnell continued with the Planning and Funding committee’s report. Ms. O’Donnell reported there is a lot of concern with funding for prevention programs and Department of Public Instruction (DPI) has been offered a big hit. She explained that all the data states that prevention is a key component and that education is the area that has had a great influence dealing with the community, families, and schools. She would like to more money go to prevention and also more recreational programs or activities for the community.

Joyce O'Donnell Made the following motion:

“The Planning and Funding Committee supports the Department of Public Instruction (DPI) in retaining the current \$1.3 million allocation received from the Penalty Surcharge into the next biennium and for the foreseeable future.”

Duncan Shrout seconded the motion. Discussion: Steve Fernan pointed out the mentioned \$1.3 million is dedicated to aid local schools, the amounts that goes out in grants to aid the schools and student groups for prevention but there is a total of \$1.8 million given to DPI. A friendly amendment was proposed to change the \$1.3 million to the full \$1.8 million. Ms. O'Donnell agreed. It was pointed out the Penalty Surcharge funds are the only funding now available, since the federal support ended, to give prevention grants and train teachers and school counselors on Alcohol and Other Drug Abuse (AODA) issues. Raymond Perez asked if DPI has looked at the local school districts modifying meal rates to help allocate more funding. An answer was given that they cannot address that question at this time. Tina Virgil pointed out the funding that was given in the past by the Department of Justice (DOJ) had created a deficit and this was a way of trying to reverse some of those dollars but, it would just need to play itself out. Duncan Shrout made a point that we need to support prevention because it makes an imprint. It was also pointed out that the ability to retain prevention funding is important. Michael Waupoose asked for any further discussion. Hearing none, he called for the vote. **There were two votes in opposition (Moore and Virgil); one abstention (Sidky); and the rest in favor. The motion passed.**

Joyce O'Donnell then made the following motion:

“To support the addition of the definition of intoxicant (“any alcohol beverage, substance used contrary to s. 941.316, controlled substance, controlled substance analog or other drug, or any combination thereof”) to the vehicle statutes that apply to the OWI laws.” Duncan Shrout seconded the motion. Discussion: The question of “how is it tested” was asked. Nina Emerson from the Resource Center on Impaired Driving was introduced. She had completed studies on this issue. Ms. Emerson reported it is tested through a blood test. Ms. Emerson explained this motion would revise the definition of intoxicant so that it would include any substance use in contrary to 941.316. Kevin Moore asked about s.941 and if this just covered the huffing aspect of it. Ms. Emerson stated it is huffing but the 941 statutory sections refer to chemical compounds, household substances so it is a broader range. It's really about the use of these substances contrary to how they were designed to be used. The intent for this is to tie the huffing laws in with Operating While Intoxicated (OWI) laws. Michael Waupoose asked for any further discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

Joyce O'Donnell thanked LeeAnn Cooper for staffing the Committee and that she's done an amazing job.

- **Prevention Committee—Scott Stokes**

Scott Stokes reported that they have added some new members to the Prevention Committee. Mr. Stokes reported the following highlights: A \$1.2 million per year Substance Abuse and Mental Health Services Administration (SAMSHA) grant for the next three years to focus on prescription drug use; 911 Good Samaritan Ad-Hoc committee is in the process of working on the final report; The state is gearing up for the Parent Who Host campaign which will run during prom and graduation; The Epidemiological Report on Substance and Alcohol Use in Wisconsin is at the printers and will be ready by the end of this month. We will have an overview of the report at the March State Council on Alcohol and Other Drugs (SCAODA) meeting; and finally, Mr. Stokes reported the United Health Foundation released its 2012 Health Ranking and Wisconsin ranked worst in the nation for binge drinking.

Scott Stokes made the following motion:

“To form a marijuana prevention Ad-Hoc committee that would develop a recommendation report and a public health response to issues related to marijuana use.” Mr. Stokes stated that this committee would start after the Good Samaritan committee finished. In addition, this committee would look at the use of synthetic marijuana. Joyce O’Donnell seconded the motion.

Discussion: Kevin Moore asked if Washington and Colorado had their own version of SCAODA and what if anything happened at that level that we could learn from. Mr. Stokes explained that the motion had been made before the elections and recreational use had not come up but the committee would definitely be looking into what transpired. Norman Briggs asked if the focus would be on adolescent use or would it include adults. Mr. Stokes replied the initial discussion had been for adolescents but there’s no reason it couldn’t include adults as well. Sandy Pasch asked if it would be a directive of this committee to look at treatment and education rather than incarceration. Mr. Stokes said he would look into that. Michael Waupoose asked for any further discussion. Mr. Moore added that if we legalize marijuana its still an addictive substance and we don’t have the capacity to manage treatment. Mr. Stokes was unable to comment. Ms. Pasch pointed out we have the benefit of looking at Washington and Colorado and seeing how it played out there. Hearing none, he called for the vote. Raymond Perez mentioned that another place for resources and critical data would be our veteran’s treatment court which was originally formed to focus on Alcohol and Other Drugs Abuse. Duncan Shroul observed that normalization is a critical part of the discussion and that a detailed, thoughtful public health policy endorsed by the State Council is the best way to go. Mr. Shroul also pointed out that then people would make their own choice but couldn’t deny the risk factors involved with the choice. Mr. Shroul agreed and said they did not want the message out there that there is no risk. Sonya Sidky pointed out that marijuana is the number one issue on the list for impaired driving so; we can’t lose focus of the impaired driving aspect. Mr. Perez pointed out it would be interesting to look at the medical use side and see how it really relates to medical treatment. Mr. Stokes said he was sure the committee would look in to it. Rebecca Wigg-Ninham pointed out that

retirees are an important group for the committee to look at. One last comment was made about the impact this could have on marketing and what kind of mass advertising this could lead to. Mr. Waupoose asked for any further discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

- **Michael Waupoose thanked the committee Chairs for all their hard work.**

V. Report on Combined Mental Health and Substance Abuse Needs Assessment Ad-hoc committee – Rebecca Wigg-Ninham

Rebecca Wigg-Ninham reported that there was no new information at this time. They are still looking at data. She reported they will take another look at the data in January and will have something ready for the State Council on Alcohol and Other Drugs' March meeting.

VI. By-Law Modification

Scott Stokes reported that at the September SCAODA meeting, **a motion was brought forward to begin to provide a stipend for folks who participate in sub-committees of State Council on Alcohol and Other Drugs (SCAODA).** Norman Briggs clarified the proposal to amend the by-laws to state that individuals that are not council members serving on a committee, and are not compensated through their work, may receive a stipend. Mr. Briggs said this was to increase consumer involvement. Mr. Briggs stated that he did not expect this motion to pass since there is a statute that explicitly prohibits any serving on a committee from receiving compensation above their expense but still wanted to put the issue on the table. The motion was seconded by Duncan Shrout. **Michael Waupoose called for a vote. There were three votes in favor (M. Rasmussen, Shrout, and Pasch); three abstentions (Sidky, Fernan, and O'Donnell); and fourteen opposed. The motion was not passed.**

Kevin Moore reported there is a website set up for mental health but would like to expand it to cover the entire division (Mental Health and Substance Abuse Services). Mr. Moore would like to create a consumer opportunities portal.

VII. State Agency Report

Matthew Sweeney reported on the State Excise Tax Revenue. Sandy Pasch asked if the decrease in cigarette excise tax was due to consumers looking for other means of obtaining cigarettes. Mr. Sweeney replied that when the tax goes up they see a drop in the excise tax but yes, there are people who look to get around paying cigarette tax whether legally or illegally.

VIII. Other Topics

Kevin Moore reported on the Department's (Department of Health Services) update. As part of their tribal consultation, alcohol and other drug issues have been at the forefront. One of the things that came out of the most recent tribal consultation was to seek a potential dedicated position on the council from the Tribal community. We have tribal representation but we don't have a tribal position. Mr. Moore thought the Department would be happy to advocate for that. Mr. Moore would like to keep this in mind for future consideration.

IX. Presentations

- **AODA Services for the Deaf and Hard of Hearing – Denise Johnson**

Denise Johnson gave a presentation on Alcohol and Other Drug Abuse (AODA) and Mental Health service needs for the Deaf and Hard of Hearing community. Ms. Johnson reported on the affect the lack of services has on a person of the Deaf and Hard of Hearing community. She also reported that there is a Mental Health Steering Committee. This committee is working to develop a plan to create a collaborative services network for those in the Deaf and Hard of Hearing community. Some steps they have taken are: developing information resources, addressing of licensing issues, expanding utilization of Tele-Health, seeking financial support resources, creation of electronic access to available resources and recruiting for representation on key boards, councils and committees. Ms. Johnson talked about the difference between states with AODA services and those without. Wisconsin refers many patients to Minnesota for care because we don't have the resource to help all those in need of service. (See handouts and video presentation)

- **Drug Endangered Children – David Forsythe, Wisconsin Department of Justice (DOJ)**

David Forsythe gave a presentation on Drug Endangered Children (DEC). Mr. Forsythe reported a DEC is defined as "Any child born or unborn, at risk of neglect, or sexual and physical abuse, or emotional abuse, or mental harm by the parent's or caregiver's use, distribution or manufacture of any controlled substance or the parent's or caregiver's failure to protect the child from the exposure to the use, distribution, or manufacture of any controlled substance." The DEC started in California after a case involving the death of three young children in a meth lab explosion. The concept behind DEC is to coordinate the needs of the children contacted at drug-related crime scenes. Mr. Forsythe explained DEC is a two-phased program. It is not only the rescuing of these children but also the long term support they will need. Before DEC, children weren't seen as victims and there was no documentation of abuse. The different agencies involved (Child Protective Services,

Law enforcement, Prosecution) did not share information which, led to a lot of information getting lost in the chaos. The various DEC programs in Wisconsin all specialize in the Alcohol and Other Drug Abuse (AODA) problems that affect that specific region. Mr. Forsythe finally talked about the protocols that were followed by each agency to ensure the child was getting the best care. (See handouts and video presentation)

- **Report on the Affordable Care Act – Sarah Eskrich, Wisconsin Council for Children and Shell Gross, Wisconsin Council on Mental Health**

Sarah Eskrich and Shell Gross gave a presentation on the Affordable Care Act. The some of the highlights of the presentation were:

- **Why ACA? Uninsured Non-Elderly Wisconsinites (2010 SAHIE Data)**
- **Coverage Opportunities**
- **Exchanges**
- **Essential Health Benefits**
- **Filling the Gap in BadgerCare**
- **Trends in BadgerCare Core Coverage for Non-Custodial Adults**
- **Key Question about the 2013-15 WI Budget**
- **Timeline/Decision Points**
- **Questions**

The full PowerPoint presentation can found online at the following url:
<http://scaoda.state.wi.us/presentations.htm> .

Discussion: Norman Briggs asked how manage care fits into the Affordable Care Act. Mr. Gross said he believed it will stay the same. Mr. Briggs replied there is a difference from having those benefits and accessing those benefit and didn't see a change to close that gap with the Affordable Care Act. Lou Oppor inquired about parity and how it works. Mr. Oppor explained his basic understanding was that with parity, certain services couldn't be capped like Mental Health and Substance Abuse but would appreciate clarification. Mr. Gross replied that there was an equation that was used to figure out the amount but that the precise rules had been placed yet. Duncan Shroul inquired if there is a definitive date when all the questions about the federal and state decisions about participation in the Affordable Care Act will be addressed. Mr. Gross said that he did not have a date but he would guess by February since that's when the budget is released. Kevin Moore said he felt October 1st date for this to go into effect was very aggressive. He stated there was a lot still unknown and a lot of decisions left to be made. Mr. Moore thanked Mr. Gross and Ms. Eskrich for their presentation and praised them on how fair the presentation of the issue it was.

X. Agenda Items for December 14, 2012 Meeting

Michael Waupoose summarized agenda items for the March 1st meeting. They were:

- 2012 Epidemiological Study
- Workforce Development
- Department of Children and Families Update
- Department of Public Instruction/ Department of Transportation (DPI/DOT) Update on Surcharge (through Executive Committee or Planning and Funding)
- Update on the Affordable Care Act
- Update on the Dane County Integration Process – Tobacco-Free Facilities
- Update on report from Planning and Funding
- Report from Combined Mental Health and Substance Abuse Needs Assessment Ad-hoc committee

XI. Announcements—Lou Oppor

- Synar Report has been completed and is available on-line at the Bureau's website. The survey is a measurement of non-compliance rates for youth seeking the purchase of tobacco products. Last year our non-compliance rate was 4.7 percent and this year its 5.4 percent so it jumped slightly but, we are well under the 20 percent required level.
- The Alliance for Wisconsin Youth is a group of 120 collations. They are managed through a regional prevent system. In other words, we have regional prevention centers that work with the collations to help reduce drug and alcohol abuse around the state. We just awarded new grants for new regional prevention centers.

XII. Moment of Silence for the Tragedy in Connecticut

XIII. Adjournment – Michael Waupoose

A motion was made to adjourn the meeting. The motion was seconded. The meeting adjourned. The next State Council on Alcohol and Other Drugs (SCAODA) meeting is scheduled for March 1, 2013 from 9:30 am to 3:30 pm in room A3151.

2013 SCAODA Meeting Dates:

March 1, 2013

June 7, 2013

September 13, 2013

December 13, 2013

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

January 15, 2013

Secretary Mark Gottlieb
Wisconsin Department of Transportation
4802 Sheboygan Ave
PO Box 7910
Madison WI 53707-7910

Dear Secretary Gottlieb:

The State Council on Alcohol and Other Drug Abuse (SCAODA) was created by the enactment of 1993 Wisconsin Act 210 and is focused upon the coordination of substance abuse planning and funding within Wisconsin government. State Council members are appointed by the Governor and represent most cabinet-level agencies in Wisconsin, two constitutional offices, the Legislature, service providers and citizens.

SCAODA's Planning and Funding Committee has taken a great interest in the adequate funding of treatment for indigent individuals convicted of Operating While Intoxicated (OWI). As you know, 40% of the Driver Improvement Surcharge collected from each conviction is dedicated to Wisconsin programs related to impaired driving. In FFY12, surcharge funds were distributed as follows:

FINAL FY 2012 Allocation of the Driver Improvement Surcharge

	<u>Alpha</u>	<u>Numeric</u>	<u>Final FY 2012 Allocation</u>	<u>Final 4th Quarter Allocation</u>
Revenues			\$ 4,065,330.70	\$ 1,159,222.84
Statutory Transfer				
DOT	395(5)(ek)	531	\$ 396,369.74	\$ 113,024.23
Discretionary Allocation				
DPI	255(1)(hm)	134	\$ 193,373.07	\$ 46,861.65
UW SLH	285(1)(ia)	127	1,316,173.62	380,719.02
DOT	395(5)(ci)	527	241,806.49	68,950.75
DOT	395(5)(di)	528	1,112,807.78	289,547.65
DHS	435(5)(hy)	527	744,300.00	229,545.77

DOJ	455(5)(h)	533	<u>60,500.00</u>	<u>30,573.77</u>
Total			\$ 3,668,960.96	\$ 1,046,198.61
Grand Total			\$ 4,065,330.70	\$ 1,159,222.84

To further SCAODA's understanding of how surcharge funds are being utilized, SCAODA is respectfully requesting you or your designee to attend its next meeting to discuss how those funds are being used by your agency as well as evidence that this programming is effective in preventing impaired driving.

SCAODA's next meeting is Friday, March 1, 2013, at:

American Family Insurance Conference Center
6000 American Parkway
Madison, WI 53783
Building A, Room A3151
Discussion will be held after lunch at approximately 12:30 p.m.

Please contact Louis Oppor, SA section chief, at (608) 266-9485 or via email at Louis.oppor@wi.gov if you have any questions.

Sincerely,



Michael Waupoose
Chairperson

CC: Sonya Sidky, BOTS

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

January 15, 2013

Department of Public Instruction
Dr. Tony Evers, State Superintendent
PO Box 7841
Madison WI 53707-7841

Dear Dr. Evers:

The State Council on Alcohol and Other Drug Abuse (SCAODA) was created by the enactment of 1993 Wisconsin Act 210 and is focused upon the coordination of substance abuse planning and funding within Wisconsin government. State Council members are appointed by the Governor and represent most cabinet-level agencies in Wisconsin, two constitutional offices, the Legislature, service providers and citizens.

SCAODA's Planning and Funding Committee has taken a great interest in the adequate funding of treatment for indigent individuals convicted of Operating While Intoxicated (OWI). As you know, 40% of the Driver Improvement Surcharge collected from each conviction is dedicated to Wisconsin programs related to impaired driving. In FFY12, surcharge funds were distributed as follows:

FINAL FY 2012 Allocation of the Driver Improvement Surcharge

	<u>Alpha</u>	<u>Numeric</u>	<u>Final FY 2012 Allocation</u>	<u>Final 4th Quarter Allocation</u>
Revenues			\$ 4,065,330.70	\$ 1,159,222.84
Statutory Transfer				
DOT	395(5)(ek)	531	\$ 396,369.74	\$ 113,024.23
Discretionary Allocation				
DPI	255(1)(hm)	134	\$ 193,373.07	\$ 46,861.65
UW SLH	285(1)(ia)	127	1,316,173.62	380,719.02
DOT	395(5)(ci)	527	241,806.49	68,950.75
DOT	395(5)(di)	528	1,112,807.78	289,547.65
DHS	435(5)(hy)	527	744,300.00	229,545.77
DOJ	455(5)(h)	533	60,500.00	30,573.77

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Please contact Louis Oppor, SA section chief, at (608) 266-9485 or via email at Louis.oppor@wi.gov if you have any questions.

Sincerely,



Michael Waupoose
Chairperson

CC: Steve Fernan

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

January 17, 2013

Governor Scott Walker
State Capitol, 115E
Madison, WI 53703

RE: DOJ BUDGET REQUEST FOR PENALTY SURCHARGE REVENUE

Dear Governor Walker:

At the December 14, 2012 meeting of the State Council on Alcohol and Other Drug Abuse, a motion carried to support the Department of Public Instruction in retaining \$1.8 Million in Penalty Surcharge Revenue into the next biennium and for the foreseeable future. These funds are used to support Alcohol and Other Drug Abuse (AODA) prevention services within Wisconsin schools. The motion carried on a vote of thirteen in favor, two opposed and one abstention. Your designated representative did vote in favor of supporting this motion.

The Department of Justice (DOJ) has requested in its 2013-15 budget request to redistribute funds received from Penalty Surcharge revenues. These revenues come, in part, to the Department of Public Instruction (DPI) where they are used to fund Alcohol and Other Drug Abuse (AODA) programs.

Removing these funds would have a detrimental impact on the Departments ability support alcohol and other drug abuse services in the future. Funds are currently used to support the following:

School District Impact

This year the department awarded over \$900,000 to 43 school districts and a consortium of school districts working through CESA's and an additional \$104,000 to student mini grants focused on addressing AODA issues in the schools. These dollars, which would be eliminated under this proposal, represent the only state funds given to school districts to focus on AODA issues.

Elimination of Statewide AODA Technical Assistance Center

The DPI uses the DOJ funds, \$250,000, to fund a statewide AODA technical assistance center administered by CESA 4 with four regional staff and one director. In 2012-13 they will provide 30 trainings and helped set up an additional estimated 131 serving over 4,000 attendees on numerous topics including cyberbullying, bullying, AODA, and prescription drug abuse.

Impact on Services Provided by DPI

DPI funds 2.825 AODA staff and, due to the AODA related work they do, one-quarter of each of the following four positions: school social work consultant, school counseling consultant, school nursing consultant, and school psychology consultant. These are DPI's only positions in these areas.

At a time when we are beginning to see improvement concerning reductions in underage drinking, now would not be the time to reduce these efforts.

Thank you for considering this request for the Department of Public Instruction to retain current Penalty Surcharge Revenue.

Sincerely,

A handwritten signature in cursive script that reads "Michael Waupoose".

Michael Waupoose
Chairperson

Cc: Kitty Rhoades
Steve Fernan, DPI

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

February 14, 2013

The Honorable Scott Fitzgerald
Senate Majority Leader
Room 211 South
State Capitol
Madison, WI 53707

Dear Senator Fitzgerald:

1993's Act 210 of the Wisconsin Statutes Section 2 14.017(2) specifies that the membership of the State Council on Alcohol and Other Drug Abuse 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 and September, 2011, and also in April 2012.

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 date a vacancy for the Senate Majority member remains unfilled. Duncan Shrout, SCAODA Vice-Chair, and a member of the Executive Committee, will be in touch with you to discuss this vacancy in the near future. 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 Louis Oppor, Department of Health Services at (608) 266-9485 (Louis.Oppor@Wisconsin.gov).

Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Michael Waupoose".

Michael Waupoose, Chairperson
Michael.Waupoose@UWMF.WISC.EDU
(608) 278-8206

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

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

February 14, 2013

The Honorable Chris Larson
Senate Minority Leader
Room 206 South
State Capitol
Madison, WI 53707

Dear Senator Larson:

1993's Act 210 of the Wisconsin Statutes Section 2 14.017(2) specifies that the membership of the State Council on Alcohol and Other Drug Abuse 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 and September, 2011, and also in April 2012.

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To date a vacancy for the Senate Minority member remains unfilled. Duncan Shrout, SCAODA Vice-Chair, and a member of the Executive Committee, will be in touch with you to discuss this vacancy in the near future. 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 Louis Oppor, Department of Health Services at (608) 266-9485

Louis.Oppor@Wisconsin.gov).

Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Michael Waupoose".

Michael Waupoose, Chairperson
Michael.Waupoose@UWMF.WISC.EDU
(608) 278-8206

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



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

**Diversity Committee Meeting Minutes
Monday October 17, 2012
9am to 11AM**

Attendees:

Steve Dakai
Rebecca Wigg Ninham
Tina Virgil
Denise Johnson

Excused Absent:

Sandy Hardie
Dr. Raymond Pérez

State Staff:

Gail M Nahwahquaw
Bernestine Jeffers
Arlene Baker

Committee Meeting Minutes

CALL TO ORDER:

The meeting was called to order at 9:10am. The May & July 2012 minutes were discussed and approved. The committee agreed to table the August minutes approval until the November 19th meeting, allowing members additional time to review the minutes. The committee discussed and agreed to table the August minutes review and approval until the November 19th meeting to allow members time to review. Additional discussion evolved around developing a timeline for dissemination of minutes and various documents prior to schedule committee meetings, and the procedure for approving and accepting minutes. The Staff will review and present findings at the November 19th meeting.

ANNOUNCEMENTS:

Gail Nahwahquaw will no longer staff the Diversity meetings due to new position she had accepted. Bernestine Jeffers and Arlene Baker will be staffing the Diversity committee until further notice.

SCAODA MEETING UPDATE:

Rebecca provided highlights from the September SCAODA meeting.

Key discussions points areas:

- Recruitment for the Cultural Diversity Committee; Tina Virgil and Raymond Perez were invited and accepted to be a part of the committee;
- SCAODA Workforce Development and certifications for AODA counselors; Budget priorities;
- MH/SA Needs Assessment Ad-Hoc Committee;
- Veteran affairs updates;
- SCAODA elections;
- Recovery Presentation.

Additional detail information can be found at the SCAODA website

LOGISTICS

The committee discussed changing 2013 meetings to be held on a different day. A suggestion is Wednesdays in the afternoon or maybe Monday at an alternative time. (parking lot item for 11/19 meeting)

Denise Johnson had some concerns with the interpreting services during the SCAODA meetings. Denise will follow up with Lou Oppor concerning the video relay service.

MEMBERSHIP RECRUITMENT

The members discussed extending an invitations to the LBGT and Asian communities; Members recommended that staff contact the Wisconsin United Coalition of Mutual Assistance Association, Inc. for recommendations from the Asian communities.

MARSHFIELD CLINIC PROPOSAL

The committee began discussion of the **Marshfield Clinic Proposal**. There was a concern of where the initial data is coming from, what kind of support is being requested and the impact of the **Affordable Health Care Act**. The committee members will continue this discussion after reading the proposal further. The committee may be willing to assist Marshfield in the AODA perspective.

WORKFORCE DEVELOPMENT

The committee will review the Workforce Development survey and Substance Abuse Counselor training programs listing at the November committee meeting. There is a great concern among existing AODA Counselors that if new requirements are put in place there will be a shortage.

MINORITY TRAINING RFP

There was mention of an RFP that was being written but not sure if it is available as of yet. When it does become available, a copy should be reviewed by the committee.

Adjournment:

The committee adjourned at 12:15p.

Next Meeting November 19th, 2012, 9am -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 Meeting Minutes

Monday, November 19, 2012
9:00am

Attendees: Tina Virgil, Denise Johnson, Arlene Baker, Rebecca Wigg-Ninham, Raymond Perez, Bernestine Jeffers

Agenda Topic: Minutes approval

Time Allotted: 10 minutes

Discussion

- Corrections to the minutes- Under the logistics section remove Denise Johnson's discussion regarding the Interpreter
- Members discussed "the quorum for the minutes" question and decided to add a section regarding the removal of "a quorum for the minutes to be approved"

Conclusion-Approval of the October Minutes

Action Items – Note corrections

Agenda Topic: Goals and purpose

Presenter: Rebecca Wigg-Ninham

Time Allotted: 40 minutes

Discussion

- Reviewed goals and purpose -
 - Provider update for new members
 - Discussed the need for any necessary changes
- Discussed 3 bulletins related to cultural competency

Conclusion

- Recommended updates to the goals and purposed

Action Items

- See 2010-2014 #1 web links, change color to diversity community, veterans - communities of diversity, needs measurements
- Goal 2 change language
- Goal 3 - reverts to scorecard diverse populations
- Goal 4 - workforce is prepared to provide culturally competent care hiring , educating

Agenda Topic: Recruitment of additional members, Website updates

Presenter: Rebecca Wigg-Ninham

Discussion

- Referenced the addition of Tina Virgil, Dr. Perez and Thai Vue
- Reviewed the membership roster for updates
- Need to approach the LGBT community- Project Q and consider others from Milwaukee County.
- Representatives from the veterans/military, and Hispanic community

Conclusion

- A. A. McAlister-WAAODA involved with ITC, A. Rivera unable to give the time, Mike W. conflict of interest since he is the SCAODA chair
- Dino - Arlene will check, Harold's email kicked back, Jerry Kaye - health issues, email kicked back. Faye Ann White??

Action Items

- Start a list of members for 2013, including an attendance log, etc.
 - Update website listing
 - Workgroup for 2013
- Cultural Affirmation and ADA and Youth working group (moved youth to ITC see Sandy)
- Dr. Perez will provide suggests and recommendations from the veterans and the Latino community. (Dr. Perez explained the origin and use of the term Hispanic developed by President Nixon and used by Regan administration.)
 - Development of a retention framework
Denise recommended giving Dr. Perez the work goals for review. There was discussion about the new Latino Chamber of Commerce in Madison.
 - Identify Cultural Competency, ADA, subcommittee needs
 - Inquire about including resources on social media such as Facebook, etc.

Agenda Topic: Development of a resource list

Discussion included on website - see agenda for the list. May want to include Children and youth

Conclusion

- Continue discussion at the next meeting

Action Items

- Inquire about including resources on social media such as Facebook, etc.

Agenda Topic: December

Presenter:

Time Allotted: 10 minutes

Discussion

- Deaf, Deaf Blind interpretation – Denise Johnson
Co-presenting with Eve Esiseman
- Drug Endangered Child - Dave Forsythe presenter

Agenda Topic: Workforce development

Presenter:

Time Allotted: 40 minutes

Discussion

- Gail Kinney could not attend.
- Important to transition students
- Rebecca met with ITC last summer to look at what we could do related to workforce development.
- Information to counties to move providers to the next step such as the federal funds being utilized in Milwaukee.
- Information to the counties via the area administrations and providers.

Conclusion

- Need to consider strategic steps, for workforce development, recruiting and retention of workforce.
- Rebecca will contact ITC regarding status of workforce development project and possible strategies prior to the Dec 14 meeting
- All agree to pursue the dissemination of information to counties.

Additional discussion and parking lot items:

- LGBT issues: General discussion on the LGBT populations' access to services and cultural competency service issues.
- Brief discussion on the impact of health concerns from risky behaviors associated with acceptance of LGBT alternative lifestyle.
- Veteran issues: Discussion of the Veteran integrated system geographical area coverage.
- Workforce development for Veterans discussion: Dr. R. Perez discussed the need for legislation to recognize military training programs and service experience legitimacy for employers in lieu of vocational training or civilian work experience. Those veterans who acquire and maintain strategies military skills to community workforce settings.

Action Item:

- Recommend that we support state policies and meetings to increase the discussion of the MH & SA needs of our Veterans.
- It was recommended that veterans be encouraged in obtaining education in AODA treatment.
- It was recommended that a partnership committee for veterans' affairs that would work with ombudsman at each of the campus in the UW system.

Agenda Topic: Meeting 2013

- The committee discussed the meeting times, frequency of meetings and subcommittees that will meet during the 2013. The committee members present agreed that the 2 Wednesday afternoon a month would be suitable. There was some discussion of how many meetings a year should occur. It was decided that the first meeting of the year would be planned and at that time a discussion will be made.
- Arlene will forward a Doodle to all members to indicate availability.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Diversity Meeting Agenda

Friday, January 11, 2013

9:30am

- Welcome and Introductions
 - Introduction of Thai Vue
- SCAODA Report
- Workforce development
 - Use of Diversity website
 - Use of social media
- Update on the Marshfield proposal.
- Diversity Committee Recruitment
- Update on RFP
- Announcements and Meetings for 2013
 - Computer based meetings.

<p>Join the meeting via computer</p> <p>AUDIO INFORMATION</p> <p>Computer Audio</p> <p>To use computer audio, you need speakers and a microphone, or a headset.</p> <p>FIRST-TIME USERS</p> <p>To save time before the meeting, check your system to make sure it is ready to use Office Live Meeting.</p> <p>TROUBLESHOOTING</p> <p>Unable to join the meeting? Follow these steps:</p> <ol style="list-style-type: none"> 1. Copy this address and paste into your web browser: https://www.livemeeting.com/cc/widhsit_secondary/join 2. Copy and paste the required information: Meeting ID: 49D9HP Entry Code: b}W8R87.Z Location: https://www.livemeeting.com/cc/widhsit_secondary <p>If you still cannot enter the meeting, contact support.</p>	<p>Join Meeting Via Telephone without computer</p> <p>Please call in using the following information:</p> <p>877-873-8017 passcode 2212649.</p>	<p>In Person</p> <p>Milwaukee Regional State Office Bldg</p> <p>819 North 7th Street Milwaukee</p> <p>Go to the 6th floor and ring the doorbell</p>
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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
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Cultural Diversity Committee Meeting

February 22, 2013

9:30a- 12:00n

Agenda

Diversity Meeting Agenda

Friday, February 22, 2013

9:30am

- Welcome and Introductions
 - Introductions
- SCAODA update
 - March 1 meeting reminder
 - Cultural Diversity section on SCAODA webpage
 - Mission statement, goals
- Workforce development
 - Diversity website
 - Use of social media
 - Minority training RFP
- Battered Women's Justice Project
 - Women Veterans and Trauma
 - Warrior Summit 3-21-13
- Diversity Committee Recruitment
 - Letter of invitation review
- Public Forum Events
- Announcements
- Adjourn

Reminder:

Future SCAODA Cultural Diversity Committee Meeting.

Meetings will be held from 9:30 a -12:30 p

~~Friday, February 22, 2013~~

No March meeting SCAODA Committee meeting

Friday, April 19th, 2013

Friday, May 17th

No June meeting SCAODA Committee meeting

Friday, July 19th

Friday, August 16th

No September meeting SCAODA meeting

Friday, November 15th, 2013

Friday, December 20th, 2013

[Join the meeting](#)

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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 (ITC) MEETING

Tuesday, November 13, 2012

10:00am – 2:30pm

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

MINUTES

Present: Roger Frings, Norm Briggs, Nina Emerson, Francine Feinberg, Dan Nowak, Shel Gross, Dave Macmaster, Staci McNatt, Sheri Graeber, Steve Dakai (phone), Jill Gamez (phone), Sheila Weix (phone), Sarah Norberg (staff)

Absent: Dennis Baskin, Kevin Moore

Guests: Barbara Nehls-Lowe (Division of Continuing Studies)

Welcome, Introductions, and Review of Minutes – Norm Briggs/Roger Frings

Norm brought the meeting to order at 10:05am with introductions. The October meeting minutes were reviewed and approved with a minor correction to the wording in paragraph D under Section Updates. There was some discussion around the difference between “licensed” and “certified,” and it was concluded that they are interchangeable in DSPS. Shel mentioned that the Mental Health Committee is also interested in the statute change regarding reimbursement for members because they would also like to offer stipends. Motion to approve by Sheri and seconded by Steve.

Children, Youth and Families Subcommittee/Adhoc Work Group Update – Jill Gamez

There were no updates from the CYF subcommittee. The next meeting is scheduled for Thursday, November 15. Jill mentioned that Sarah is going through the membership list to update it.

WiNTiP Updates – Dave Macmaster

Mac read through the WiNTiP update handout that was given to everyone. On December 3rd, Sheila Weix will be receiving an important achievement award for her significant work with integrating tobacco recovery into the ADRS program; the program will be recognized as Wisconsin’s tobacco integration model. The tobacco integration operation has been successful for 10 years.

There will also be seven mini grants being awarded on December 3rd. Initially, each program received \$1,000 from WiNTiP for tobacco integration projects, and an additional \$1,000 will be given to the program determined to be the most notable. Lessons learned from these seven projects will be available as learning tools for the public. This event is sponsored by WADTPA.

There are two \$10,000 grants and five \$4,000 grants that are available as part of the 2013 Integration Innovator Award Program. These grants will be given to organizations who wish to conduct a tobacco integration project. The \$10,000 awards will be for full integration of tobacco treatment into a program, and the \$4,000 awards will be given to a program wishing to take steps toward full integration. Anyone with a project idea is encouraged to apply. Applications were distributed by Dave and may be passed along to anyone who would like one. There is a website for counselors who are interested in the program.

Dave mentioned that WiNTiP provided follow up information about recommendations, suggestions, and observations to Kevin Moore after their presentation to him a few months ago. The hope is that these will lead to statewide tobacco integration services.

Follow-up was provided by Dave on the \$10,000 Dane County Chemical Dependency Consortium Project that he discussed at the last ITC meeting; WiNTiP is looking at a mid-January launch of this project. This is an attempt to set policy in place for all Dane County AODA providers to move toward being more tobacco free in their programs. The money has to be spent by the end of June. Anyone who is interested in this project can enroll in the free online program to learn more about it.

Due to all the grants, Dave will be conducting more technical trainings. He will respond to any requests for that.

Posters were passed out by Dave announcing that Nicotine Anonymous now has a telephone number. They also have excellent online services.

Further discussion was had on the adoption of the WiNTiP resolution as a motion. The context and purpose was clarified by Dave. He stated that no changes would need to be made in HFS 75; this is a State policy recommendation. In terms of level of care for these patients, most clients would be placed in outpatient treatment, but each case would need to be looked at individually to determine appropriate level of care. Procedures are not currently available for Nicotine placement specifically, but with the State policy in place, they could be developed to address this; however, it is likely that current placement criteria based on the DSM-IV will be sufficient. The largest potential problem that was brought up is reimbursement from insurance companies for these clients. Dave stated that we don't necessarily have all the answers to everything right now, but we can take the first step, start heading in the right direction, and then figure out what problems we need to address. Nina agreed and pointed out that it is very rare to have all the details when we pass a motion. If we had to have everything ironed out first, we would never get anything done. Some adjustments to the resolution were made. Motion to adopt made by Dave, seconded by Dan. All in favor. No oppositions.

Status of MPSW Board Motion – Norm Briggs

This topic was brought back to the ITC because Michael Waupoose, SCAODA chairperson, was hesitant about following through on the motion to have AODA representation on the MPSW board; he didn't think the board had anything to do with AODA certification. Sherri noted that boards do not issue certification or licensure, DSPS does. The role of a board is to deal with issues that may come up regarding their respective profession; however, each certification and licensure is assigned to a board, and addiction certification is assigned to the MPSW board. At one point, there was an advisory committee for AODA, but it is no longer active. Sherri and Lori Goeser act as advisors for DSPS for the purposes of credentialing, but are not assigned to the MPSW board.

Francine suggested that it may be the language used in the motion that is causing concern. It was agreed that the board does in fact have consideration for the AODA profession, so there should be representation from someone from the field. At the time the board was created, AODA credentialing was handled differently, so it wasn't necessary to have representation; however, because it has since been changed to fall under MPSW, the membership should be adjusted to accommodate that change. Francine offered some adjustments to solve the language problem and make it clear that the ITC is looking for a voice, not an input in credentialing. Shel mentioned that it might be difficult to get someone on the board with AODA credentials because others are also requesting representation on the board. Norm stated that there will be one chair becoming vacant in 2013.

Third Annual Northern Wisconsin Conference – Sheila Weix

Sheila was not present at the ITC meeting, but Mac attended the Third Annual Northern Wisconsin Conference and said it was a very good conference with excellent trainings and a great facility. Notes were given to Lou Oppor by Lori Goeser about the conference. Because it is in the Northern Region, it has struggled more than conferences in other areas; however, the conference is more successful each year that it is put on. Many people in the North cannot make it South for conferences, so this one accommodates them.

Legislative Agenda – Roger Frings

There wasn't much to report with this yet. Roger noted that the Assembly is conducting their Partisan Caucuses today to elect their leadership positions, but committee appointments for the health committee, insurance committee, etc. won't take place for a few weeks, and the committee titles will likely change. We also don't know what the issues will be. There isn't much to share with anyone at this point. The Administration is currently looking at all their options as they want to make sure that everyone is treated fairly. There has been an extension for States on the establishment of an exchange; Roger will share any information he receives with the ITC committee as soon as he gets it. Dave asked about what insurance companies are doing to prepare for an exchange, and Roger responded that they are standing by, waiting for a decision from the Administration. Declaration letters for State Based Exchanges are due November 16th 2012.

SCAODA and ITC Strategic Planning

Section Updates:

A. *Parity and Health Care Reform* – Shel Gross

Shel stated that various parity rules are expected to be released around the Affordable Care Act due to the completion of the election; the rules will hopefully help with clarification of the process. We are also waiting for rules regarding the Mental Health and Substance Abuse Parity Act, but it may not be as soon as originally thought.

Shel also discussed some of the pros and cons of a state operated exchange versus a federally operated exchange. A problem with the federally operated exchange is that we don't know what it would look like. Most states have one or two large insurers, but Wisconsin is different in that it has many regional insurance plans, and it isn't clear how a federally operated exchange will be affected by that and vice versa.

Roger brought up that Wisconsin has different health needs in various areas of the state as well, and it seems that in a federally operated exchange, the entire state would have the same options for insurance which would not take into account the differences in the region such as demographics, etc. This would likely be in the form of a four-tiered plan which would determine how much out of pocket the consumer would pay.

Another focus area is the Essential Health Benefits Plan. Currently, Wisconsin has a better benefit than the federal government in terms of mental health and substance abuse coverage, and there is concern that with a federal exchange, the state would go backward in this area.

Norm asked if the states would take on the financial burden if they choose to do a state exchange, and Roger replied that they would not. There would be grants and things that states would apply for. Joyce Allen is anticipating an 8-12% cut in federal block grant funds.

B. *Women's Treatment and Core Values*– Norm Briggs/Francine Feinberg

Francine went through the list of core values and discussed the changes she made. She stated that the focus was really on changing the wording to emphasize family and make work a lower priority. The way the values were originally written, work was the number one, top priority. Francine suggested work be a priority, but not necessarily at the top because for many women who are pregnant or have small children, work is not a primary concern.

Task Assignment:

Review Francine's recommendations. She will send out the copy with the red lines from the changes.

Presentation: Statewide AIDS Action Planning Group – Barbara Nehls-Lowe

Barbara introduced herself as the Community Planning Coordinator of the State Wide Action Planning Group (SAPG). She does HIV community planning through the Division of Public Health as part of her job, although she works for the UW Division of Continuing Studies.

Barbara described the SAPG as a collection of 25-30 ambassadors from around the state who care greatly about HIV infection. The ambassadors usually serve two 2-year terms and consist of social workers, service providers, advocates, infected community members, etc. She explained that the SAPG is advisory in nature, meets 5 times a year, and has two funding sources: the Center for Disease Control and the Health Resources Administration, who are expected to assist with community planning efforts. She stated the goal of this group is to help advise the State AIDS/HIV program on policy initiatives, implementation strategies, what's happening at the ground level, and what's important for people with HIV and their service providers. Barbara expressed that all her guidance says that her position needs to be working with AODA professionals, so she is working to collaborate with anyone who is interested from ITC or other AODA areas to make sure SAPG is on the right track in terms of prevention and treatment for HIV clients with AODA issues. In an effort to do this, she handed out applications for membership of the State Wide Action Planning Group. She is looking for anyone in the AODA community who might be interested in participating whether it be clients, counselors, prevention workers, advocates, etc. Barbara stated that their sub-committee meets in January to review applications and see who is the best fit when taking into consideration who is leaving the group. There is additional information available online for anyone who is interested in applying. Dave suggested she contact someone from Health First Wisconsin and from the Tobacco Prevention Control Program for assistance with her efforts. He also suggested to Barbara that she look into who does the exhibits for the MH/AODA conferences to see if anything fits in with what she needs.

Legislation/Miscellaneous Updates/Future Agenda – Norm Briggs/Roger Frings

SBIRT Update: SBIRT meeting was October 15th. Steve explained to the SBIRT group how the program was set up in Menomonie and how it works even though there is no more funding for treatment. They are looking at an implementation schematic regarding how SBIRT can work in other communities. They are looking at target behaviors of drug and alcohol use, tobacco use, diet and exercise, and mental health. The SBIRT group will be meeting again next week to finalize this schematic.

Adhoc Needs Assessment: No Report.

Other: Norm announced that there will be a new committee member joining the ITC. Pat Isenberger, who is currently the President Elect from the Wisconsin Association of Treatment Court Professionals, will begin attending the meetings in January. He is in Eau Claire County.

Future Agenda Items:

Tanya Hiser to do a Presentation

Circulate Legislative Contacts

Legalizing Marijuana

Affordable Care Act Implementation Update

Wisdom-Carol Ruben

Adjourn

The meeting was adjourned by Norm.

Next meetings and dates:

1. ITC
January 8, 2012; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Sub-committee
November 15, 2012; 10:30pm – 3:00pm. Vel Phillips Juvenile Justice Center, Milwaukee
3. SCAODA
December 14, 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, January 8, 2013

10:00am – 2:30pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

MINUTES

Present: Roger Frings, Norm Briggs, Nina Emerson, Francine Feinberg, Dave Macmaster, Staci McNatt, Steve Dakai (phone), Sarah Norberg (staff)

Absent: Dan Nowak, Shel Gross, Sheri Graeber, Jill Gamez, Sheila Weix, Dennis Baskin, Kevin Moore

Guests: Tanya Hiser (Division of Mental Health and Substance Abuse Services)

Welcome, Introductions, and Review of Minutes – Norm Briggs/Roger Frings

Norm brought the meeting to order at 10:05am with introductions. The November meeting minutes were reviewed and approved.

Motion to approve by Dave and seconded by Staci

December SCAODA meeting updates – Norm Briggs

Department of Children and Families: There was a request from the Department of Children and Families (DCF) to have a member from SCAODA added to the DCF's Secretary's Council on Child Welfare. Rebecca Wigg-Ninham volunteered.

Motion-Nicotine Resolution: Mac summarized the result of the ITC motion that was presented to SCAODA; after much discussion amongst the council members, it was returned to the committee for some language adjustments. He expressed being surprised at the outcome of the motion considering all the work that ITC had put into the phrasing over the last few months, and he was concerned that the council did not have a full understanding of what ITC was trying to accomplish with the motion. He stated that it seemed as though the council did not recognize that the motion is simply a philosophical declaration, and instead, focused on medical necessity and funding issues that were purposely omitted for the time being. A small discussion was had by the committee on possible motion modifications.

By-laws Modification: The proposed by-laws change that would allow committee members to receive compensation for their time spent at meetings was defeated. There is a Statute that prohibits council and committee members from receiving reimbursement for anything other than actual expenses incurred by attending a meeting. It was suggested that this be brought back to the

council as a request to revise the statute (s. 15.04 (1)(c)). A recommendation was made for the statutory revision to read: “members of councils and committees created under this general authority shall serve without compensation unless funding is provided by a grant or other funding source other than the State.”

Other: The Affordable Care Act presentation that was given at the SCAODA meeting was very well done; there was good information given.

There was a motion passed from the Planning and Funding Committee that DPI retain a 1.3 million dollar allocation received from the OWI penalty surcharge.

Another motion was passed to support the addition of the definition of an intoxicant as “any alcohol beverage/substance use contrary to its intended purpose.” A paper Nina wrote was used as a reference for this motion.

Children, Youth and Families Subcommittee/Adhoc Work Group Update – Jill Gamez

Jill was unable to attend the meeting, but sent updates to be shared with the group:

The sub-committee revisited their purpose and solidified a mission statement that accurately represents their work: “ensuring adequate access to, and effectiveness of, substance abuse and co-occurring treatment services and recovery support for youth and their families.” In addition, the membership list has been updated to reflect active and interested participants; there are 13 individuals who indicated they would like to stay involved in the sub-committee.

The 2013 meeting schedule has been set. Each meeting will be hosted by a treatment provider who is active on the sub-committee, and they will identify a consumer to attend the meeting as a guest.

Sub-committee members will be pursuing a “Status of Adolescent Treatment in WI” project through the establishment of a work group. This would be a good opportunity to engage local university students in helping with data collection from providers within the state. The ITC reviewed the handout provided by Jill that outlines the work group, and everyone looks forward to future updates on the progress.

Staci added that the Mental Health Council’s Child and Youth Committee and SCAODA/ITC’s Child, Youth and Families sub-committee have designated liaisons to attend both committee meetings. The MH Council’s committee was looking at what SCAODA/ITC’s CYF sub-committee’s deliverables have been and is now looking to them as an example for their group.

Methadone Presentation – Tanya Hiser

Tanya gave the committee an overview of what’s happening in the Methadone treatment arena. She handed out a list of the 15 clinics located in WI, all privately owned and for profit, and noted that together they serve a total of roughly 6,000 patients. An additional clinic is being opened in Superior very soon.

As part of some background information on the clinics, she explained that the clinics accept patients who are 18 years or older and have been dependent for at least one year based on DSM diagnostic criteria. Most clinic hours are 5:30am-12:00pm, Monday-Saturday. They do allow take-home doses on Sundays, and based on where the patient is in treatment, may provide more.

Dosage amount is determined by blood test, Urinalysis, and a Clinical Opioid Withdrawal Scale (COWS) questionnaire.

Tanya addressed the question regarding why treatment numbers are remaining steady despite the rise in deaths due to heroin. She stated that access to treatment is an issue in WI; all the clinics are in the southern part of the state leaving the northern areas with limited options. In addition, at \$15 per day, treatment can sometimes be expensive for patients that do not have Medicaid or private insurance which the clinics do accept.

Another point made by Tanya is that Methadone can only be prescribed *for addiction* by the doctor at the Methadone clinic. If a patient goes into the hospital for another reason and is already on a Methadone regimen, the hospital can continue prescribing Methadone for them. However, if a patient who is not already on Methadone enters the hospital, a doctor is not allowed to prescribe them Methadone for addiction. An example that Tanya discussed is pregnant women. Even though the baby will be born dependent on Methadone, it is much safer than if the mother were to use heroin or go through withdrawal; therefore, a hospital may continue her Methadone treatments. There haven't been many studies done on the outcome of these babies versus healthy babies, but one 10-year study revealed that there isn't much difference between the two later on in life.

One trend she is seeing is the decrease in patient age when they come to the clinics. Traditionally, Methadone has not been used for younger patients, but Suboxone has. However, there are many challenges when it comes to using Suboxone for treatment. One challenge is that patients are more comfortable with Methadone. They are familiar with it, and they feel it is more effective because it is administered once a day whereas Suboxone is only given once per month. Currently, there are only 5 clinics that use this treatment drug because it is more expensive for both the clinic and the patient, but these clinics still do not allow patients under the age of 18. Despite the challenges, the clinic in Wausau is currently doing a pilot program with Suboxone for younger clients aged 16-18. Wisconsin has very limited options for patients who are under 18 years of age.

WiNTiP Updates – Dave Macmaster

Mac handed out a WiNTiP update to everyone. The two \$10,000 and five \$4,000 grants for the Integration Innovator Award Program are still open for applications and will close on the 15th. At the end of the year, there will be another innovative award ceremony where the projects will be presented and an additional award will be given to the project judged to be the most notable. The ultimate goal through these projects is to develop and implement statewide guidelines for tobacco integration programs.

The launch of the Dane County Tobacco Integration Project, a joint effort between WiNTiP and the Dane County Chemical Dependency Consortium to move AODA providers toward being tobacco free, is scheduled for the 18th of January at the United Way Community Conference Center from 9:00am-11:00am. Everyone is welcome to attend. Four programs have volunteered to be ambassadors for this project. All the providers in Dane County will be given the opportunity to adopt the WiNTiP Resolution. A directory of providers will be posted on the Dane County Chemical Dependency Consortium website.

With 12 members, Madison has the strongest Nicotine Anonymous program in Wisconsin. They have a phone number, and hopefully the Tobacco Integration Project will be a valuable resource to them as well.

Wisconsin will now have a representative on a SAMHSA work group called Tobacco Control and Behavioral Health. This work group will promote tobacco integration similar to what Wisconsin has been working on over the past couple years.

Journey Mental Health of Dane County has scheduled, for the first time ever, a 2-hour training session for their entire staff to learn how to do tobacco and nicotine assessments.

Legislative Agenda – Roger Frings

Wisconsin Legislature was sworn in on the 7th of January. Committee assignments are posted on their website (www.legis.wisconsin.gov). Contact information, chairs, staff, and committee websites are all accessible there as well. You can also request to be put on an electronic mailing list to receive all committee notices and publications, etc.

SCAODA and ITC Strategic Planning

Section Updates:

A. Parity and Health Care Reform – Roger Frings/Shel Gross

Roger stated that since our last meeting, the Governor has chosen a Federal Exchange for Wisconsin. We still aren't sure how the exchange will be set up, but we continue to work with the federal government, comment on various regulations, and ask for flexibility as they move forward with setting up the exchange. They have not responded/acknowledged the comments.

Shel was unable to attend the meeting, but he sent an update in an email to be presented to the group. He was hopeful we would learn something after the WI Access Network, which consists of various health care advocacy organizations, meets on January 18th. He mentioned we are also waiting for the Governor's decision on the Medicaid expansion. On January 17th, there will be a press conference with behavioral health providers to talk about the importance of expansion for their services.

B. Women's Treatment and Core Values– Norm Briggs/Francine Feinberg

Francine spoke with Bernestine about the core values that she reviewed after the last ITC meeting, and Bernestine pointed out that we did not have the latest, most updated copy. Francine suggested that Norm compare the copy he has with Bernestine's copy, and make sure we get the most recent one if we don't have it.

Legislation/Miscellaneous Updates/Future Agenda – Norm Briggs/Roger Frings

SBIRT Update: SBIRT meeting was November 19th. It was basically a recap of everything that has been done. There were some diagrams put together. There is a meeting on the 14th at 2:00 which will likely be the last meeting of the committee before it is taken to SCAODA with recommendations encouraging agencies to start implementing SBIRT. The selling point is the

huge cost savings that will be realized for communities, employers, and individuals by using SBIRT. Anyone who is interested in calling in is welcome to do so.

Adhoc Needs Assessment: No Report.

Future Agenda Items:

Ideas for future agenda items will now come from committee members. As you have items come up for the agenda, email them to Norm and Roger and CC Sarah. It is helpful to get ideas from members whether it is speakers, discussion items, etc.

Affordable Care Act Implementation Update

Wisdom Presentation-Monroe

Nicotine Resolution

Needs Assessment

Update legislation regarding payment to committee members

Adjourn

The meeting was adjourned by Roger.

Next meetings and dates:

1. *ITC*

February 12, 2013; 10:00 am – 2:30 pm. Department of Corrections, Madison

2. *Children, Youth and Families Treatment Sub-committee*

February 6, 2013; 10:30pm – 3:00pm. Adolescent Alcohol/Drug Assessment & Intervention Program (ADAIP), Madison

3. *SCAODA*

March 1, 2013; 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>

Adolescent Treatment Status Workgroup

Charge: There is growing concern that limited availability and access to substance abuse treatment services for adolescents is a growing problem in Wisconsin. Communities around the state report that adolescent treatment services are limited, especially for intensive levels of care and for adolescents with co-occurring mental health and substance abuse problems. The Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse has supported the Children, Youth, and Family Treatment sub-committee in developing the Adolescent Treatment Status (ATS) Workgroup to study this issue and subsequently make recommendations to support adolescent treatment in Wisconsin.

The ATS workgroup will identify treatment providers currently offering services to adolescents for substance abuse and co-occurring disorders.

The ATS workgroup will examine what are barriers to providers offering treatment services to adolescents.

The ATS workgroup will determine if an adequate monitoring system of adolescent treatment availability exists.

The ATS will examine the role of community-based organizations and systems to identify and refer adolescents in need to treatment services.

Other priority areas will be identified and explored.

The work of ATS will culminate in a comprehensive report that is published within 12 months that outlines strategies and recommendations to ensure substance abuse treatment services for adolescents in Wisconsin are available and accessible.

CYT – November 2012



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 12th, 2013

10:00am – 2:15pm

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

AGENDA

- | | | |
|-------|--|-------------------|
| I. | Welcome, Introductions and Review of January Minutes–
Norm Briggs/Roger Frings | 10:00am – 10:10am |
| II. | Review of Block Grant Application | 10:10am – 11:00am |
| III. | Wisdom Presentation– Munroe | 11:00am – 12:00pm |
| IV. | Lunch on your own | 12:00pm – 12:30pm |
| V. | Children, Youth and Families Subcommittee/Adhoc Work
Group Updates – Jill Gamez | 12:30am – 12:50am |
| VI. | WiNTIP Updates/Dane County Consortium – Dave Macmaster
• Motion: Nicotine Resolution | 12:50pm – 1:00pm |
| VII. | SCAODA and ITC Strategic Planning – Norm Briggs/Roger Frings
• Section Updates
o Affordable Care Act Implementation Update (Shel Gross/Roger Frings)
o CCISC/Drs. Minkoff and Cline (Norm Briggs)
o Perinatal/Postpartum Depression Task Force Co-Sleeping Project
o Pasch Recommendation for Statute Change (Norm Briggs)
• Task Assignment | 1:00pm – 1:30pm |
| VIII. | Legislation/Miscellaneous Updates – Norm Briggs/Roger Frings
• SBIRT Mtg Update (Steve Dakai/Nina Emerson)
• Update Legislation: Payments to Committee Members (Norm Briggs)
• Other | 1:30pm – 2:00pm |

IX. Future Agenda Items

2:00pm – 2:15pm

X. Adjourn

Next meetings:

1. ITC

April 9, 2013; 10:00 am – 2:30 pm. Department of Corrections, Madison

2. Children, Youth and Families Treatment Subcommittee

May 1, 2013; 10:30am – 3:00pm. Appleton

3. SCAODA

March 1, 2013; 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>

SCAODA Motion Introduction

<p>Committee Introducing Motion: Intervention and Treatment (ITC)</p>
<p>Motion: The Intervention and Treatment Committee requests that SCAODA support the concept of reducing the prison population by the use of alternative sanctions which may include, but are not limited to, the Wisdom 11x15 initiative.</p>
<p>Related SCAODA Goal: Goal # 2</p> <p>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>Background: A Health Impact Study was conducted showing that Treatment Alternatives and Diversion (TAD) programs are very effective and cost-efficient. TAD programs are currently funded through the Office of Justice Assistance at \$1 million per year. The Department of Corrections is currently funded at \$1.3 billion per year. The goal, based on the Health Impact Study recommendations, is to increase TAD funding to \$75 million per year to allow for more community based supervision programs. WISDOM is an organization made up of 10 local congregations working on 11x15, a campaign to reduce Wisconsin's prison population by 11,000 inmates by 2015.</p> <ul style="list-style-type: none">• Positive impact: Reduce cost of incarceration while providing effective services in the community to reduce recidivism and improve public safety.• Potential Opposition: Unknown
<p>Rationale for Supporting Motion: There are evidence-based, effective treatment programs that, when used judiciously, can provide cost-effective alternatives to incarceration, saving both money and lives.</p>



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

Minutes

Friday November 16, 2012 – 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608/283-6426

I. Call to Order – Joyce O’Donnell

Joyce O’Donnell called the meeting to order at 9:40 a.m. Duncan Shrout, Tom Fuchs, Pamela Bean, Emanuel Scarbrough, Norm Briggs, Todd Campbell, Steve Fernan and Sally Tess were in attendance. Staff present: LeeAnn Cooper, Lou Oppor.

Excused: Karen Kinsey, William McCulley, Mark Seidl, Blinda Beason

II. Review of August 17, 2012 Minutes – Joyce O’Donnell

Duncan Shrout moved, seconded by Tom Fuchs, to accept minutes as written. Motion passed.

III. Update on SBIRT—Duncan Shrout

Duncan Shrout reported that SBIRT has had 4 meetings so far. Dr. Richard Brown is the expert and Scott Caldwell is staffing this group. Screening options have been reviewed and a variety of areas to implement along with potential funding sources have been identified. A preliminary report will be coming. There is strong support for this.

On the national level with the medicalization of treatment, brief screening will be incorporated and seen as a quality control measure to reduce readmission. The initiative in Wisconsin is to provide screening on an ongoing basis rather than as a single event. Screening is an Essential Health Benefit and is already covered by Medicaid as is brief therapy. The Wisconsin Initiative to Promote Healthy Lifestyles is effectively screening for other conditions, providing education and information to help patients change behavior. Pamela Bean emphasized the importance of developing some standard outcomes.

IV. Update on Ad-hoc Needs Assessment Committee—Todd Campbell, Sally Tess, Duncan Shrout and Norman Briggs

Norm Briggs reported their last meeting was in September. At that meeting, Lou Oppor presented the prevention framework and discussed data that was available. In FFY 2014, the Substance Abuse Block Grant (SABG) will be combined with the Mental Health Block Grant (MHBG) This will result in some changes being made to address ‘need-based’ information and

allocations. There is some concern about whether these grants will be reduced to help pay for the Affordable Care Act (ACA) which could result in a reduction in both mental health and substance abuse services. Although the MHBG and the SABG planning will be combined, funding will not. Prevention is still 20% of the SABG grant and the bureau is providing training to clarify what activities are considered prevention. No needs have been identified yet as they are looking at data collection at this time. The goal should be to develop strategies that address all consumers, not just those served by public funds; however, data is available only for publicly funded clients. There was discussion about how the group analyzes data to identify the needs of the whole state without having complete data.

A preliminary report is due to the Bureau of Prevention Treatment and Recovery in early 2013 with the report going to SCAODA in March 2013. The final report will not be available to Planning and Funding in January.

V. SAMHSA Technical Review – Lou Oppor

Lou Oppor reported on the technical review conducted by SAMHSA in September. SAMHSA met with internal staff and did site visits with Milwaukee County Behavioral Health, 10th Street Methadone Clinic, Meta House, Ho-Chunk House of Wellness and Sauk County Department of Human Services. The reviewers were very impressed with Wisconsin services and infrastructure. There were no non-compliance findings identified.

The reviewers also met with Duncan Shrouf and Norm Briggs, members of SCAODA, who raised concerns about workforce issues including the ability for providers to meet the criteria in the Scopes of Practice, the aging workforce and training for professional counselors. SAMHSA will identify training and/or technical assistance options.

The Bureau of Prevention Treatment and Recovery (BPTR) currently manage over 500 service contracts. SAMHSA will assist BPTR in looking at options to consolidate contracts.

Publicly funded certified prevention and treatment programs are required to collect client information relating to their perception of care. Programs have not submitted this information to BPTR. SAMHSA recommended the bureau examine how this information can be collected and used to improve services.

The Division of Quality Assurance (DQA) monitors certified agencies through on-site surveys. Although BPTR meets regularly with DQA to discuss issues related to interpretation of administrative rules, citations issued by DQA are not shared. SAMHSA recommended that DQA establish a formal process of notifying BPTR of program certification results.

SAMHSA suggested developing guidance for the use of Electronic Health Records. SAMHSA could provide technical assistance. SAMHSA recommended that the State establish policies for on-site fiscal and program monitoring of sub-recipients.

Lou Oppor reported that a joint Mental Health and Substance Abuse Block Grant will be due in April 2013. Six goals and their benchmarks have been established:

Goal 1: Reduce the prevalence of underage drinking and underage binge drinking in Wisconsin to levels below the national average. Wisconsin is currently 9th in the country in underage drinking after a large reduction in binge drinking, driving after drinking and riding with someone who has been drinking. Reasons for this may be programs addressing the alcohol culture, school based programs, Parents Who Host, environmental strategies and local ordinances.

Goal 2: Increase access to culturally appropriate and comprehensive services for special populations such as Hispanic/Latinos, Native Hawaiian or Pacific Islander, African Americans, Asians, American Indian or Alaska Native, pregnant women and women of child bearing age. The bureau is looking at how to better serve these populations by identifying prevalence and severity. The bureau will also be releasing a new RFP in January for the minority training project.

Goal 3: Improve statewide outcome data collection system (HSRS/TEDS) through technical improvements and assistance at the local level. The bureau is working to increase the use of data to drive its decisions and determine where to spend funds and is pursuing a conversation with the largest HMO.

Goal 4: Maintain a youth access to tobacco products at retail outlets non-compliance rate of less than 10%. There is a 20% noncompliance threshold. Wisconsin's current noncompliance rate is 5.2%.

Goal 5: Increase prevention, street outreach and access to treatment for injection drug users (IDU). The AIDS Resource Center has received a grant to do outreach to IV drug users.

Goal 6: 100% of all certified AODA treatment agencies in Wisconsin will screen patients for TB and provide them with referral information about TB testing and treatment if the screen is positive. The Federal Government requested this be a goal that residential programs are required to test and outpatient programs provide education to clients about testing. DQA surveyors will be reviewing agency's compliance.

There was some discussion about why OWI is not a priority. Lou Oppor stated that although it is not in the SABG goals, it is still a Bureau goal. Lou also reported the new EPI report will be coming out next month.

VI. Scope of Practice – Norman Briggs

Norm Briggs reported that ITC presented a motion to convene a meeting with key representatives from the public and private educational institutions in Wisconsin to alert them to the critical need of the current work force of substance abuse treatment professionals as well as the need for new persons entering into the field for specific education and training necessary for them to maintain a viable career as a treatment professional.. He reported there is no plan to make changes to the MA billing eligibility but rather it will be private insurance that will drive who is reimbursable. Norm referred to an ATTC publication: VITAL SIGNS: Taking the Pulse of the Addiction Treatment Profession.

Norm reported that ITC will be requesting the chair of SCAODA encourage the Governor to add a certified substance abuse counselor (SAC) to the Joint Board of Marriage and Family Therapists, Professional Counselors and Social Workers (MPSW) as MPSW does not interface with the substance use disorder certification process.

VII. Accomplishments on budget priorities, Alcohol Tax, Joyce O'Donnell

Joyce O'Donnell reported that an increase in the beer tax will likely not be acceptable vs an increase in all alcohol taxes. Lou Oppor reported that Health First Wisconsin (formerly Smokefree Wisconsin) is working on 3 strategies: 1) 21 means 21 which would remove the ability for parents to serve alcohol to children under the age of 21 in a bar; 2) increasing the alcohol tax; 3) legislation authorizing sobriety checkpoints. The committee would like to invite Maureen Busalacchi to the next P&F committee meeting to discuss these goals.

VIII. Lunch (on your own)

IX. DPI Prevention funding grants and DOJ – Steve Fernan

Steve Fernan reported that DPI once had \$11 million in Federal and state funding for school-based prevention activities. Currently, their funding for prevention is \$1.3 million which is obtained from a portion of the Penalty Surcharge assessed in addition to the fines and forfeitures. The Penalty Surcharge currently provides funding to 15 programs in 5 different state agencies. The Department of Justice (DOJ), in its 13-15 biennial budget, has requested that 100% of the Penalty Surcharge be transferred to the DOJ appropriations that provide services to support sexual assault victims and local law enforcement training assistance. If this is approved, DPI will lose the last \$1.3 million for prevention in schools. DPI receives no other statewide funds. This funding is used to provide competitive grants to schools for prevention programs and to CESAs, 12 cooperatives that provide technical assistance to schools. Steve Fernan explained that the Youth Risk Behavior Survey measures trends and helps to determine what evidence-based programs are funded.

MOTION: Duncan Shroul moved that DPI retain the current \$1.3 million allocated from the Penalty Surcharge through the next biennial budget period and into the foreseeable future. Tom Fuchs seconded; Sally Tess abstained. Motion Passed.

X Public Forum Report – Joyce O'Donnell, Todd Campbell, Tom Fuchs, Pamela Bean

The committee reviewed the notes from the public forum at the 8th Annual Mental Health & Substance Abuse Services Training Conference on October 23, 2012. One clarification was made to the notes.

MOTION: Tom Fuchs moved to accept the meeting notes as amended, seconded by Todd Campbell. Motion Passed.

Members who attended the conference noted the lack of attendance at the public forum and discussed strategies for what needs to be done to get these issues into the field. Strategies discussed included more targeted topics on the agenda, offering CEUs for attendance, developing an electronic newsletter to prompt more interest in these topics, and setting up a webinar for those not attending the conference. The committee referred this issue to the 4 chairs for further discussion.

XI. Report on Women's Services—Norm Briggs

Norm Briggs reported the Wisconsin Women’s Education Network (WWEN) is currently working on updating the Wisconsin Women-Specific Substance Abuse Treatment Centers and Services directory. He also reported that there is an initiative to fund a cooperative between child welfare and substance use disorder screening and referral to services. He hopes to have a representative from the Department of Children and Families participating on the Intervention and Treatment Committee.

XII. Review SCAODA draft December 14, 2012 agenda.

No changes made to draft agenda.

XIV. IDP Funding review – Duncan ShROUT

Duncan ShROUT reported that this issue relates to requesting further information from the Secretaries of the Department of Public Instruction and the Department of Transportation about how their portion of the Driver Improvement Surcharge funds are spent and whether these funds are being used to reduce intoxicated driving. The question is whether to request a written report or a presentation to SCAODA. A suggestion was made to request data from the agencies with a presentation to SCAODA in March. This issue was referred to the executive committee for further discussion.

XIII. Committee Reports—Group

Norm Briggs referred to the memorandum from Nina J. Emerson, J.D., Director of the Resource Center on Impaired Driving, dated October 23, 2012, regarding the recent Huffing case followed by discussion of needed law changes.

Motion: Pamela Bean moved to support the addition of the definition of intoxicant (“any alcohol beverage, substance used contrary to s. 941.316, controlled substance, controlled substance analog or other drug, or any combination thereof”) to the vehicle statutes that apply to the OWI laws, seconded by Duncan ShROUT. Motion passed.

Duncan ShROUT reported that an additional member was added to the Waukesha Community Coalition. He also reported that Wisdom’s 11x15 Campaign for Justice is lobbying to reduce the prison population and provide community treatment services more effectively. The recommendation was to invite this group to a Planning and Funding committee meeting.

XV. Set meeting dates for 2013

The meeting dates for 2013 are:

- January 25, 2013
- February 15, 2013
- April 26, 2013
- May 17, 2013
- July 26, 2013
- August 23, 2013

October 25, 2013
November 22, 2013

XVI. Agenda Items for Next Meeting—Joyce O’Donnell

1. Public forum guidelines
2. IDP funding review
3. Discussion of Affordable Care Act – how the lack of implementation will affect the field – discussion of holding a joint meeting with the Intervention and Treatment Committee.

XVII. Adjourn

Meeting was adjourned by Joyce O’Donnell at 2:17 p.m.



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 Minutes

Friday January 25, 2013 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, Sally Tess, Manny Scarbrough, Steve Fernan (11:25 a.m.), Pamela Bean (1:15 p.m.)

EXCUSED: Blinda Beason, Karen Kinsey

ABSENT: Tom Fuchs, Mark Seidl

STAFF: LeeAnn Cooper

GUESTS: Scott Caldwell (DHS), David Liners (WISDOM), Maureen Busalacchi (Health First Wisconsin)

I. Call to Order – Joyce O'Donnell

Meeting was called to order at 9:38 am.

II. Review of November 16, 2012 Minutes - Joyce O'Donnell

Minutes reviewed and amended. Norman Briggs moved to approve minutes as amended; Todd Campbell seconded. Motion passed.

III. Update on SBIRT - Duncan Shrout, Scott Caldwell

Duncan Shrout chairs this SBIRT ad hoc committee of Planning and Funding and Scott Caldwell provides staff support. SAMHSA provided funding for 22 patient care clinics to pilot Screening, Brief Intervention and Referral to Treatment (SBIRT) and 100,000 patients have been screened. The pilot is now in phase 2 and is focusing on identifying champions who can assist in the implementation of SBIRT throughout Wisconsin primary care clinics.

SBIRT is an evidence-based program that involves primary care providers screening patients using 3-4 screening questions. If there is a positive result on any question, an additional 10 items are asked for alcohol and 10 items for drugs. If indicated, brief

intervention is provided which includes 15 minutes of education. Data shows that SBIRT results in a 20% reduction in binge drinking.

So far, only 3% of Wisconsinites have been screened in primary care clinics. The goal is to expand SBIRT statewide. There is more work being done to determine how to accomplish this, such as, determining how an organization would implement SBIRT, who would deliver the services, who would pay for it, and who can drive the demand.

SBIRT is considered a Grade B service and is covered by the Affordable Care Act as a prevention service with no co-pays.

IV. David Liners, Executive Director, Wisdom

WISDOM is an organization made up of 10 local congregations each working independently on local projects. All 10 have come together to work on *11x15*, a campaign to reduce Wisconsin prison population by 11,000 inmates by 2015. A Health Impact Study was conducted showing that Treatment Alternative and Diversion (TAD) programs are very effective and cost-efficient. TAD programs are currently funded through the Office of Justice Assistance at \$1 million per year. The Department of Corrections is currently funded at \$1.3 billion per year. The goal, based on the Health Impact Study recommendations, is to increase TAD funding to \$75 million per year to allow for more community based supervision programs.

WISDOM members are talking with legislators and are generally finding support. The Governor's office staff has reported that the Governor is planning to increase TAD funding in the next State budget but do not know by how much.

MOTION: Duncan Shroul moved that the Planning and Funding Committee request SCAODA endorse the *11x15* campaign. Seconded by Manny Scarbrough, Sally Tess abstained. Motion passed.

The committee requested that David provide a presentation to SCAODA at its March 1, 2013, meeting.

V. Update on Ad-hoc Needs Assessment Committee - Todd Campbell, Sally Tess, Duncan Shroul and Norman Briggs

The "Block Grant Application Needs Assessment, List of Needs/Issues," was shared with the committee. The Ad Hoc Needs Assessment Committee is currently working on ranking these needs by prevalence and priority.

Norm Briggs reported that although the Bureau is submitting a joint block grant application, Substance Abuse and Mental Health funding will still be separate.

VI. Scope of Practice - Norman Briggs

Norm Briggs reported that the furor over adopting SAMHSA's recommendation about scope of practice has died down and will soon be moot. He reported that the biggest issues that will be driving this will be who is paying for these services and at what level will they pay. He reported there is no plan to change the reimbursement rate through Medical Assistance (MA) and that it will be private insurers who will determine the criteria for reimbursement.

Norm Briggs reported that there is a Request for Proposal (RFP) to renew the minority training program focused on providing opportunities for current providers to obtain master degrees to be more competitive. The goal will be to make training available statewide, to be affordable and to be readily available to those who are employed. Online programs are an option; however, the Department of Safety and Professional Services may limit online coursework to 50% to be approved.

VIII. 2013 YRBS survey instrument - Steve Fernan

Steve Fernan reported that the Youth Risk Behavior Survey (YRBS) is required every 2 years by the Center for Disease Control (CDC) and is tied to all educational funds. The survey is overseen by DPI and DHS with the CDC making the final decisions. The first YRBS survey was conducted 18 years ago so there are some very good trend lines.

There are 6 domains: tobacco use, alcohol and drug use, intentional/unintentional injuries, sexual behavior, nutrition and physical activities/exercise. In addition, there are developmental assets which can be tied to resiliency.

The CDC has 55-57 questions that are required but states can add to those questions. Wisconsin added additional questions in each domain plus plus questions about developmental assets. These questions change every 2 years so various groups lobby to get new questions added to each survey.

There were 17 changes made to the 2013 instrument. New AODA items include questions about prescription drug use in the last 30 days and school attendance while under the influence in the past 12 months. Items removed include questions about cocaine use during the past 30 days (kept question about lifetime use) and use of heroin, methamphetamine or ecstasy. These types of questions will likely be added again in the next survey so data will be collected every 4 years instead of every 2 years.

Schools also have the option of adding one or more questions from hundreds of additional items available or may even include full modules.

The YRBS site (http://sspw.dpi.wi.gov/sspw_yrbsindx) has additional data and the ability to run reports. DPI provides technical assistance and resources to assist school districts in using data to engage student learning through classroom activities.

Notable trend lines seen around alcohol is an increase in age of first alcohol use, a decrease in lifetime use, a decrease in driving while drinking or riding with someone who has been drinking and a slight reduction in marijuana use.

Wisconsin is still #1 in adult binge drinking.

IX. Report on Women's Services - Norm Briggs

Norm Briggs reported that women make up 28% of all people receiving treatment services in Wisconsin yet the block grant designates only 10% of funding to be set aside for women-specific services.

MOTION: Norm Briggs moved for DHS to fund women's services in proportion to the prevalence of women seeking services. Manny Scarbrough seconded. Pamela Bean abstained. Motion passed.

Norm Briggs noted that Wisconsin is to be commended for designating 10% as the Federal Block Grant requires only 5% set aside for women's services. He also reported that women-specific treatment services are more successful than general treatment.

Norm Briggs reported the Wisconsin Women Education Network *Directory of Women's Services* is delayed due to problems getting information from around the state. He also reported that the effort to put forward a gender-specific treatment track is put on hold while working to add ethnicity.

X. Maureen Busalacchi, Executive Director, Health First Wisconsin

Health First Wisconsin (formerly known as SmokeFree Wisconsin) is an organization promoting alcohol and obesity prevention through the use of environmental strategies. A statewide leadership team was created consisting of law enforcement, judicial and treatment providers to focus on state priorities. A series of focus groups were held to develop support and helpful messaging. Their approach is to educate the community and key stakeholders, publish a *Burden of Alcohol Abuse* report, utilize media through editorials and press releases and support local coalitions.

Health First and the statewide leadership team's priorities are:

1. 21 means 21 – currently, parents are able to serve alcohol to their own children under the age of 21. They are looking for a Republican sponsor to introduce a bill that would end this.
2. Sobriety checkpoints – they are preventative. There has been a little pushback on this but there are legislators who are willing to discuss this. Any legislation would allow for checkpoints but would not require them.
3. Alcohol taxes – Health First will be releasing a *Burden of Alcohol Abuse* report which will break down costs of alcohol abuse by counties. They are planning for

multiple press releases around the state. The goal is to increase the alcohol tax on a per drink basis by \$.03 per drink.

Health First has been holding community forums and educating new legislative candidates on these issues. Once the Burden of Alcohol report is released, they plan to utilize coalitions to meet with local and state leaders to discuss the report.

If additional funding was available, it would be split between prevention, intervention and treatment services. The proration is not known at this time. Health First requested Planning and Funding to make a recommendation on this.

Currently, \$68 million in alcohol taxes goes into the general fund each year.

In the past, the push to increase alcohol taxes has focused on Wisconsin having one of the lowest alcohol tax rate in the country and that the alcohol tax hasn't been raised since 1969. Members commented that the *Burden of Alcohol Abuse* report may show that the state taxpayers are subsidizing alcohol abuse more than those using alcohol due to the high cost of abuse. This report may show that the costs of abuse are being bore by taxpayers, not by the user, so this would allow us to focus more on treatment to reduce the burden on all.

The *Burden of Alcohol Abuse* report will provide data on a county level. It will include the following:

1. Cost to the county
2. Number of OWIs
3. Number of deaths due to alcohol
4. Number of average drinks consumed
5. Cost to individual taxpayers
6. Density of sellers
7. Percentage of hospitalizations due to alcohol use

XI. Review SCAODA December 14, 2012 meeting

No discussion

XII. IDP Funding review - Duncan Shrout

DPI and DOT will be providing information on their use of driver improvement surcharge funds at the March SCAODA meeting. Steve Fernan reported that he and Dr. Randy Thiel will be doing the report for DPI.

XIII. Committee Reports - Group

Norm Briggs reported that ITC is interested in WISDOM and are asking them to attend one of their meetings.

Steve Fernan reported that DPI has suspended their grant cycle until the Governor's budget is released and a decision is made regarding the Department of Justice's budget request to retain 100% of the Penalty Surcharge.

Norm Briggs reported that his motion to reimburse the time for members not sponsored by an employer or other program to participate in committees is currently against state law.

Norm Briggs reported that the Attorney General has proposed that the Office of Justice Assistance be moved to the Department of Justice.

XIV. Agenda Items for Next Meeting - Joyce O'Donnell

- SBIRT Update – Scott Caldwell
- Needs Assessment Ad Hoc Committee update on priorities
- Discussion of how to prorate funds between prevention, intervention and treatment for Health First

XV. Adjourn

Meeting was adjourned at 2:28 p.m.



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

Friday February 15, 2013 – 9:30 A.M. – 2:30 P.M.

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

Please call LeeAnn Cooper at (608) 266-2453 or e-mail leeann.cooper@wisconsin.gov to advise if you will not attend.

- | | | |
|------------|-------|---|
| 9:30 a.m. | I. | Call to Order – Joyce O’Donnell |
| 9:35 a.m. | II. | Review of January 25, 2013 Minutes - Joyce O’Donnell |
| 9:40 a.m. | III. | Update on Ad-hoc Needs Assessment Committee Priorities - Todd Campbell, Sally Tess, Duncan Shroul and Norman Briggs |
| 10:00 p.m. | IV. | Block Grant application review – Ryan Stachowiak, Kay Cram (DHS) |
| 11:00 a.m. | V. | Scope of Practice - Norman Briggs |
| 11:15 a.m. | VI. | Report on Women’s Services - Norm Briggs |
| 11:30 a.m. | VII. | IDP Funding review - Duncan Shroul |
| 11:45 a.m. | VIII. | Committee Reports - Group |
| 12:00 p.m. | IX. | Lunch (on your own) |
| 12:30 p.m. | X | Health First – recommendation for future funding |
| 1:15 p.m. | XI. | Review SCAODA March 1, 2013 agenda |
| 1:30 p.m. | XII. | Update on SBIRT - Duncan Shroul, Scott Caldwell |
| 2:15 p.m. | XIII. | Agenda Items for Next Meeting - Joyce O’Donnell |
| 2:30 p.m. | XIV. | Adjourn |

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: to request that SCAODA recommends to DHS to fund women's services through the block grant in proportion to the prevalence of women seeking services.
Related SCAODA Goal: 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.
Background: Women currently make up 28% of all people receiving treatment services in Wisconsin but the block grant designates only 10% of funding to be set aside for women-specific services. <ul style="list-style-type: none">• Positive impact: Women-specific treatment services have been found to be more effective than traditional treatment services.• Potential Opposition: unknown
Rationale for Supporting Motion: To ensure women specific treatment services are available at the same rate as the number of women seeking treatment.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding Committee
Motion: to support the Department's "2014-2015 Combined Application for the Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Block Grants: Executive Summary for Comment"
Related SCAODA Goal: 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.
Background: Federal law requires that each state submit an annual application for their allocation of Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Community Mental Health Block Grant (MHBG) funds. This year is the first year that Wisconsin will be filing a combined SAPTBG and MHBG application for FFYs 2014-2016. The executive summary provides an overview of the Department's needs assessment, goals and priorities for the block grant. <ul style="list-style-type: none">• Positive impact: Endorses the Department's work in conducting a needs assessment, goal-setting and priorities.• Potential Opposition: None
Rationale for Supporting Motion: To provide an endorsement of the Department's process for developing its application to the Federal Government.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding Committee
Motion: In recognition of the request from Health First Wisconsin, P&F recommends that SCAODA convey the 10 priorities it adopted and recommended to the governor in 2012 as funding priorities in the event of additional funding from a future increase in the alcohol tax.
Related SCAODA Goal: 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.
Background: Health First Wisconsin is an organization which works to promote nutrition and physical activity, curb tobacco use and prevent alcohol abuse in Wisconsin. Instead of focusing solely on treatment of those who are already abusing alcohol, Health First believes Wisconsin also needs to work to prevent individuals from abusing alcohol in the first place. A powerful approach for accomplishing this goal is to develop solutions that will help individuals and communities make the right choices when it comes to alcohol. One strategy for doing so is to increase the taxes paid on alcohol. <ul style="list-style-type: none">• Positive impact: To identify funding priorities if future funding should become available through an increase in alcohol taxes.• Potential Opposition: Wisconsin Tavern League
Rationale for Supporting Motion: To provide information to Health First about SCAODA's funding priorities.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding Committee
Motion: To oppose AB3 exempting Wisconsin veterinarians from reporting to the Prescription Drug Monitoring Program (PDMP).
Related SCAODA Goal: 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.
Background: Wisconsin law gives the Pharmacy Examining Board authority to develop and implement a Prescription Drug Monitoring Program (PDMP). The PDMP will collect and store information regarding the prescribing and dispensing of monitored prescription drugs, which are controlled substances and other drugs identified as having a substantial potential for abuse. Its purpose is to improve patient safety and assist in reducing the illicit use and diversion of those drugs. AB3 exempts licensed veterinarians from the requirements of the program. <ul style="list-style-type: none">• Positive impact: All prescribers/dispensers would be treated equally.• Potential Opposition: Wisconsin Veterinary Association
Rationale for Supporting Motion: Planning and Funding has concerns that exempting veterinarians from reporting would reduce the intended safeguards of this program by creating a large field of medicine exempt from reporting.

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor's Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: Prevention Committee

Title of Initiative: Initiative to Prevent Underage Drinking

Goal or Outcome: Provide funding for alcohol age compliance checks
Drinking age of 21 for Bars and Restaurants

Description (including issue/problem to be addressed): Although Wisconsin's ranking of underage drinking has fallen over the past 5 years, underage drinking remains a problem in Wisconsin with underage drinking rates still above the national average.

The Department of Transportation had been providing funding to local law enforcement to support alcohol age compliance checks through their CARD grants. This funding is no longer available due to the loss of Federal Underage Drinking dollars awarded through the Federal Office of Juvenile Justice and Delinquency Programs. Replacement funds should be considered to support this effort.

Wisconsin is the only State (with an exception of a few counties in Texas) that allows bars, taverns and restaurants to serve alcohol to individuals under the age of 21 if with a parent or legal guardian. This practice contributes to Wisconsin's higher rates of underage drinking and potential harms associated with alcohol abuse.

Estimated Length of Time to Complete: Ongoing

Other Comments (optional):

Estimated Cost: Unknown at this time

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
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Name of SCAODA Committee: Prevention Committee

Title of Initiative: Improving substance abuse prevention infrastructure

Goal or Outcome: Additional funds to support Alliance for Wisconsin Youth Regional Prevention Centers

Establishing AODA prevention training infrastructure

Description (including issue/problem to be addressed): Wisconsin's substance abuse prevention service infrastructure has a number of gaps and needs in order to deliver effective substance abuse prevention services through-out the state.

The Department of Health Services, Division of Mental Health and Substance Abuse Services, administers the Alliance for Wisconsin Youth (AWY). The AWY was developed to establish local community coalitions that would work towards supporting healthy youth development and work towards preventing alcohol and other drug abuse. There are currently over 120 local community AWY coalitions. These coalitions do not receive any state funding. To help support local coalition activities by providing technical assistance and training, the Division of Mental Health and Substance Abuse Services established AWY Regional Prevention Centers within the Division's five regions. Each of these Regional Prevention Centers receive \$65,000 annually, much of which is used for staff support allowing the few remaining dollars to be used for travel within each of the five regions. In order to fully support the needs of local community Alliance for Wisconsin Youth coalition needs, funding should be increased to a minimum of \$100,000 per region.

Although Wisconsin Administrative Rule, DHS 75 requires that certified prevention programs employ a Certified Prevention Specialist, the availability of training to become certified does not exist in Wisconsin.

Estimated Length of Time to Complete: Ongoing

Estimated Cost: Unknown at this time

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Name of SCAODA Committee: Prevention Committee

Title of Initiative: Prevention of Operating While Intoxicated

Goal or Outcome: Funding to support statewide saturation patrols

Establishing laws to support sobriety checkpoints

Description (including issue/problem to be addressed): Law enforcement in Wisconsin currently does not allow law enforcement to establish sobriety check-points. In addition, law enforcement must have probable cause to stop a vehicle for Operating While Intoxicated. As a result, law enforcement has been performing saturation patrols. This involves more officers in patrol cars traveling around a chosen area looking for signs of impaired driving in other cars on the move. At a checkpoint, officers stay put; in saturation patrols, they usually drive around. Often, multiple law enforcement agencies will team up to conduct saturation patrols. Saturation patrols are often conducted by providing overtime to officers. Funding is needed to support this activity.

Sobriety checkpoints can be used in 38 states – Wisconsin is not among them – as a weapon against drunken driving. Sobriety checkpoints draw support from such agencies and organizations as the Centers for Disease Control and Prevention, the Insurance Institute for Highway Safety and the National Highway Traffic Safety Administration. Researchers have concluded that they significantly reduce drinking-related crashes, and surveys show widespread public acceptance of them.

Estimated Length of Time to Complete: Ongoing

Estimated Cost: Unknown at this time

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

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Name of SCAODA Committee: **Diversity Committee**

Title of Initiative: **Workforce Sustainability and Substance Abuse Counselor Advisory/MFT Board Representation**

Goal or Outcome:

Increase the number of minority and tribal members recruited and trained as professional substance abuse counselors.

Description (including issue/problem to be addressed):

Many sources can describe potential gaps in substance abuse counselor workforce. Budget priority should be directed at fully researching the options to help meet service gap needs of the substance abuse counselor field. Research student loan repayment based on professional shortage and low interest loan programs to help meet gaps, particularly in underserved and rural communities. Based on a recent counselor survey in Wisconsin the substance abuse counselor group is getting older and the Counselor Scopes of Practice recommendations are believed to affect the current practicing workforce in the state.

- The Wisconsin survey found that 55% of the survey respondents are 51 years old or older, n=967. Nationally the trend is about 40% of counselors are over 50.
- Survey results identify specific recruitment efforts to Native American, Hispanic and younger counselor participants is necessary to meet forecasted need for counselor services in the future. Substance Abuse prevalence rates justify specific recruitment goals.
- The survey demonstrated representativeness statewide and by racial/ethnic breakdown was observed in the results. But ongoing recruitment by geographic regions will help workforce sustainability statewide.

Estimated Length of Time to Complete: Workforce sustainability is a long term issue committee discussions can occur to better define a timeline.

Other Comments (optional):

The AODA treatment service industry has no current representation on decision making boards and can inform certification/licensing requirements as potential changes are defined. Diversity support the DSPS AODA Counselor Advisory Committee receive budget priority consideration as an important factor in the continuum of substance abuse counselor workforce sustainability.

Estimated Cost:

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
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Name of SCAODA Committee: Intervention and Treatment Committee (ITC)

Title of Initiative: Alternative Sanctions Program

Goal or Outcome: Increase the capacity of alternative sanction programs and reduce jail and prison populations.

Description (including issue/problem to be addressed): The purpose of alternative sanction programs is to divert drug and alcohol offenders from jails and prisons by focusing on and treating underlying alcohol and drug problems. These programs, such as Drug Treatment Courts and Intoxicated Driver Courts save money in the long run by breaking the cycles of drug-driven crimes and incarceration and the involvement of the children of an incarcerated parent(s) in the child welfare system; especially given the significant increases of women in the criminal justice system. Costs savings can also be realized by improving the employability of persons who are able to avoid felony records through their participation in alternative sanction programs and become positively contributing members of our communities.

Estimated Length of Time to Complete:

Other Comments (optional):

Estimated Cost:

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
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Name of SCAODA Committee: Intervention and Treatment Committee (ITC)

Title of Initiative: Move to Integration of Substance Abuse and All Co-Occurring Mental Health (not only integration for SPMI) Service Models.

Goal or Outcome: Assist the State and its providers to test projects and strategies as we work to find best practices for integrated, cost effective models of delivery for substance abuse and all co-occurring mental health disorders treatment.

Description (including issue/problem to be addressed): Provide grants to substance abuse treatment providers to partner with (1) other mental health and primary care providers, (2) insurers, or (3) governmental systems in their region to test measurable integration projects to work towards a comprehensive model of service consistent with the medical home model of responsibilities and cost.

Estimated Length of Time to Complete: 12-24 months

Other Comments (optional):

Estimated Cost: This is a scalable model depending on the number and complexity of projects to be funded.

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor's Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: Intervention and Treatment Committee (ITC)

Title of Initiative: Evidence-Based Treatment Services for Women and Children

Goal or Outcome: Increase the effectiveness of treatment for women in Wisconsin by supporting gender appropriate, specialized family-centered women's treatment program that integrate prevention for children of mothers in treatment and is highly integrated with the child welfare system.

Description (including issue/problem to be addressed): Treatment agencies employing the components of women-specific treatment programs that include children have improved retention and improved outcomes vs. programs that treat women but do not employ these components. Increased access to women-specific services will result in more women in sustainable recovery, children with mothers who are able to parent appropriately as well as healthier families.

Provide funding to substance abuse treatment providers, in partnership with the child welfare system when possible, to implement evidence based prevention, intervention and treatment projects that address the unique needs of women and their children; and works towards an integrated model that incorporates the integration of funding, assessments and care coordination. Currently Wisconsin's treatment system accommodates only 17.8 % of the women in publically-funded AODA treatment according to a 2008 survey and 2010 analysis of the publically funded population. Typically these programs operate independently from the child welfare system despite the significant overlap with the substance abuse services system.

Estimated Length of Time to Complete:

Other Comments (optional):

Estimated Cost:

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

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Name of SCAODA Committee: Planning & Funding

Title of Initiative: Alternative Sanction Programs

Goal or Outcome: To divert drug and alcohol offenders from jails and prisons thereby decreasing rates of incarceration, drug and alcohol use and breaking the cycle of drug driven crimes and incarceration.

Description (including issue/problem to be addressed): It has been nationally recognized that the nation's jails and prisons are filled with non-violent drug and alcohol offenders at a cost that is prohibitive compared to community based programs. In order to decrease the numbers of offenders incarcerated for drug and alcohol crimes and drug and alcohol driven crimes, evidence based programs such as Drug Treatment Courts, the Treatment Alternative Programs (TAP), the Treatment Alternatives and Diversion programs (TAD), the Veterans Courts, Family Courts and other problem solving courts such as first offender programs for adolescents and the Second Chance program effectively address drug and alcohol abuse through treatment and support services in the community instead of incarceration.

Estimated Length of Time to Complete: Our goal with this initiative is to create one of these programs in every county of the state. Our intent is to keep going until this is attained.

Other Comments (optional): The Department of Corrections budget now exceeds the UW System budget for the first time ever. Is this a Wisconsin value? We need to create better citizens so they don't reoffend.

Estimated Cost: Unknown

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor's Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: Planning & Funding

Title of Initiative: Screening Brief Intervention and Referral to Treatment (SBIRT)

Goal or Outcome: Our goal is to screen at a minimum adolescents and adults in primary care settings, trauma centers and emergency departments and in schools (students from middle school through college).

Description (including issue/problem to be addressed): People who need assistance will be referred to assistance and followed-up.

Estimated Length of Time to Complete: Our goal is to have the program in place to scale within 5 years.

Other Comments (optional): None

Estimated Cost: Unknown

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor's Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: Planning & Funding

Title of Initiative: Evidence-Based Women's Treatment Services

Goal or Outcome: To increase the number of women's specialized treatment completions and decrease drug and alcohol abuse among women.

Description (including issue/problem to be addressed): Data indicate that women do better in treatment with specialized services.

Estimated Length of Time to Complete: Approximately 5 years for program development and staff training to observe outcomes.

Other Comments (optional): None

Estimated Cost: Unknown

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor's Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: Planning & Funding

Title of Initiative: AODA Counselor Certification

Goal or Outcome: Increase the number of certified AODA counselors prepared to practice under the requirements of insurance companies (Scopes of Practice).

Description (including issue/problem to be addressed): Treatment access is an issue in northern and rural Wisconsin for substance abuse services. It is incumbent on us to plan to meet this need.

Estimated Length of Time to Complete: This is an on-going priority.

Other Comments (optional): This is really a quality of service issue. We want to preserve their capability to do this.

Estimated Cost: Unknown

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee requests SCAODA endorse Wisdom's 11x15 campaign.
Related SCAODA Goal: 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.
Background: WISDOM is an organization made up of 10 local congregations each working independently on local projects. All 10 have come together to work on 11x15, a campaign to reduce Wisconsin's prison population by 11,000 inmates by 2015. A Health Impact Study was conducted showing that Treatment Alternatives and Diversion (TAD) programs are very effective and cost-efficient. TAD programs are currently funded through the Office of Justice Assistance at \$1 million per year. The Department of Corrections is currently funded at \$1.3 billion per year. The goal, based on the Health Impact Study recommendations, is to increase TAD funding to \$75 million per year to allow for more community based supervision programs. <ul style="list-style-type: none">• Positive impact: Reduce cost of incarceration while providing effective services in the community to reduce recidivism and improve public safety.• Potential Opposition: unknown
Rationale for Supporting Motion: Cost effectiveness with an emphasis on providing needed treatment services.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

**SCAODA Prevention Committee Meeting
Thursday, October 18, 2012**

Deforest State Patrol Headquarters
911 W. North Street
Deforest, WI 53532

Members Present: Scott Stokes, Ronda Kopelke, Judie Hermann, Chris Wardlow, Nancy Kendall, Francie McGuire Winkler, Paul Krupski, Rick Peterson, Julia Sherman, Kathy Marty, Emanuel Scarborough, Dorothy Chaney.

Others Present: Christy Niemuth (DHS), Arlene Baker (DHS), Robin Lecoanet (UWPHI), Penny Black (UWPHI), Paula Brown (DCF).

Welcome, Introductions, Approval of Minutes:

The meeting was called to order at 9:35 a.m.. Scott Stokes (chairman) welcomed those in attendance and asked members and guests to introduce themselves. Minutes from the 8/15/12 meeting were reviewed. Chris Wardlow moved to approve the minutes, seconded by Ronda Kopelke. Minutes were approved.

Adverse Childhood Experiences (ACE) presentation:

Paula Brown from the Department of Children and Families presented on the Adverse Childhood Experience (ACE) Report – Findings from the 2010 Behavioral Risk Factor Survey Report for Wisconsin. This report concludes that ACEs are related to poor mental health, social and physical health outcomes. With this knowledge, the goal is to have more effective prevention of child maltreatment and other ACEs, as well as better intervention with those who have already had adverse experiences.

Members of the Prevention Committee requested copies of this report so they can start using it within their networks.

SPF SIG Evaluation Findings:

The final SPF SIG evaluation report is not yet completed. UWPHI is still accessing OYRBS data from underage drinking coalitions. The evaluation is set-up to answer both process and outcome evaluation questions. Process questions include: Did the SPF SIG –funded coalitions implement the steps of the SPF and did they implement the strategies faithfully. According to the evaluation, the answer was “yes”.

Some of the outcome evaluation questions included:

- Did local capacity to implement evidence-based strategies improve? Overall – Yes.
- Did community attitudes re: the priority area change? - Based on the WI attitudes survey that UWPHI conducted with a 40% response rate, there was some change in behavior, although drinking rates did not change – for example there was a significant increase in

people reporting identifying a sober driver before drinking. There was also a significant change in attitudes about driving under the influence.

- Did community attitudes towards policies change? There was no change in attitudes towards policies listed in the survey related to binge drinking. However, the survey UWPHI conducted only asked about formal policies, not informal policies in the home or at work. They did find support for increasing penalties for first offense OWI.
- Did policies that impact the priority change in communities? There were several local and community level policy changes. Sixteen of nineteen counties reported changing at least one policy, 29 of these were formal policies and 12 were informal.

In summary, the evaluation of the SPF SIG shows some positive findings even if it is too soon to tell whether behavior changed as a result. Rick Peterson also reported that he felt in their SPF SIG community the policy that didn't pass (a demerit point system on licensed establishments) had a bigger impact on the county than the ones that did pass. It opened lines of communication, it made the police more engaged, and it provided information to the city council so that they then pushed through the social host ordinance. It really fostered the discussion about "whose license is it", which wasn't thought about previously.

Marijuana Prevention:

The Prevention committee has been concerned that not much has been being done related to marijuana prevention in the state or nationally. The fact that more states are passing medical marijuana laws, and several states have "recreational marijuana" laws up for vote in the coming election, shows that the perception of risk is down. We're seeing that more children in WI are reporting smoking marijuana in the past 30 days than they are smoking tobacco. Most other substance use is trending down, while marijuana use has stayed stable or is trending up. There is a white paper out on this issue, which can be found at www.csam-asam.org/pdf/misc/Legalization.pdf, this report is out of California who find that they are playing catch-up after passing the medical marijuana bill. Prevention committee members think that it is important to get out in front of the issue from a prevention standpoint similar to how we talked about the Alcohol Culture and Environment report and the Prescription Drug Call to Action report. As the state's authority on prevention, members need to have a voice at the table when the legalization advocates are lobbying their legislatures on this issue. First, the group needs to find out what data is out there and then address the bigger issue of developing a public health message, not just on the policy issues but as education for the people who are making the decisions.

McGuire-Winkler made a motion to start ad-hoc committee related to the prevention of marijuana use. Seconded by Wardlow. Motion passed.

SPF PFS II Grant:

The Strategic Prevention Framework Partnerships for Success II grant that DHS applied for in July was funded. The grant will focus on reducing the availability of prescription drugs in eight WI counties and one tribe that were identified as high need. Once final budget approval from federal funders is awarded, DHS will work with these nine sites on prevention strategies for reducing prescription drug abuse. Part of this grant will include coordinating what data is available locally as well as what data collection efforts could be improved.

Good Samaritan Ad-hoc Committee Update

This workgroup is continuing to meet and is finalizing their recommendations. There will one more meeting of the ad-hoc committee to review and approve the recommendations prior to bringing the report to the Prevention Committee for comments.

Alcohol Policy Seminar

The 3rd annual Alcohol Policy Seminar was held in Steven's Point with 95 attendees. Next year it will be held in October and will be based on two tracks one for new comers and one for folks that have been actively working on alcohol policy issues. Julia Sherman reported that they may consider the idea of holding this seminar in two locations in the future.

Mental Health and Substance Abuse Ad Hoc Needs Assessment:

Wardlow presented a hand-out from the MH/SA needs assessment to the committee. WPN submitted information to the needs assessment group and Wardlow is working with them to promoting the prevention aspect in terms of promoting risk and protective factors. The next meeting is scheduled for November 28th.

Agency Updates:

DFC reported that a new office of youth services is being developed. The new office will oversee the Brighter Futures Initiative funding. There are also a couple positions open in the division, which focus on transitional housing, substance abuse, youth development, and pregnant teens. There will be a kick-off meeting for the Carrerria Teen pregnancy prevention program. This program includes seven components; mental health, sports, substance abuse, arts, family life, sex education, and career, as well as supporting youth to make the correct choices for themselves, not just teen pregnancy.

Future Meeting Dates/Agenda Items

The 2013 SCAODA Prevention Committee Meeting Dates are: January 17, April 18, July 18, and October 17 – locations to be determined.

Agenda items for the January 17, 2013 meeting include: Health First Update on Focus Groups and Alcohol Burden Report.

Stokes adjourned the meeting at 1:40 p.m.

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

**Prevention Committee Meeting
Thursday, January 17, 2013
9:30 a.m. – 2:00 p.m.**

**Wisconsin State Patrol Deforest Post
911 W. North St.
Deforest, WI 53532**

Agenda

- Welcome and Introductions
- Approve Minutes from October 18, 2012 Meeting
- Strategic Prevention Framework Partnerships for Success II Grant
- Health First update from focus groups
- Alcohol Burden Report
- Good Samaritan Recommendations Update
- Ad-Hoc Needs Assessment Workgroup Update
- Federal Reports
- 2012 AODA Epi Study
- Parents Who Host Campaign Update
- Agency Updates
- Future Meeting Dates/Agenda Items

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**2014-2015 Combined Application for the Substance
Abuse Prevention and Treatment
Block Grant and Community Mental Health Block
Grants: Executive Summary for Comment**

February 14, 2013

**Bureau of Prevention Treatment and Recovery
Division of Mental Health and Substance Abuse Services
Wisconsin Department of Health Services**

Background

Federal law requires that each state submit an annual application for their allocation of Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Community Mental Health Block Grant (MHBG) funds. This year is the first year that Wisconsin will be filing a combined SAPTBG and MHBG application for FFYs 2014-2016. The combined application is due to the Substance Abuse and Mental Health Services Administration (SAMHSA) on April 1, 2013. SAMHSA has instructed the Division of Mental Health and Substance Abuse Services to assume the same level of funding in FFY 2014 as Wisconsin’s final allocation is expected to receive in FFY 2013(the FFY 13 Budget is still not final) , that amount for the SAPTBG is **\$27,880,736**. The amount for the FFY 2014 for the MHBG is projected to be **\$6,995,270**. This reflects a \$1,020,641 reduction in MHBG from the final FFY 2012 allocation due to the expected redistribution among states due to the periodic application of formula factors.

Combined Needs Assessment

The combined block grant application requires a combined needs assessment that should inform the state priority areas that must be added to the federally required priority areas for each block grant. The Wisconsin 2014-2016 Combined MHBG and SAPTBG will include the following required Needs Assessment elements: assessment of the state’s strengths and needs; identify unmet needs and gaps and then federal and state priorities for planning and system improvement activities that will begin to address those unmet needs and gaps.

The Bureau completed the needs assessment in consultation with stakeholders through a Joint Needs Assessment Committee formed by the State Council on Alcohol and Other Drug Abuse and the Wisconsin Council on Mental Health.

The DMHSAS proposed funding will address some of the SAMHSA priority areas. In addition, the application will identify other strategies that do not involve funding that are appropriate for Wisconsin. The state application will include objectives, strategies and performance indicators in the federally required format for the State priorities listed below.

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The following draft priorities for planning and system development will be presented for public input and comment:

2014-2016 SAPTBG Priorities
FEDERALLY REQUIRED PRIORITIES
1. 100% of all certified AODA treatment agencies in Wisconsin will be compliant with Wisconsin TB information and referral policies which assures that patients are screened for TB and provide them with referral information about TB testing and treatment if the screen is positive.
2. Increase prevention, street outreach and access to treatment for injection drug users (IDU).
3. Increase access to culturally appropriate and comprehensive services for special populations such as Hispanic/Latinos, Native Hawaiian or Pacific Islander, African American, Asians, American Indian or Alaska Native, LGBTQ, and veterans.
4. Reduce youth access to tobacco products and maintain at retail outlets non-

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compliance rate of less than 10%.
ADDITIONAL STATE PRIORITY AREAS
5. Increase the number of women specific evidence-based services or programs within counties and tribes with a focus on pregnant women and women with dependent children. (ALSO A FEDERAL PRIORITY)
6. Increase the use of effective and evidence-based services for substance use disorders for persons coming in contact with the criminal justice system
7. Reduce the number of alcohol related motor vehicle fatalities with a special target of people ages 16 to 34.
8. Reduce the non-medical use of prescription opiates.

2014-2016 MHBG Priorities
1. Increase the access and quality of wraparound services for children and youth through the expansion of the number of counties and tribes with Coordinated Services Team (CST) programs.
2. Increase access and quality of mental health and substance abuse services that promote evidence-based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), peer support, supported employment.
3. Promote effective and evidence-based practices for people involved in the criminal justice system thru consultation with county systems.

Combined Block Grant Proposed Goals, Strategies and Indicators

2014-2016 Substance Abuse Treatment and Prevention Block Grant Priorities

Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
Substance Abuse Treatment REQUIRED FEDERAL	Individuals with tuberculosis.	100% of all certified AODA treatment agencies in Wisconsin will be compliant with Wisconsin TB information and referral policies.	<ul style="list-style-type: none"> In cooperation with the Wisconsin Division of Quality Assurance, identify agencies in non-compliance with TB information and referral policies and provide follow-up technical assistance to ensure compliance. 	The rate of treatment agencies in compliance with TB information and referral policies vs. total agencies certified or re-certified will be 100%.

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Substance Abuse Prevention REQUIRED FEDERAL	Persons who are intravenous drug users (IDU).	Increase prevention, street outreach and access to recovery-oriented treatment for injection drug users (IDU).	<ul style="list-style-type: none"> • Realign existing funding to have increased emphasis on prevention and early intervention; provide education and training to street outreach teams; • Strengthen collaborations among agencies serving IDUs. 	Increase treatment admissions among injection drug users by 2% over baseline of approximately 1,200 annual admissions.
Substance Abuse Treatment Substance Abuse Prevention REQUIRED FEDERAL	American Indians/Alaska Natives Underserved racial and ethnic minorities.	Improve access to recovery-oriented services for special populations such as Hispanic/Latinos, African Americans, Asians, American Indian, Military Families, Deaf and Hard of Hearing, and LGBTQ populations.	<ul style="list-style-type: none"> • Regularly monitor treatment services provided to special populations to assure the proportion of racial, ethnic and cultural individuals being served are comparable to their occurrence in the general population. • Provide technical assistance to provider community to improve access to services for special needs populations. 	The proportion of racial, ethnic individual persons served will be comparable to their occurrence in the general population including adjustments for their incidence of substance use disorders.
Substance Abuse Prevention REQUIRED FEDERAL	Youth substance use.	Reduce youth access to tobacco products and maintain at retail outlets non-compliance rates of less than 10%.	<ul style="list-style-type: none"> • Continuation of implementation of Wisconsin Wins compliance checks, media outreach and public outreach through the Division of Public Health's Tobacco Prevention and Control Program. 	Proportion of successful attempts to purchase tobacco products by young people will be below 10%. The CY 2010 rate was 4.7%.

SABG Priority Areas

Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
Substance Abuse Treatment Substance Abuse Prevention REQUIRED FEDERAL	Women who are pregnant and have a substance use disorder. Parents with substance use disorder.	Increase the number of women specific recovery-oriented evidence based services or programs within 5 counties or tribes with a focus on pregnant women or women with dependent children.	<ul style="list-style-type: none"> • Develop and provide statewide training and consultation on the expansion of Evidence Based Practices. 	Record and documentation of the number of counties or tribes implementing women specific evidence based practices.

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Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
Substance Abuse Services	Individuals with mental and/or substance use disorders involved in the criminal justice system.	Increase the use of effective and recovery-oriented evidence-based services for substance use disorders for persons coming in contact with the criminal justice system.	<ul style="list-style-type: none"> • Provide statewide training and consultation of evidence based programs 	Through training and consultation, record and document the number of new evidence based practices that have been implemented.
Substance Abuse Prevention Substance Abuse Treatment	Environmental/policy prevention activities. Individuals with risky use of substances or with substance use disorders.	Reduce the number of alcohol-related motor vehicle fatalities by 2% for individuals between the ages of 16 – 34).	<ul style="list-style-type: none"> • Partner with DOT to enhance law enforcement capacity to address alcohol laws. • Partner with the University of Wisconsin Law School Alcohol Policy Project to provide training on best practices for coalitions working to reduce drunk driving. • Working with community Alliance for Wisconsin Youth Coalitions, promote the following preventative interventions: A) Implement saturation patrols during targeted time periods such as the post-closing hours. B) Promote the prosecution and adjudication with sanctions of alcohol law violations within the municipal court system. C) Establish evidence based “best practices” for local retailers including; no consumption based drink specials, all staff trained, refusal to serve all patrons 	Number of alcohol-related motor vehicle fatalities as measured by the National Highway Traffic Safety Administration’s Fatality Analysis Reporting System (FARS) and The Wisconsin Department of Transportation’s Wisconsin’s Traffic Crash Facts is reduced by 2%.

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Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
			<p>under age 21, annual review of ID check procedure and identifying intoxicated patrons with law enforcement. Off premises “Class A” retailers agree to restriction on “tastings” and restrictions on POS advertising.</p> <ul style="list-style-type: none"> • Provide funding to support evidence based practices for OWI clients seeking SA treatment • Increase number of OWI courts or provide development grants for existing or new courts to implement evidence based practices. 	
Substance Abuse Prevention	Individuals in need of primary substance abuse prevention.	Reduce the non-medical/unauthorized use of prescription opiates.	<ul style="list-style-type: none"> • Promote best practices for reducing prescription drug availability including practices for prescribers and dispensers as well as for proper medication disposal. • Raise awareness among parents, youth, patients, and health care providers. • Collaborate with DSPPS on the implementation of Wisconsin’s PDMP. 	2% reduction in consumption rates as measured by the CDC’s Youth Risk Behavior Survey and the National Survey on Drug Use and Health (WI Sample).

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2014-2016 Mental Health Block Grant Priorities

Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
Mental Health Services Substance Abuse Services	Children with Serious Emotional Disturbance.	Increase the access and quality of wraparound services for children and youth through the expansion of the number of counties and/or tribes with Coordinated Service Teams (CST) programs.	<ul style="list-style-type: none"> • Provide additional state budget resources to increase the number of counties and / or tribes covered by CST Initiatives statewide, • Provide technical assistance to those areas of the state/tribes without CST programs. • Review data on child and family outcomes of CST programs and identify quality improvement objectives. • Explore ways to expand child psychiatry consultation for children served by CST programs. 	Count of Counties and / or tribes covered by CST programs.
Mental Health Services Substance Abuse Services	Adults with Serious Mental Illness. Children with Serious Emotional Disturbance.	Improve access and quality of recovery-oriented mental health and substance abuse services that promote evidence-based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), Community Recovery S, peer support, and supported empl.	<ul style="list-style-type: none"> • Expand budget authority for Comprehensive Community Services (CCS) thru Governor's budget initiative for the state to assume nonfederal share of MA. • Work with counties and tribes to develop CCS programs in all areas of the state. • Develop and monitor performance indicators for CCS programs; implement quality improvement projects as needed in areas needing performance improvement. • Promote in CCS/CSP service arrays Peer Specialists, Supported Employment, and Family Psycho-education in order to meet individual needs using these EBPs. • Research and develop Peer Run Respite and Warmlines 	Number of persons served through CCS and CSP programs.

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Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
			<ul style="list-style-type: none"> Support Peer Run Recovery Centers. 	
Mental Health Services	Individuals with mental disorders involved in the criminal justice system.	Promote effective and recovery-oriented and evidence-based practices (EBPs) for people with mental illness who are involved in criminal justice system thru consultation with county systems.	<ul style="list-style-type: none"> Consult with an existing model programs/national experts to identify key EBPs for local court/law enforcement can make to improve their systems. Provide EBP training for county criminal justice and mental health systems. Expand Mendota Forensic units to more quickly provide needed mental health treatment for those individuals in jail who need treatment to competency. 	Number of counties that have been provided consultation.

Proposed 2014 SAPTBG High Level Allocation

The following is the proposed high level allocation to be included in the 2014 SAPTBG. There are both federal (see Attachment A) and state statutory requirements (see citations below) for the disbursement of the SAPTBG funding which are included in the Block Grant documents submitted for review. The specific state statute references that guide the distribution of funding are included if applicable:

SAPTBG FFY 2014 ALLOCATIONS DRAFT	
Community Aids (s. 46.40(2m)(a))	\$9,735,500
State Operations and Administration (20.437(5)(mc))	\$2,156,900
Department of Corrections	\$1,349,200
Department of Children and Families (s. 48.561(3)(a)2, s. 8.545)	\$3,290,000
Women’s AODA Initiatives (s. 46.86, s. 46.55(3m))	\$3,595,300
Juvenile Justice Treatment Grants (s. 48.547(2))	\$1,340,000
Additional Primary Prevention Initiatives (s. 46.71, s.252.12(2)(c), s. 6.49(1))	\$1,562,100
Other Treatment Related Grants (s 46.65, s. 6.49(1))	\$4,651,736
Regional Mental Health/Substance Abuse Infrastructure Pilots	\$200,000
TOTAL FFY 2014 Projected (October 1, 2013 – September 30, 2014)	\$27,880,736

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Proposed 2014 MHBG High Level Allocation

The following is the proposed high level allocation to be included in the 2014 MHBG. There are both federal (see Attachment B) and state statutory requirements (see citations below) for the disbursement of the MHBG funding which are included in the Block Grant documents submitted for review. The specific state statute references that guide the distribution of funding are included if applicable:

MHBG FFY 2014 ALLOCATIONS	
Community Aids (46.40(2m)(b))	\$2,513,400
Coordinated Services Teams (CST) (46.56)	\$1,826,500
Family/Consumer Self-Help & Peer-to-Peer Support (46.54)	\$991,629
Transformation Activities	\$439,928
Systems Change (46.52)	\$137,927
Recovery, Early Intervention, Prevention	\$161,491
Training (46.53)	\$159,995
Wisconsin Protection and Advocacy (51.62(3m))	\$75,000
State Operation and Program Development Costs	\$689,400
TOTAL FFY 2013 (October 1, 2013 – September 30, 2014)	\$6,995,270

Public Review Required

The federal requirements for submission of the block grants include insuring that the block grant plan is reviewed by the state planning council, which is the Wisconsin Council on Mental Health. This year the federal government is suggesting a review by a behavioral health planning council. In Wisconsin, the State Council on Alcohol and Other Drug Abuse is the appropriate body to comment on issues related to substance use and the SAPTBG. The Department must submit the Wisconsin Council on Mental Health’s comment letter regarding the block grant plan with the Block Grant application. In addition, states must consult with federally recognized Tribal governments in their state. The DMHSAS has consulted with the Tribes prior to developing the block grant in the summer and fall of 2012. In addition, the Division will schedule a consultation on the Combined Block Grant application in late February or early March prior to the submission of the Block Grant application. Finally, the federal government requires public review and comment which will be achieved at the March meetings of the Wisconsin Council on Mental Health and the State Council on Alcohol and Other Drug Abuse and by posting on the Councils’ website.

SAMHSA Eight Key Priorities for States to Address:

States have been asked to develop block grant priorities that link with SAMHSA’s key priorities as it establishes its block grant plan. Currently, mental health, substance abuse, and primary care are, in most cases are separate and distinct services. Yet, a large portion of individuals presenting for care have need for services in all three systems. SAMHSA’s goal is to integrate

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these services in ways that preserve the strengths and contribution of each system yet bring them together in an integrated manner that best serves individuals in their communities.

1. Prevention of Substance Abuse & Mental Illness
2. Trauma & Justice
3. Military Families
4. Recovery Support
5. Health Reform Planning for the Affordable Care Act
6. Health Information Technology
7. Data, Outcomes, & Quality
8. Public Awareness and Support

The state combined application will address the specific questions posed by SAMHSA in these areas.

APPENDIX A

Federal Specific Requirements for SAPTBG

There are federal parameters on the use of the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) as noted below:

- States must expend no less than 20% on primary prevention.
- States must expend no less than 5% on treatment services for pregnant women and women with dependent children.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services. Further, all entities that serve women and who receive block grant funds must provide preference in the following order:
 - To pregnant injecting drug users first.
 - To other pregnant substance abusers second.
 - To other injecting drug users third.
- Grant funds shall not be used to provide inpatient hospital services unless the safety of the patient is in jeopardy.
- Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for substance abuse and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program).
- Grant funds shall not be used to make cash payments to intended recipients of health services.
- Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition.
- Grant funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
- Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor.
- Grant funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

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- Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.
- No funds provided directly from SAMHSA or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization.

APPENDIX B

Federal Requirements for the Community Mental Health Block Grant

There are federal constraints on the use of the federal Community Mental Health Block Grant as noted below:

- The primary target groups for the funds are adults with a serious mental illness or children with a severe emotional disturbance.
- The state will provide services only through appropriate, qualified community programs.
- Cannot be used for inpatient services.
- Cannot be used to make cash payments to intended recipients of health services.
- Cannot be used to purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment.
- Cannot be used to satisfy any requirement for the expenditure of non-federal funds as a condition of the receipt of federal funds.
- Cannot be used to provide financial assistance to any entity other than a public or nonprofit entity.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- Must maintain a level of spending in the block grant for a system of integrated services for children not less than the amount expended by the state in 2008.
- The State must maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the two-year period proceeding the fiscal year for which the state is applying for the grant.

Wisconsin Ranked List of Needs

Priority Score	Item Category	Item Description
81.2	SA-2	Reduce substance use disorders for pregnant women and mothers with infants and young children.
79.9	MHSA-3	Increase children and youth who receive effective treatment and wrap-around services for mental health or substance use disorders. Youth have high rates of mental health and substance abuse needs.
79.6	MH-1	Increase psychiatrist availability including, but not limited to, child psychiatrists in northern Wisconsin.
77.7	MHSA-4	Increase persons coming in contact with the criminal justice system that receive effective services for mental health or substance use disorders. These persons have high prevalence rates.
77.4	MH-2	Reduce Wisconsin's suicide rate below the national average including but not limited to persons age 50-59, veterans and active service members.
77.0	SA-8	Reduce alcohol and other substance-impaired motor vehicle crashes, injuries and fatalities among persons age 16-34.
75.8	MHSA-11	Improve mental health and substance abuse service outcomes and quality of care by addressing the use of evidence-based practices and treatments, practice-based evidence, consumer satisfaction and involvement, professional training, data collection, outcomes measurement, quality improvement approach, etc.
75.0	SA-1	Increase the substance abuse treatment professional workforce statewide.
74.4	MH-4	Early identification of those who have experienced adverse childhood experiences such as abuse, divorced parents, or living with persons who have a mental health or substance use disorder coupled with proven interventions to build resilience.
74.3	MHSA-6	Address barriers to accessing mental health or substance abuse treatment including cost, motivation, transportation/distance, living in rural areas, and stigma in order to increase the number of persons receiving treatment.
73.9	SA-7	Reduce binge or heavy-occasion use of alcohol among persons age 18-34.
73.9	SA-6	Reduce use of alcohol among persons age 12-20.
73.3	SA-3	Reduce persons with addictions to prescription pain killers and heroin as well as overdoses and deaths among persons age 12 and older.
72.1	MHSA-1	Increase persons with any co-occurring mental health or substance abuse disorder who receive effective integrated treatment.
72.0	MHSA-8	Increase overall mental health and substance abuse workforce capacity and reduce waiting lists.
71.2	MHSA-9	Achieve mental health and substance abuse service appropriateness and equity by ensuring the appropriate mix of inpatient, detox, residential, intensive outpatient, outpatient, psychosocial rehabilitation services, crisis intervention, recovery support services, peer specialists, recovery coaches, consumer-run centers, narcotic treatment, etc.
70.6	MHSA-12	Reduce the disparities in access to effective, culturally and linguistically competent mental health and substance abuse services among populations of differing races, ethnicities, sexual orientations and Deaf persons.
69.9	SA-5	Increase capacity to provide evidence-based, universal indirect environmental prevention strategies in areas of the state where data indicates there is need including but not limited to rural villages and towns.
69.8	MHSA-5	Increase young adults (age 18-25) and elders (age 60 and over) who receive

Priority Score	Item Category	Item Description
		effective treatment for mental health or substance use disorders. Young adult prevalence rates are higher than average and both groups' rates of receiving treatment are lower than average.
69.1	MH-3	Reduce mental health inpatient readmission rates by increasing the availability of community-based alternatives.
68.8	MHSA-2	Increase veterans, active service members and military families who receive effective treatment for mental health or substance use disorders.
67.1	SA-4	Reduce high usage of detoxification services in areas where usage exceeds the state or national average.
66.6	MHSA-10	Collaboration or integration of substance abuse and mental health services with primary health care to improve overall health outcomes including but not limited to smoking cessation.
63.0	MH-5	Provide parents and helping professionals working with infants and young children (e.g., child care workers, home visitors, and pediatricians) the knowledge, skills, and practices that support healthy social and emotional child development.
55.3	SA-9	Reduce the use of synthetic drugs that have a similar effect as marijuana (spice) or stimulants (bath salts).
51.9	MHSA-7	Address access barriers to pathological gambling disorder treatment in order to increase the number of persons receiving treatment.

Department of Public Instruction
FY 12 Alcohol Traffic Safety Program Report

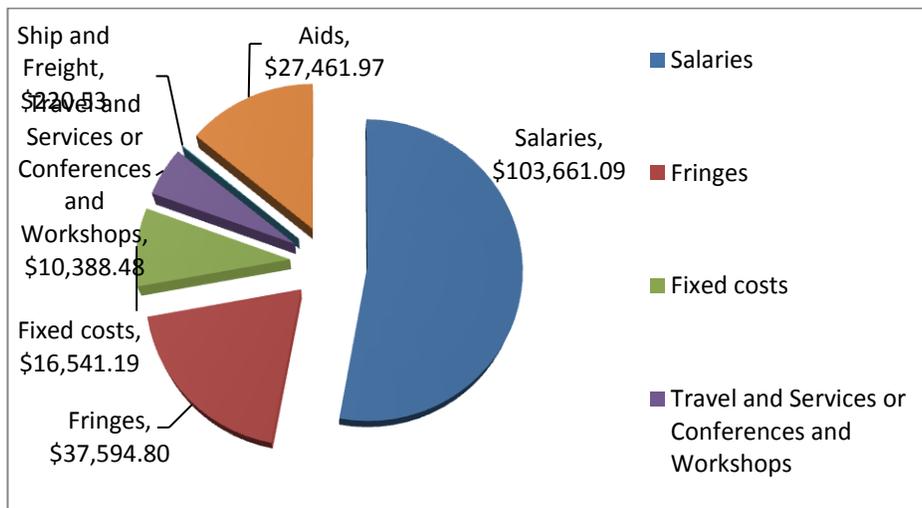
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DPI's Services for Driver Program FY 2012)

Introduction

- In 1981 several state agencies were designated to receive OWI Surcharge Program Revenues (PR) in order to carry out programs and initiatives targeted at the prevention of drinking and driving. The agencies included the Department of Health Services, the University of Wisconsin, and the Wisconsin Department of Transportation.
- In 1983 the DPI was added to the list of Intoxicated Driver Program surcharge recipients. Over the years, the Alcohol /Traffic Safety (ATS) program has also complimented the DPI's broader Alcohol and Other Drug Abuse Program through various prevention initiatives targeting teen alcohol and other drugs abuse, and prevention of related youth risk behaviors.
- A primary target audience for ATS training and technical assistance has been public school driver education programs and instructors. Content on the dangers of impaired driving or riding with an impaired driver has been integrated into many of the state's high school driver education programs.
- DPI also focused early efforts on facilitating the development or maintenance of SADD (Students Against Destructive Decisions) chapters in schools, with many Wisconsin chapters being advised by driver educators.
- ATS funds typically have been used for:
 - Funding ATS-related grants and mini grants
 - Sponsorship of student conference s and workshops emphasizing alcohol/traffic safety
 - Sponsorship of professional development workshops and conferences for educators, especially driver education instructors
 - Support for CESA Audio Visual ATS resources for use by schools within the respective CESA's geographic area
 - Upgrading eligible driving simulation installations with alcohol analyzers
 - Since mid 1990's Support for the ATS Consultant's position; and within past 4 years or so authority also granted for .3 FTE position for an Office Operations Associate's position.

Section I: Appropriation and ATS Expenditures for FY 12



Appropriation and Budget

- ◆ Base Budget reflected that \$250,300.00 would be available for use by agency in 2011-12.
- ◆ Projections for significant reductions in surcharge revenues, indicated cuts to the program appropriations were imminent, as the 2011-12 school year went forward.
- ◆ The ATS program was required to lapse some PR funds in accord with requirements of the 2011-13 biennial state budget bill.
- ◆ The combination of reduced surcharge revenues and required lapses of \$22,900, resulted in a final appropriation and expenditure of \$195,868 (includes an allowed small carry over/encumbrance of \$2,495)

Summary of ATS FY 12 Expenditures

Salaries	\$103,661.09
Fringes	\$37,594.80
Fixed costs	\$16,541.19
Aids	\$27,461.97
Purchased Services	\$10,609.01

TOTAL Expenditures
\$195,868.06

This includes Carry over revenues and related expenditure of \$2,495 from FY 11.

Summary of ATS Expenditures:

- ◆ 53% of ATS expenditures budgeted for staff salaries (DPI has position authority for 1.3 FTEs)
- ◆ 14% budgeted for fringe benefits tied to the 1.3 FTEs
- ◆ 8% budgeted for fixed costs
- ◆ 5% budgeted for contracted services related to program workshops and conferences
- ◆ 20% budgeted for aids to localities (grants).

FTE Position Authority:

The DPI has position authority for 1.3 FTEs.

Currently the 1.3 FTE position authority breaks down as follows:

- ◆ up to 1.0 FTE for the ATS Consultant position
- ◆ up to 0.3 FTE for an Office Operations Associate

Section II: General Descriptions of ATS Program Activities

- ✓ Grants management (AODA and ATS) -- Oversight and Administration of AODA and ATS Program Grants and Student Mini Grants
 - Revise and disseminate grant applications
 - Review completed grant project applications
 - Assist in identifying recommendations for funding by State Superintendent
 - Provide Technical assistance to grantees of AODA grants, including:
 - respond to questions concerning budgets and activities
 - ensure approved budgets and desired expenditures are allowable
 - respond and approve budget change request when justified and for allowable expenditures
- ✓ Administration of DPI approved public school driver education Programs
 - Prepare, Review and Approve, Driver Education Program Approval Applications (PI 1709's)
 - 177 public school program reviews/approvals in FY 2011/2012
 - DPI also reviews the driver education programs of interested private high schools (5 were conducted in FY 11/12)
 - Issue completion certificates (PI 1714's),
 - over past 23 years over 757,000 issued; averages about 33,500 a year
 - Over past 5 years average number of certificates issued around 19,400 per year, due to the reduction in the number of high schools providing driver education programs
 - Serve as a DPI representative on various driver education-related and/or traffic safety-related workgroups
 - Note: DPI is working with the DOT on the creation of an online Student Course Completion Verification System -will eventually eliminate issuance of paper completion certificates
 - DMV has a contract with Virginia Tech
 - to review driver education and
 - To create an instrument that will allow the DOT to assess and compare program effectiveness
 - DPI liaison to:
 - Wisconsin Safety Patrol Congress, Wisconsin Dells Visitors and Convention Center
 - Wisconsin Safety Patrol, Inc.
 - Wisconsin Driver and Traffic Safety Education Association
 - American Driver and Traffic Safety Education Association
 - DHS Wisconsin Intoxicated Driver Improvement Program Prevention Workgroup
- ✓ Joint Planning and sponsorship of regional professional development opportunities for driver and traffic safety educators
 - Each Fall six regional traffic safety workshops conducted; 137 individuals attended the six workshops conducted in the fall of 2012
 - Because the State Driver Education Association was going to be hosting the National ADTSEA Conference in July of 2012, decision was to conduct a smaller one-day state workshop rather than the usual multi-day state conference. Between 60 and 65 people attended this special workshop held in Appleton.

(General Descriptions of Activities continued...)

- ✓ Joint planning of state and national traffic safety education conferences
 - State Level – since Wisconsin was hosting the National conference in July, decision made to conduct a one-day state workshop in lieu of a multi-day state conference in April of 2012. As noted above 60-65 people attended in March at the Paper Valley Hotel
 - National Conferences (ADTSEA 2012 and NSSP Conference)
 - ATS Consultant assisted in planning the host state transportation-related aspects of the conference. Helped plan and coordinate transportation needs for:
 - All three ADTSEA Conference host outings
 - Host Committee golf outing transportation
 - Host committee sponsored shopping transportation
 - ATS Consultant assisted ATDESA organization as well as National Student Safety Program (NSSP) in identifying a number of Wisconsin presenters for their national conferences
- ✓ Serve as a departmental representative to various organizations, task forces, councils and committees, including serving as current Chair for the Governor’s Advisory Council on Highway Safety

Section III: Oversight and Administration of AODA Program Grants

- Liquidated final claims of 3 ATS grants. In FY 12 ATS consultant provides technical assistance to three districts submitting final claims for reimbursement of expenditures under the final AODA program grants issued through the ATS program. (MPS, Waukesha and Kenosha).
- ATS Consultant provided AODA Grant oversight/administration. ATS Consultant worked most closely with 17 different AODA Grant Awards to 17 different districts, including one consortium AODA Grant.
- These 17 grant awards totaled \$298,691.00.

Typical Activities of AODA Grant Oversight included:

- Assist with finalizing and posting of AODA Grant Guidelines and applications
- Assist in conducting regional and online AODA Grant Application workshops (4 regional and 1 online conducted)
- Assist in Grant Review Process (both in and with the external and internal review processes)
- Assist in presenting funding recommendations to State Superintendent
- Review and revise interim and end of year AODA reports
- Review and approve budget change to AODA Grants
- Review and approve end of year reports
- Provide ongoing technical assistance to respective AODA Grant Programs. Budget change requests and addressing specific questions dealing with budgets and oversight efforts to ensure spending is appropriate and authorized.

Oversight and Administration of Student Mini Grants:

- Smaller awards (Maximum of \$1,00 per award)
- Projects are student generated and focused
- ATS related projects given consideration to receive ATS awards.
- ATS funds for Mini Grants has been between \$15,000 - \$22,000 annually
- ATS Consultant had oversight to all ATS Projects

Typical Activities of ATS Mini Grant Oversight included:

- Review, Revise Grant Application and program guidelines. Ensure these resources are made available to potential grantees. Online resources as well as hard copy resources.
- Conduct internal grant review (The External reviews were conducted by the respective 12 CESAs. Each reviewing grants from their CESA Region.
- Conduct internal review of submitted ATS mini grants to verify or make suggested changes to the recommendations of the external reviews submitted.
- Prepare funding recommendations for State Superintendent.
- Assist in getting award documentation out to the respective CESAs
- Work with respective grantees (CESA levels or school-level regarding and budget questions or issues to better ensure funds used as per grant application and used to support projects' identified and approved goals.

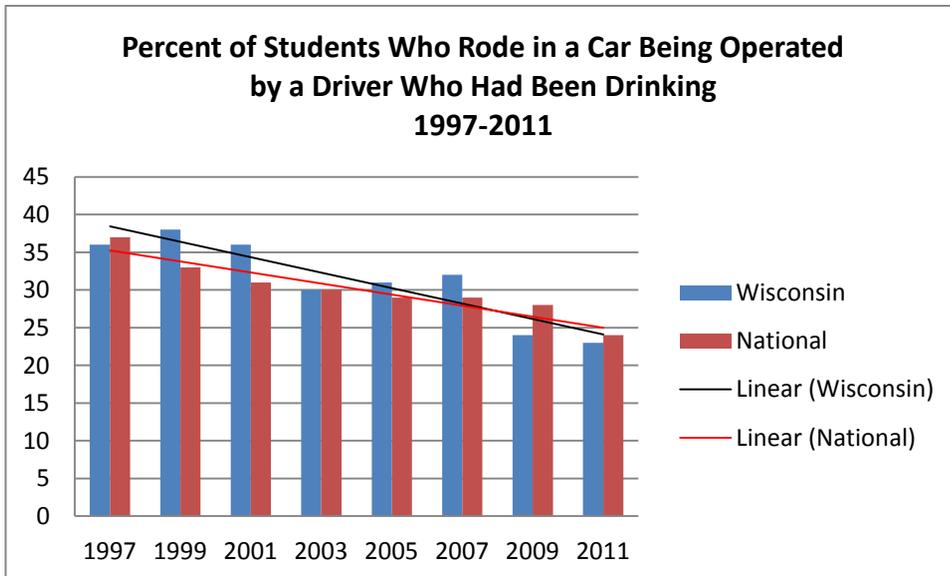
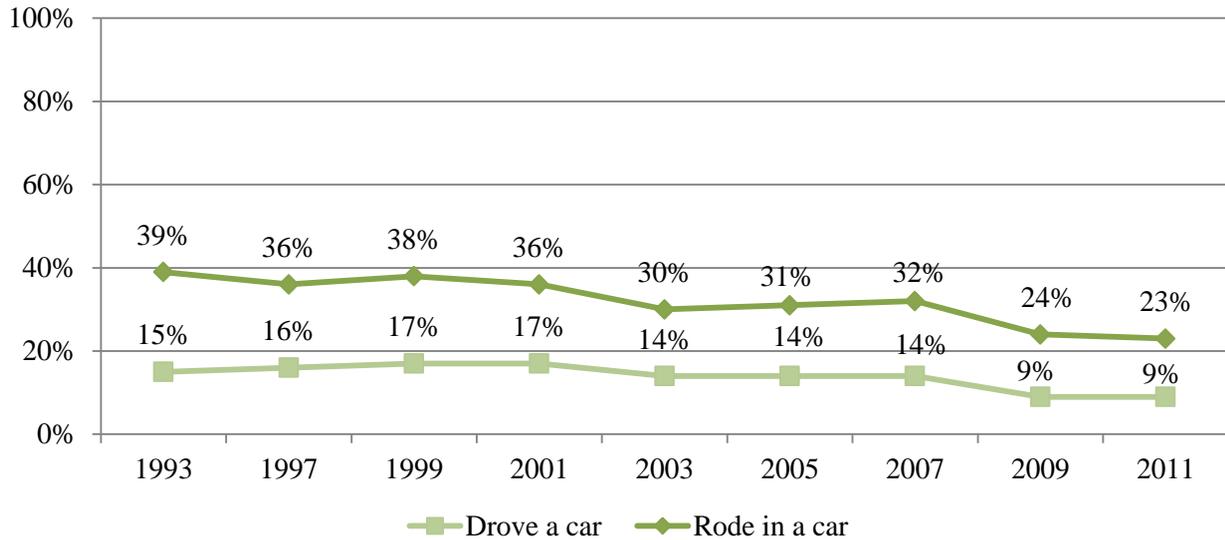
Types of AODA/ATS Student Mini-grant Projects Funded:

- Plan and conduct an area Youth Conference
- Training and materials for peer leaders and peer education initiatives/programs
- Special health fairs addressing Traffic Safety/underage drinking and driving themes/presentations
- Special speakers/trainers
- Small incentives tied to an initiative/targeted behavior change initiative/activity (seatbelt usage as an example)
- Grim Reaper Day activities
- Drug-Free Alternative activities (post game events through out the fall and winter)
- Post Prom and Graduation alcohol free)
- Creation of or efforts to sustain SADD chapters/groups in schools
- Peer mentoring and shadowing of younger students
- Food and beverages for work group meetings and functions
- Creating a video and lessons (one year Neenah HS very successful with video creations)
- Mock crashes
- Project Graduation/Proms
- Grim Reaper Days/Events

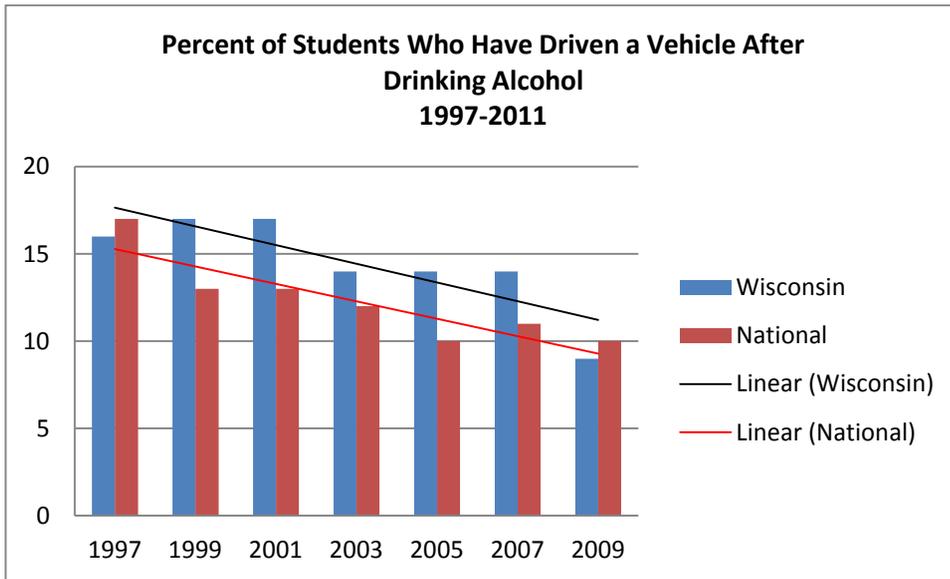
Section IV: Program Impact

Graphical Presentation of Key Data and their Trend Lines

Percentage of Wisconsin students who, in the past 30 days, rode in a car with a driver who had been drinking alcohol or drove a car when they had been drinking alcohol. (1993 - 2011)

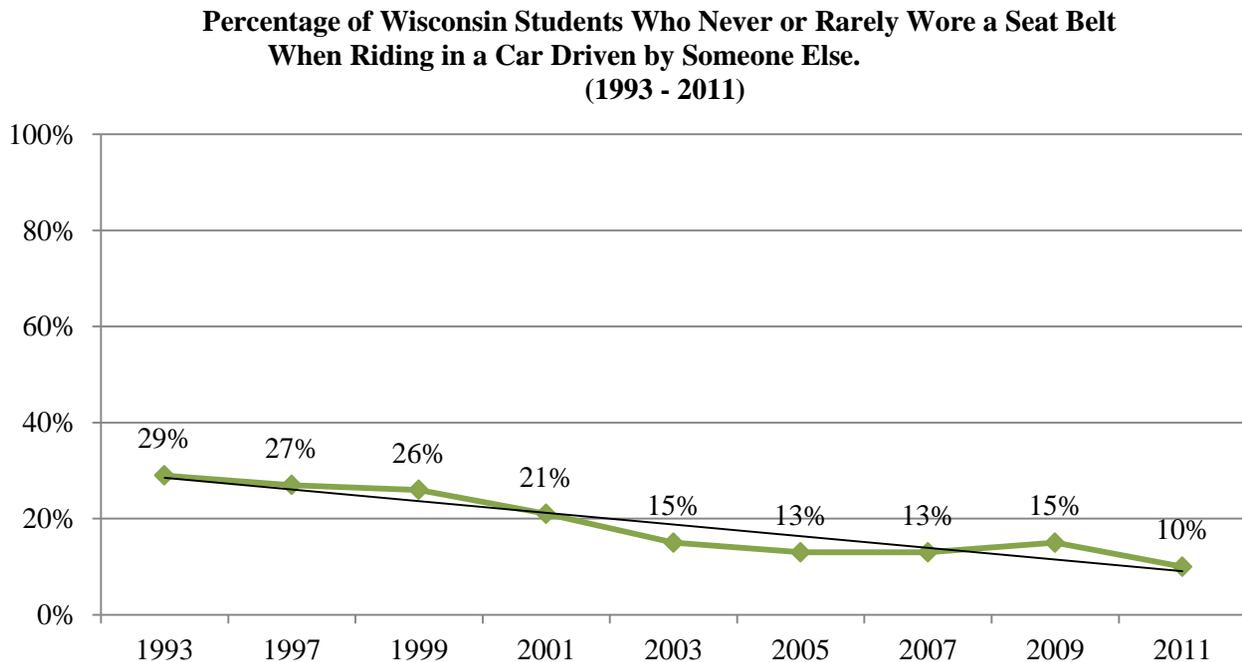


Wisconsin's slope steeper and has crossed over National. Appears we have made greater progress in Wisconsin when compared to trends of national peers

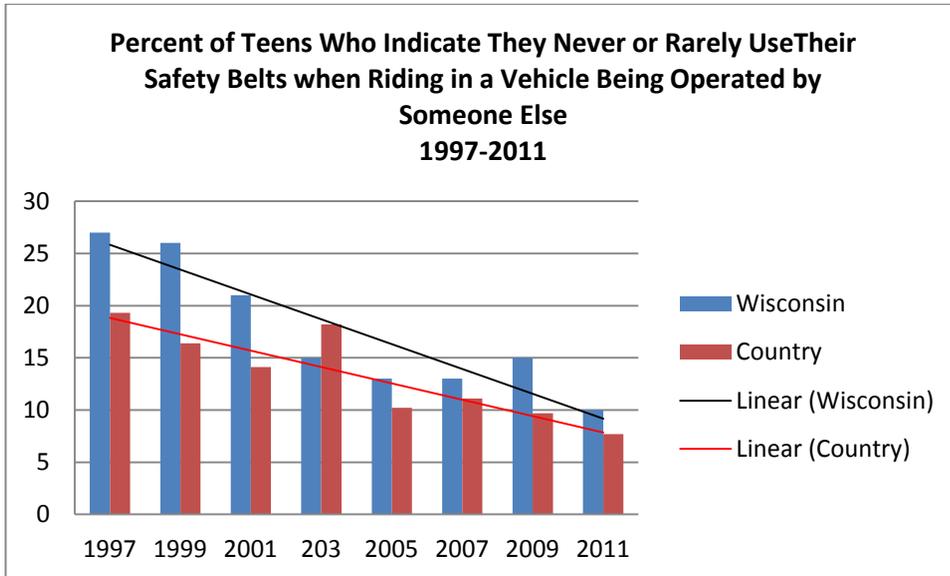


This graph also suggests we have made positive progress. When compared to national figures, Wisconsin teens are reducing their driving after drinking at the same rate of decline as their peers across the country.

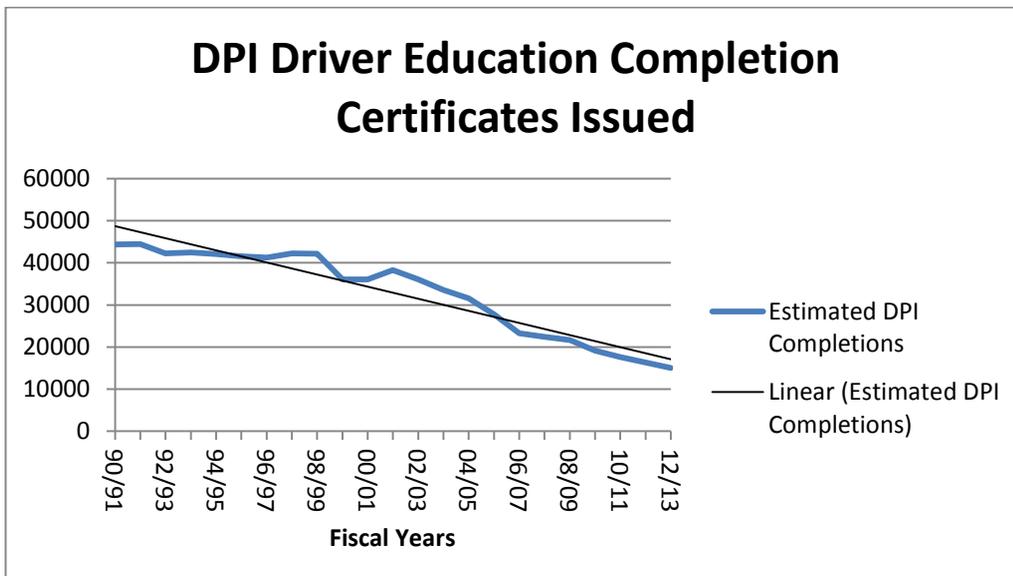
Finally the third indicator we look at deals with use of safety belts.



Comparison of Wisconsin Data to National Data



Significant change for Wisconsin teens, which is true for teens on a National level as well. Wisconsin slope appears to have a chance to intersect with the national levels, as the rate of reduction in this behavior in Wisconsin has accelerated faster than the national rate has.



Tavern League Foundation Monthly Spending: A comparison between FY 2011 and FY 2012

	FY 2011	FY 2012	Difference	Percentage increase
July 50-50	\$ 3,131.00	\$ 2,538.99	\$ (592.01)	-18.91%
July 80-20	\$ 19,844.26	\$ 32,778.73	\$ 12,934.47	65.18%
JULY TOTAL	\$ 22,975.26	\$ 35,317.72	\$ 12,342.46	53.72%
Aug 50-50	\$ 9,494.74	\$ 4,768.90	\$ (4,725.84)	-49.77%
Aug 80-20	\$ 19,829.99	\$ 58,246.12	\$ 38,416.13	193.73%
AUGUST TOTAL	\$ 29,324.73	\$ 63,015.02	\$ 33,690.29	114.89%
Sept 50-50	\$ 5,387.50	\$ 2,095.25	\$ (3,292.25)	-61.11%
Sept 80-20	\$ 18,213.95	\$ 19,246.54	\$ 1,032.59	5.67%
SEPT TOTAL	\$ 23,601.45	\$ 21,341.79	\$ (2,259.66)	-9.57%
Oct 50-50	\$ 1,278.75	\$ 13,218.00	\$ 11,939.25	933.67%
Oct 80-20	\$ 17,411.34	\$ 44,257.45	\$ 26,846.11	154.19%
OCTOBER TOTAL	\$ 18,690.09	\$ 57,475.45	\$ 38,785.36	207.52%
Nov 50-50	\$ 3,889.00	\$ 1,360.00	\$ (2,529.00)	-65.03%
Nov 80-20	\$ 24,570.89	\$ 28,633.79	\$ 4,062.90	16.54%
NOVEMBER TOTAL	\$ 28,459.89	\$ 29,993.79	\$ 1,533.90	5.39%
Dec 50-50	\$ 2,985.84	\$ 1,370.00	\$ (1,615.84)	-54.12%
Dec 80-20	\$ 14,266.08	\$ 32,608.99	\$ 18,342.91	128.58%
December TOTAL	\$ 17,251.92	\$ 33,978.99	\$ 16,727.07	96.96%

GRAND TOTAL July 1 Through Dec 31	\$ 140,303.34	\$ 241,122.76	\$ 100,819.42	71.86%
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Jan 50-50	\$4,722.37	\$7,176.10	\$ 2,453.73	51.96%
Jan 80-20	\$25,730.29	\$55,991.56	\$ 30,261.27	117.61%
January TOTAL	\$30,452.66	\$63,167.66	\$ 32,715.00	107.43%

GRAND TOTAL July 1 Through Jan 31	\$ 170,756.00	\$ 304,290.42	\$ 133,534.42	78.20%
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Expenditure History

FY02	69,200.00
FY03	100,817.27
FY04	107,551.26
FY05	69,344.47
FY06	19,485.69
FY07	114,369.94
FY08	163,709.69
FY09	164,719.13
FY10	256,454.53
FY11	398,200.62
FY12	446,208.19
FY13	241,122.76 (6 months)

Tavern League of Wisconsin Saferide Survey 2011-2012

League/ Group	Number of Riders	Cost of Rides	Average Cost	Participation	% of Membership	Total Cost
Adams	597	7,044.00	11.80	25	50%	10,929.57
Ashland/Bayfield	670	6,079.00	9.07	17	28%	7,901.38
Barron	2922	12,113.00	4.15	10	17%	22,113.00
Brown	600	9,744.76	16.24	73	41%	14,544.76
Burnett	939	13,272.00	14.13	7	15%	18,709.78
Clark	28	332.00	11.86	5	10%	342.00
Columbia	905	6,356.10	7.02	10	29%	7,000.00
Dodge	128	2,218.00	17.33	23	26%	2,918.00
Door	890	6,014.50	6.76	20	34%	6,723.50
Dunn	470	5,030.00	10.70	6	23%	6,340.00
Eau Claire	2686	19,288.00	7.18	34	50%	28,093.00
Elkhart Lake	104	856.00	8.23	8	100%	856.00
Fond du Lac	303	1,981.00	6.54	7	23%	2,531.00
Grant/Iowa	2736	25,205.00	9.21	32	27%	30,073.52
Greater Northwoods	2263	15,270.00	6.75	54	100%	16,309.57
Green Lake Area	35	390.00	11.14	10	33%	1,530.60
Jackson	449	2,427.00	5.41	9	5%	1,975.20
Jefferson	591	1,951.00	3.30	29	39%	6,541.40
Juneau	185	1,984.00	10.72	21	25%	14,015.41
Kenosha City	1307	11,718.00	8.97	34	40%	13,882.24
Kenosha County	630	15,212.00	24.15	39	62%	15,438.00
Kewaunee	14	250.75	17.91	18	47%	394.51
La Crosse	7027	51,777.36	7.37	168	100%	55,394.81
Lakeland	475	4,666.60	9.82	15	31%	4,707.60
Langlade	517	4,730.00	9.15	15	28%	5,355.00
Madison/Dane	7281	99,140.59	13.62	100	42%	137,446.45
Manitowoc	1103	8,604.00	7.80	40	40%	13,264.00
Marathon	5455	47,283.00	8.67	75	74%	53,093.00
Marinette	3034	13,674.00	4.51	19	35%	14,862.00
Marquette	217	2,488.22	11.47	14	32%	2,488.22
Milwaukee	646	9,597.00	14.86	37	17%	18,186.76
Monroe	6139	29,200.00	4.76	25	40%	37,420.00
Oconto	50	1,311.65	26.23	15	19%	1,631.65
Oneida	3451	19,244.00	5.58	32	52%	23,495.57
Oshkosh	3057	22,097.85	7.23	35	45%	25,597.00
Outagamie	152	1,146.75	7.54	18	13%	1,916.75
Pierce	47	312.00	6.64	7	13%	452.00
Pepin	252	2,193.00	8.70	12	52%	4,547.41
Polk	1703	3,264.00	1.92	48	100%	3,864.00
Portage	956	10,705.25	11.20	72	65%	13,090.75
Racine City	1356	30,690.00	22.63	35	48%	40,529.05
Racine County	126	4,356.00	34.57	23	49%	4,556.00
Rock	870	21,435.00	24.64	28	36%	24,525.29
Shawano	170	1,507.50	8.87	21	40%	3,001.67
Sheboygan	497	1,973.00	3.97	30	50%	4,364.86
Superior/Douglas	1469	17,353.00	11.81	40	53%	22,429.00
Tomahawk/Merrill	2640	26,400.00	10.00	60	77%	28,231.13
Trempealeau/Buffalo	1702	21,363.74	12.55	68	80%	22,936.43
Walworth	621	10,121.00	16.30	87	80%	10,334.00
Washburn	9	150.00	16.67	2	5%	300.00
Washington County	40	481.00	12.03	4	6%	975.75
Waukesha	229	4,106.00	17.93	11	10%	5,236.00
Waupaca County	14	374.00	26.71	6	7%	500.00
Waushara	78	1,860.00	23.85	15	38%	4,220.00
Wood	3711	10,908.10	2.94	61	76%	11,760.22
Totals 55	74,546	\$649,249.72	8.71	1,729	42%	\$829,874.81
			AVG		AVG	

Press Release

Contact: Terry Harvath
Phone: (608) 270-8591

FOR IMMEDIATE RELEASE
November 9, 2012

TAVERN LEAGUE EXPANDS SAFERIDE PROGRAM

MADISON, WI: The success of the Tavern League of Wisconsin's SafeRide Program continues to grow. For the year ending June 30, 2012 ridership increased 10% over the previous year. The life-saving SafeRide program offers free rides home to patrons at participating Tavern League of Wisconsin establishments. Last year the SafeRide Program provided nearly 75,000 free rides to impaired patrons who feel receiving a ride home is a good idea.

The TLW SafeRide Program began in 1985 and has received both state and federal funding since 1999. The program has received national recognition from the National Conference of Mayors for its effort to reduce alcohol related crashes and fatalities and is the largest SafeRide home program in the country. The TLW works with the state Department of Transportation to administer the program which provides free transportation home from a participating TLW Member establishment to those who request it.

~ MORE ~

In addition to funding from local TLW members the SafeRide Program receives state funding through a surcharge on all OWI convictions in Wisconsin. Last year, the 55 local leagues participating in the SafeRide Program provided the rides home at a cost of nearly \$830,000. "Our local members work hard to establish, fund and administer the program. It is not safe to drive while impaired and the statewide utilization of the SafeRide Program has proven to be an effective tool to help combat drunk driving," said TLW Executive Director Pete Madland.

"We have seen a dramatic increase in the use of the TLW SafeRide Program. In the last ten years we have expanded the footprint from a few counties to nearly the entire state of Wisconsin," said Madland.

"The use of SafeRide has increased every year as more TLW Member establishments participate. We spend a lot of time and resources educating the public about our SafeRide Program and the data we have seen indicate they are listening and choosing a SafeRide home," Madland concluded.

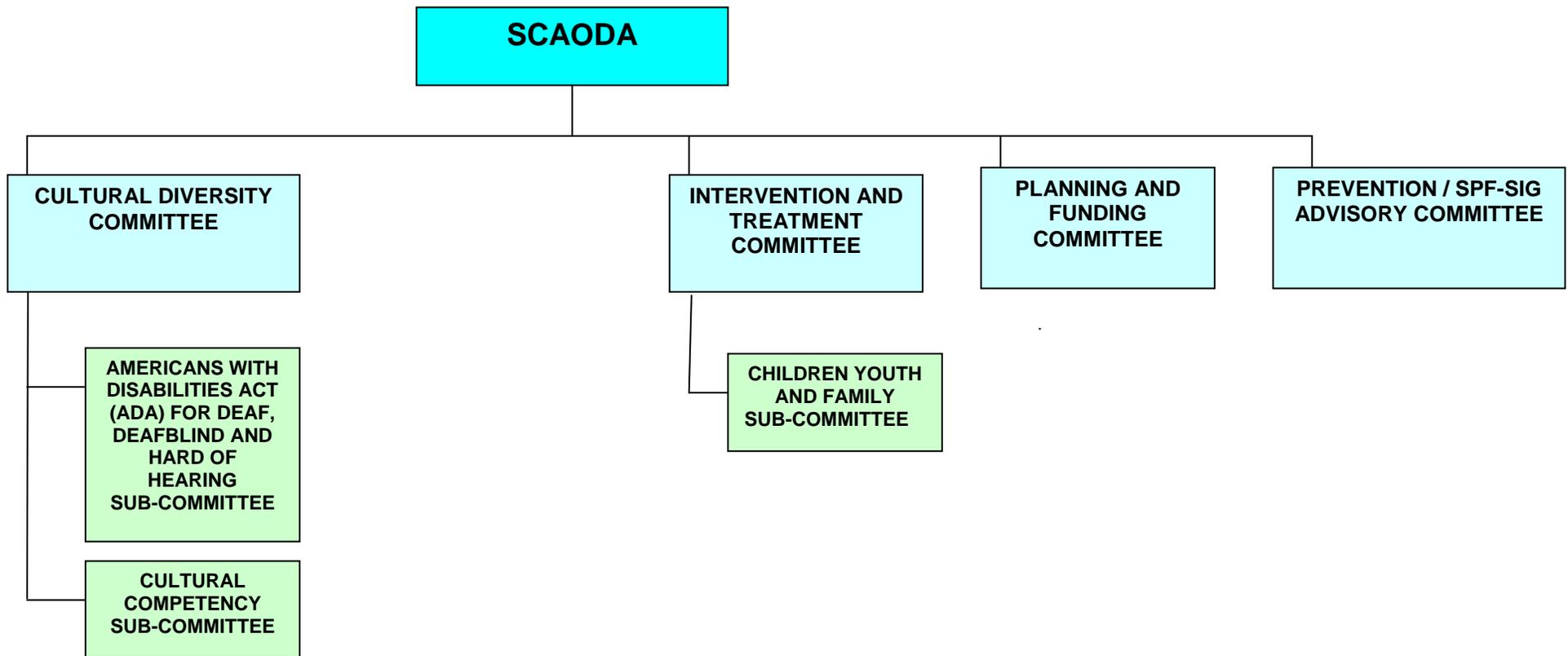
To utilize the program a patron can simply request a SafeRide voucher from any participating TLW member and they will be given a free ride home - no questions asked. Last year over 1700 TLW members participated in the SafeRide Program.

For more information on SafeRide please go to www.tlw.org and click on the SafeRide link.

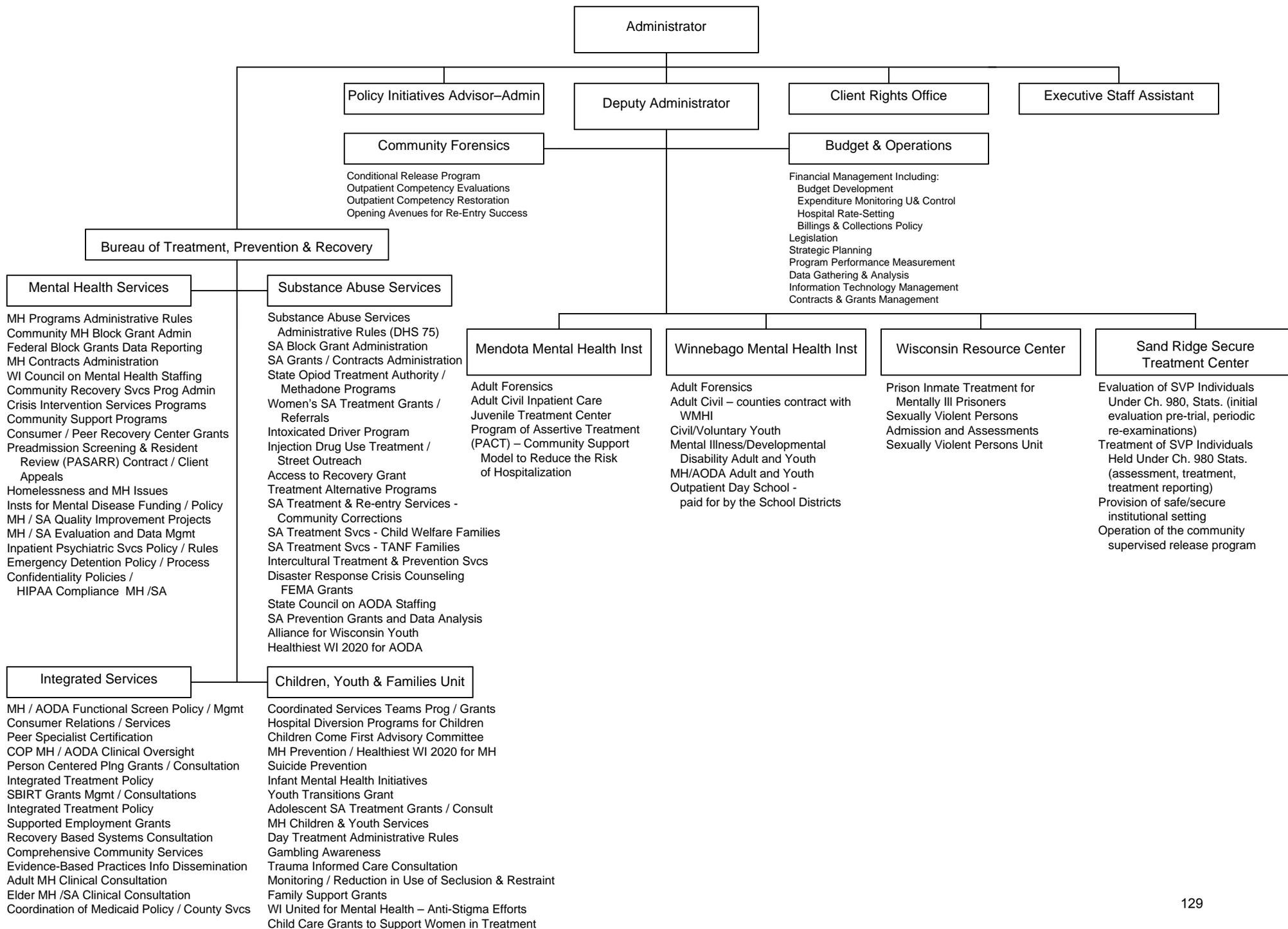
SCAODA Organization Chart

January 2013

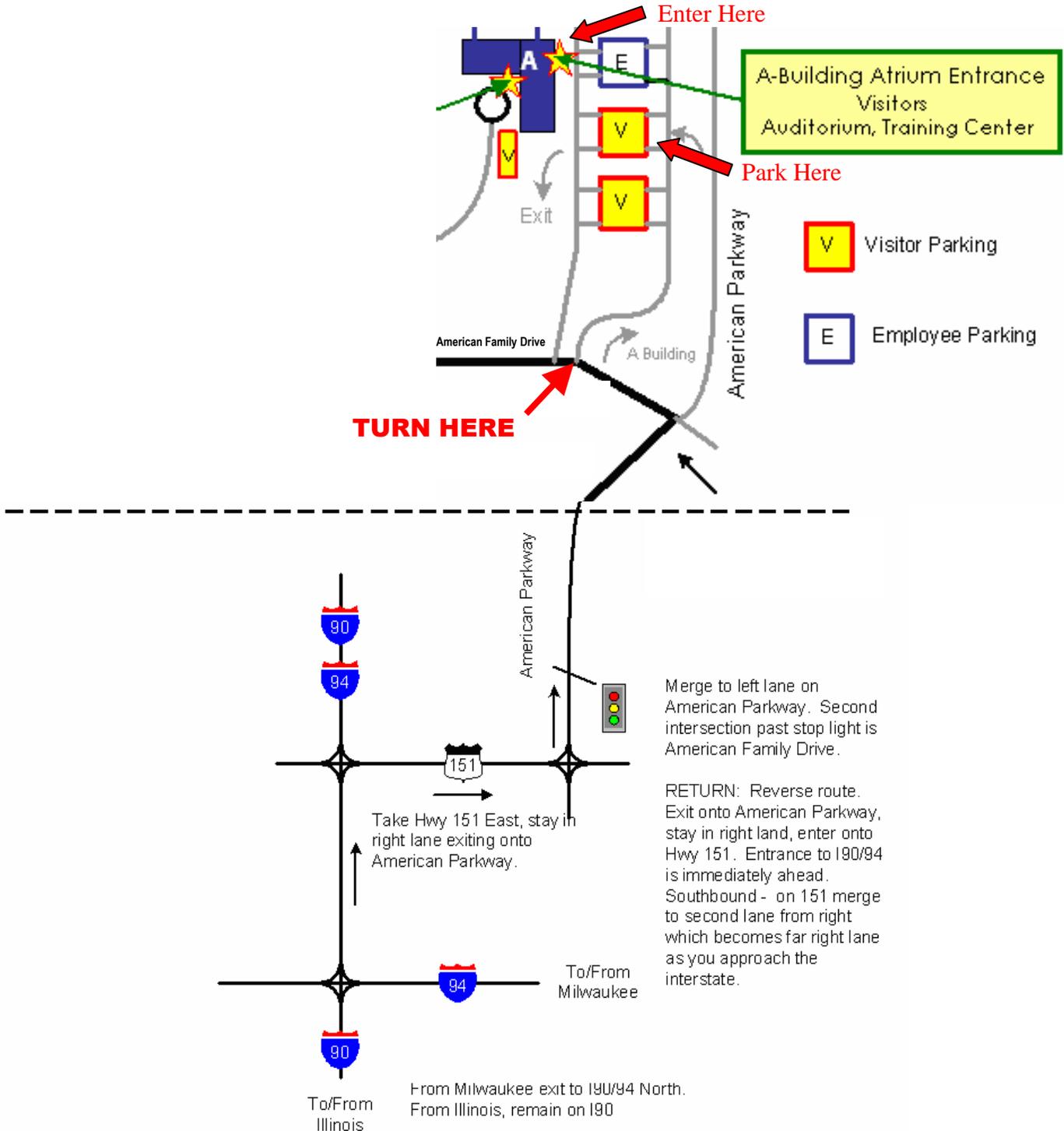
1. Cultural Diversity Committee
 - a. Americans with Disabilities Act (ADA) For Deaf, Deafblind and Hard of Hearing Sub-Committee
 - b. Cultural Competency Sub-Committee
2. Interdepartmental Coordinating Committee
3. Intervention and Treatment Committee
 - a. Children Youth and Family Sub-Committee
4.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



Functions



Directions to American Family's Training Center and Auditorium



Highway Directions to AF-NHQ Campus