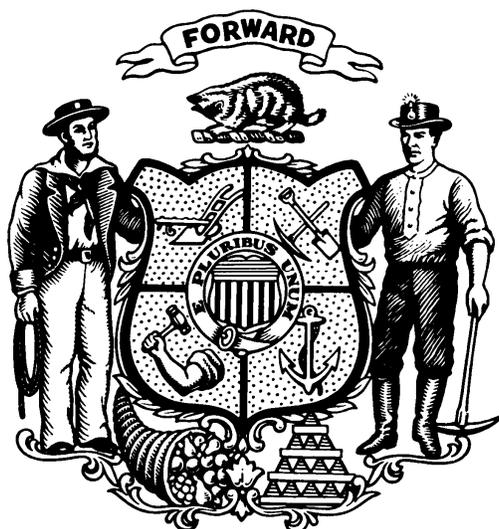


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



March 4, 2011  
MEETING

**Mark Seidl**  
Chairperson

**SCOTT WALKER**  
Governor

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

## PRIMARY OUTCOME GOAL AND MEASURE:

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

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

## SCAODA GOALS:

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

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

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## **Tobacco-Free Environment**

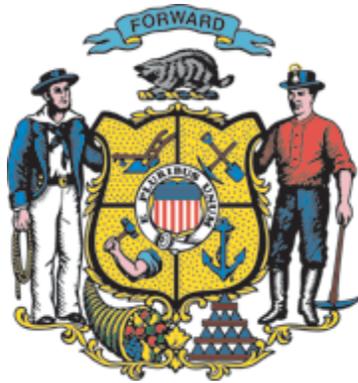
American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

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

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

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

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# **SCAODA 2011 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***

***EXCEPTION---The September 9<sup>th</sup> meeting will be held in Building "C"***

***Room number CL3300B***

***The meeting dates are:***

***March 4, 2011***

***June 10, 2011***

***September 9, 2011***

***December 9, 2011***

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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

March 4, 2011

MEETING AGENDA

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center

6000 American Parkway Madison, WI 53783 Room A3141

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

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

- 9:30 a.m. I. Introductions / Welcome/Pledge of Allegiance/Announcement Noise Level / Agenda – Mark Seidl
- Representative Sandy Pasch
  - DHS Executive Assistant Kevin Moore
  - DOT's Randy Romanski in addition to Blinda Beason
  - Camille Solberg representing the Governor
- 9:35 a.m. II. Review /Approval of December 10, 2010 Minutes – Mark Seidl...pp. 11-23
- 9:40 a. m III. Public Input—Mark Seidl
- 9:55 a.m. IV. Overview of a Good and Modern Addiction and Mental Health System—Rita Vandivort, Public Health Advisor, SAMHSA
- 11:30 a. m V. Working Lunch
- 12:15 p.m. VI. Response from the Chair to the Public Input Session of December 10, 2010 and Procedural Process for Dissent—Mark Seidl
- 12:45 p.m. VII. State Agency Reports to SCAODA—Mark Seidl
- Report on Intoxicated Driver Program—LeeAnn Cooper
- 1:15 p.m. VIII. Update from Margaret Schmelzer regarding Healthiest Wisconsin 2020—Margaret Schmelzer
- 1:30 p.m. IX. **Motion** to Support Healthiest Wisconsin 2020—**Michael Waupoose...pp. 37-40**
- The Diversity Committee moves that SCAODA formally endorse the Healthiest Wisconsin 2020 (HW 2020) state health plan as one means to help

achieve its 2010-2014 Strategic Plan and provide a link to the HW 2020 Plan on the SCOADA website.

1:35 p.m. X. Committee Reports: SCAODA Goals

1. Provide Leadership	2. Change the Culture	3. Educate Citizens	4. Sustain Infrastructure	5. Address Disparities
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- Planning and Funding—Joyce O’Donnell...pp. 41-56
  - **Motion:** Planning and Funding moves that the by-laws ad-hoc workgroup be re-activated to address 1) the definitions of a standing committee, standing subcommittee and ad-hoc work groups and 2) the process concerning committee appointments...p. 53
  - Report on Intoxicated Driver Program Sub Committee—Duncan Shroul and LeeAnn Cooper
  - **Motion:** Planning and Funding moves that SCAODA ask selected legislators to request through the Joint Legislative Committee on Audit an audit of the Driver Improvement Surcharge Fund current allocations...p. 54
  - **Motion:** Planning and Funding moves that SCAODA ask selected legislators to create legislation through 2011-2013 budget process that will allow any unspent Driver Improvement Surcharge Fund allocations in any year to revert to the Department of Health Services to be utilized in the Intoxicated driver Supplemental Grant Program in the next fiscal year...p. 55
  - **Motion:** Planning and Funding moves that SCAODA ask selected legislators to request the introduction of legislation in the 2011-2013 budget process that would produce an additional annual allocation of \$2.5 Million Dollars of general purpose revenue funding to the Department of Health Services. This \$2.5 Million Dollar allocation will be added to the existing Driver Improvement Surcharge allocated funding for the purpose of substantially increasing available funds for the Intoxicated Driver Supplemental Grant process. Unspent funds from the Intoxicated Driver Supplemental Grant process in any year would revert to this program in the next fiscal year...p. 56
- Prevention—Scott Stokes
- Diversity—Michael Waupoose...pp. 57-70
  - **Motion:** The Diversity Committee moves that SCAODA support that all AODA/MH conferences receiving any funding from the Division of Mental Health and Substance Abuse Services, Substance Abuse Block Grant must offer at least one workshop addressing the provision of care based on culturally competent knowledge, skills, and attitudes to meet prevention, treatment, and recovery needs of diverse communities. Presenters will be asked to demonstrate compliance with this requirement clearly in the workshop....pp. 67-70

- ITC—Linda Preysz...pp. 71-78

- 2:35 p.m. XI. Stretch Break
- 2:50 p.m. XII. Epidemiological Study, 2010—Amanda Jovaag, Anne Ziege and Lou Oppor
- **Motion** that SCAODA provide cover letter to 2010 Epidemiological Report (not in packet)
- 3:20 p.m. XIII. Agenda Items for June 10, 2011 meeting—Additional Items?—Mark Seidl
- Cultural Competence
  - By-laws review and additions or revisions
  - Nomination Process for Appointments and Officers
  - Annual Reports from Committees
- 3:25 p.m. XIV. Announcements—Sue Gadacz
- Nomination Process for Appointments and Officers
  - Response to Diversity and ITC Motion of December 10<sup>th</sup> to oppose DRL's removal of standards for substance abuse specialty credentialing for counselors...letter from Secretary Ross in packet...p. 79
  - New application for appointment to Governor's Committees and Boards
  - Legislation regarding new membership
  - Draft Letter to Governor Walker to set up a meeting
- 3:30 p.m. XV. Adjourn—Mark Seidl



Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

Karen E. Timberlake  
Secretary

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**

**December 10, 2010**

**9:30 a.m. – 3:30 p.m.**

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

**Members Present:** Mark Seidl, John Easterday, Joyce O'Donnell, Representative John Townsend, Duncan Shroul, Steve Fernan, Rebecca Wigg-Ninham, Pamela Phillips, Mary Rasmussen, Michael Waupoose, Eileen Mallow, Sandy Hardie, Blinda Beason.

**Members Excused:** Douglas Englebert, Scott Stokes, Linda Mayfield

**Members Absent:** David Spakowicz

**Ex-Officio Members Present:** Linda Preysz, Matt Vogel, Mark Campbell, Ray Luick.

**Ex-Officio Member Excused:**

**Ex-Officio Member Absent:** Larry Kleinsteinber, Thomas Heffron, Roger Johnson, Randall Glysch, Colleen Baird or Jeff Scanlan.

**Staff:** Joyce Allen, Sue Gadacz, Lori Ludwig, Gail Nahwahquaw, Bernestine Jeffers, Lila Schmidt, Kathy Thomas, Leeann Cooper, Lou Oppor, Joyce Allen.

**Guests:** Joann Stephens, Nina Emerson, Andrea Jacobson, Dave Macmaster, Norm Briggs, Bill McCulley, Sue Gudenkauf, Jill Kenehan-Krey, Denise Johnson, Sheri Graeber, Mike Nunley, Chris Hill-Sampson, Amanda Jovaag, Lorie Goeser, Margaret Schmelzer, Jerry Kaye, Gregg Miller, Susan Pastor, Vana Steffen, Perry Ackert, Paula Perrin, Buck Nelson, Angela McAlister.

**I. Introductions/Welcome/Agenda—Mark Seidl**

The meeting was called to order at 9:40. Mark Seidl welcomed the group and following the Pledge of Allegiance asked the group to introduce themselves. Following introductions, Mr. Seidl reminded the group about the noise level. Mr. Seidl then acknowledged and thanked Representative John Townsend for his service to SCAODA since 2001. Representative Townsend will be retiring from the state legislature at the end of the month. Representative Townsend spoke to the group about the problems facing society. He felt that there are no quick solutions, rather problem-solving is a long term process. He spoke about his authorship of Act 362, the prescription drug monitoring program. He worked on the bill for four years. The group

applauded Representative Townsend in thanks for his hard work and commitment to the goals of SCAODA. Mark Seidl then introduced Joann Stephens. She is a representative from the Mental Health Council who will be attending SCAODA meetings.

## **II. Review/Approval of September 10, 2010 Minutes—Mark Seidl**

Joyce O'Donnell made a motion to approve the minutes of September 10, 2010. Duncan ShROUT seconded the motion. Without further discussion, **all were in favor and the motion passed unanimously.**

## **III. Public Input—Mark Seidl**

There were a number of people who presented themselves for Public Input. Nina Emerson and Andrea Jacobson, Co-Chairpersons of the Intoxicated Driver Program (IDP) Sub-Committee thanked the group for the opportunity to address the Council. Andrea Jacobson read a statement regarding the termination of the Intoxicated Driver Program Sub-Committee under the Intervention and Treatment Committee (ITC) and the creation of the IDP Funding Sub-Committee under the Planning and Funding Committee (P&F). The statement expressed disappointment regarding the decision. Michael Waupoose asked a question about the background of the IDP Sub-Committee of ITC. Mark Seidl explained that the IDP Sub-Committee resulted from former Chairperson of SCAODA, Carol Roessler's initiative approximately three to four years ago. Each year the budget available to the county-level Intoxicated Driver Programs was decreasing. The IDP Sub-Committee under P&F will include representatives from the Senate and Assembly, as well as Nina Emerson and Andrea Jacobson. Both groups could not be funded. Also, staffing was an issue. The decision had to be made, even though it was difficult, to fund and staff the IDP Funding Sub-Committee. Mr. Waupoose then asked if there were different purposes for each group. Ms. Emerson responded in the affirmative. She felt that the two groups could co-exist. Ms. Jacobson added that the IDP/ITC group has formulated low cost recommendations that could lead to program changes and decreases in impaired driving. Gregg Miller, an IDP/ITC member felt that the group would still like to go forward. Nina Emerson and Andrea Jacobson distributed a document that contained a letter from Cheri Wotnoske, an AODA counselor from Lafayette County Human Services. Susan Pastor read the letter from Cheri Wotnoske. The letter expressed sadness that the IDP/ITC Sub-Committee was being "eliminated" in favor of a "Funding Sub-Committee." The letter was distributed to the group. Also contained in the document distributed was a statement from Gregg Miller, an instructor for IDP assessors since 1984 and a member of the IDP/ITC Sub-Committee. He argued that the IDP/ITC Sub-Committee was intended to exist in perpetuity rather than temporarily. He also questioned the procedure used to terminate the IDP Sub-Committee. He felt that the Council should have been involved in the decision to disband the IDP/ITC Sub-Committee. He asked for an apology from the Chairperson to the IDP/ITC Sub-Committee and to the Governor. Kathy Thomas pointed out that in the absence of a specific by-law informing the issue, the Council runs according to Roberts Rules. **Joyce O'Donnell asked to be recognized and made a motion to authorize support and endorsement for Mark Seidl's leadership.** Blinda Beason seconded the motion. Discussion elicited a question about what the motion means. Ms. O'Donnell felt that the Chair had been chastised and the issue could have been taken up in a group and the Chair should not be chastised. She felt the chastisement was

out of order. Mark Seidl pointed out that everyone has the right to their opinion. He acknowledged Ms. O'Donnell and Blinda Beason with appreciation but accepted the public comments. He indicated the IDP/ITC Sub-Committee will get a response. Ms. O'Donnell asked if there was a motion to table. **Steve Fernan made a motion to table the motion. Sandy Hardie seconded the motion to table. The vote elicited all “ayes” and the motion to table passed.**

**IV. State Agency Reports to SCAODA—Mark Seidl**

Eileen Mallow from the Office of the Insurance Commissioner reported on the Administrative Rule being developed to implement Act 218 relating to health insurance coverage of nervous and mental disorders, alcoholism, and other drug abuse problems. The Commissioner of Insurance is required to promulgate rules to implement the Statute. A subgroup advises the Commissioner on implementing Wisconsin Act 218. The subgroup has five health insurance company members, one agent member, three members representing the business community, three members representing hospitals, three provider representatives, two consumer advocates, and two legislative members.

The proposed rule (Ins 3.375) requires insurers offering group health insurance and self-insured governmental plans to provide coverage for the treatment of nervous and mental disorders and substance use disorders no more restrictively than coverage for the most common or frequent type of treatment limitations that are applied to substantially all other coverage under the plan. This means insurers and self-insured governmental plans cannot impose limited benefits or impose different cost-sharing provisions based upon receiving nervous, mental or substance use disorders treatment. The rule defines “substantially all” to mean that the terms of coverage for nervous, mental and substance use disorders is to be treated no more restrictively than a single type of financial requirements or quantitative treatment limitations that apply to two-thirds of covered medical or surgical benefits.

[Ins 3.375--Relating to health insurance coverage of nervous and mental disorders, alcoholism and other drug abuse problems and affecting small business](#)

Clearing-house #	Date of Scope	Date to Leg. Ref. Bureau	Hearing Date	Date to Leg.	Other Secs. Affected
	06/10/2010	12/20/2010	01/27/2011		

The Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”), was effective October 1, 2009 with interim final regulations published in February 2010. Federal Parity applies to employers with 100 or more employees. Wisconsin’s 2009 Wis. Act 218 paralleled many provisions of the federal law in the statute and enhanced coverage benefits for Wisconsin consumers insured through small employers and covered by individual health benefit plans. State Parity law applies to employers with 25 or more employees. Additionally, the Patient Protection and Affordable Care Act of 2010, P.L. 111- 148, as amended by the Federal Health Care and Education Reconciliation Act of 2010, P.L. 111-152 (jointly “PPACA”), identifies the treatment

for mental health benefits and substance use disorders as an essential benefit that is to be contained in all health plans effective January 1, 2014. Further, as an essential benefit, as of September 23, 2010, insurers are to remove annual limits and phase out lifetime limitations over the next several years.

The proposed Administrative Rule documents under what conditions and how employers may request exemptions. It allows insurance companies to do the exemption analysis. There will be a public hearing after legislation is introduced in January. In response to a question regarding the applicability of the statute to self-funded health coverage, Ms. Mallow reported that the Office of the Commissioner of Insurance recently contracted with “ABC for Health” to help people with self-funded health coverage. The Office of the Insurance Commissioner will share appropriate complaints with ABC.

Steve Fernan reported on two items. The “Safe and Drug Free Schools” funding available to all Wisconsin school districts for the past 23 years is ending. Congress has defunded the program. Instead, the federal government has issued competitive grants. Wisconsin has won a “Safe and Supportive Schools” grant for \$14 Million. It is an intervention for high schools based on school safety scores. Mr. Fernan referred the group to pages 38-9 of the information packet. The Wisconsin Department of Public Instruction identified seven large school districts and twelve smaller districts based on high rates of suspension and expulsion and/or rates of disruptive drug- and violence-related incidents at schools. The school districts are in the process of deciding if they want to participate. Participating school districts will receive significant support from DPI in the form of funding, professional development and technical assistance. This support will be used by the high school staff and administration to develop, implement, and evaluate three-year intervention plans to improve the conditions for learning in the selected high schools. Participating high schools will submit data annually from student behavioral surveys and behavioral incident reports in order to have school safety scores calculated. These will be posted by DPI and compared to baseline data throughout the life of the projects.

The second item Mr. Fernan reported on was a proposed new categorical grant program which combines ten existing categorical grant programs including AODA grants. Please see pages 40-44 of the information packet. The proposal to consolidate 10 discretionary grant programs, currently managed by DPI, is part of the agency’s 2011-13 biennial state budget request. This proposal, if accepted would see the AODA grant program, currently awarded to schools, redirect its funds into the “Every Child a Graduate” program. This new program would allow the funds to be used in a more flexible way to reduce dropout rates and increase graduation rates.” If this proposal is accepted it would take effect in 2012-13. Joyce O’Donnell expressed concern about taking nineteen-and-one-half million dollars of categorical aide and focusing it on 40-50 districts with high drop out rates which effectively removes funding for most of the 426 school districts in Wisconsin. Dave Macmaster asked if there were any tobacco prevention funds. Mr. Fernan reported that tobacco prevention funding has been largely eliminated for schools, but there was some funding for tobacco prevention from the legislature. Mark Campbell reported that the Department of Children and Families received a percentage of the Safe and Drug Free School funds. The loss of those funds has left holes in programs. For example the funding supported programs for run away teens. He is worried that the cutbacks will cause the programs to collapse.

Ray Luick reported on The Treatment Alternatives and Diversion (TAD) Program, a coordinated effort between the Department of Corrections, the Department of Health Services and the Office of Justice Assistance. Mr. Luick distributed a document prepared by Kit Van Stelle and Janae Goodrich from the University of Wisconsin Population Health Institute, “Update on TAD Evaluation for 2010 All-Site Meeting.” Mr. Luick reported that there are seven counties that received TAD funding January 1, 2007. Four of the projects work on a drug court model. While the final report is due in December of 2011, this document provides data through 2010. The TAD programs are for non-violent offenders with alcohol or other drug crimes in the criminal justice system. He pointed to data in the document which summarized for each county participating, admissions, completions, terminations, demographic information on clients, discharge information, sentence outcomes, total number of incarceration days averted, and alternative to revocation admissions. Mr. Luick indicated that he wanted to bring the TAD programs to the Council’s awareness. He reported that the data show a significant savings in jail and prison beds.

#### **IV. WI Epidemiological Report—Chris Hill Sampson and Amanda Jovaag**

Ms. Hill Sampson and Ms. Jovaag distributed an eight page Executive Summary of the “Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010.” According to the Summary, the report is published jointly by the Division of Mental Health and Substance Abuse Services and the Division of Public Health in the Wisconsin Department of Health Services. The report was prepared by the Population Health Information Section of the Division of Public Health in consultation with the Division of Mental Health and Substance Abuse Services and the University of Wisconsin Population Health Institute. The report is funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The eight page Executive Summary is dated November, 2010. Ms. Hill Sampson and Ms. Jovaag reported that the full report should be available by the end of the month.

Key findings include:

- Wisconsin has one-and-a-half times the national rate of arrests for operating a motor vehicle while intoxicated.
- Wisconsin has more than three times the national rate of arrests for other liquor law violations.
- Wisconsin has the highest rate in the nation of self-reported drinking and driving.
- The number of clients receiving publicly funded services for alcohol and other drug abuse decreased sharply from 2006 to 2008, returning to the level seen in 2000.
- Inflation-adjusted public expenditures for those services decreased 15% from 2006 to 2008 and 11% overall from 2000 to 2008.
- Wisconsin’s rates of alcohol use and misuse are among the highest—if not the highest—in the nation. As of 2008, Wisconsin adults continue to have the highest rates of alcohol consumption, binge drinking and heavy drinking among all U.S. states and territories, and Wisconsin rates of underage drinking (ages 12—29) exceed national levels.

- Better news! Wisconsin no longer has the nation's highest rate of binge drinking among high school students. Binge drinking among young adults (ages 18-24) has also declined in Wisconsin since 2000.
- Wisconsin women of childbearing age are more likely to drink and to binge drink than their national counterparts.
- Fifteen percent of Wisconsin adults ages 18-25 reported using pain relievers for non-medical purposes.
- Drug-related deaths have doubled since 2008.

The group had a number of questions and comments about the findings. It was stressed that it is important to consider the findings within the context of the full report, which should be available later this month. Group problem-solving attributed the drop in the number of publicly funded clients to the reduction in funding between 2007 and 2008.

#### **V. Infra-Structure Study Update and Discussion on Health Care Reform—Dr. John Easterday and Staff**

Dr. John Easterday gave a quick history of the Infra-Structure Study. It was about one year ago that the Infra-Structure Study Summit was held. Last July was the last meeting of the Infra-Structure Study advisory groups. Since then, Request for Information (RFI) proposals were developed and responses collected. Twenty-six proposals were received from 23 respondents. Respondents were mostly counties, some with partnerships with private agencies or federally qualified health care centers. Some proposed to integrate behavioral and physical health; some had more than one priority, for example systems innovation and integrating physical and mental health. Most served both children and adults. Some were wraparound proposals for un-served populations. The range of funding estimates was \$200,000 to \$1 Million. Michael Waupoose asked if any of the Tribes submitted proposals or other minorities. Sue Gadacz answered in the negative. Duncan Shroul asked if innovation was a part of this. Dr. Easterday responded that yes, innovation was part of the requirements. For example, the northwest counties were going to collaborate into a seven-county consortium with one lead. Joann Stephens reported innovation on several levels; individual level as well as provider-level. There were many diverse collaborations. Joyce Allen indicated that she was impressed with the number of submissions which seemed on the right track to stimulate creativity. Dr. Easterday pointed out that another side benefit of the study was the identification of core benefits for health care reform.

#### **VI. Prescription Monitoring Program Report from the Pharmacy Examining Board—Lou Oppor**

Mr. Oppor reported that there has been formed under the Prevention Committee, a Controlled Substances Workgroup.” That Workgroup has been looking at prescription drug abuse. They have found that currently there isn't a good way to report that data. The only available data is through death certificates and physicians don't report it consistently or all the same way. Wisconsin is one of a handful of states without a reporting system. Because of this, there is lots of border hopping for obtaining prescription drugs. This is a concern for the workgroup and progress needs to be made. Mr. Oppor then relayed a little history regarding the matter. 2009

Wisconsin Act 362 authorized the Pharmacy Examining Board to create a program to monitor the dispensing of prescription drugs and requiring the exercise of rule-making authority. Act 362 states the Department of Regulation and Licensing shall submit a timely application for a federal grant under 42 USC 280g-3 and under the Harold Rogers Prescription Drug Monitoring Program to fund the establishment and operation of the program under this section. Lou Oppor then introduced Dr. Pamela Phillips who would provide the group with an update on efforts to create a prescription drug monitoring program. Dr. Pamela Phillips, SCAODA's representative member from the Pharmacy Examining Board read a paragraph updating efforts regarding the Prescription Drug Monitoring Program (PDMP).

“In December, 2010, the Pharmacy Examining Board will review a list of certain portions of the Prescription Drug Monitoring Program (PDMP) in Wisconsin. The parts of the program that will be considered are directly linked to grant applications that are due in 2011. Due to restrictions in the legislation, the Pharmacy Examining Board will only develop these components because they are necessary to meet minimum requirements for the grant applications. The scope statement must be approved by the board and then published for a certain period of time before work can begin on the rules.

“The Department of Regulation and Licensing will submit grant applications for Harold Rogers as well as NASPER in 2011. Harold Rogers applications are generally due in early spring and NASPER in early fall.”

Lou Oppor added that there are two Harold Rogers grants: one for planning (\$40,000) and one for implementation (\$400,000). He added that the Prevention Committee is concerned that progress continues. Mark Seidl expressed concern about the confidentiality of records. He asked how the information would be protected. Dave Macmaster pointed out that the abuse of prescription drugs epidemic could be explained by the lack of a monitoring system. Mr. Oppor pointed out that Wisconsin probably mirrors national trends on prescription drug abuse. He continued that we don't know if there is more abuse in the state or not—because of the lack of data. Denise Johnson wanted to know how a PDMP would differ from how medications like Sudafed are dispensed now. That is, we must now sign for Sudafed. That information must be stored someplace now. Dr. Phillips responded that she would investigate that.

## **VII. K-2 Presentation—Lou Oppor**

Lou Oppor referred the group to pages 48 in the information packet for a K2 Fact Sheet. He reported that K2 is a product sold as incense and mimics the effects of marijuana. K2 is a combination of chemicals sprayed on herbs. On page 50 of the packet is a news release dated November 24, 2010. A “Notice of Intent” was published in the Federal Register (on that date) to alert the public to this action, that is, banning the chemicals used to produce K2 at the federal level. Mr. Oppor reported that Senator Coggs is working to ban K2 in Wisconsin. Mr. Oppor has asked the Prevention Committee if it still wanted to take action. In essence the federal ban would apply at the state level. However the Prevention Committee is in support of a state law for enforcement purposes. Blinda Beason then made the following motion:

**The Prevention Committee made a motion that SCAODA recommend a legislative ban on synthetic compounds that mimic the effects of marijuana and other illicit drugs. Steve Fernan seconded the motion.** Matt Vogel asked about marinol, a prescribed drug which mimics cannabinoids in marijuana. He asked if that would be covered in the motion. Lou Oppor indicated that marinol was not part of the intention of the motion and that they may want to tweak the motion. Mark Seidl asked for a friendly amendment. **Matt Vogel suggested adding “no medical usage.” Blinda Beason accepted the friendly amendment. Without further the discussion, the vote was called and the motion passed unanimously. The motion now reads that the Prevention Committee made a motion that SCAODA recommend a legislative ban on synthetic compounds with no medical usage that mimic the effects of marijuana and other illicit drugs.**

Blinda Beason then made a second motion: **The Prevention Committee recommends that SCAODA send a letter to the Food and Drug Administration encouraging the investigation and prosecution of manufacturers and/or suppliers of synthetic compounds that mimic the effects of marijuana and other illicit drugs. Joyce O’Donnell seconded the motion.** Steve Fernan asked a question about temporary scheduling. Mr. Oppor explained that the product is sold as incense but it is intended for consumption. An FDA investigation is needed. **Duncan Shroul asked if the friendly amendment ought to be added. Matt Vogel indicated in the affirmative and Blinda Beason accepted the friendly amendment. Without further discussion the motion passed unanimously. The motion now reads: The Prevention Committee recommends that SCAODA send a letter to the Food and Drug Administration encouraging the investigation and prosecution of manufacturers and/or suppliers of synthetic compounds with no medical usage that mimic the effects of marijuana and other illicit drugs.**

## **VIII. Committee Reports**

### Diversity Committee:

Michael Waupoose reported that the Diversity Committee has been spending time discussing the stakeholders meeting convened by Bureau staff regarding the topics of health care reform and scope of practice issues and their impact. Also the Diversity Committee believes in holding meetings in communities of color. The last Diversity meeting was held at L’Esparanza in Waukesha. The Diversity Committee held a Public Forum at the Tribal conference. Issues emerging from the Public Forum were: 1) encouragement from participants about increasing the membership of SCAODA and targeting Tribal members. How SCAODA can be a resource to Tribes. 2) The ACE Report (Alcohol, Culture and the Environment): the continuing need to increase education and programs for Tribes especially regarding Fetal Alcohol Spectrum Disorders. 3) The continual reduction in the availability of treatment resources. 4) The desire to decrease alcohol advertising in Tribal Communities. The Diversity Committee discussed action by the Joint Board (Social Work/Marriage and Family Therapists/Licensed Counselors) to remove the requirements of a specialty in alcohol and other drug abuse counseling for licenses for the treatment of substance use disorders. They want to treat under their current licenses. The Diversity Committee and the Intervention and Treatment Committee are strongly opposed to this action. The treatment of substance use disorders requires special education and training. Even

physicians need special education, training and experience. Mr. Waupoose continued that the Joint Board already says one can't treat outside their scope of practice. But, this action asks people to police themselves. While the profession already acknowledges that it takes more than a couple of courses to establish competency, they argue they have to treat many specific disorders without training.

Michael Waupoose made the following motion: **The Diversity Committee and the Intervention and Treatment Committee jointly motion to oppose the following proposal for revision to WI Admin code MPSW 1.09: Revise Adm. Code s. MPSW 1.09 to allow licensed marriage and family therapists, professional counselors and clinical social workers to engage in substance abuse counseling without seeking separate certification as a substance abuse counselor under s 440.088 Wis. Stats. Additionally, the intended revision will eliminate the provisions for applying for and receiving a substance abuse specialty within s. MPSW 1.09, Wis. Admin. Code. Duncan Shrout seconded the motion.** Steve Fernan indicated that he would abstain. John Easterday indicated that according to Act 80 what they are proposing changes the agreement and is not good policy. Sheri Graeber reported that at the Substance Abuse Advisory Committee to the Department of Regulation and Licensing (DRL) the issue came to them. They thought this is ill advised. **Without further discussion, the Chair called for the vote. Three members abstained, Steve Fernan, Blinda Beason and Joyce O'Donnell. All others voted "aye," and the motion was passed.** Michael Waupoose was much appreciative of the work of the ITC Committee on this issue. Joyce O'Donnell asked if this motion would be referred back to DRL? Sue Gadacz explained that a letter of opposition would be drafted and sent to the Boards in DRL.

Intervention and Treatment Committee:

Linda Preysz reported that there was disappointment on the ITC Committee that the Intoxicated Driver Sub-Committee was shut down. She reported that she has encouraged them to move forward. Ms. Preysz would like to go on record thanking them. She reported that she had a difficult time explaining to them why they couldn't continue. They need a better explanation of why they were shut down. Funding was part of their scope. SCAODA should provide a clear understanding of a Sub-Committee's mission so when Chairs are giving direction they can clarify. They were devastated by this decision. Mark Seidl responded that there will be an official response by the Chair. A thorough explanation will be made to Linda Preysz and the two Co-Chairs. When a report is provided, Mr. Seidl explained, he will acknowledge their work and provide an explanation. John Easterday asked if perhaps this could be an agenda item for the next meeting. Sandy Hardie requested that it be on the next agenda. Ms. Hardie explained that we are concerned as a Council, and we have no voice. We need to respond to the public, to the citizens. Mark Seidl indicated he will entertain the agenda item for the March meeting. Michael Waupoose asked as part of that, does it really have to be here or there (the IDP Sub-Committee). Can't the Committees come together and work on these things? Many consumers and providers have issues regarding IDP (non-funding issues). If Planning and Funding misses this opportunity for collaboration, they would inadvertently hurt people. Citizens are enthusiastic and passionate and yet they get squashed. That is not our intent. Can we ponder how it occurred? Isn't there a way to collaborate?

Linda Preysz continued reporting on other areas of the ITC Committee.

- The Children Youth and Family Sub-Committee is looking at the decline in AODA providers. There is increasing need that is not being addressed. Mental health and substance abuse issues have been identified in the Infra-Structure Study.
- WINTIP—The Divisions of Public Health and Mental Health and Substance Abuse Services have contributed funds for provider trainings during 2011. There is a webinar on Tuesday December 14, 2010. Joyce O'Donnell added that she would like to continue to endorse the no smoking policy and reaffirm the no smoking policy
- Ms. Preysz reported that Shel Gross, a member of the Mental Health Council will become a member of ITC.

### Planning and Funding Committee

Joyce O'Donnell referred the group to the Public Forum minutes handout. She then spoke to the Sub-Committee on IDP funding. She indicated that the IDP Sub-Committee on Funding could also incorporate policy issues that the previous group worked on. Currently they are focusing on the funding loss over the last few years. Ms. O'Donnell reported that the Planning and Funding Committee is investigating returning 17 year-olds to the juvenile justice system and has spent time discussing the issue in its last two meetings. She referred the group to the minutes of the meeting. She also announced that Steve Fernan has returned to the Planning and Funding Committee to provide input to AODA issues in the schools. Health care reform is a hot topic and on the agenda for the Planning and Funding Committee. Duncan Shroul reported that at the October 15<sup>th</sup> meeting of Planning and Funding there was a motion to take lead in the discussion of health care reform as it moves forward (please see page 86 of the information packet). He explained that his colleagues are concerned about health care reform on several levels; the medicalization of substance abuse treatment, how organizations may be left out in the future. Linda Preysz was surprised that Planning and Funding decided it should be the driver of health care reform. It is a big issue which affects all of SCAODA's Committees. Duncan Shroul argued that Planning & Funding didn't say it would take over, it said it would take an active role. Michael Waupoose suggested the Department or Bureau is really the lead. He asked if the motion means Planning and Funding is just interested in health care reform? Duncan Shroul responded in the affirmative. John Easterday clarified that the Office of Health Care Reform is Chaired by the Office of the Insurance Commissioner. Sue Gadacz explained that at this stage, the Department of Health Services' role is to disseminate information. Duncan Shroul pointed out that Governor-elect Walker is a litigant against health care reform.

### Prevention Committee:

Lou Oppor reported that Scott Stokes was unable to attend today's meeting, due to weather concerns. He also informed the group that the Prevention Committee report was presented in the item on K2.

## **IX. Healthy Wisconsin 2020—Margaret Schmelzer**

Margaret Schmelzer from the Division of Public Health distributed a power point document on the background and purpose of Healthy Wisconsin 2020, a planning document to guide public health goals and objectives through 2020. It is a guide to help everyone in Wisconsin working on an issue that affects the health of the public move in the same direction. She gave a brief summary of the focus areas and the critical messages of HW2020. She reported that Wisconsin ranks 50<sup>th</sup> among states in the amount of state resources going to Public Health. In December, the federal government released Healthy People 2020. She reported that Wisconsin's plan was well received by federal officials. Over 1500 people were involved in the development of the plan. The critical, or core messages of Healthy Wisconsin 2020 are: that overall health affects each of us; health begins with families, neighborhoods, schools and jobs; working together we can increase positive outcomes; and "Act now! If not us, who? When? What didn't work so well for HW 2010 was that the goals were not measured over time. We needed to focus on objectives and diverse communities. She asked the group if SCAODA could serve as HW2020 champions? Steve Fernan asked if there were any recommendations from federal officials on how much Wisconsin should spend on for example, tobacco prevention? Ms. Schmelzer indicated that no, she hasn't received recommendations on spending. She indicated that the Public Health Council has looked at financing issues on their website. In the Midwest, Minnesota is at the top and Wisconsin is at the bottom, in terms of spending. Duncan ShROUT suggested that we need to take into account children. Kids are vulnerable. He expressed concern that children were not addressed. Ms. Schmelzer indicated that she would like to work with SCAODA on this. The plan is not static and she is very flexible. She would like to look at that. Michael Waupoose indicated that having worked on this, he was impressed with the degree of intention and attention given to issues of diversity and not left to chance. He reported that he intentionally asked SCAODA Committees to address issues of Diversity in at least one goal. Kathy Thomas wanted to give kudos to public health nurses. They provide the lead in many SPF-SIG groups. They are partnering with police, providing leadership and are both enthusiastic and remarkable. Gail Nahwahquaw asked if HW2020 was connected to the St. Croix Tribe's grant. Ms. Schmelzer reported on the concept of the Alcohol Tree, created by the St. Croix Tribe. On the drawing of a tree, "What are the problems of AODA?" was written on the tree. "What are the good things you need?" was written on the branch. The point was, you cannot focus on one branch or leaf. The whole tree needs attention. Ms. Schmelzer indicated she was quite moved by what they did. Mark Seidl indicated that SCAODA would follow-up in working with John Easterday and Duncan ShROUT in providing a message regarding children's inclusion in HW2020. Mark Seidl also indicated he would like to collaborate with both the Mental Health Council and the Public Health Council. Michael Waupoose asked if we could have a motion to support the HW2020 plan at the next meeting.

## **X. IDP Funding Sub-Committee**

Duncan ShROUT thanked Sue Gadacz and Leann Cooper for organizing the meeting of the IDP Funding Sub-Committee. The minutes are forthcoming. The goal is to provide funding for indigent persons and to study how the surcharge funds are being used. Supplemental funding requests from the counties totaled \$3 Million. We would like to see that much available. People need services to be available so that first time OWI offenders do not become multiple OWI offenders. Mr. ShROUT reported that Senator David Hansen, and Representatives Tony Staskunas

and Garey Bies have agreed to participate. They still need a Republican Senator. The ultimate goal is to develop legislation as a way to balance this need. The next meeting will be in early January. Nina Emerson and Andrea Jacobson will be participating. Michael Waupoose asked if they had a Tribal representative. Mr. Shroul responded in the negative. Mr. Waupoose indicated that they need one. Counties refer Tribal members to the Tribes for treatment but provide no funding. He informed Mr. Shroul that he could get a representative from Great Lakes Inter-Tribal Council (GLITC).

## **XI. Agenda Items for the March 4, 2011 Meeting—Mark Seidl**

The group generated the following list of items for the next SCAODA meeting:

- Response from the Chair to the Public Input Session today (Conference call with Four Chairs regarding the procedural process for dissent.
- Health Care Reform Presentation
- Update from Margaret Schmelzer
- Epi Study
- Department of Transportation Report (State Agency Reports)
- Motion to Support HW2020

## **XII. Announcements—Sue Gadacz**

Sue Gadacz referred the group to page 100 of the information packet. There is a press release which reports that tobacco sales to Wisconsin youth have decreased again. This is called the Synar violation rate. It is down to 4.7% from 5.7% last year.

Sue Gadacz reported to the group that an AODA Stakeholder meeting was held October 17, 2010 at the Bureau of Prevention Treatment and Recovery. Representatives from provider agencies and advocacy groups from across the state attended. She will be meeting with the Department of Regulation and Licensing next week in Milwaukee regarding the Scopes of Practice issue. Michael Waupoose suggested reconvening the Substance Abuse Advisory Committee and making it a Board. He added that the Stakeholder Group was excellent and an ideal way for information to get out.

Sue Gadacz announced that though it's not official yet, there is every indication that the next Block Grant cycle will require a combined Substance Abuse Prevention and Treatment and Mental Health Block Grant application.

Sue Gadacz asked for a volunteer for the Legislation and Policy Committee of the Mental Health Council. Duncan Shroul volunteered.

John Easterday reported on transition issues. On December 15<sup>th</sup> the Transition Team will meet with Secretary Timberlake. Individual meetings have not been scheduled yet. The budget is a cost to continue budget with no budget requests related to SCAODA.

Sue Gadacz recognized Kathy Thomas who is retiring; and John Easterday. Kathy has been active in the Prevention Committee and represented the Parliamentarian for SCAODA. John will

be making room for a possible new Administrator. Both have made tremendous contributions to SCAODA.

**XIII. Adjournment: Duncan Shrout made a motion to adjourn the meeting. Michael Waupoose seconded the motion. The group responded with all ayes.** The meeting was adjourned. The next meeting is scheduled for March 4, 2011 from 9:30 a.m. to 3:30 p.m. at American Family Insurance Conference Center, Room A3151.

SCAODA 2010 Meeting Dates

~~March 5, 2010 9:30 am – 3:30 pm~~  
~~June 11, 2010 9:30 am – 3:30 pm~~  
~~September 10, 2010 9:30 am – 3:30 pm~~  
~~December 10, 2010 9:30 am – 3:30 pm~~

SCAODA 2011 Meeting Dates

March 4, 2011 9:30 am – 3:30 pm  
June 10, 2011 9:30 am – 3:30 pm  
September 9, 2011 9:30 am – 3:30 pm  
December 9, 2011 9:30 am – 3:30 pm

DRAFT



Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

Karen E. Timberlake  
Secretary

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 10, 2010**

**9:30 a.m. – 3:30 p.m.**

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

**Members Present:** Mark Seidl, John Easterday, Joyce O'Donnell, John Flynn, Representative John Townsend's designee, Duncan Shrouf, Janet Nodorft, Steve Fernan, Rebecca Wigg-Ninham, Pamela Phillips, Mary Rasmussen, Michael Waupoose, David Spakowicz, Coral Manning.

**Members Excused:** Sandy Hardie, Douglas Englebert, Scott Stokes, Blinda Beason

**Members Absent:** Eileen Mallow, Linda Mayfield.

**Ex-Officio Members Present:** Linda Preysz, Matt Vogel, Mark Campbell, Ray Luick.

**Ex-Officio Member Excused:** Larry Kleinsteiber.

**Ex-Officio Member Absent:** Thomas Heffron, Roger Johnson, Randall Glysch, Colleen Baird or Jeff Scanlan.

**Staff:** Joyce Allen, Sue Gadacz, Lori Ludwig, Kate Johnson, Jerry Livings, Gail Nahwahquaw, Susan Endres, Bernestine Jeffers, Lila Schmidt, Kathy Thomas.

**Guests:** Sheila Weix, Nina Emerson, Andrea Jacobson, Patti Cameron, Mary and Paul Joles of Orchids, Raina Zwadzich, Dave Macmaster, Tami Bahr, Norm Briggs, Bill McCully, Sue Gudenkauf, Jill Kenehan-Krey, Denise Johnson, Chris Wardlow, Tom Saari, Paulette Romashko, Kristi Obmascher, Hillary Whitehorse.

**I. Introductions/Welcome/Agenda—Mark Seidl**

The meeting was called to order at 9:40. Mark Seidl welcomed the group and following the Pledge of Allegiance asked the group to introduce themselves. Following introductions, Mr. Seidl reminded the group about the noise level. Mr. Seidl then introduced David Spakowicz, the Attorney General's designee, replacing Greg Phillips, who was acknowledged with gratitude for his many fine contributions to SCAODA. Mr. Spakowicz is the Director of Field Operations with significant experience in the field of controlled substances and heads up the Division of Criminal Investigation's major drug programs.

## **II. Elections—Joyce O’Donnell**

Joyce O’Donnell recognized the contributions of the Nominating Committee which was comprised of the Committee Chairpersons and volunteer Renee Chyba. The Nominating Committee presented its slate of Officers: **First to be presented was Mark Seidl for Chairperson.** Ms. O’Donnell asked for any other nominations from the floor, three times. Hearing no other nominations, Ms. O’Donnell cast a unanimous ballot for Mark Seidl, Chairperson, which was seconded by Duncan ShROUT. **There was unanimous consent. Ms. O’Donnell then presented Blinda Beason for Vice-Chairperson.** Asking three times for other nominations from the floor and hearing none, Ms. O’Donnell cast a unanimous ballot for Blinda Beason as Vice-Chairperson. Mary Rasmussen seconded the proposal. **There was unanimous consent. Ms. O’Donnell then presented Scott Stokes for Secretary.** She called for other nominations from the floor three times. There were no other nominations from the floor. She then cast a unanimous ballot for Scott Stokes for Secretary which was seconded by Duncan ShROUT. **There was unanimous consent.**

## **III. Motion to adopt amended by-laws which include “Vacancies” language—Janet Nodorft**

Janet Nodorft made a motion to amend the by-laws to read: “In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other Drug Abuse, the following procedure should be followed:

In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibilities of Chairperson until such time as new Officers are elected according to the procedures outlined in the by-laws.

In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibilities of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the by-laws.

In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory membership until such time as new Officers are elected according to the procedures outlined in the by-laws.”

**The motion was seconded by Joyce O’Donnell. Mark Seidl asked for discussion. There was no discussion. The group was asked for a vote. All were in favor and the motion passed unanimously.**

## **IV. Review/Approval of the June 11, 2010 Minutes—Mark Seidl.**

Joyce O’Donnell made a motion to approve the minutes of June 11, 2010. Pamela Phillips seconded the motion. Mark Seidl noted that at the bottom of page 22 of the packet, regarding the Infra Structure Study, page 6 of the minutes, the sentence that includes the phrase, “50% or more of the cost for long term care at the county level comes from County tax levy” should be changed

to “50% or more of the cost for Behavioral Health Services at the county level comes from County tax levy.” Lori Ludwig agreed to make the change. Without further discussion, and with that modification, **all were in favor and the motion passed unanimously.**

#### **V. Public Input—Mark Seidl**

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

#### **VI. Infra-Structure Study Update and Discussion on Health Care Reform—Dr. John Easterday**

Dr. John Easterday distributed two handouts titled, “Attachment 4—Proposed Continuum for Mental Health and Substance Abuse Core Benefits,” and “Attachment 8—Key Elements of Shared Service/Regional Pilot Programs Framework for Request for Information (RFI).” Dr. Easterday gave a short history of the purpose and components of the Infra-Structure Study which included a review of the funding and service delivery mechanisms of the substance abuse services system in Wisconsin and several other states’ and their changes over time. The review was to enable recommended strategies for improvement to be considered. The strengths and weaknesses of the systems were to be judged according to their ability to increase or provide for equitable access, accountability for outcomes, equitable and affordable funding and efficiency of service delivery. The work group study led to a Summit meeting in December of 2009. The Summit led to a larger work group that would eventually formulate the recommendations by July 30, 2010. The recommendations were made public through a network of video conferences around the state which allowed for comment on the recommendations and questions. Dr. Easterday then reviewed for the group the recommendations contained in the distributed documents. The continuum of care includes physical health services because people with mental health and substance use disorders die 25% earlier than a comparative samples. Parent and peer support are embedded in all service areas. Physical health, prevention and smoking cessation, engagement/assessment, out-patient, medical management, community recovery and support, community support programs, group homes/foster care, crisis response/stabilization/detox and client and criminal justice/diversion are service areas that comprise the recommended continuum of care. Dr. Easterday continued that SAMHSA will be determining core substance abuse and mental health services under Health Reform for the exchanges, Medicaid and single adults. Changes under Health Reform will be dramatic, he continued. To the extent we can, we need to influence those services. He referred to the recommendations for shared services and regional pilot programs and explained that the Bureau of Prevention Treatment and Recovery will be developing RFI (Request for Interest) proposals and RFPs (Request for Proposals) to pilot test these new models of service delivery. He asked for questions.

Linda Preysz asked if SAMHSA has lesser level core benefits, will we stay with that or will Wisconsin recommend more? Dr. Easterday responded that to answer the question would be interpreting the future. More likely services will be identified as billable or not billable. Ray Luick asked if there was an opportunity to go back to SAMHSA and ask them to add the criminal justice module to their continuum. Sue Gadacz informed Mr. Luick that SAMHSA regrets not having included the criminal justice module, but she couldn’t say whether they would

in the future. Mr. Luick added that the relationship between criminal justice and treatment providers is now very close.

Dr. Easterday went over the various shared service/regional pilot programs framework for the RFI process. Priority areas for pilot programs were identified as: core benefits pilot; physical and behavioral health care integration pilot; system innovation pilot; early intervention and Mental Health/Substance Abuse Integration Pilot for Children; and Psychosocial Rehabilitative Model Continuum of Care Pilot. He indicated that the Bureau has no design in mind. It will depend on the creativity of others. The first step is the RFI. By the end of September and with the comments received through the Public Comment Process, the RFI's will be issued for ideas. Mark Seidl asked who the RFI is going out to. Dr. Easterday indicated primarily counties; private providers or systems; and tribes. Perhaps there will be separate funding for the Tribes through the Federally Qualified Health Care Centers. Chris Wardlow asked how prevention fits in. Joyce Allen pointed out that prevention is in the core benefits continuum and early intervention. Prevention is a big interest of SAMHSA, the SBIRT model and early Intervention. Mark Seidl asked if there would be anything in the RFI where applicants need to identify potential funding. Joyce Allen indicated that the RFI would ask applicants to estimate costs, but not the source of funding. Mark Seidl asked if one must respond to the RFI in order to be eligible for the RFP. Dr. Easterday indicated that is not the case, but the RFP will be influenced by the RFI responses. Michael Waupoose asked if the Tribes had been invited. Did they participate in the process? If not, it is important to identify their source of hesitancy to participate. Dr. Easterday informed the group that he did receive some interest from the Ho Chunk tribe. He will also be meeting with the Tribes in November at Potawatomi Reservation for a quarterly consultation. He reminded everyone that the Infra-Structure Study is not completed; there is still time to participate. Mr. Waupoose felt it was important to ask the Tribes why they don't participate.

Dr. Easterday then turned his attention to reporting on the latest developments regarding health care reform. He reported that a number of Bureau staff recently went to Baltimore for a federally sponsored State Systems Development conference. The theme of the conference was health care reform. Information is available through CSAT and SAMHSA websites. Health care reform as it applies to substance abuse services is the medicalization of substance abuse treatment provision. What does this mean? The substance abuse block grant will change in the future. Probably, it won't be used to pay for individual services because health insurance will pay for individual treatment services. What will insurance pay for? The core benefits as defined. Mark Seidl added that one should keep in mind that counties subsidize most of the cost for services. Counties use the substance abuse block grant to pay for services when people fall through the cracks. Linda Preysz asked if the block grant would go beyond what is covered. Dr. Easterday reported that there is the belief that most people would be covered; but there will be those who aren't. The block grant could be used for that. Duncan ShROUT thought that the block grant could diminish. Mark Seidl pointed out that with the current health care system, there is often an argument about coverage and the Insurance Companies won't pay. There is the potential of falling through the cracks. Denise Johnson echoed Mark Seidl's concern. Insurance Companies have the power. They are not all the same. They use their own discretion based on their own business model. Not the needs of the clients. Coral Butson pointed out that there used to be a waiver for autism. Insurance is now paying, but DHS pays for "promising" services. Chris

Wardlow pointed out that 20% of the block grant must be used for Prevention. Dr. Easterday agreed and added that Pam Hyde (of SAMHSA) is very focused on Prevention. There was some discussion at the conference about spending more on Prevention. Joyce Allen pointed out that prevention should be viewed as broader. Mental health and substance abuse prevention services systems are integrating at SAMHSA.

Dr. Easterday returned to the concept of medicalization and what it means. It means more of an emphasis on professionalizing who provides services. The issue across states has implications for educational systems regarding who is eligible to provide treatment. Sue Gadacz added that under health care reform, more individuals will be covered and treatment services will be provided in more places like physician's offices and other primary health care settings. How does the federal government determine the medicalization of the field? Ms. Gadacz distributed a handout titled, "Draft—Career Ladder for the Field of Substance Use Disorders (SUDs)". The document lists what may be required to be licensed or credentialed for four categories of service providers (entry level to category 3, which is a clinical substance use disorder counselor)—all of which can vary by state—along with possible job responsibilities by category, also which vary by state and employer. She reported that in 2005 there was a transfer of licensing and certification to the Department of Regulation and Licensing from the Bureau and Division. CADC3s were grandfathered in. Currently, only individuals with Associate degrees can get certified. Previously, many without an Associate's degree were grandfathered in. Now in Wisconsin, for Medicaid reimbursement, one must have a BA or BS. Health care reform requires similar reforms for accreditation. Only a Masters-level can get accreditation. Many states have no credentialing system. So, the federal government proposed that as the scope of practice increases, so should the level of educational attainment. Only Masters-level can do clinical supervision. Ms. Gadacz reviewed from the document that entry level workers must have a high school degree or GED. Wisconsin has GEDs as providers now.

She continued, in terms of payment for substance abuse services, currently Medicaid does not cover many substance abuse services. 78% of the cost of substance abuse treatment is provided by non-Medicaid sources. Dr. Easterday added that we're not trying to solve all the issues today, but we are trying to lay out the future of things that this Council wants to be involved with. Mark Seidl asked for a timetable. Sue Gadacz indicated that 2014 is the target date for most of health care reform. By that time, states would have developed Medicaid health plans. She continued that SAMHSA is coming out with a guidance document on how agencies can prepare for the integration of mental health and substance abuse services with primary health care. Joyce Allen pointed out that we should be thinking in terms of insurance, grant-based funding for the provision of substance abuse services will end. Providers will have to bill for services. Providers will need to think about electronic health records. She continued that there will be an emphasis on evidence-based programs. She advised the group to also think about parity. Tami Bahr spoke as a provider. She informed the group that insurance companies don't support evidence-based services now, especially for families and young adolescents. Mark Seidl asked who makes the determination about which evidence-based practice is appropriate; which will be covered? Current practices that are deemed evidence-based now may not be supported by longitudinal studies. Six weeks follow-up may be the standard for some evidence-based practices now. He expressed great concern about that. Sheila Weix expressed concern in regard to the document distributed ("Career Ladder..."). There will be changes in how we deliver

services. These are not inexpensive degrees. Providers cannot survive. Salaries must increase. Mental health providers are in extremely short supply. Supply and demand issues are huge.

Michael Waupoose asked where the distributed document originated. Ms. Gadacz informed him that it was from the group, "Advocates for Human Potential." Mr. Waupoose continued that the Department of Regulation and Licensing (DRL) is limited in the information it gathers. For instance, we don't know the numbers of providers by education level and by certification level now. It would be useful to work with DRL and gather more information. We need a factual basis to begin to plan for change. Coral Manning reported on past experience working with the population of nurses. DRL collected more information though it was not within their purview. The nurses were cautious and asked why the information was wanted. It took a long time collaborating and working with the Nurses Association for them to understand that the information was for the good of the profession and not to identify anyone personally. Ms. Gadacz indicated that she has been working with Jeff Scanlan at DRL. Mr. Waupoose referred to the issue regarding insurance companies. Employers play a huge role, he pointed out. If employers demand services, they can get the insurance company to buy in.

Dr. Easterday moved on to the topic of standardization. Billing will necessitate health care information and electronic medical records. Confidentiality, patient rights and security are big issues. Ms. Gadacz pointed out that 42 CFR part II will not be revised until after 2014. Dr. Easterday indicated that the Infra-Structure Study and health care reform will be addressed by SCAODA for the next 3-4 years.

Linda Preysz pointed out in regard to the increased educational requirements, that capacity-building is a challenge. Sue Gadacz indicated that the ball had been bounced back into the state's court. People with an MS or BS degree must still do 3,000 hours of supervised counseling for credentialing. Why, she asked? It is because school curricula are not given to DRL to approve. How can we have a conversation with schools to submit their curricula? Ms. Preysz asked, like the nursing shortage, how do we build the workforce? Dr. Easterday responded that with health care reform there will be opportunities for workforce development. There are resources in the bill. The applicants are educational institutions. There is grant support to do specific things, behavioral health development funding. We need to make connections with educational institutions. Chris Wardlow asked about the other agencies at the table. What is the Department of Education's role? Steve Fernan spoke for DPI when he indicated that in terms of the institutions for higher education that train teachers—nothing or very little is taught regarding a background in substance abuse. He continued that the Safe and Drug Free Schools Program has been de-funded. Budding addictions are increasing. Schools are not prepared to deal with this. Dr. Easterday pointed out the importance of school-based prevention. Though the focus may be on the integration of public health and primary care, it is not the only model for delivery. SCAODA members asked, how and who is in charge? In Wisconsin there is the Office of Health Care Reform headed up by Secretary of DHS, Karen Timberlake and Insurance Commissioner, Sean Dilweg. Jason Helgerson, Wisconsin's Medicaid Director, is also a part of the Office of Health Care Reform. At the federal level there is U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius and the Centers for Medicare and Medicaid Services. Ray Luick suggested that in terms of strategy, it would be important to know who the State Council would work with. Dr. Easterday indicated that

SCAODA would communicate with DHS Secretary Karen Timberlake. She is extremely interested in mental health and substance abuse issues. Sheila Weix felt that under health care reform, cost savings can be achieved by avoiding duplication of services. Sue Gadacz brought up the topic of portable health records. Mark Seidl pointed out that with all of the unknowns about health care reform, it is impossible to know their impact, for example on what the Department does with the Infra-Structure Study recommendations. He asked whether or not it makes sense to slow things down until more is known. Ray Luick suggested the alternative, to use the Infra-Structure Study recommendations to push forward on health care reform. Mr. Seidl responded that there are so many unknowns, how do we move ahead? Joyce Allen indicated that there is one known, that there will be less money at the County-level. Counties will need to work together. Mr. Luick suggested that the medical records piece is there. We could build from that. Sue Gadacz suggested workforce issues—we could work with that. There is a fear about speaking the language of insurance companies. If we as a system don't do that, she pointed out that she knows there are insurance companies from Illinois who will move in and take up shop. We must do it now, she implored. Norm Briggs spoke to his familiarity with medical assistance and HMOs. ARC Center for Women and Children is certified for medical assistance. However, Mr. Briggs explained that ARC cannot get on HMO provider panels for women's-specific treatment. What is the incentive to providers to add women's-specific treatment, he asked. Dr. Easterday explained that he has talked with the DHS Secretary and the Director of Medicaid, Jason Helgerson. If the state is payer, the state can influence decision-making. In managed care, the state is a major payer. We can set expectations and requirements. Getting a contract is one thing, Mr. Briggs pointed out, but obtaining referrals is another. However, grant-funded agencies are a thing of the past. Dr. Easterday spoke to the medicalization of substance abuse treatment. The way treatment is provided will change and it will be driven by technology. For example, will we be able to provide treatment through teleconferencing across state lines—and then bill for it? The Division of Quality Assurance says “no.” Recovery support over the phone is cheaper and just as effective, however, we can't do that now, Dr. Easterday observed.

## **VII. Committee Reports**

### **Diversity Committee:**

Michael Waupoose reported that the Diversity Committee has been working on their work plan for their strategic goals for the next four years. The Diversity Committee has been struggling with membership. Some meetings haven't had a quorum. They have had to reduce the slate of their members and are now looking for new members. If anyone knows anyone who is interested in becoming a member, please contact Gail Nahwahquaw or Mike Waupoose. Mr. Waupoose reported that the Diversity Committee is looking at the workforce issue and would like to connect their work with the ITC Committee. Lastly, Mr. Waupoose pointed out that the organizational chart in the packet still has the Children Youth and Family Sub-Committee under the Diversity Committee. He asked staff to correct the chart and move the Sub-Committee under the ITC Committee.

### **Prevention Committee:**

Chris Wardlow distributed a handout titled “Notes/Highlights from July 15, 2010 Prevention Committee Meeting.” Mr. Wardlow reported that the Prevention Committee is in the process of adjusting its goals and objectives to fit or support the Four Year Plan. A motion was passed to develop a “Workforce Development Workgroup.” According to the document, some of the issues they want to explore include:

- Prevention Specialist Certification Requirements
- Underutilization of Certification for Prevention Specialist in Training and Prevention Specialist
- Availability of prevention training to meet certification requirements
- How to professionalize prevention for young people coming up
- Incentives to become a Prevention Specialist
- Examine Administrative Rules requiring agencies to be licensed for prevention services
- Capacity of current prevention staff statewide including county government and local coalition staff
- Examine the benefits of the Certified Health Education Certification (CHES) which is more closely aligned with public health, and examine combining CHES and AODA Prevention
- Examine partnerships with public health
- Mapping prevention staff background
- Examine if there is an infrastructure to support prevention services
- Determine if the Department of Regulation and Licensing Advisory Board includes prevention representation from the State Council on Alcohol and Other Drug Abuses’ Prevention Committee
- Prior to creating a new workgroup, the Prevention Committee was interested in knowing of other Committee’s interest in this topic and whether SCAODA had any interest in establishing a broader workgroup that encompassed both treatment and prevention.

Mr. Wardlow reported on the Public Hearing at the Wisconsin Prevention Conference on June 23, 2010. Highlights include:

- Recommendation to examine Wisconsin’s prevention workforce. This is critical if we are to reduce substance abuse in Wisconsin.
- The AODA field needs to continue to support the beer tax increase with funds to support prevention services.
- Review the Department of Transportation Driver Safety Plan options. Concern that options are limited and some outdated (Group Dynamics). Responsibility for approving the driver’s safety plan should be removed from the Department of Transportation and administered and coordinated by treatment staff in the Department of Health Services.
- Concern that there is a lack of certified Native American alcohol counselors, Native American Clinical Supervisors, and lack of Native American training resources which are culturally sensitive and culturally appropriate.
- A motion was passed to forward IDP and Native American Training issues to the ITC and Diversity Committees.

Mr. Wardlow reported on the Controlled Substances Prevention Workgroup. Due to concerns about drug overdose deaths in Wisconsin and prescription drug abuse, a Controlled Substances Prevention Workgroup was established in June 2010. This workgroup is chaired by Ms. Dorothy Chaney, Marshfield Clinic. The Workgroup will be developing recommendations to reduce non-medical use of pharmaceutical drugs and overdose deaths. Objectives include (from handout):

- Make the nonmedical use of prescription drugs less acceptable, attractive, available/accessible and affordable.
- Make prescription drugs less risky and lethal.
- Reduce demand for prescription drugs for nonmedical use through intervention and treatment.

Dave Spakowicz reported on a trend that started in northeast and southwest Wisconsin and is now all over Wisconsin: Overdose incidents from oxycodone, hydrocodone and xanax. Narcan has saved many lives. He continued that users pool their money to get heroin in another area and then drive back high on opioids. Regarding the availability, on November 25<sup>th</sup> there will be a national “take back to local law enforcement agency,” unwanted prescription drugs. John Easterday pointed out that this is a growing problem nationally. Matt Vogel pointed to direct to consumer advertising which occurs only in the US and New Zealand. All other countries view it as unfair. Bill McCulley pointed out that prescription drugs are hazardous waste. Disposal occurs way off in St. Louis. There is work being done with administrative codes in the Department of Natural Resources, to be incinerated locally. At one drop off site, he reported that there were 17 barrels collected in one month.

Chris Wardlow continued with the Prevention Committee report. He indicated that a new “Epidemiological Profile of Alcohol and Drug Use in Wisconsin will be published at the end of September. Highlights include (from handout);

- Higher prevalence of alcohol use and binge drinking in adults, especially young adults, compared to the country as a whole.
- Underage binge drinking has fallen considerably Wisconsin is no longer ranked number one in underage binge drinking and is nearly equal to that of the national average.
- Wisconsin’s rate of drug related deaths declined in 2008 for the first time since 2000 but remained twice the 2000 rate.
- Both nationally and in Wisconsin, the misuse of prescription drugs for non-medical purposes has emerged as a problem, especially among young adults. In 2007-2008, 15% of Wisconsin adults ages 10-25 reported using pain relievers for non-medical purposes.
- Drug-related hospitalizations increased steadily over the 2000-2008 period.
- Wisconsin’s arrest rate for liquor law violations was more than three times the national rate.

Dr. Easterday asked why the rates of underage binge drinking have fallen. Chris Wardlow attributed much of the success to school-based efforts and the Parents who Host” campaigns. Also decreased rates of underage binge drinking rates have resulted from a coalition between law enforcement partnerships and an increase of compliance checks. He stressed that the loss of Drug- Free Schools funds would have an impact. Kathy Thomas agreed that law enforcement has made a big difference in both urban and rural settings. Mr. Wardlow pointed out that alcohol-related death rates have decreased, but still they account for over 50% of crashes and

death. He announced that the ACE Report has been published and widely distributed. As a follow-up action, Julia Sherman and Nina Emerson will hold policy seminars in September for municipal leaders. Chris Wardlow reported that synthetic marijuana (also known as K2) will be examined at the next prevention meeting. Currently some seven states have banned the use of designer cannabinoids.

#### Intervention and Treatment Committee:

Linda Preysz reported that the ITC Committee is working on its strategic planning goals, including workforce development issues and treatment for specific populations-an extension of the previous plan. The Intoxicated Driver Program Sub-Committee has been challenged with funding issues. A second IDP Sub-Committee will be created to focus on funding issues. There will be collaboration and cross-communication between the two Sub-Committees. The ITC IDP Sub-Committee will work for another year. There are IDP Sub-Committee minutes in your packet.

Dave Macmaster reported on WINTIP and distributed a handout. He informed the group that 37,000 of the mental health and substance abuse population will die in the next ten years from tobacco related diseases. He reported that he will be presenting at the "Indiana Addiction Recovery Month Symposium" in Indianapolis on September 15<sup>th</sup>. Mr. Macmaster reported that Governor Doyle wrote an endorsement of WINTIP in his letter to the A&E TV network, sponsors of the Rally and producers of the Emmy Award documentary series, "Intervention." In fact, Mr. Macmaster has been selected to represent Wisconsin at a national event sponsored by A&E TV called the 2010 Recovery Project. More than 10,000 individuals from all 50 states will join to walk September 25<sup>th</sup> at Philadelphia's Penn's Landing to demonstrate that drug and alcohol addiction has become an enormous public health problem and that recovery from addiction is possible. Mr. Macmaster indicated that AA and NA have changed their policies regarding tobacco addiction. He announced that Sue Gadacz has been appointed to the WINTIP Advisory Board, which is scheduled to meet in December. Lastly, he reported that WINTIP is in the ITC Strategic Plan.

Linda Preysz indicated that a motion from ITC is forthcoming regarding the recommendation that SCAODA formally endorse the Adolescent Treatment Framework and Practice Guidelines developed by Project Fresh Light and the Children, Youth and Families Sub Committee of ITC. Susan Endres explained that the Framework and Guidelines result from the work of the Project Fresh Light grant initiative. The Adolescent Treatment Framework and Practice Guidelines reflect evidence-based practice. Ms. Endres reported that the document is a living document and it will be added to yearly. It is a resource for treatment providers to get information about training. It has received positive feedback from insurance agencies and funders. She would like a letter of support from SCAODA. Joyce O'Donnell made the formal motion on behalf of the ITC Committee. She read: "ITC recommends that SCAODA formally endorse the Adolescent Treatment Framework and Practice Guidelines developed by Project Fresh Light and the Children, Youth and Families Subcommittee of ITC."

Discussion was opened and Rebecca Wigg-Ninham noted gender and cultural competence models though discussed as key elements of effective programs, were not carried over to the

section summarizing key characteristics of qualified staff. She emphasized that she really appreciated the document and is supportive but it needs the addition of the gender and cultural competence recommendations to the staff qualifications section. Susan Endres agreed and indicated that those elements will be added. Mark Seidl suggested to Joyce O'Donnell that the motion needed a friendly amendment. **Joyce O'Donnell added to the amendment that number 10 of the key elements of effective programs, that is, key characteristics of qualified staff include gender and cultural competence recommendations. Duncan ShROUT seconded the amendment. The motion was passed with all responding aye except for two abstentions (Michael Waupoose and Steve Fernan).**

Linda Preysz announced that Kate Johnson will be leaving her position with the Bureau of Prevention Treatment and Recovery and so therefore also SCAODA. She thanked her for being a great asset to the Intervention and Treatment Committee.

#### Planning and Funding Committee

Joyce O'Donnell indicated that the Planning and Funding Committee has no motions to make for today's meeting. The Planning and Funding Committee has been looking at the SCAODA Four-Year Plan and the Planning and Funding Committee's Four Year Plan. She announced that the Planning and Funding Committee will be holding a Public Forum at the Bureau of Prevention Treatment and Recovery's Conference in the Wisconsin Dells (Kalahari Resort) on October 26<sup>th</sup> (Tuesday) from 4:45 to 5:45). The Planning and Funding Committee has sent out letters to all the SCAODA participating agencies asking to review any new budget requests for 2011.

#### **VIII. State Agency Reports to SCAODA**

Mark Seidl announced that he distributed an e-mail last week asking agencies for any input they might like to provide during the SCAODA meeting. He informed the group that the only person who responded was Steve Fernan from the Department of Public Instruction (DPI). However, anyone interested in reporting is welcome to do so. Mr. Fernan presented to the group. He observed that he heard today and at other meetings, references to the Safe and Drug Free Schools and Communities funding ending. DPI is pursuing a number of federal grant opportunities that might fill in the gaps. He pointed out that data show that there is a glimmer of good news. For the first time in 20 years underage use and drinking and driving have decreased! Since the Safe and Drug Free Schools and Communities funding will be ending, funding staff to train teachers and supporting students' success will be difficult to fund. Currently there is a patchwork quilt of prevention dollars in the state. It is unknown whether the Substance Abuse Prevention and Treatment Block Grant would be a source to help sustain school based prevention and education. It is a challenge for the Prevention Committee to sustain funding for prevention.

Ray Luick reported on the Office of Justice Assistance's Treatment Alternatives and Diversion (TAD) initiative for AODA programming. The TAD evaluation will be forthcoming by the end of 2011. TAD is a collaboration between the Department of Corrections, the Department of Health Services and the Office of Justice Assistance. Mr. Luick hopes that the report will influence the legislature to increase treatment alternatives.

John Easterday reported that the Department of Health Services will probably receive an ATR III grant. Wisconsin will be one of only a few states getting all three rounds of funding through C-SAT (the Center for Substance Abuse Treatment). The program utilizes a voucher system where the client identifies treatment and recovery resources. Originally, ATR was a Governor's grant, however, now it is a state agency grant. ATR I was a \$22 Million grant for 3 years; ATR II was a \$14 Million grant for 3 years; and ATR III will be a \$13 Million grant for 4 years. The focus changed to all of Milwaukee County, the Drug Court in Waukesha and all veterans in the southeast region with a special focus on criminal justice re-entry.

Janet Nodorft reported on the Department of Transportation. There was a nationwide focus and alcohol crackdown on drunk driving from August 20<sup>th</sup> to September 6<sup>th</sup>. Funding to law enforcement agencies was based on prior statistics and data. Final numbers are not in yet. There was a conference on highway safety on August 25-6. Workshops included motorcycle safety, the new laws, texting while driving, and multijurisdictional drunk drivers. About 300 people attended. The newest report on seatbelt use found that about 80% of the population uses them.

Mark Campbell reported on the Department of Children and Families. He reported that the loss of the Safe and Drug Free Schools funds has had an impact. There has been a loss to the Clearinghouse and a consolidated contract to the Tribes.

## **IX. IDP Funding Sub-Committee**

Mark Seidl reported that the original charge to the IDP Funding Sub-Committee came from Senator Carol Roessler in about 2007. The main issue was the issue of funding at the county level. In 2009 the IDP Sub-Committee was formulated. However, the IDP Sub-Committee needed restructuring. There needs to be a new Sub-Committee with members that can help with the issues of funding. The IDP is county-based system of service delivery. The second Sub-Committee will be comprised of a member from the Senate and a member from the Assembly; 2 members from the Department of Administration; two members from the Department of Corrections who work on the budget; and two members from DHS's Office of Policy Initiatives and Budget (OPIB). Mr. Seidl feels it is important to have legislative representatives. Without them it is hard to move funding ideas forward. Mr. Seidl asked for questions, but there were none.

## **X. FASD Awareness Governor's Proclamation—Raina Zwadzich**

Sue Gadacz introduced representatives from the Wisconsin Women's Health Foundation: Raina Zwadzich, Paulette Romashko, Kristi Obmascher, Hillary Whitehorse; from ORCHIDS, family members Mary and Paul Joles, and staff Patti Cameron; and from BPTR, Bernestine Jeffers. Dr. Easterday read the Governor's Proclamation naming September 9, 2010 Fetal Alcohol Spectrum Disorders Awareness Day, along with Coral Manning from the Governor's Office. Ms. Romashko explained that FASD (Fetal Alcohol Spectrum Disorders) prevention includes contraceptive counseling. Hillary Whitehorse provides education about fetal alcohol exposure to participants in 10 "My Baby and Me" sites. Kristi Obmascher reported that training through the Great Lakes FASD Regional Training Center helps doctors do a better job of talking to pregnant women about FASD. Paul Johls from ORCHID spoke to the needs of caregivers for

adults with FASD, as well as structured housing and employment services for those with FASD. Mark Seidl congratulated the group for the fantastic work they are doing. Joyce O'Donnell suggested that the information should go to schools. Perhaps there should be a presentation to state Superintendents. She suggested that the group work with Steve Fernan.

**XI. Agenda Items December 10, 2010—Mark Seidl**

The group generated the following list of items of the next SCAODA meeting:

- Community Coalitions presentation
- Healthy Wisconsin 2020
- Infra Structure Study Update
- Department/Agency Reports
- Epi Profile

Agenda items should be e-mailed to Lori Ludwig or Sue Gadacz.

**XII. Announcements—Sue Gadacz**

Sue Gadacz announced that September is Recovery Month. Please go to WAAODA.org for a list of all activities. There will be a rally tomorrow and a picnic on September 25<sup>th</sup>. There are also walks and runs to participate in.

Sue Gadacz recognized Renee Chyba who is retiring. She participated in the ITC Committee and represented the Department of Corrections. She has made tremendous contributions to SCAODA.

Sue Gadacz congratulated Janet Nodorft on her new position in DOT and also thanked her for her many contributions to the Prevention Committee and SCAODA.

Ms. Gadacz announced that BPTR's Training Conference will be held October 26<sup>th</sup> and 27<sup>th</sup> at the Kalahari Resort in the Wisconsin Dells.

**XV. Adjournment: Duncan Shrouf made a motion to adjourn the meeting. Steve Fernan seconded the motion. The group responded with all ayes.** The meeting was adjourned. The next meeting is scheduled for December 10, 2010 from 9:30 a.m. to 3:30 p.m. at American Family Insurance Conference Center, Room A3151.

SCAODA 2010 Meeting Dates

~~March 5, 2010 9:30 am – 3:30 pm~~  
~~June 11, 2010 9:30 am – 3:30 pm~~  
~~September 10, 2010 9:30 am – 3:30 pm~~  
December 10, 2010 9:30 am – 3:30 pm

SCAODA 2011 Meeting Dates

March 4, 2011 9:30 am – 3:30 pm  
June 10, 2011 9:30 am – 3:30 pm  
September 9, 2011 9:30 am – 3:30 pm  
December 9, 2011 9:30 am – 3:30 pm

## SCAODA Motion Introduction

Committee Introducing Motion: Diversity Committee
Motion: The Diversity Committee moves that SCAODA formally endorse the Healthiest Wisconsin 2020 (HW 2020) state health plan as one means to help achieve its 2010-2014 Strategic Plan and provide a link to the HW 2020 Plan on the SCAODA website.
Related SCAODA Goal: 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 “Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010.
Background: Healthiest Wisconsin 2020 represents the fulfillment of Wisconsin Statute Section 250.07(1)(a), which requires the Department of Health Services to produce a public health agenda for the people of Wisconsin at least every 10 years. Healthiest Wisconsin 2020 represents both a product – a state health plan – and an ongoing process using science, quality improvement, partnerships, and large-scale community engagement. Alcohol and Other Drug Use as well as Tobacco Use and Exposure were two of 12 health focus areas that mirror the focus of SCAODA's Strategic Plan. Teams of experts for each Health Focus area met and formulated the following objectives.  Alcohol and Other Drug Use: Objective 1 By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery. Objective 2 By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use. Objective 3 By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.  Tobacco Use and Exposure: Objective 1 By 2020, reduce tobacco use and exposure among youth and young adults by 50 percent. Objective 2 By 2020, reduce tobacco use and exposure among the adult population by 25 percent. Objective 3

By 2020, decrease the disparity ratio by 50 percent in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status, and high-risk populations.

- Positive impact: Progress toward achieving SCAODA's Strategic Plan, 2010-2014 by partnering with local, regional and state entities and organizations to decrease the negative impact of alcohol and other drug use and tobacco use and exposure.
- Potential Opposition: None foreseen

Rationale for Supporting Motion: By endorsing the HW 2020 Plan, SCAODA demonstrates its commitment to working collaboratively with partners and other state organizations to improve the health and safety of all the citizens of Wisconsin and reinforces the Council's ability to accomplish its strategic plan.

## HEALTHIEST WISCONSIN 2020 IMPLEMENTATION PLAN ENDORSEMENT

**Purpose:** By endorsing *Healthiest Wisconsin 2020*, you become part of a network (system) of partners working together to achieve the mission, goals and vision of *Healthiest Wisconsin 2020*. Network participants will be part of a two-way street: receive periodic updates and communications and contribute ideas and report needs and progress. *Healthiest Wisconsin 2020* endorsements are non-binding.

**Instructions:** To endorse the *Healthiest Wisconsin 2020* Implementation Plan, you have two options: (1) save this form as a WORD document, fill it out and email it as an attachment to: [DHSW2020@dhs.wisconsin.gov](mailto:DHSW2020@dhs.wisconsin.gov), or (2) print out this form, fill it out and fax it to Margaret Schmelzer at (608) 264-7720. You may also access this form online at <http://www.dhs.wisconsin.gov/hw2020/>

**Note:** Your endorsement may be publicly acknowledged on the *Healthiest Wisconsin 2020* website and in plan-related materials.

1. I am endorsing the *Healthiest Wisconsin 2020* Implementation Plan as an:

Individual  Organization

2. Your full name or name of organization / group:

3. List standard abbreviation or acronym used by your organization or group: \_\_\_\_\_

4. What type of sector(s) best describes your organization?

- |  |   |
|--|---|
| <input type="checkbox"/> Advocacy organization                   | <input type="checkbox"/> Health department (state or local)       |
| <input type="checkbox"/> Agriculture and food                    | <input type="checkbox"/> Housing / building safety                |
| <input type="checkbox"/> American Indian Tribe                   | <input type="checkbox"/> Human services                           |
| <input type="checkbox"/> Business, labor, finance, commerce      | <input type="checkbox"/> Justice and law enforcement              |
| <input type="checkbox"/> Built environment                       | <input type="checkbox"/> Laboratory                               |
| <input type="checkbox"/> Civic organization, civic society       | <input type="checkbox"/> Natural resources                        |
| <input type="checkbox"/> Community-based organization            | <input type="checkbox"/> Professional societies and organizations |
| <input type="checkbox"/> Education                               | <input type="checkbox"/> Transportation                           |
| <input type="checkbox"/> Elected official (state or local)       | <input type="checkbox"/> Urban / rural planning, land use         |
| <input type="checkbox"/> Energy and climate                      | <input type="checkbox"/> Veterinary                               |
| <input type="checkbox"/> Faith community                         | <input type="checkbox"/> Waste management                         |
| <input type="checkbox"/> Health care organizations and hospitals | <input type="checkbox"/> Other, specify: _____                    |

5. I will provide a link from my organization's website to the *Healthiest Wisconsin 2020* website (located at <http://www.dhs.wisconsin.gov/hw2020/index.htm>)  Yes  No

### Contact Information

Contact Name: \_\_\_\_\_ Credentials if applicable): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

6. Which focus areas are / will you and your organization work on to help accomplish the goals of *Healthiest Wisconsin 2020*? Please check one per theme.

**Health**

- |  |   |
|--|---|
| <input type="checkbox"/> Adequate, Appropriate and Safe Food and Nutrition | <input type="checkbox"/> Injury and Violence            |
| <input type="checkbox"/> Alcohol and Other Drug Use                        | <input type="checkbox"/> Mental Health                  |
| <input type="checkbox"/> Chronic Disease Prevention and Management         | <input type="checkbox"/> Oral Health                    |
| <input type="checkbox"/> Communicable Disease Prevention and Control       | <input type="checkbox"/> Physical Activity              |
| <input type="checkbox"/> Environmental and Occupational Health             | <input type="checkbox"/> Reproductive and Sexual Health |
| <input type="checkbox"/> Healthy Growth and Development                    | <input type="checkbox"/> Tobacco Use and Exposure       |

**Infrastructure**

- Access to High-Quality Health Services
- Collaborative Partnerships for Community Health Improvement
- Diverse, Sufficient and Competent Workforce that Promotes and Protects Health
- Public Health Capacity and Quality
- Health Literacy
- Emergency Preparedness, Response and Recovery
- Public Health Research and Evaluation
- Systems to Manage and Share Health Information and Knowledge
- Equitable, Adequate and Stable Public Health Funding

**Overarching Health Focus Areas**

- Health Disparities
- Social, Economic and Educational Factors that Influence Health

7. Which Pillar Objectives (overarching and recurring themes) align with your goals and objectives?

**Overarching Pillar Objectives**

- |  |  |
|--|--|
| <input type="checkbox"/> Comprehensive Data to Track Health Disparities                  | <input type="checkbox"/> Policies to Reduce Poverty    |
| <input type="checkbox"/> Resources to Eliminate Health Disparities                       | <input type="checkbox"/> Policies to Improve Education |
| <input type="checkbox"/> Resources to Reduce Discrimination and Increase Social Cohesion |  |

**Pillar Objectives from Recurring Themes in the Focus Areas**

- Improved and Connected Health Service Systems
- Youth and Families Prepared to Protect Their Health and the Health of Their Community
- Environments That Foster Health and Social Networks
- Resources for Governmental Public Health Infrastructure
- Capability to Evaluate the Effectiveness and Health Impact of Policies and Programs

Jim Doyle  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Scott Stokes  
Secretary

Karen E. Timberlake  
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 & OTHER DRUG ABUSE**  
Planning and Funding Committee Meeting Minutes November 19, 2010  
**ARC Center for Women and Children**  
**Madison, WI**

**MEMBERS PRESENT:** Karen Kinsey, Duncan Shrout, Joyce O'Donnell, Norm Briggs, Manny Scarbrough, Tom Fuchs and Steve Fernan

**EXCUSED:** Sally Tess, Bill McCulley

**GUESTS:**

**STAFF:** Lori Ludwig

I. Call to Order – Joyce O'Donnell:

Joyce O'Donnell called the meeting to order at 9:35 A.M.

II. Review of October 15, 2010 Meeting Minutes – Joyce O'Donnell

**Tom Fuchs motioned to approve the minutes of October 15, 2010. Duncan Shrout seconded the motion.** There was discussion of the motion in the October minutes regarding P & F leading the discussion about SCAODA's role in health care reform. Department of Health Services staff had requested that the motion be delayed until after the new Administration is in place and other SCAODA Committees have had a chance to consider health care reform as it affects them. However, the group decided to **approve the minutes of October 15th without modification.**

In follow-up to the concerns expressed by DHS **Duncan Shrout made a motion to request that SCAODA designate an existing Committee to take the lead in analyzing and making recommendations regarding Wisconsin's part in health care reform. Manny Scarbrough seconded the motion. Without further discussion, the motion was passed.**

**Duncan Shrout made a motion to request that SCAODA seriously consider the Planning and Funding Committee take that role. Tom Fuchs seconded the motion. The motion was passed unanimously without further discussion.**

III. Meeting Dates for Planning and Funding in 2011

The group decided that the third Friday of the month would work well for them. The dates chosen were:

January 21, 2011  
February 18, 2011  
April 15, 2011  
May 20, 2011  
July 15, 2011  
August 19, 2011  
October 21, 2011  
November 18, 2011

#### IV. Public Forum at Bureau Conference—Joyce O’Donnell

Joyce O’Donnell asked to include the Public Forum Summary in the packet. **Tom Fuchs made a motion to approve the minutes of the October 26, 2010 Public Forum. Duncan ShROUT seconded the motion. The motion passed unanimously.**

#### V. Intoxicated Driver Program (IDP) Sub-Committee on Funding—Review of Conference call—Duncan ShROUT and Joyce O’Donnell

Duncan ShROUT announced that the first meeting of the IDP Sub-Committee on Funding will be on November 30<sup>th</sup>. Two legislators have agreed to participate and the Sub-Committee will be seeking two more. Currently Sue Gadacz is staffing the Sub-Committee, but the new IDP Coordinator has been hired at the Bureau of Prevention Treatment and Recovery. Her name is Leeann Cooper and she has a background in public health and in the IDP area. Joyce O’Donnell reported that the Sub-Committee is identifying the counties that have major problems with IDP funding. Manny Scarbrough reported that information about change in the law is getting out to the community level

#### VI. Infra-Structure Study Report from the Bureau on RFIs—Lori Ludwig

Lori Ludwig reported that Bureau staff have been reviewing the 26 RFIs (Request for Information) that were returned to the Bureau from 23 respondents. All of the ideas were developed around shared services and collaborations between multiple counties and/or providers. There was one that included the entire Northeast Region. The majority say that both children and adults would be served. One would provide wraparound services for children in order to prevent the need for child protective services. About five of the RFIs focused on substance abuse services and the integration of substance abuse and mental health services. The next step of the process would include external reviewers, e.g., 2 consumers, 2 County representatives and one other. The RFI reviews would lead to the development of the RFPs. The Division will be presenting the results of the Infra-Structure Study, the RFI results and the proposed /RFP process to the Secretary’s Office during a December meeting. The information would presumably be part of the hand-off to the new Administration. There is \$100,000 in the Mental Health Block Grant for funding. Duncan ShROUT felt that the projects as described didn’t reflect systemic change. He indicated that a deeper conversation about how the projects relate to health care reform is needed. Karen Kinsey felt that a pilot on how HMOs are tied to AODA treatment is needed. Norm pointed out that the Infra-Structure plan was started before health care reform was passed. Manny Scarbrough reported he liked the idea and it should be put in the RFP—show how the project is paid for under health care reform. Mr. ShROUT suggested targeted case-management to prevent high-end services.

#### VII. Update on Proposal to Expand SCAODA Membership—Lori Ludwig

Lori Ludwig reported that prior to his retirement, Representative Townsend was unable to introduce legislation to increase SCAODA's membership. There was a discussion about which Legislators might be a good match as SCAODA members. Names included Senator Carpenter and Representatives Parisi and Berceau. Joyce O'Donnell pointed out that we have to be in contact with leadership from both parties. Mr. Shroul suggested that SCAODA needs a representative from the new Governor's office to promote membership. Norm Briggs preferred legislators with a long term interest in the subject and felt Senator Erpenbach would be good. Other names mentioned were Sheila Harsdorf and Tim Cullen.

#### VIII. Reviewing State Agencies' Budgets DHS Budget Clarification—Lori Ludwig

Ms. Ludwig reported that there are two new responses from agencies since the last meeting of Planning and Funding. They were from the Department of Children and Families (DCF) and the Wisconsin Technical College System. Both indicated that there were no requests for additional funding for substance abuse programs in their budget request. Referencing a misunderstanding during last month's meeting regarding DHS' response, she pointed out that the phrase "no budget requests" means "no new budget requests" in the language of those responding. Ms. Ludwig also highlighted in the DHS budget the decision item requesting a return of 50% of GPR funds to DHS from DCF.

#### IX. Committee Reports—Group

Steve Fernan reported that ten years ago he was a member of the Planning and Funding Committee and at that time there was a budget consolidation item which the P & F Committee ended up opposing. Now, after all that time, he is back to report on another DPI budget consolidation proposal. He distributed two documents to the Committee. One was titled "DPI 2011-2013 Biennial Budget Request Decision Item 6004—Fair Funding for our Future: Categorical Aid Reform." The other was titled, "Wisconsin Safe and Supportive Schools Project." He continued that the State Superintendent of the Department of Public Instruction is proposing a new formula to fund schools. Currently, 44% of the state budget is allocated to school support. Two-thirds of school costs come from the state and one-third comes from local districts. There has been an increase in children who meet poverty thresholds; however there has been a corresponding decrease in funding for schools. Superintendent Tony Evers is proposing a way to fund schools where no districts lose money. It is called "Fair Funding for the Future." This proposal reforms categorical aid funding for public school districts and establishes a new categorical aid program focused on increasing graduation rates and reducing dropout rates in targeted districts throughout Wisconsin. Mr. Fernan continued that the proposal is a merger of all categorical grants, \$4,361,800 is from AODA prevention grants. The DPI budget request is for \$20 million, \$19 ½ Million comes from collapsing categorical grants. DPI is proposing to target these existing funds to advance graduation outcomes in those districts (about 50) with the most persistent graduation and dropout issues. This new categorical aid, "Every Child a Graduate," will be in the form of multi-year competitive grants. Karen Kinsey asked who decides how to use the money. Mr. Fernan indicated that the locals decide. Rules haven't been written yet. Ms. O'Donnell pointed out that there are 426 school districts in Wisconsin. She asked how the other 300+ districts are responding. Mr. Fernan pointed out that this is a brand new proposal and there hasn't been time to gather reactions. He also reported that this would take a statutory language change and new rules would have to be promulgated. Mr. Fuchs suggested that if schools need more money, they should tax alcohol. Mr. Fernan indicated that currently those dollars are spread very thin. A larger pot would have more impact. He continued that the funding from Safe and Drug Free Schools grants have been eliminated and the last of those funds which were provided for 23 years have been spent down. The federal government

intended to shift funds to let competitive grants. Wisconsin was one of 11 states that won a \$14 Million award. The requirements of this grant are narrow and focused. Wisconsin identified 19 districts for the Project through analyzing data from the Youth Risk Behavior Survey to create a school safety score. Data included rates of disruptive drug and violence-related incidents at schools. The Planning and Funding Committee had many questions about the nature of the “Safe and Supportive Schools Project.” Mr. Fernan described the project: In exchange for the funding, schools must complete a thorough needs assessment that will include school incidents of student misbehavior, student self-reported risk behaviors related to drug use and violence, student engagement, and school environments; pre and post scores will be developed and eventually published; schools must use evidence based strategies, collaborate with community agencies and initiatives; and participate in evaluation activities.

Ms. O’Donnell asked Mr. Fernan if he would like Planning and Funding to go on record to oppose the use of \$19.5 Million in categorical funds. Mr. Fernan asked for Planning and Funding to use their own opinion. He will be presenting this information to SCAODA in December. Issues of concern expressed included that targeted schools would be “double dipping,” and categorical funding should stay where it is. There were mixed results when members were polled as to whether they were in favor of opposing the consolidation of categorical grants. Two were in favor; two were opposed; one abstained and the Chair was in favor. Ms. O’Donnell felt that she could take a position of opposition without a formal Planning and Funding motion.

#### X. Draft SCAODA Agenda

Lori Ludwig reviewed for the group the agenda items on the December 10, 2010 draft SCAODA agenda including two motions planned by the Prevention Committee and one motion planned jointly by the ITC and Diversity Committees. When informed that a presentation on Health Care Reform was being planned for the March meeting with federal representatives, the group suggested Mady Chalk and David Reimer as possible good Health Care Reform presenters. Norm Briggs will provide Lori Ludwig with contact information for Mady Chalk. Mr. Briggs reported that unless things change with health care reform, programs like ARC and Genesis will go out of business. They can’t survive on limited funds through insurance and a limited Block Grant. Ms. O’Donnell added that Tellurian is expecting to lose \$100,000 too. Mr. Briggs continued that MA pays for about 40% of the programming; about 60 hours for 6 weeks. Then, women are moved to a County contract. At Dean/Newstart, after clients have received “medically necessary” services, they are referred to ARC. Mr. Briggs has tried to get onto provider panels.

Next meeting: The group expressed that it would like a focused conversation on health care reform and suggested Mady Chalk or David Reimer. They would like health care reform websites and asked to have them included with these minutes.

Health care reform websites:

[www.healthreform.gov](http://www.healthreform.gov)

<http://healthreform.kff.org>

<http://www.healthreform.wisconsin.gov>

grants: [www.samhsa.gov/healthreform](http://www.samhsa.gov/healthreform)

webinars: <http://www.sangsa.gov/healthreform/webinars.aspx>

state association of addiction services: <http://www.saasnet.org>

Health Care Reform implementation guide:

<http://www.saasnet.org/PDF/ImplementingHealthCareReform-FirstSteps.pdf>

<http://www.TheNationalCouncil.org>

Provisions of the Affordable Care Act: <http://www.healthcare.gov/law/provisions/index.html>

Provisions of the Affordable Care Act, By Year:

<http://www.healthcare.gov/law/about/order/byyear.html>

The Patient Protection and Affordable Care Act – Detailed Summary:

<http://dpc.senate.gov/healthreformbill/healthbill04.pdf> (14 pages long)

#### PLANNING AND FUNDING COMMITTEE MEETING

January 21, 2010

9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET

MADISON, WI

608/283-6426



State of Wisconsin

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

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

**STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE**  
Planning and Funding Committee Meeting Minutes January 21, 2010  
**ARC Center for Women and Children**  
**Madison, WI**

**MEMBERS PRESENT:** Duncan Shroul, Joyce O'Donnell, Norm Briggs, Manny Scarbrough, Sally Tess, and Bill McCulley

**EXCUSED:** Karen Kinsey, Steve Fernan, Tom Fuchs

**GUESTS:**

**STAFF:** Lori Ludwig, Sue Gadacz

I. Call to Order – Joyce O'Donnell:

Joyce O'Donnell called the meeting to order at 9:35 A.M.

II. Review of November 19, 2010 Meeting Minutes – Joyce O'Donnell

**Manny Scarbrough motioned to approve the minutes of November 19, 2010. Duncan Shroul seconded the motion. All were in agreement and the motion passed unanimously.**

III. Health Care Reform—Joyce O'Donnell and Sue Gadacz

Sue Gadacz distributed a document from the National Association of State Alcohol and Drug Abuse Directors (NASADAD) dated January 19, 2011. She reported that NASADAD is advocating that alcohol and other drug prevention and mental health prevention remain separate; and that 20% of the substance abuse block grant remains exclusively for prevention. Medicaid is also recognizing the value of prevention. Manny Scarbrough pointed out that alcohol and drug prevention can sit alone. There are so many kids without mental illness that need substance abuse prevention. There is a national survey regarding alcohol and other drug use that doesn't exist for mental health. The Wisconsin Epidemiological survey includes profiles for counties and costs about \$500,000. To get mental health to this level would be very expensive. Mr. Scarbrough estimated that about 60% of people who are incarcerated have mental health issues. Sally Tess reported that 60-70% of incarcerated people have alcohol and other drug issues. Duncan Shroul pointed out that certain mental illnesses are not preventable. That doesn't mean they don't need help. He continued that SCAODA should be supporting NASADAD. Ms. Gadacz explained that we need to walk a fine line. Prevention of alcohol and other drug use and

prevention of mental illness are both critical. However, we need to maintain some separation. We need to be willing to work with the mental health community about why prevention is critical. For example, she pointed out, depression screening in adults and children. Mr. Shrout felt that the fine line translates into a financial fine line. Ms. Gadacz agreed that we need to share alcohol and other drug prevention expertise with the mental health system. Norm Briggs indicated that there is a significant difference between depression and serious mental illness. The Mental Health Council is composed of consumers. He agreed that 20% set aside should be maintained for prevention. Mental health looks at the deep end and the Substance Abuse Block Grant looks at the whole continuum. Integrated Dual Disorder Treatment (IDDT) is an example of the mental health system working with the substance abuse system. Our substance abuse expertise is in disorders involving anxiety, depression, and bi-polar components. There is no expertise with chronic mental illness. That is a direction we have to move in. Mr. Shrout felt that mental health questions could be added to the Wisconsin Youth Risk Behavior Survey (YRBS). Currently there are no mental health questions except depression. Ms. Gadacz felt that we could take a look at survey systems and add additional questions, for example to the Wisconsin Epidemiological Survey, and figure out the costs of doing that. Mr. Shrout felt that we could take a pre-emptive, across the life-span approach. Ms. Gadacz agreed. Mr. Scarbrough felt that since the Tucson shooting, no one is talking about the problem of mental illness in the community. There is a gene in males connected to violence. The female brain (according to the experts) is prone to depression around the time of child bearing. We need to consider these factors when putting together a survey. Joyce O'Donnell pointed out that years ago on hiring surveys, people were asked if there was any mental illness in their families. No one said yes. People are now much more educated. Mr. Briggs felt that the National Alliance on Mental Health (NAMI) has done a lot communicating that mental illness is a brain disease. We (the AODA system) have no parallel organization. Ms. Gadacz agreed that we need a partnership with the recovery community. Mr. Briggs spoke of the child welfare system's assessment tool, the Child and Adolescent Needs and Strengths (CANS). It is a comprehensive assessment and one version focuses on children aged 0-5. It is an attempt to structure assessments—nothing is in place now. Ms. Gadacz also spoke to adequate funding for treatment. The Wisconsin Department of Health Services will have influence in defining core benefits, what coverage will look like. Ms. O'Donnell asked if there was a chart of core services? Mr. Shrout responded that a chart of core services was developed as a result of the Infra-Structure Study. Ms. Gadacz informed the group that there is still a lot of work to be done. The Division of Mental Health and Substance Abuse Services will have a role when an Administrator is appointed. Bill McCulley reported on the Portage County Coalition meeting. Eau Claire is doing something neat. At the high school and Junior High School levels, mental health issues are addressed as well as AODA. There are data on high risk and changes in behavior. It is being done in the community. Mr. Shrout added that the Mental Health Council and SCAODA should use what already exists. Ms. Gadacz pointed out that in SCAODA's Strategic Plan, conversations with the Governor are listed as strategic objectives. We have done work with local prevention coalitions and now can document decreased use among adolescents. This should be recognized. Data driven decisions are critical for the future. We need to have some of that dialogue. Ms. O'Donnell pointed out that Mr. Scarbrough, Mr. Shrout and she encourage that participation. It used to be that the Governor would attend the June meeting. Ms. Gadacz pointed out that she didn't know if that would happen, that level of activity. Ms. O'Donnell continued that the Governor would come and greet the Council as a courtesy to the Council. Mr. Shrout pointed out that Governor Walker is open to AODA and mental health concerns. His wife, Tonette Walker, is interested in adolescent treatment, Ms. Gadacz pointed

out. Ms. Gadacz pointed out that the handout indicated that we need a better way to screen for drugs. The reliability of screening tools is an issue. Mr. Briggs asked if tobacco cessation interventions would include nicotine replacement. Ms. Gadacz responded that according to this handout, Medicaid should cover these things.

Ms. O'Donnell asked if there were any questions about the motions in the October and November Planning and Funding minutes. Ms. Gadacz had raised a concern about a motion coming forward about health care at that point being premature. If there are questions, Ms. Gadacz added, she will come to the Planning and Funding meetings and talk to the group in person. Ms. O'Donnell pointed out that in the past, Keith Lang was more than welcome to come and participate. This Committee is concerned about being visible and supportive. Should the motion go forward, she asked the group? Mr. Shroul responded that at the December SCAODA meeting when Planning and Funding staked out turf, others were not happy. Our interest is that things progress and that every voice be heard. Ms. Gadacz pointed out that one of the things that is important to keep in mind is consistency and direction. She then gave the example of the motion from SCAODA in December opposing a motion of the Joint Board in the Department of Regulation and Licensing (DRL) regarding eliminating standards for AODA providers. Ms. Gadacz went to DRL and presented and distributed SCAODA's letter. Also, representatives from the three Wisconsin AODA professional organizations were present saying the same thing. The result was, the Joint Board withdrew their motion. That was quite the accomplishment. Mr. Scarbrough pointed out that we need to progress in unity. Mr. Shroul suggested that in advance of the March or June SCAODA meetings, each Committee bring a list of issues regarding health care reform identifying where we can support the Department, where or where not there are public policy issues that some view as legislative. Ms. Gadacz agreed that state staff can prepare Committee members for those things. Ms. O'Donnell talked about the Four Chairs conference call and motions. Don't negate the rest of the Council, she warned. Mr. Shroul agreed but added that the Chair of the Council, Mark Seidl has been very clear that motions need to be on the agenda in advance—so the public can come in and weigh in on it. Ms. O'Donnell felt that some motions could be brought for the good of the order. Mr. Shroul emphasized that motions need to be on the agenda; the Chair needs to be notified two to three weeks prior to the meeting for the publishing of the agenda. Mr. Scarbrough shared that during other meetings of other groups, if new things come up, the group cannot vote on them and they are carried over to the next meeting. If there is any confusion, Mr. Shroul asked that there be clarity on that topic.

#### V. Intoxicated Driver Program Sub-Committee on Financing Review—Duncan Shroul

Mr. Shroul distributed to the group a handout titled "Surcharge Allocations" and dated 12/15/10, authored by Rob Sommerfeld, Financial Analyst with the Bureau of Prevention Treatment and Recovery. Mr. Shroul reported that the new staff LeeAnn Cooper and Sue Gadacz and Rob Sommerfeld are phenomenal. He then recognized other Sub-Committee members in attendance at the last meeting: Donna Moore from DHS, Vicki Seibel from Department of Corrections, Nina Emerson from the University of Wisconsin and Andrea Jacobson from the Mental Health Center of Dane County. Mark Seidl (WCHSA and Chairperson of SCAODA) and Tom Saari from Winnebago County were in attendance. Three of the four legislators attended or sent representatives. Representative Garey Bies attended as did a designee for Representative Tony Staskunas and a designee for Senator Sheila Harsdorf. Senator Dave Hansen will be attending in the future. Stephanie White Eagle will be attending in the future representing the Tribes.

Mr. Shroul then explained figures from the handout concluding that between 2007 and 2009, there were a decreasing number of convictions for OWI (decreasing from 40,260 in 2007 to 33,653 in 2009). Then based on estimates for the number of persons requiring various levels of treatment and estimates of the total costs for those services, a final treatment cost not covered either by the surcharge revenue or Supplemental Awards was identified as \$10,610,689. Mr. Shroul pointed out that some of this treatment cost could be covered by insurance, the block grant, etc. The Sub-Committee is working to identify these other revenues. However, Mr. Shroul felt that there needs to be a legislative response. The group needs to talk to legislators about their role. OWI drivers are a public health problem. As this work progresses it is evident that the problem is more than a financial problem. The issue is bigger than treatment. We need to think about preventing this still huge number of impaired drivers. This is a significant proportion of the population. The group discussed 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> time convicted drivers as well as first time convicted drivers. Consider that first time arrestees for OWI have driven that way 80-2000 times. Counties do need a financial remedy. He continued that some counties don't apply for the IDP Supplemental funding. Of the \$3,000,000 in requests, \$884,000 was distributed. Ms. Gadacz reported that 42% of the Substance Abuse Block Grant goes to OWI/IDP programs. Counties are not filling out the HSRs reporting data correctly when data could be critical. Mr. Shroul relayed that health concerns are also apparent not just public safety concerns. Even though the numbers may be decreasing, what is required to keep them off the road will be recommendations that cost money. He made the following observations of the ITC/IDP Sub-Committee: At the SCAODA December meeting about 13 people spoke during the Public Input session. They were very critical of SCAODA's Chairperson for dismantling their group. Mr. Shroul felt that the work of that group included looking at preventative measures. Even though the presentation was ill-advised, Mr. Shroul continued that he will recommend to SCAODA's Chair that the IDP/ITC group goes forward. Ms. O'Donnell explained the history of the situation. Years ago, Senator Carol Roessler initiated the Sub-Committee on the IDP in ITC. Ms. O'Donnell reported that she doesn't know if the mission was misinterpreted or what. She felt that Mr. Shroul should complete the mission of the IDP/P&F Funding Sub-Committee and then make recommendations to call the other Sub-Committee back. Mr. Shroul agreed that this is a two-step process. Even though, arrests and convictions are decreasing, there are great safety and health risks. He felt that SCAODA needs to help them. Ms. O'Donnell indicated that there was a concern about staffing. Ms. Gadacz reported that the Department has just hired LeeAnn Cooper in November. She has a background with the Department of Regulation and Licensing for twelve years and Public Health for eight years. Also, she is an Emergency Medical Technician (EMT). Ms. Gadacz explained that position had been vacant for nine and a half years. She informed the group that one of her roles will be to develop prevention. LeeAnn is working with Nina Emerson and using that Committee as Advisory. She is concerned for Nina Emerson and Andrea Jacobson. They want a voice. Ms. Gadacz has asked LeeAnn Cooper to get a definition of what that means. Duncan Shroul felt that there is no reason to ask that Committee to re-activate because it has a role. Ms. Gadacz agreed. There was concern expressed that two or three members of the ITC/IDP Sub-Committee may wish to speak at SCAODA's Public Input session again. Mr. Scarbrough suggested that their input be nipped in the bud as inappropriate. They should be advised to work as advocates when their recommendations will be recognized. Mr. Shroul felt that one strategy would be to limit each speaker to 2-3 minutes. Mr. Shroul felt that this should be raised during the Four Chairs conference call. The demeanor at meetings needs to be resolved.

## V. Letters regarding Legislative Appointments to SCAODA—Lori Ludwig

Ms. Ludwig shared with the group letters that went out under Mark Seidl's signature asking the leaders of each of the parties of each of the houses of the Legislature to appoint representatives to SCAODA according to state statute. At the time of the Planning and Funding meeting, Representative Sandy Pasch had been selected to represent the Minority party in the Assembly.

## VI. New State Agencies' Secretaries—Lori Ludwig

Ms. Ludwig explained that all the newly appointed Department Secretaries as well as the Governor, and the Commissioner of Insurance received letters under the signature of Mark Seidl informing them of SCAODA enabling legislation, purpose, goals and membership. The letter was to advise them to contact Bureau staff Sue Gadacz and let her know if they want to attend SCAODA meetings themselves or send a designee.

## VII. Review SCAODA Strategic Plan—Joyce O'Donnell

Regarding interaction with legislators, Mr. Shroul indicated that Planning and Funding members are capable of making contacts. He and Ms. O'Donnell have experience contacting legislators. But before contact is made, he suggested having a topic, for example the Intoxicated Driver Program, not just general information. Regarding responsibility to the State Council, that is a given. Mr. Shroul identified four individuals who would be able to talk about the role of legislative advocacy, Shel Gross, Barbara Becker and David Riemer or Julia Sherman. Regarding meeting with the Governor, Joyce O'Donnell suggested sending a letter of Council support asking to set a meeting. Ms. O'Donnell and Duncan Shroul volunteered to participate in a meet and greet. Ms. O'Donnell suggested that Mark Seidl should be involved. We could send a letter asking for an audience. Should others be involved? Mr. Shroul suggested perhaps, Dennis Smith or Kitty Rhoades. Lori Ludwig asked about the other Committees or other legislators on the Council? Ms. Gadacz informed the group that Kitty Rhoades said she would help get legislators and along that line, Fred Ludwig, Representative Sandy Pasch's assistant indicated their office could do the same. Ms. Gadacz continued that Representative Pasch should know ahead of time. Ms. Ludwig indicated that Kitty Rhoades has asked that she and Kevin Moore be cc'd on any correspondence with the Legislature. Ms. O'Donnell observed that dissemination of information is on-going, as is collaboration with key partners and the Four Chairs. Norm Briggs pointed out that the three Wisconsin professional AODA organizations will be meeting one week from today to merge—as an Advocacy group with one voice, one organization.

## VIII. Committee Reports

Sally Tess reported that in terms of revocation, she sees a high number of persons using heroin. She sees cases involving overdoses, cases involving the provision of heroin to others leading to death and cases involving users. It appears that users are driving to other communities to get their drugs and then shooting up and driving back. The IDP people are not seeing this population.

## IX. Update Women's Specialized Services—Norm Briggs

Norm Briggs spoke to Women's-specific treatment. He has been presenting information to the ITC regarding treatment standards for women with an eye towards completing a survey again. How consistent are providers with standards? Providers are clustered in only eighteen counties in the central and northwest parts of the state. Women must pick up many days worth of doses and travel long distances with their kids.

X. Agenda items for next meeting:

Ms. Ludwig pointed out that health care reform expert, David Riemer has agreed to attend next month's meeting. She asked if the group had any specific concerns or areas that they would like him to address. The group responded with three questions: 1) What if Wisconsin goes in one direction in terms of health care reform and the federal government goes in another? What happens? What does that mean to Badger Care and low income citizens? 2) Regarding Wisconsin's core benefit packages and the people in Wisconsin's criminal justice system. In Wisconsin's core benefit package, they are served, but in the federal plan, they are not. 3) The diminution of the Substance Abuse Block Grant. Will adequate treatment coverage be funded?

Ms. Ludwig reviewed for the group the four areas of joint planning that could be required if the Substance Abuse and Mental Health Block Grants are merged: 1) prevention 2) co-occurring mental health and substance abuse. 3) recovery and 4) bi-directional physical health care. Mr. ShROUT felt that we should follow-up with a discussion of bi-directional health care in February.

Ms. O'Donnell asked Ms. Ludwig to invite the Chairs of the other Committees on Ms. O'Donnell's behalf to the next Planning and Funding meeting.

Mr. Briggs suggested that we reactivate the membership legislation. Sue Gadacz asked Ms. Ludwig to find the membership legislation language and share it with SCAODA's legislators when they are appointed.

XI. The meeting was adjourned. The next meeting is as listed below:

#### PLANNING AND FUNDING COMMITTEE MEETING

February 18, 2010

9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET

MADISON, WI

608/283-6426



## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Planning and Funding moves that the by-laws ad-hoc workgroup be re-activated to address 1) the definitions of a standing committee, standing subcommittee and adhoc work groups and 2) the process concerning committee appointments.
Related SCAODA Goal: Goal #1. SCAODA with its committees (b) is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions and the media turn for guidance on AODA issues.
Background: There is a need for clarity regarding committee/subcommittee/workgroup definitions and variation among committees concerning committee appointments. <ul style="list-style-type: none"><li>• Positive impact: Achieving clarity with regard to 1) the functioning of standing committees, standing subcommittees and adhoc work groups as well as 2) the process concerning committee appointments.</li><li>• Potential Opposition: None known.</li></ul>
Rationale for Supporting Motion: To continue to define and clarify the functions of SCAODA's committee structure and committee appointments will increase its viability and positive regard.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Planning and Funding moves that SCAODA ask selected legislators to request through the Joint Legislative Committee on Audit an audit of the Driver Improvement Surcharge Fund current allocations.
Related SCAODA Goal: Goal #4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity: (b) For effective...accessible treatment...services for all in need.
Background: The amount of the state share funds provided to counties to cover costs of treatment for indigent IDP clients has steadily decreased. According to a 2011 estimate, 19.49% of Driver Improvement Surcharge funding is currently allocated to the Department of Health Services Intoxicated Driver Supplemental Grant Program. <ul style="list-style-type: none"><li>• Positive impact: An audit would identify and document spent and unspent surcharge funds, by allocation.</li><li>• Potential Opposition: The estimated 80 % of state share surcharge funds collected go to recipients who might claim them for their use.</li></ul>
Rationale for Supporting Motion: Indigent Intoxicated Driver Program clients would be treated more consistently with the intent of the original 1994 law.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Planning and Funding moves that SCAODA ask selected legislators to create legislation through 2011-2013 budget process that will allow any unspent Driver Improvement Surcharge Fund allocations in any year to revert to the Department of Health Services to be utilized in the Intoxicated driver Supplemental Grant Program in the next fiscal year.
Related SCAODA Goal: Goal #4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems and human resources and capacity: (b) For effective...accessible treatment...services for all in need.
Background: The amount of the state share funds provided to counties to cover costs of treatment for indigent IDP clients has steadily decreased. Since FY 2003, an average of \$59,500 has been unspent in Driver Improvement Surcharge allocations. <ul style="list-style-type: none"><li>• Positive impact: Increase the amount of funds available to pay for treatment of indigent Intoxicated Driver Program clients.</li><li>• Potential Opposition: Less financial relief for other initiatives.</li></ul>
Rationale for Supporting Motion: A greater number of indigent Intoxicated Driver Program clients would be treated which is more consistent with the intent of the 1994 law.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Planning and Funding moves that SCAODA ask selected legislators to request the introduction of legislation in the 2011-2013 budget process that would produce an additional annual allocation of \$2.5 Million Dollars of general purpose revenue funding to the Department of Health Services. This \$2.5 Million Dollar allocation will be added to the existing Driver Improvement Surcharge allocated funding for the purpose of substantially increasing available funds for the Intoxicated Driver Supplemental Grant process. Unspent funds from the Intoxicated Driver Supplemental Grant process in any year would revert to this program in the next fiscal year.
Related SCAODA Goal: Goal #4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity: (b) For effective...accessible treatment...services for all in need.
Background: During 2010, \$3,276,112 in requests from 32 Wisconsin Counties were made of the Intoxicated Driver Supplemental Grant fund. \$844,000 or 25.79% of their request was distributed to counties. <ul style="list-style-type: none"><li>• Positive impact: Increase the amount of funds available to pay for treatment of indigent Intoxicated Driver Program clients.</li><li>• Potential Opposition: Less financial relief for other initiatives.</li></ul>
Rationale for Supporting Motion: A greater number of indigent Intoxicated Driver Program clients would be treated which is more consistent with the intent of the 1994 law.



Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

State of Wisconsin

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

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

Linda Mayfield  
Vice-Chairperson

Scott Stokes  
Secretary

**Diversity Committee Meeting Minutes (Approved)**

**Wednesday, December 1, 2010**

**10:00-12:00pm**

**Department of Health Services**

**1 W. Wilson St, Room 550A**

**Madison, WI 53703**

**Attendees:**

1. Michael Waupoose
2. Jerry Kaye
3. Gail Kinney-Teleconference
4. Angela Rivera
5. Angela McAlister

**Absent Excused**

1. Sandy Hardie
2. Harold Gates
3. Denise Johnson
4. Steve Dakai

**State Staff:**

Gail M. Nahwahquaw –Staff Person

## Diversity Committee Meeting Minutes

### I. Call to order:

Meeting was called to order at 10:00am. Members reviewed the October minutes, but could not approve until a quorum is reached. Gail N shared that Harold Gates replied to an email inquiry about his ongoing interest in the committee. Harold indicated he is choosing to “cut back” on his workgroup activities, but has asked to stay in contact.

### II. Public Forum-Tribal Conference/Rural Institute

Gail N. gave a brief overview of the tribal conference public forum write-up. There was good discussion during the public forum with half the attendees being tribal elders. One recommendation from the public forum is to have the SCAODA meetings webcast, so more people can attend. Michael-What does it cost the DHS to host webinars? Gail N will try to learn more and get back to the committee.

Gail K joined via teleconference, has to leave for a meeting but can rejoin the meeting later.

Also the public forum attendees liked the approach for increased SCAODA membership to include two tribal representatives and once approved to request the appointees come thru the GLITC-Board of Directors. Michael-Does the SCAODA membership committee know their recommendation for increased membership has gone from one tribal representative to two? Gail N. has not made this recommendation known but will follow-up. The DHS Tribal Consultation Policy outlines the number of tribal representatives for councils, committees or advisory committees, etc.

<http://www.dhs.wisconsin.gov/tribalaffairs/TribalConsultationPolicy.pdf>

Gail N.-If the tribal representatives get appointed via the GLITC-BOD there may be a better opportunity to link the SCAODA with tribal communities via a standing agenda item on the quarterly GLITC-BOD meetings.

At the DHS-Tribal consultation one of the Oneida representatives asked to hear more about the effect on tribal communities of the proposed Scope of Practice changes for Substance Abuse Counselors. Gail N reported on the “Stakeholders” meeting hosted by the Bureau of Prevention Treatment and Recovery (BPTR) and that there was one tribal agency representative and one tribal member who attended the “Stakeholder” meeting. Chairperson Maulson, Lac du Flambeau challenged why there was so few tribal representation at this stakeholder meeting. Gail N did inform the consultation group that Steve Dakai did share the information during a recent Tribal State Collaborative for Positive Change meeting which is how the Oneida Representative knew of the issue and asked more during the consultation meeting. So information is flowing thru this process, but having a more direct link to GLITC may be an improvement.

Rural Institute-Public Forum Questions: Linda Preysz emailed Michael with the following questions from the SCAODA public forum the Intervention and Treatment Committee (ITC) hosted during the Rural Institute this summer.

#### 1. Diversity and workforce issues:

Some attendees said that there is a shortage of Native American counselors in the field and expressed a need to recruit more tribal members to become Substance Abuse Counselors. They said that there is a lack of Native American participants in the Minority Training Institute and requested a training office for Native American counselors north of Highway 29. They added that the Minority Training Institute is called statewide but provides

trainings in Milwaukee and is not Native-specific. They said the Minority Training Institute needs to take the training north to the reservations.

## 2. Evidence Based Practices and Native American Communities

One attendee said that the requirement for evidence-based practices (EBP) hurts Indian people because they don't address the needs of Indian communities. The few interventions with Native communities that have been determined to be evidence-based were developed in the southwest part of the country and don't work with Midwestern tribes. If use of EBP is requirement for funding, then it will hurt tribes a lot.

Angela McAlister joined the meeting

Linda P shared with Michael that the ITC committee will post the ITC Public Forum on the SCAODA webpage and asked for help in formulating the comments to the questions. Michael shared with Linda he is aware of the issue, that he and Steve Dakai have recommended strategies to increase recruitment of Native American participants to the Minority Counselor Training Institute (MCTI) during a meeting a year ago at least. Angela M. reported that she has been in contact with "Brad" a Dean at the College of Menominee Nation (CMN) to create a training partnership. This partnership will include space for on-site training, virtual classroom and on-line training accessibility. Angela M. is working with an Information Technologies (IT) person to help with these activities, with a goal to have the courses set up by January/February-2011. Angela M. asked what does "non-Native specific" mean in the question? Michael/Gail N-that there are not any native trainers. Angela reported MCTI has two native trainers, David Kabagitang and Steve Dakai. However Steve Dakai is not Native American. Angela will learn David K's tribal affiliation. Angela M also reports that several Native Americans have joined MCTI in the last two months, attending the classes in Madison. But there are not MCTI hosted sites outside of Madison or Milwaukee. Angela will also provide a breakout of MCTI participant census, the number of Native American participants and the certification rates of the Native American participants versus all others enrolled in the program.

Virtual classes may be the better mode to get trainings into tribal communities and Michael encourages Angela M to build a relationship with the Lac Courte Oreille (LCO) Tribal College to see if they too are interested in hosting the MCTI trainings. Angela M. noted that Ken Ninham and his wife have training experience and connections with tribal communities and are helping to identify other sites in tribal communities to host training. Michael suggests MCTI explore training sites in the central, western, northwestern and northeastern parts of the state to help build the substance abuse counselor workforce capacity in tribal and ethnic minority communities across the state.

Gail N. noted that she came across a \$800K Bureau of Justice Assistance (BJA) grant award to the Fox Valley Technical College, for Substance Abuse Counselor Training of American Indians. Jerry K. will contact Greg Delaney to learn more about this grant and report back to the Diversity Committee.

Michael-suggested MCTI Program Manager also explore offering correspondence classes. Staff at Gateway Recovery participate in the training classes via correspondence offered thru Brown University. If MCTI can bolster the training access in a coordinated and collaborative manner this approach should be recognized by DRL for certification and licensure.

Evidence Based Practice (EBP)-Angela R. what do tribal representatives mean by EBP when they ask this question? Michael-that is the dilemma, there is not a firm definition of EBP, but rather a continuum from the academic rigorous curriculum to the unique/specific practices that are found effective in respective communities/agencies. Michael best guess is that when tribal members go to SAMHSA's National Register of Evidence-based Programs and Practices (NREPP) website there are few to none specific listings for Native Americans. It seems the real need is to educate tribal communities about this continuum. Tribal

treatment/prevention staff can utilize effective “programs and practices” that meet specific cultural needs of the community. Tribal communities and ethnic minority groups should be encouraged to support the effective programming in use and be provided technical assistance to further develop a promising practice that builds on the tools available for prevention, treatment and recovery.

Diversity members all shared experiences in trying to match programming to specific community needs when an EBP was prescribed by grant commitment, and how they educated the grantee about EBP ineffectiveness and how they changed the practice to meet specific needs. Jerry K.-adjusted 12 step approach to effectively meet Native American group. Angela M. suggested changes to a county recommended parenting program. Michael currently is undergoing an agency study to determine if Mindfulness interventions are effective for the clients receiving the intervention. Angela R. shared the bilingual and bicultural staff requirements of a treatment agency where she formerly worked. Gail K. rejoined the meeting during this discussion.

Michael suggests conference planning committees (BPTR/WAAODA) consider hosting a breakout session, on the specifics of how to deliver an EBP within Tribal or Ethnic Minority community and how to make cultural adjustments that maintain the intervention fidelity, but better meet community needs. The presenter(s) should be guided very specifically about what the breakout session will include and an option to ask participants, Is there an intervention that works better in your community and how is the intervention delivered?

Gail K. how are tribal communities experiencing this idea that if EBP are required for funding that they will be hurt? Michael-guesses that maybe EBP language is creeping into RFP's or grant announcements and that's where the experience is felt.

Gail K.-Diversity course textbook, an example of applying learned interventions that may not be effective. The author listed a number of inventions effectively utilized with Muslim community, but the example demonstrated that none of the interventions worked for the specific Muslim community mentioned. So the emphasis on doing cultural analysis to better understand the specific needs and matching an intervention or practice to best meet that need. Ultimately the Diversity committee agree ethnic minority, tribal and other underrepresented communities can not write off potentially effective practices because the practice intervention has not been fully research within their respective communities. Rather treatment staff in diverse communities need to have access to the technical assistance that helps them build or extend the research from within their own communities. Gail K.-people need to have abstract thinking skills that help them adapt the intervention to test its effectiveness.

October Minutes: Went back to approving the October Minutes since there is now a quorum. Angela M-page 2, ¶ 3-strike “WAAODA has been invited and responded as too busy to commit at this time.” Gail N./Michael that's how the information was reported at the October meeting. Angela M wants the committee to know the statement is inaccurate and that she was never asked to participate in the 3 W's meeting scheduled for December 10<sup>th</sup>. Page 3, ¶ 3, line 7, Spelling change *There* to *Their*. Page 3, ¶ 3, Line 14-*previed* to *privy*. Minutes approved as amended.

### III. Joint ITC Motion

The Marriage and Family Therapy, Professional Counseling and Social Work Joint Board at their August 2010 meeting made a scope statement to revise Wis. Adm. Code s. MPSW 1.09 to allow licensed marriage and family therapists, professional counselors, and clinical social workers to engage in substance abuse counseling without seeking separate certification as a substance abuse counselor under s. 440.088, Wis. Stats. Additionally, the intended revision will eliminate the provisions for applying for and receiving a substance abuse specialty within s. MPSW 1.09, Wis. Admin. Code.

Diversity and ITC are filing a joint motion to oppose this action.



SCAODA Motion  
Introduction 11-23-11

Committee members are strongly opposed to this action stating there are no assurances the professionals represented by the Joint Board are qualified to provide substance abuse treatment services. There is not a standard educational approach across the disciplines represented by the Joint Board. This action also allows those represented by the Joint Board to self-regulate ones own ability via education, training and experience to provide the substance abuse disorder services. Michael is grateful for the Committee member's quick response in feedback and took special note to the acknowledgement from one member that even physicians have recognized the importance of the specialty education required to treat substance abuse disorders. Large professional organizations for medical doctors and psychiatrists require them to pass an exam in order to use the title addictionologist. Gail K. the recognition of this specialty education by the medical field was the result of a long history of unsuccessful treatment by providers without the necessary education and training required to help treat the substance abuse disorder community. Gail K-by this motion the Diversity and ITC Committees are asking SCAODA to make a statement to oppose this action, correct? Is there a similar route for others (professional organizations, committees, etc) in opposition to this action? Michael-Any professional organization or community coalition can oppose this action. Jerry K. states that WAADAC leadership is in the process of writing a position paper, noting their opposition.

Next Steps in this process, the scope statement from the Joint Board requests an Adm. Rule change, which will run through a public process. Suggestions from committee members are to learn the next Joint Board meeting and prepare to testify. Angela M-the meetings are listed on the DRL webpage. Angela M also met with Secretary Jackson, and shared that any DRL issue requiring immediate response should get to the Secretary ASAP.

Gail K. also suggests there be a recommendation to involve the Substance Abuse Counselors Advisory Committee in this discussion. Michael-to Gail N. how does the Diversity Committee recommend next steps? Gail N. Because there are pending administration changes with Secretary Jackson and Administrator Scanlon leaving soon, requesting a meeting with the person on the DRL transition team maybe the best approach. Michael will ask if the recommendation(s) to the DRL transition team should come from the Diversity committee or SCAODA at large.

Angela R.-How did this come about? This Joint Board represents my profession yet I was not asked to offer any feedback regarding this issue. Having undergone the process of Specialty Certification Angela R. feels everything she did to achieve her title will be negated by this effort. Michael-believes the Joint Board represents the professions not specific practitioners which is most likely the reason there was not a request for feedback.

Gail K. noted the next Joint Board meeting is scheduled for January 11, 2011, 9AM in Room 121A, probably in the DRL building.

In response to Angela R. question there is a long history of trying to get this provision passed by the professionals represented by what is now the Joint Board. But a compromise was made when the DRL acquired from the WCB the certification and licensure process. The Joint Board should be held to their

original agreement from this time. Angela R. having recently acquired her license and specialty certification stated that her education did not prepare her as a substance abuse counselor. She had a field placement at an agency that exposed her to the need for substance abuse counseling and pursued the specialty certification as a result.

IV. Announcements:

**Next Meeting Gail N. will send out a meeting survey for the January meeting 2011.** Members asked that the meeting surveys be sent out as early as possible so they can get it on their calendars. Gail will send out meeting surveys the week following a Diversity committee meeting to set the next meeting. Diversity meetings will be scheduled in the following months in 2011.

**SCAODA 2011 Meetings**

**9:30-3:30pm**

**January**

**February**

**April**

**May**

**July**

**August**

**October**

**November**

**March 4, 2011,**

**June 10, 2011**

**September 9, 2011 &**

**December 9, 2011**



Scott Walker  
Governor

Mark Seidl, WCHSA  
Chairperson

State of Wisconsin

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

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

Linda Mayfield  
Vice-Chairperson

Scott Stokes  
Secretary

**Diversity Committee Meeting  
Tuesday, January 18, 2011  
1PM-3PM  
Department of Health Services  
1 W. Wilson St. Room 950B**

**Attendees:**

1. Michael Waupoose
2. Gail Kinney-Teleconference
3. Sandy Hardie-Teleconference
4. Steve Dakai-Teleconference
5. Denise Johnson-Teleconference
6. Interpreters X2-Teleconference

**Excused Absent:**

1. Jerry Kaye
2. Angela Rivera
3. Angela McAlister
4. Harold Gates

**State Staff:**

Gail M. Nahwahquaw

**Diversity Committee Meeting Minutes:**

**I. Call to Order:**

Meeting was called to order at 1:05PM. Members reviewed the December minutes. Discussion about quorum, being a simple majority which is 50% plus 1 and since Harold has not officially resigned his membership nor has the committee taken action on Harold's membership the committee currently has 9 members therefore quorum is present.

Steve noted on page 3, ¶ 1 the person referred to as "Brad" is Chad. Gail K.-noted spelling errors on page 1, ¶ 2-"wedcast" to webcast; page 2, ¶ 1, "ect" to etc; page 4, ¶ 4 line 7, "right off" to write off; and page 5, ¶ 4, Line 6, "form" to from. Gail N. also noted to add Steve Dakai as excused absent. Motion-Gail K to approve the minutes as amended. Minutes approved.

Discussion: Denise understands Harold's cutting back as a resignation. Suggest clarification in the bi-laws about committee membership timelines. Gail N. acknowledged the issue and noted the By-laws are an agenda item for this meeting.

II. Joint MFT Board:

A letter was sent to Department of Regulation and Licensing (DRL) Secretary Ross, by SCAODA President's signature in opposition to the Joint Board's scope statement to revise Wis. Adm. Code s. MPSW 1.09. Michael is aware the Chairperson's/President's from each of the 3 W's planned to attend the January Joint Board meeting. Steve shared that WAADAC drafted a letter in opposition to the Joint Board's scope statement. Beyond these two letters there isn't more to update. Gail N. thought Sue Gadacz planned to attend the January Joint Board Meeting too and will get an update from her on the results. Michael suggests keeping the topic on the agenda for the next meeting.

III. December SCAODA Meeting Update:

Michael shared what happened during the Public Comment period at the December SCAODA meeting. The ITC-IDP Committee representatives provided testimony voicing their concern about the way the ITC-IDP committee was disbanded. The Planning and Funding Committee (PFC), has received the charge (from the SCAODA Chair?) to have an IDP subcommittee focusing on funding issues specifically. ITC's subcommittee representatives commented on their activities and their focus on programmatic function and voiced opinion that the separate committees each have their charge and could operate independently given this fact.

Some SCAODA members feel the Public Comment time was not an open dialogue from which to learn, as members were not allowed to ask follow-up questions, as the Chairman didn't allow discussion. The SCAODA Chair did respond to questions causing confusion because members were not allowed to ask questions, so what's the policy? Is the Public Comment period only for public comment and not follow-up questions to get a better understanding? Or is there representative response, by the Chair only? Michael will follow-up with Mark Seidl about a 4 Chair's meeting as follow-up to this Public comment issue. Sandy and Denise remember Mark asking Michael to set this meeting.

Denise-My perception was the Chair had some resistance to the issue, but there seemed to be some missing information. Questions-Does the Chair have the sole responsibility in disbanding subcommittees or should it be a council vote? Michael agrees with Denise's perception in that there seemed to be limited information and resistance by the Chair to get further clarification from those presenting comment. One argument to support disbanding the ITC-IDP and have just the PFC-IDP is the lack of state staff support. But Michael shares that both the ADA and Cultural Competency subcommittees have met and or continue to meet without state staff support. The ITC-IDP stated they will continue to meet because of their personal commitment to the issue. Michael suggests this remain on the SCAODA agenda.

IV. By-Laws:

Gail N. reports there has been discussion at the BPTR to draft by-law language to define committees, subcommittees and ad-hoc committees, clarify who has the authority to create these groups, timelines of these groups, how these groups are disbanded. Michael helped explain some of SCAODA function for Denise. SCAODA is made up of citizen members, provider members, department representatives and state senate and house

representatives from both the majority and minority political parties, ideally. Some of the appointments are governor appointees without timelines like Michael's current appointment to SCAODA. SCAODA membership votes on committee chair appointments, ie. Diversity, Intervention and Treatment Committee and Planning and Funding Committee chair's all were voted on by the full SCAODA.

Michael also recalled Joyce O'Donnell referencing open meeting rules violations by polling subcommittee members via email, another issue relating to committees, subcommittees, and ad-hoc groups that needs clarification.

V. Diversity Workplan:

The committee reviewed the SCAODA Summarized Workplan listing each of the committee's goals as one means to prioritize activities in the next year. Michael suggested a cultural competency presentation to the full SCAODA as one activity and it helps meet the Goal #5, *Enhance SCAODA's awareness of the diverse cultural context relating to AODA prevention and treatment practice.*

Gail N. is working on confirming a speaker for this presentation, but it's been a little challenging. Michael had suggested a speaker from the UW-Counseling Psychology program who referred Gail N. to someone else as she was not available for the presentation. The person contacted is not sure about the topic and its purpose in presenting to SCAODA. Gail K. suggests a speaker use the CLAS standards as the core of the presentation and review each of the 14 standards and make suggestions about how to incorporate these standards into agency practice. She's done this with her Diversity class and has found it very useful.

Denise remembers a discussion about "communities of color" and that this term excluded other under-represented communities. Cultural competence does not only affect racial and ethnic minority. Gail K. notes there are three specific references to communities of color in the workplan and that a majority of the activities list cultural competency as the goal.

Michael really likes Gail K's suggestion to use the CLAS as the core to a cultural competency presentation to SCAODA and thinks if Gail K. can present the session that would be great. Gail is using the CLAS with her Diversity students already and as an educator the message can be very powerful. Gail N. will follow-up with Armando Hernandez and learn if he can present the session if not Gail will call Gail K.

Denise suggests the committee focus on one community over a course of time as a means to provide education, information and resources very specifically.

Another priority the committee can work on is within Goal #4, ensuring a conference planning committee that receives BPTR funding have at least one breakout session on culturally competent care. Michael asked what's the best way to achieve this goal, in a motion from SCAODA? Gail N. will ask Bureau staff their thoughts on the issue and get back to Michael. Denise asks if conference groups have grant obligations to provide

culturally competence sessions as a requirement. This is a likely occurrence but the Diversity Committee is hoping to leverage the bureau funded conferences and not necessarily other grants.

Gail K.-suggests in relation to Goal #1 the Diversity Committee document the programs they know are providing culturally competent service/care and use this as a baseline to gauge next steps. In relation to this suggestion Michael wants to see the Diversity webpage be more robust listing programs that are committed to cultural competence, and allowing them to report on “what they’re doing” and possibly a list from these providers of 3 recommendations of “what you can do in your agency”.

Michael suggests keeping the workplan on the monthly agenda for more discussion around Goal #1.

Gail N.-in follow-up to Denise’s suggestion to focus on one community; is aware the Tribal State Collaborative for Positive Change (TSCPC) workgroup is very focused on the integration of mental health and AODA within tribal communities. The TSCPC are working on specific community activities and have become a resource and support network for each other as a whole. This group is also linked with Prairielands Addiction Technology and Transfer Center (PATTC), that has created culturally competence curriculum for non-Native American substance abuse counselors working with Native Americans. Michael is interested in presenting to the TSCPC to learn how the SCAODA Diversity Committee can serve as an extended resource to this group. Gail N. and Steve D. will follow-up.

Gail K. has there been any more follow-up on the Scope of Practice issue and recommended standardization of substance abuse counselor educational requirements for licensure from INCASE? Gail N. there has not been any further discussion at the Bureau. Sue G. is on the SAMHSA National Treatment Network (NTN) and thru that committee was endorsing a recommendation to grandfather current substance abuse counselors into the workforce if the educational standard recommendations were to move forward. There has not been any follow-up on a future Stakeholders meeting either and Michael hasn’t received notice of such a meeting as well. Both Michael and Gail N, will keep the committee informed of futures meetings or discussion regarding this issue.

Gail K. invited the Diversity Committee to Chippewa Valley Technical College, Substance Abuse Program, Diversity Class for a future meeting. Michael suggests scheduling this meeting in April. Gail N. will send out a meeting organizer for February and April in the next week.

Motion to Adjourn: Steve. Meeting adjourned at 2:40pm.

## SCAODA Motion Introduction

Committee Introducing Motion: Diversity Committee
Motion: The Diversity Committee moves that SCAODA formally endorse the Healthiest Wisconsin 2020 (HW 2020) state health plan as one means to help achieve its 2010-2014 Strategic Plan and provide a link to the HW 2020 Plan on the SCAODA website.
Related SCAODA Goal: 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 "Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010.
Background: Healthiest Wisconsin 2020 represents the fulfillment of Wisconsin Statute Section 250.07(1)(a), which requires the Department of Health Services to produce a public health agenda for the people of Wisconsin at least every 10 years. Healthiest Wisconsin 2020 represents both a product – a state health plan – and an ongoing process using science, quality improvement, partnerships, and large-scale community engagement. Alcohol and Other Drug Use as well as Tobacco Use and Exposure were two of 12 health focus areas that mirror the focus of SCAODA's Strategic Plan. Teams of experts for each Health Focus area met and formulated the following objectives.  Alcohol and Other Drug Use: Objective 1 By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery. Objective 2 By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use. Objective 3 By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.  Tobacco Use and Exposure: Objective 1 By 2020, reduce tobacco use and exposure among youth and young adults by 50 percent. Objective 2 By 2020, reduce tobacco use and exposure among the adult population by 25 percent. Objective 3

By 2020, decrease the disparity ratio by 50 percent in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status, and high-risk populations.

- Positive impact: Progress toward achieving SCAODA's Strategic Plan, 2010-2014 by partnering with local, regional and state entities and organizations to decrease the negative impact of alcohol and other drug use and tobacco use and exposure.
- Potential Opposition: None foreseen

Rationale for Supporting Motion: By endorsing the HW 2020 Plan, SCAODA demonstrates its commitment to working collaboratively with partners and other state organizations to improve the health and safety of all the citizens of Wisconsin and reinforces the Council's ability to accomplish its strategic plan.

## HEALTHIEST WISCONSIN 2020 IMPLEMENTATION PLAN ENDORSEMENT

**Purpose:** By endorsing *Healthiest Wisconsin 2020*, you become part of a network (system) of partners working together to achieve the mission, goals and vision of *Healthiest Wisconsin 2020*. Network participants will be part of a two-way street: receive periodic updates and communications and contribute ideas and report needs and progress. *Healthiest Wisconsin 2020* endorsements are non-binding.

**Instructions:** To endorse the *Healthiest Wisconsin 2020* Implementation Plan, you have two options: (1) save this form as a WORD document, fill it out and email it as an attachment to: [DHSW2020@dhs.wisconsin.gov](mailto:DHSW2020@dhs.wisconsin.gov), or (2) print out this form, fill it out and fax it to Margaret Schmelzer at (608) 264-7720. You may also access this form online at <http://www.dhs.wisconsin.gov/hw2020/>

**Note:** Your endorsement may be publicly acknowledged on the *Healthiest Wisconsin 2020* website and in plan-related materials.

1. I am endorsing the *Healthiest Wisconsin 2020* Implementation Plan as an:

Individual  Organization

2. Your full name or name of organization / group:

\_\_\_\_\_

3. List standard abbreviation or acronym used by your organization or group: \_\_\_\_\_

4. What type of sector(s) best describes your organization?

- |  |   |
|--|---|
| <input type="checkbox"/> Advocacy organization                   | <input type="checkbox"/> Health department (state or local)       |
| <input type="checkbox"/> Agriculture and food                    | <input type="checkbox"/> Housing / building safety                |
| <input type="checkbox"/> American Indian Tribe                   | <input type="checkbox"/> Human services                           |
| <input type="checkbox"/> Business, labor, finance, commerce      | <input type="checkbox"/> Justice and law enforcement              |
| <input type="checkbox"/> Built environment                       | <input type="checkbox"/> Laboratory                               |
| <input type="checkbox"/> Civic organization, civic society       | <input type="checkbox"/> Natural resources                        |
| <input type="checkbox"/> Community-based organization            | <input type="checkbox"/> Professional societies and organizations |
| <input type="checkbox"/> Education                               | <input type="checkbox"/> Transportation                           |
| <input type="checkbox"/> Elected official (state or local)       | <input type="checkbox"/> Urban / rural planning, land use         |
| <input type="checkbox"/> Energy and climate                      | <input type="checkbox"/> Veterinary                               |
| <input type="checkbox"/> Faith community                         | <input type="checkbox"/> Waste management                         |
| <input type="checkbox"/> Health care organizations and hospitals | <input type="checkbox"/> Other, specify: _____                    |

5. I will provide a link from my organization's website to the *Healthiest Wisconsin 2020* website (located at <http://www.dhs.wisconsin.gov/hw2020/index.htm>)  Yes  No

### Contact Information

Contact Name: \_\_\_\_\_ Credentials if applicable): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

6. Which focus areas are / will you and your organization work on to help accomplish the goals of *Healthiest Wisconsin 2020*? Please check one per theme.

**Health**

- |  |   |
|--|---|
| <input type="checkbox"/> Adequate, Appropriate and Safe Food and Nutrition | <input type="checkbox"/> Injury and Violence            |
| <input type="checkbox"/> Alcohol and Other Drug Use                        | <input type="checkbox"/> Mental Health                  |
| <input type="checkbox"/> Chronic Disease Prevention and Management         | <input type="checkbox"/> Oral Health                    |
| <input type="checkbox"/> Communicable Disease Prevention and Control       | <input type="checkbox"/> Physical Activity              |
| <input type="checkbox"/> Environmental and Occupational Health             | <input type="checkbox"/> Reproductive and Sexual Health |
| <input type="checkbox"/> Healthy Growth and Development                    | <input type="checkbox"/> Tobacco Use and Exposure       |

**Infrastructure**

- Access to High-Quality Health Services
- Collaborative Partnerships for Community Health Improvement
- Diverse, Sufficient and Competent Workforce that Promotes and Protects Health
- Public Health Capacity and Quality
- Health Literacy
- Emergency Preparedness, Response and Recovery
- Public Health Research and Evaluation
- Systems to Manage and Share Health Information and Knowledge
- Equitable, Adequate and Stable Public Health Funding

**Overarching Health Focus Areas**

- Health Disparities
- Social, Economic and Educational Factors that Influence Health

7. Which Pillar Objectives (overarching and recurring themes) align with your goals and objectives?

**Overarching Pillar Objectives**

- |  |  |
|--|--|
| <input type="checkbox"/> Comprehensive Data to Track Health Disparities                  | <input type="checkbox"/> Policies to Reduce Poverty    |
| <input type="checkbox"/> Resources to Eliminate Health Disparities                       | <input type="checkbox"/> Policies to Improve Education |
| <input type="checkbox"/> Resources to Reduce Discrimination and Increase Social Cohesion |  |

**Pillar Objectives from Recurring Themes in the Focus Areas**

- Improved and Connected Health Service Systems
- Youth and Families Prepared to Protect Their Health and the Health of Their Community
- Environments That Foster Health and Social Networks
- Resources for Governmental Public Health Infrastructure
- Capability to Evaluate the Effectiveness and Health Impact of Policies and Programs



State of Wisconsin

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

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

Linda Mayfield  
Vice-Chairperson

Scott Stokes  
Secretary

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

**Tuesday, November 9, 2010**

**10:30 am - 2:30 pm**

Department of Corrections  
Madison, WI

**MINUTES**

**Present:** Norm Briggs, Tami Bahr, Linda Preysz, Andrea Jacobson, Dave Macmaster  
Lila Schmidt- staff

**Absent:** Nina Emerson, Sheila Weix, Dan Nowak, Renee Chyba, Shari Graeber

**Welcome, Introductions, and Review of Minutes**

Linda brought the meeting to order at 10:40 am. Minutes were reviewed and approved with a revision change made by Mac to change the sentence on page 4 that reads "He mentioned that the cancer folks are willing to be supporters" to "He mentioned approaching the cancer folks for support and reported they are willing to meet."

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

Tami reported on Project Fresh Light's annual meeting that followed the Mental Health and Substance Abuse Bureau conference in October which featured a presentation and discussion on abuse of prescriptions, over the counter medications and anxiety. Tami noted that it was not well publicized but that 15 individuals were in attendance and there was good discussion. Presenters included: Dr. Wright from Rosecrance, Dr. Felgus and Tami from Connections Counseling, Dr. Witkovsky from Madison Psychiatric Associates, Susan Endres from BPTR and a youth response panel. Oxycontin use was reported to be moving north, with the Green Bay area not seeing much. Issues identified for possible inclusion in the strategic planning were access to/availability of resources and education aimed at parents regarding opiate abuse. Educational efforts could be aimed at increasing parental awareness on access via home medicine cabinets, medication drop centers, and physicians reaching out to help educate their patients. In most cases youth are prescribed opiates for physical injuries and then due to cost and access switch to heroin. The state is experiencing increased hospital admissions as a result and there is limited access to suboxone providers, especially in the Northern part of state where providers can be more than one and half hours away.

Tami reported that the subcommittee is taking their meetings on the road in an effort to increase attendance. During the course of a year, there will be five meetings at various locations across the state with transportation reimbursement provided (Dane, Outagamie, Milwaukee, Dunn and Portage). Mac supported the concept and noted that Stacey McNatt with AFRA is also going on the road with their meetings to offer more regional outreach.

The NIATx kick off training is scheduled for Friday, 11/12. There are two Niatx tracks: Teen Intervene and Increasing Adolescent Treatment admissions (by ten percent). Referrals from high schools have been decreasing in direct correlation to the reduction in budgets for AODA staff in schools to provide screening/evaluation for substance abuse and there has been a loss of funds for Drug Free Schools. Tami reported that there is an Edgewood student doing a student survey to find out where students are going for help. Linda also mentioned the work occurring through DPI, with the Youth Risk Behavior survey. Steve Fernand was mentioned as the contact.

In regard to developing strategies to reach out to families, Norm mentioned the Training of Trainers and the Celebrating Families program. Susan Endres is still waiting for Dept approval for the Technical Assistance request for the Training of Trainers requests from Waukesha and the Northern region. Linda plans to follow up with Sue Gadacz regarding this request. Norm described the Celebrating Families as 8 families having dinner together (parent(s) and children) over the course of 14 weeks in a psycho/educational process. Families meet together as well as in age specific break out groups. The program is a grant funded initiative for evidence based practices.

The need to increase early intervention and treatment was highlighted. ITC members discussed available services in Dane County noting that Gateway and New Start both have adolescent treatment tracks, UW ADAP is doing more treatment and there are a number of community support meetings (which is not the case in the rest of the state).

Tami mentioned that DOC has an interest in partnering with Connections for an Opiate symposium. There are growing concerns in the community given the number of OD's.

Susan Endres was invited by JMATE (Joint Mtg on Adolescent Treatment Effectiveness) to present at their December conference in Baltimore.

The need for additional outreach with insurance companies was also identified since there have been significant changes in the types of services covered. In the past the parent could be the patient and even had a funding code. EBT underscores the significance of family involvement. Increasing access to treatment and having the availability of services, especially for higher levels of care. Rosecrance was mentioned as an example of a treatment agency that negotiated a Dean contract.

#### **WiNTiP Update – Dave MacMaster**

Mac distributed three handouts (11/11/10 WiNTiP update, Clinician and Consumer Survey 2009 and 2010 and 12/14/10 webinar notice).

Mac reported that the most recent webinar on 11/4 did a good job on covering the research to debunk the belief that persons in mental health and substance abuse treatment aren't ready to quit tobacco. Motivational Interviewing tips are included on the website. The next scheduled webinar on 12/14 will focus on research findings and integration.

Mac provided a WiNTiP telephone webinar in October to Indiana addiction clinicians. Indiana requires all AODA programs funded by the state make a good faith effort to integrate tobacco cessation.

Video podcasts are also being developed and include a session with Bernice Connors from New Jersey, one of the first tobacco intervention trainers.

Wisconsin Division of Public Health/Tobacco Prevention and Control will fund WiNTiP at its current level of funding (\$50,000) for 2011. Mac mentioned that he will receive some administrative help next year given that he is currently the only paid position for WiNTiP.

Mac reviewed 2011 WiNTiP goals:

- Third webinar focused on intervention skills and training
- Two newsletters for a total of 5 in the series
- Briefing the incoming Division Administrators
- Work with DQA to include integration into their reviews/regulations
- New postings on website, Face Book and Twitter
- Continue communication with stakeholders
- Continue to gather information from other states and organizations on integration
- Educate State Legislators and Public Health leaders
- Work on sustaining funds
- Continue monthly steering committee meetings
- Provide day long integration training to clinicians

### **SCAODA and ITC Strategic Planning – Linda Preysz**

The committee discussed pursuing the idea of briefing the new Administration and Legislature on State Council goals and challenges. Mac suggested that 3 or 4 points could be presented as policy issues. It was suggested that Linda work with other SCAODA committee chairs on this as well as making invitation to hold hearings, or serve on SCAODA. Duncan's success with the Legislators on the OWI offenders was used as an example.

Linda recommended asking Steve Daki to join ITC.

The discussion on ITC's strategic plan, focused on Women's Treatment, Children, Youth and Families and WiNTiP. The ideas generated in that discussion will be reflected in ITC's strategic plan grid, which is currently being reviewed by Linda and will be distributed at the January 11<sup>th</sup> ITC meeting.

### **Adjourn**

The meeting was adjourned by Linda.

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

1. ITC  
January 11, 2011; 10:30 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
2<sup>nd</sup> Thursday of the month (ongoing by teleconference).
3. WINTIP Webinar

December 14, 2010 (noon to 1pm)

My Clients Don't want to quit: How to talk with your clients/patients about nicotine addiction

<http://wisc.nay.acrobat.com/p175573619>

4. SCAODA

March 4, 2011 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 11, 2011**

**10:30 am - 2:30 pm**

Department of Corrections

Madison, WI

**MINUTES**

**Present:** Norm Briggs, Tami Bahr, Linda Preysz, Sheri Graeber, Dan Nowak, Dave Macmaster,  
Nina Emerson, Lila Schmidt- staff

**Absent:** Sheila Weix, Andrea Jacobson

**Welcome, Introductions, and Review of Minutes**

Linda brought the meeting to order at 10:40 am. Minutes were reviewed and approved as written. Shel Gross was welcomed as a new member and shared information on his background and experience. Shel also shared two documents (Mental Health Council's 2011-2013 Budget Priorities and Policy Issues for 2011-2012).

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

Tami distributed a handout on the future schedule and agenda for the Children Youth and Families subcommittee in 2011. Tami noted that the February meeting will include a presentation on MA/insurance with an open invitation to providers. There will be no charge to those who participate and invites will be made through providers in the area. Suggestions from ITC members included placing an invite to providers on the ITC website and including the Mental Health Councils CYF committee and providers. Tami noted additional items planned for the February meeting (Covering Kids and Families presentation, How to Access a Provider Network and Electronic Health Care Records). Norm suggested EPIC through the STAR SI project for the Electronic Health Care Records presentation if folks are still looking for a presenter.

Tami referenced the letter of endorsement from SCAODA for the Adolescent Treatment Framework and Practice guidelines. The motion for support had been introduced at the September 2010 SCAODA meeting and approved. Though Susan presented the framework at SCAODA, ITC members could not recall whether they received an overview. Linda requested that the guidelines be sent to ITC members for review (Lila will send via email). Comments can be forwarded to Tami or Susan or brought up at ITC's February mtg. Tami reminded everyone that the guidelines are a working document.

The Niatx project is underway and is focused on increasing adolescent treatment admissions and implementation of Teen Intervene. There are six providers participating in monthly conference calls. Discussion has focused on the source of referrals, community outreach, increased family involvement and barriers to access. Shel underscored the link with mental health and shared

information regarding the youth suicide prevention grant and the need for more training and connection with substance abuse. Shel discussed the significance of local coalition development and mentioned SAMSHA's training focus in this area. Cross collaboration between the two CYF committees was discussed including Susan Endre's intent to initiate a meeting between herself, Tami and the Mental Health Council's CYF committee.

Susan Endres continues to explore funding options for the Celebrating Families program through DOC, DPI or perhaps a specific grant. She also reported from her participation at the December JMATE conference in Baltimore that there is interest in a national symposium/conference on adolescent opiate use with folks from the East and West coasts. Rosecrance and Connections Counseling is planning a training for providers on anxiety and opiate use for youth and adults in April 2011, similar to what was addressed at last years Bureau conference. The cost to participants will be minimal. More information will be forthcoming.

#### SCAODA and ITC Strategic Planning – Linda Preysz

Linda discussed ITC's need to identify our priorities for collaboration between substance abuse and mental health and identifying a more specific strategy for increasing awareness in this area. Current efforts in this area identified included the Mental Health Anti-Stigma Coalition in the WI 2020 State plan, Faces and Voices of Recovery which branched out to women with depression, Co-occurring disorders in the recovering community through the twelve step support group of Dual Recovery Anonymous, and the recent focus of addressing stigma in the workplace through WI United. Lalena Lampe/Dual Recovery Task Force, Staci McNatt /AFRA and the partnership grant and Rebecca Cohen were persons identified as possible resources for our committee.

The criminal justice system was suggested as a possible target group to do work on increasing awareness and addressing stigma. Linda and Lila agreed to do some outreach in this area. The WI Treatment Court Professionals Association was mentioned as a possible link. The group discussed the need to establish a baseline to work from in whatever area we focus our outreach so as to not make assumptions. A survey measuring bias could be a helpful strategy. The group discussed the use of PSA's in awareness campaigns. The key is getting local media to play them and reframe messages to focus on accomplishments/success rather than symptoms/illness.

Shel mentioned the significance of linking PSA's to Legislators and building recommendations into budget priorities. It was noted that Legislators have not been active in SCAODA, though Linda noted that SCAODA's new IDP funding committee includes four legislators. Currently IDP is the most focused area regarding funding priorities. Last year DHS was approached for additional money for women's treatment issues but was told that funding for women's treatment is an already identified funding priority in the Block grant. Shel stated that if the legislators don't come to the meetings than we need to get SCAODA members to reach out to them. The committee talked about the different composition of members between SCAODA(government members) and the Mental Health Council(providers and citizen members) in terms of outreach and advocacy to legislators. There was mention of the potential with the providers who are in attendance at SCAODA. Norm mentioned that Planning and Funding has asked for certain priorities, with very little input into the budget.

Mac raised the issue of global assessment in both substance abuse and mental health and wondered how extensively does mental health get incorporated into AODA assessments and visa versa. The

second point is that once needs are identified what happens with that information. Do providers do anything with it?

Linda talked about a Federal Technical Assistance grant that the Madison Police Department received to train their police officers and mental health liaisons on de-escalation approaches for individuals in crisis. The effort is also aimed at the involved families. Linda offered to contact MPD to see what the grant offered and see if it may be appropriate to invite someone to a future ITC meeting.

### **Department of Regulation and Licensing Update**

Mac and Sheri distributed a handout and reported on their attendance at this morning's meeting at the Department of Regulation and Licensing regarding opposition to proposed change to WI Admin code MPSW 1.09 which would eliminate the provisions for applying for and receiving a substance abuse speciality. They reported on a letter read by Michael Kemp to the combined board and having 3 or 4 representatives from each of the impacted groups present (WAAODA, WADTPA, WAADAC). The board took notice of the opposition and agreed to take it under consideration with their groups and come back in July for further discussion. Sheri stated that they were very interested in having folks stay for dialogue and were impressed with the collaboration and education on the issue. Their February meeting will address Healthcare reform and Parity.

### **Final report on the IDP subcommittee – Linda Preysz**

Linda reviewed the decision to disband the ITC IDP subcommittee and requested that the committee submit a final report to ITC summarizing their activities. Linda informed folks that there has not been a meeting scheduled yet between the four chairs and Mark Seidl following the December SCAODA meeting to discuss a procedural process for dissent. Members would like to see the IDP committee continue its work in some capacity. Some members felt that existing committees of SCAODA have the ability to formulate work groups to help them achieve their goals, so even if the State council wouldn't endorse the continuation of this group they could continue as a time limited work group under ITC since the intoxicated driver is one on our strategic planning priorities. LeeAnn Cooper, the Intoxicated Driver Program Coordinator, is also very interested in having the committee be able to continue their work as an IDP advisory group to the State. If the group were to function as an IDP advisory group to the State, ITC may want to have LeeAnn Cooper present updates to ITC occasionally. The need for the State Council to better clarify the formulation, focus and timelines of subcommittees was identified.

### **WiNTiP Update – Dave MacMaster**

Mac discussed the identification of nicotine in Chapter 75 Administrative Rule and the need for further discussion with Mark Hale in DQA to discuss possible integration efforts for providers within the existing guidelines. Currently a person can not be accepted for treatment with only a nicotine dependence disorder. He also highlighted the need to brief the new Administration, including recommendations of things that can be done without additional funds.

As always there is concern with the potential for loss of funding for WiNTiP after June, 2011. Currently \$50,000 comes from Public Health with another \$10,000 from Substance Abuse and Mental Health. Most of the funds will support training efforts on models of Tobacco Integration.

The plan is to provide one day training to managers and line staff which could be made available at conferences. The goal would be to see 70% integration compliance the first year and 90% the second. Other efforts of WiNTiP will include website development, webinars and networking with other State partners.

**Presentation on Women’s Treatment Standards– Norm Briggs**

Norm distributed a handout on Treatment Standards for Women with Substance Use Disorders. His presentation reviewed the recommendations of the National Association of State Alcohol and Drug Abuse Directors and the Women’s Services Network’s “Essential Elements of Treatment”. Given the limits of time remaining, Norm will continue his presentation at the February meeting by addressing Wisconsin’s standards.

**Adjourn**

The meeting was adjourned by Linda.

**Next meetings and dates:**

1. ITC  
February 8, 2011; 10:30 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
February 25, 2011; 9:00am – 4:00pm. Dane County Human Services (Room 110), Madison
3. SCAODA  
March 4, 2011 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**  
Department of Regulation & Licensing

**Governor Scott Walker      Secretary Dave Ross**

1400 East Washington Ave,  
PO BOX 8935  
Madison, WI 53708-8935

Email: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Web: [www.drl.wi.gov](http://www.drl.wi.gov)

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January 14, 2011

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

RE: Your letter regarding MPSW 1.09, Wis. Admin. Code

Dear Mr. Seidl:

I am writing in response to your letter of January 7, 2011, in which you expressed concerns about possible revisions to the administrative rules governing the certification of licensed marriage and family therapists, professional counselors and clinical social workers to treat alcohol or substance abuse dependency. Although I have only recently assumed my duties as the Secretary for the Department of Regulation and Licensing, I realize that your letter touches on many complex issues which involve a number of entities. I am also aware of pending changes in the educational requirements for substance abuse counselors and other mental health professionals under the new health care reform law, which may have an impact on these issues.

Please know that I share your concerns for the protection of the public and for quality outcomes in the delivery of substance abuse treatment. I believe there is much common ground to be gained by deliberative consideration and input from all affected stakeholders. To this end, I am told that the Marriage and Family Therapy, Professional Counselors, and Social Work Examining Board, which received a similar letter and heard the concerns of SCADOA representatives at board meeting, are willing to reconsider the revision of MPSW 1.09, Wis. Admin. Code.

Again, I appreciate hearing from you and look forward to the opportunity to have further dialogue on these important issues.

Sincerely,

Secretary Dave Ross

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Dennis G. Smith  
Secretary

State of Wisconsin

Blinda Beason  
Vice-Chairperson

Scott Stokes  
Secretary

## State Council on Alcohol and Other Drug Abuse

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

January 7, 2011

Secretary Dave Ross  
State of Wisconsin  
Department of Regulations and License  
PO Box 8935  
Madison, WI 53708

Dear Secretary Ross:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA) and on behalf of the State Council, I recommend the Department of Regulation and License consider the opposition by SCAODA to the Joint Marriage Family Therapist and Professional Counselors, statement of action for revision to WI Admin code MPSW 1.09:

*Revise Wis. Adm. Code s. MPSW 1.09 to allow licensed marriage and family therapists, professional counselors and clinical social workers to engage in substance abuse counseling without seeking separate certification as a substance abuse counselor under s. 440.088, Wis. Stats. Additionally, the intended revision will eliminate the provisions for applying for and receiving a substance abuse specialty within s. MPSW 1.09, Wis. Admin. Code.*

Currently, under Wis. Admin. Code s. MPSW 1.09, a person credentialed by the board may use the title "alcohol or drug counselor" or "chemical dependency counselor" only if he or she is certified as an alcohol and drug counselor or as a chemical dependency counselor through a process recognized by the Department of Health (Note: 2005 Wis. Act 25 transferred the authority for regulation of substance abuse counselors from the Department of Health Services to the Department of Regulation & Licensing). A person credentialed by the board may treat alcohol or substance dependency or abuse only if he or she is qualified to do so by education, training and experience.

Under s. 457.02, Stat., marriage & family therapists, professional counselors and social workers are not authorized to treat alcohol or substance dependency or abuse as a specialty unless the individual is a certified substance abuse counselor, or unless the individual satisfies educational and supervised training requirements established in rules promulgated by the examining board. The statutory guidelines for promulgation of those rules advise the board to consider the existing requirements for State certification of substance abuse counselors, however the statute does not direct the Board to adopt or use state rules as a guideline.

The objective of the rule change is to allow chap. 457, Stat., licensed professionals to engage in substance abuse counseling without requiring them to become certified substance abuse counselors under s. 440.88, Stat. The Board also intends to eliminate the specified education hours and training required for the substance abuse specialty, as well as the granting of the substance abuse specialty under s. MPSW 1.09 Wis. Admin. code. For those providing ongoing treatment of substance abuse counseling, the amended rules will require an as of yet unspecified amount of hours in continuing education. The changes pursued by the Board will allow licensed marriage & family therapists, professional counselors and clinical social workers to provide therapy for primary and co-occurring substance abuse disorders if they are adequately trained to do so without need of additional certification. Other master's level credential holders i.e. certified advanced practice and independent social workers, marriage & family therapist and professional counselor training license holders could provide such services under adequate supervision. The envisioned changes to the rule will require certified social workers to pursue substance abuse counselor certification under s 440.88, Stat. in order to provide substance abuse counseling services.

While a licensed mental health professional presumably has the background and training to work therapeutically with people, they do not have the knowledge base or training to effectively treat substance use disorders without the specialty education. The American Medical Association and the American Psychiatric Association have recognized that psychiatrists do not necessarily have the expertise to treat addiction without additional training – hence the American Society of Addiction Medicine (ASAM) requires that licensed psychiatrists pass an examination in order to use the title addictionologist. We do not believe the current education requirement is so excessively burdensome that it justifies the proposal.

The substance abuse specialty credential assures appropriate knowledge and practice experience to deliver substance use disorder services. SCAODA has supported treatment strategies that have a strong emphasis on quality and successful outcomes. As a matter of public protection and to increase the likelihood that those in treatment for substance use disorders receive quality, efficient and effective care, the Joint Board's proposal should be rejected.

Sincerely,



Mark Seidl  
Chairperson  
State Council on Alcohol and Other Drug Abuse

Cc: Michael Waupoose, SCAODA Diversity Committee  
Linda Preysz, SCAODA Intervention and Treatment Committee  
SCAODA Officers and members  
SCAODA staff

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Dennis G. Smith  
Secretary

Blinda Beason  
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 13, 2011

Representative Jeff Stone, Chairperson  
Assembly Committee on Health  
Room 314 North  
State Capitol  
P.O. Box 8953  
Madison, WI 53708

Dear Honorable Jeff Stone:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a "marijuana-like" effect. Although not sold as a drug, the synthetic cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason the SCAODA is encouraging the Wisconsin Legislature to establish a statewide ban on the sale of these products, as has already been done by many Wisconsin communities.

As of November 24, 2010, the U.S. Drug Enforcement Administration used its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47, 497, and cannabicyclohexanol) used to make "fake pot" products. Except as authorized by law, this action makes possessing and selling these chemicals or the products that contain them illegal in the U.S. for at least one year while the Drug Enforcement Administration and the United States Department of Health and Human Services further study whether these chemicals and products should be permanently controlled.

Given that this Federal ban is in effect, members of SCAODA felt it would still be beneficial to create a statewide ban. This would allow local law enforcement to issue State citations for the sale or possession of these substances.

The mission of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. As these products pose a health concern for Wisconsin citizens, we encourage the State Legislature to take prompt action to ban the use of these products.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl" with a date "1/20" written below it.

Mark Seidl  
Chairperson

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Dennis G. Smith  
Secretary

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 13, 2011

Representative Garey Bies, Chairperson  
Assembly Committee on Public Health and Safety  
Room 216 North  
State Capitol  
P.O. Box 8952  
Madison, WI 53708

Dear Honorable Garey Bies:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a "marijuana-like" effect. Although not sold as a drug, the synthetic cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason the SCAODA is encouraging the Wisconsin Legislature to establish a statewide ban on the sale of these products, as has already been done by many Wisconsin communities.

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Given that this Federal ban is in effect, members of SCAODA felt it would still be beneficial to create a statewide ban. This would allow local law enforcement to issue State citations for the sale or possession of these substances.

The mission of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. As these products pose a health concern for Wisconsin citizens, we encourage the State Legislature to take prompt action to ban the use of these products.

Sincerely,

A handwritten signature in cursive script that reads "Mark Seidl /s.". The signature is written in black ink.

Mark Seidl  
Chairperson

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Dennis G. Smith  
Secretary

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 13, 2011

Senator Mark Miller  
Senate Minority Leader  
Room 206 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Honorable Mark Miller:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a "marijuana-like" effect. Although not sold as a drug, the synthetic cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason the SCAODA is encouraging the Wisconsin Legislature to establish a statewide ban on the sale of these products, as has already been done by many Wisconsin communities.

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The mission of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. As these products pose a health concern for Wisconsin citizens, we encourage the State Legislature to take prompt action to ban the use of these products.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl, no." The signature is written in a cursive style.

Mark Seidl  
Chairperson

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Dennis G. Smith  
Secretary

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 13, 2011

Representative Peter Barca  
Assembly Minority Leader  
Room 201 West  
State Capitol  
P.O. Box 8952  
Madison, WI 53708

Dear Honorable Peter Barca:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a "marijuana-like" effect. Although not sold as a drug, the synthetic cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason the SCAODA is encouraging the Wisconsin Legislature to establish a statewide ban on the sale of these products, as has already been done by many Wisconsin communities.

As of November 24, 2010, the U.S. Drug Enforcement Administration used its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47, 497, and cannabicyclohexanol) used to make "fake pot" products. Except as authorized by law, this action makes possessing and selling these chemicals or the products that contain them illegal in the U.S. for at least one year while the Drug Enforcement Administration and the United States Department of Health and Human Services further study whether these chemicals and products should be permanently controlled.

Given that this Federal ban is in effect, members of SCAODA felt it would still be beneficial to create a statewide ban. This would allow local law enforcement to issue State citations for the sale or possession of these substances.

The mission of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. As these products pose a health concern for Wisconsin citizens, we encourage the State Legislature to take prompt action to ban the use of these products.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl" with a stylized flourish at the end.

Mark Seidl  
Chairperson

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Dennis G. Smith  
Secretary

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 13, 2011

Senator Scott Fitzgerald  
Senate Majority Leader  
Room 211 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Honorable Scott Fitzgerald:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a "marijuana-like" effect. Although not sold as a drug, the synthetic cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason the SCAODA is encouraging the Wisconsin Legislature to establish a statewide ban on the sale of these products, as has already been done by many Wisconsin communities.

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Given that this Federal ban is in effect, members of SCAODA felt it would still be beneficial to create a statewide ban. This would allow local law enforcement to issue State citations for the sale or possession of these substances.

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Sincerely,

A handwritten signature in black ink that reads "Mark Seidl, P.O.".

Mark Seidl  
Chairperson

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Dennis G. Smith  
Secretary

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 13, 2011

Representative Scott Suder  
Assembly Majority Leader  
Room 215 West  
State Capitol  
P.O. Box 8953  
Madison, WI 53708

Dear Honorable Scott Suder:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a "marijuana-like" effect. Although not sold as a drug, the synthetic cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason the SCAODA is encouraging the Wisconsin Legislature to establish a statewide ban on the sale of these products, as has already been done by many Wisconsin communities.

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Given that this Federal ban is in effect, members of SCAODA felt it would still be beneficial to create a statewide ban. This would allow local law enforcement to issue State citations for the sale or possession of these substances.

The mission of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. As these products pose a health concern for Wisconsin citizens, we encourage the State Legislature to take prompt action to ban the use of these products.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl" with a stylized flourish at the end.

Mark Seidl  
Chairperson

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department of Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Dennis G. Smith  
Secretary

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 13, 2011

Senator Leah Vukmir, Chairperson  
Senate Committee on Health  
Room 131 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Honorable Leah Vukmir:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a "marijuana-like" effect. Although not sold as a drug, the synthetic cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason the SCAODA is encouraging the Wisconsin Legislature to establish a statewide ban on the sale of these products, as has already been done by many Wisconsin communities.

As of November 24, 2010, the U.S. Drug Enforcement Administration used its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47, 497, and cannabicyclohexanol) used to make "fake pot" products. Except as authorized by law, this action makes possessing and selling these chemicals or the products that contain them illegal in the U.S. for at least one year while the Drug Enforcement Administration and the United States Department of Health and Human Services further study whether these chemicals and products should be permanently controlled.

Given that this Federal ban is in effect, members of SCAODA felt it would still be beneficial to create a statewide ban. This would allow local law enforcement to issue State citations for the sale or possession of these substances.

The mission of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. As these products pose a health concern for Wisconsin citizens, we encourage the State Legislature to take prompt action to ban the use of these products.

Sincerely,

A handwritten signature in cursive script that reads "Mark Seidl" followed by a small flourish.

Mark Seidl  
Chairperson

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Scott Stokes  
Secretary

Dennis G. Smith  
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 13, 2011

Representative Jeff Fitzgerald  
Assembly Speaker  
Room 211 South  
State Capitol  
P.O. Box 8952  
Madison, WI 53708

Dear Honorable Jeff Fitzgerald:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a "marijuana-like" effect. Although not sold as a drug, the synthetic cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason the SCAODA is encouraging the Wisconsin Legislature to establish a statewide ban on the sale of these products, as has already been done by many Wisconsin communities.

As of November 24, 2010, the U.S. Drug Enforcement Administration used its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47, 497, and cannabicyclohexanol) used to make "fake pot" products. Except as authorized by law, this action makes possessing and selling these chemicals or the products that contain them illegal in the U.S. for at least one year while the Drug Enforcement Administration and the United States Department of Health and Human Services further study whether these chemicals and products should be permanently controlled.

Given that this Federal ban is in effect, members of SCAODA felt it would still be beneficial to create a statewide ban. This would allow local law enforcement to issue State citations for the sale or possession of these substances.

The mission of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. As these products pose a health concern for Wisconsin citizens, we encourage the State Legislature to take prompt action to ban the use of these products.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl, Esq." with a stylized flourish at the end.

Mark Seidl  
Chairperson

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Dennis G. Smith  
Secretary

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 7, 2011

Margaret Hamburg, M.D.  
Commissioner  
U.S. Food and Drug Administration  
10903 New Hampshire Ave  
Silver Spring, MD 20993-0002

Dear Dr. Hamburg:

At a December 10, 2010 meeting of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), a motion was passed requesting that a letter be sent to the U.S. Food and Drug Administration requesting they investigate and prosecute manufacturers and/or suppliers of synthetic compounds, with no medical use, that mimic the effects of marijuana and other illicit drugs. The products of concern are commonly sold under the brand name of K-2 or Spice. These products are legally sold as incense although often consumed to produce a marijuana-like effect. Although not sold as a drug, the synthetic Cannabinoids in these products are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. For this reason, the U.S. Food and Drug Administration should investigate and prosecute manufacturers and/or suppliers of this substance.

As you know, on November 24, 2010, the U.S. Drug Enforcement Administration used its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47, 497, and cannabicyclohexanol) used to make "fake pot" products. Except as authorized by law, this action makes possessing and selling these chemicals or the products that contain them illegal in the U.S. for at least one year while the Drug Enforcement Administration and the United States Department of Health and Human Services further study whether these chemicals and products should be permanently controlled.

The mission of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. As these products pose a health concern for Wisconsin citizens, we encourage the Food and Drug Administration to take prompt action to control its use and prosecute those who are falsely manufacturing and supplying this product as incense.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl" followed by a date "1/20/11".

Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Scott Stokes  
Secretary

Dennis G. Smith  
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 13, 2011

The Honorable Scott Suder  
Assembly Majority Leader  
Room 215 West  
State Capitol  
P.O. Box 8953  
Madison, WI 53708

Dear Representative Suder:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am asking for your assistance in filling a vacancy on the State Council for a legislative representative from the majority party of the Assembly. Representative John F. Townsend previously held the position representing the Republican Party of the Wisconsin State Assembly.

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. The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going AODA issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding, or regulatory policies. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM – 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified an Assembly member to fill this vacancy, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, and meetings and membership. Or, please feel free to contact me with any further questions, my contact information is below. Thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl" with a date "1/13/11" written below it.

Mark Seidl, Chairperson  
State Council on Alcohol and Other Drug Abuse  
[Seidlm@kewauneecc.org](mailto:Seidlm@kewauneecc.org)  
Phone: (920) 388-7039

cc: Kitty Rhoades, Deputy Secretary Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Scott Stokes  
Secretary

Dennis G. Smith  
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 13, 2011

The Honorable Mark Miller  
Senate Minority Leader  
Room 206 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator Miller:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am asking for your assistance in filling a vacancy on the State Council for a legislative representative from the minority party of the Senate. Senator Tim Carpenter previously held the position representing the Democratic party of the Wisconsin State Senate. It was brought to my attention that Senator David Hansen may be interested in becoming a member of SCAODA.

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. The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going AODA issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding, or regulatory policies. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM – 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified a Senate member to fill this vacancy, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, and meetings and membership. Or, please feel free to contact me with any further questions, my contact information is below. Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive that reads "Mark Seidl" followed by a small flourish.

Mark Seidl, Chairperson  
State Council on Alcohol and Other Drug Abuse  
[Seidlm@kewauneeco.org](mailto:Seidlm@kewauneeco.org)  
Phone: (920) 388-7039

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant Department of Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Scott Stokes  
Secretary

Dennis G. Smith  
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 13, 2011

The Honorable Scott Fitzgerald  
Senate Majority Leader  
Room 211 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator Fitzgerald:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am asking for your assistance in filling a vacancy on the State Council for a legislative representative from the majority party of the Senate. Senator Carol Roessler previously held the position representing the Republican Party of the Wisconsin State Senate. It was brought to my attention by Senator Roessler, who was also the Past SCAODA Chairperson, that Senator Sheila Harsdorf may be interested in becoming a member of SCAODA.

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. The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going AODA issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding, or regulatory policies. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM – 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified a Senate member to fill this vacancy, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, and meetings and membership. Or, please feel free to contact me with any further questions, my contact information is below. Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive that reads "Mark Seidl, 1/13/11".

Mark Seidl, Chairperson  
State Council on Alcohol and Other Drug Abuse  
[Seidlm@kewauneeeco.org](mailto:Seidlm@kewauneeeco.org)  
Phone: (920) 388-7039

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
Vice-Chairperson

Scott Stokes  
Secretary

Dennis G. Smith  
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 13, 2011

The Honorable Peter Barca  
Assembly Minority Leader  
Room 201 West  
State Capitol  
P.O. Box 8952  
Madison, WI 53708

Dear Representative Barca:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am asking for your assistance in filling a vacancy on the State Council for a legislative representative from the minority party of the Assembly. It was brought to my attention that either Representative Sandy Pasch or Representative Donna Seidl may be interested in becoming a member of SCAODA.

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. The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going AODA issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding, or regulatory policies. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM – 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified an Assembly member to fill this vacancy, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, and meetings and membership. Or, please feel free to contact me with any further questions, my contact information is below. Thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl" followed by a flourish.

Mark Seidl, Chairperson  
State Council on Alcohol and Other Drug Abuse  
[Seidlm@kewauneeco.org](mailto:Seidlm@kewauneeco.org)  
Phone: (920) 388-7039

cc: Kitty Rhoades, Deputy Secretary, Department Health Services  
Kevin Moore, Executive Assistant, Department Health Services

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 31, 2011

The Honorable Scott Walker  
Governor  
115 East Capitol  
Madison, WI 53702

Dear Governor Walker:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your election, welcome you, and offer a brief orientation to SCAODA. SCAODA was created in the office of the Governor by Act 210 in 1993. According to this legislation, SCAODA is directed to review legislation pertaining to alcohol and other drug abuse, and make recommendations to the Governor regarding the plans, budgets and operations of all state alcohol and other drug abuse programs. SCAODA is your Council Governor Walker, and you can choose to attend and direct the state council yourself, or appoint a designee to attend.

Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Promoting the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

The state council also provides leadership and coordination among state agencies regarding alcohol and other drug abuse issues; meets at least once every 3 months; every 4 years develops a comprehensive state plan; and makes recommendations to the Governor, the Legislature and State agencies. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.

SCAODA is a Governor-appointed Council. The 22-member council includes six citizen members with a professional, research, or personal interest in alcohol, tobacco and other drug abuse problems, appointed to four-year terms, one of them must be a consumer. In addition,

there is a Governor-appointed representative from a provider agency. The rest of the Council consists of the Governor, the Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

In addition to the 22 voting members of SCAODA, eleven Ex-Officio members also participate. Representatives from the University of Wisconsin System, the Department of Veterans Affairs, the Office of Justice Assistance, and the Department of Children and Families are Ex-Officio members as well as the Secretary from the Department of Revenue, the Secretary of the Department of Workforce Development, and the Secretary from the Department of Regulation and Licensing. Other Ex-Officio members represent the Division of Public Health, the Mental Health Council and the Developmental Disabilities Council.

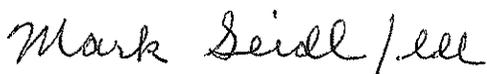
The majority of the work of SCAODA is carried out within its standing Committees; the Prevention Committee, the Intervention and Treatment Committee, the Diversity Committee and the Planning and Funding Committee which are staffed by the Department of Health Services. Ad-hoc workgroups are brought together and dissolved as various responsibilities or assignments surface.

The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going alcohol and other drug abuse issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding or regulatory policies.

As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Currently, no one has been identified to be the designee for your Office. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified who will attend SCAODA meetings from your Office, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, meetings and membership.

Sincerely,



Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 18, 2011

Mr. Gary Hamblin  
Secretary  
Department of Corrections  
P.O. Box 7925  
Madison, WI 53707-7925

Dear Secretary Hamblin:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your appointment as Department Secretary, welcome you, and offer a brief orientation to your role and the role of the various state Departments in SCAODA. I would like to invite you to attend SCAODA meetings yourself, or appoint a designee.

SCAODA was created in the office of the Governor by Act 210 in 1993. Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Promoting the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

The state council also provides leadership and coordination among state agencies regarding alcohol and other drug abuse issues; meets at least once every 3 months; every 4 years develops a comprehensive state plan; and makes recommendations to the Governor, the Legislature and State agencies. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.

The 22-member council includes six citizen members with a professional, research, or personal interest in alcohol, tobacco and other drug abuse problems, appointed to four-year terms, and one

of them must represent a provider agency. The rest of the Council consists of the Governor, the Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

In addition to the 22 voting members of SCAODA, eleven Ex-Officio members also participate. Representatives from the University of Wisconsin System, the Department of Veterans Affairs, the Office of Justice Assistance, and the Department of Children and Families are Ex-Officio members as well as the Secretary from the Department of Revenue, the Secretary of the Department of Workforce Development, and the Secretary from the Department of Regulation and Licensing. Other Ex-Officio members represent the Division of Public Health, the Mental Health Council and the Developmental Disabilities Council.

The majority of the work of SCAODA is carried out within its standing Committees; the Prevention Committee, the Intervention and Treatment Committee, the Diversity Committee and the Planning and Funding Committee which are staffed by the Department of Health Services. Ad-hoc workgroups are brought together and dissolved as various responsibilities or assignments surface.

The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going alcohol and other drug abuse issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding or regulatory policies.

As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Currently, no one has been identified to be the designee for your Department/Office. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified who will attend SCAODA meetings from your Department/Office, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, meetings and membership.

Sincerely,

Handwritten signature of Mark Seidl in black ink, written in a cursive style.

Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 18, 2011

Mr. Mark Gottlieb  
Secretary  
Department of Transportation  
4802 Sheboygan Avenue Room 120B  
Madison, WI 53707

Dear Secretary Gottlieb:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your appointment as Department Secretary, welcome you, and offer a brief orientation to your role and the role of the various state Departments in SCAODA. I would like to invite you to attend SCAODA meetings yourself, or appoint a designee.

SCAODA was created in the office of the Governor by Act 210 in 1993. Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Promoting the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

The state council also provides leadership and coordination among state agencies regarding alcohol and other drug abuse issues; meets at least once every 3 months; every 4 years develops a comprehensive state plan; and makes recommendations to the Governor, the Legislature and State agencies. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.

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of them must represent a provider agency. The rest of the Council consists of the Governor, the Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

In addition to the 22 voting members of SCAODA, eleven Ex-Officio members also participate. Representatives from the University of Wisconsin System, the Department of Veterans Affairs, the Office of Justice Assistance, and the Department of Children and Families are Ex-Officio members as well as the Secretary from the Department of Revenue, the Secretary of the Department of Workforce Development, and the Secretary from the Department of Regulation and Licensing. Other Ex-Officio members represent the Division of Public Health, the Mental Health Council and the Developmental Disabilities Council.

The majority of the work of SCAODA is carried out within its standing Committees; the Prevention Committee, the Intervention and Treatment Committee, the Diversity Committee and the Planning and Funding Committee which are staffed by the Department of Health Services. Ad-hoc workgroups are brought together and dissolved as various responsibilities or assignments surface.

The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going alcohol and other drug abuse issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding or regulatory policies.

As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Currently, David Collins and Blinda Beason have been the designees for your Department. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified who will attend SCAODA meetings from your Department, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, meetings and membership.

Sincerely,

Handwritten signature of Mark Seidl in black ink, with the number '120' written below the signature.

Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 18, 2011

Mr. Ted Nickel  
Commissioner  
Office of the Commissioner of Insurance  
125 South Webster Street  
Madison, WI 53703-3474

Dear Commissioner Nickel:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your appointment as Department Secretary, welcome you, and offer a brief orientation to your role and the role of the various state Departments in SCAODA. I would like to invite you to attend SCAODA meetings yourself, or appoint a designee.

SCAODA was created in the office of the Governor by Act 210 in 1993. Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

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The state council also provides leadership and coordination among state agencies regarding alcohol and other drug abuse issues; meets at least once every 3 months; every 4 years develops a comprehensive state plan; and makes recommendations to the Governor, the Legislature and State agencies. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.

The 22-member council includes six citizen members with a professional, research, or personal interest in alcohol, tobacco and other drug abuse problems, appointed to four-year terms, and one

of them must represent a provider agency. The rest of the Council consists of the Governor, the Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

In addition to the 22 voting members of SCAODA, eleven Ex-Officio members also participate. Representatives from the University of Wisconsin System, the Department of Veterans Affairs, the Office of Justice Assistance, and the Department of Children and Families are Ex-Officio members as well as the Secretary from the Department of Revenue, the Secretary of the Department of Workforce Development, and the Secretary from the Department of Regulation and Licensing. Other Ex-Officio members represent the Division of Public Health, the Mental Health Council and the Developmental Disabilities Council.

The majority of the work of SCAODA is carried out within its standing Committees; the Prevention Committee, the Intervention and Treatment Committee, the Diversity Committee and the Planning and Funding Committee which are staffed by the Department of Health Services. Ad-hoc workgroups are brought together and dissolved as various responsibilities or assignments surface.

The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going alcohol and other drug abuse issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding or regulatory policies.

As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Currently, Eileen Mallow has been the designee for your Office. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified who will attend SCAODA meetings from your Office, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, meetings and membership.

Sincerely,

Handwritten signature of Mark Seidl in black ink, with a date '10/20' written below the signature.

Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 18, 2011

Mr. Rich Chandler  
Secretary  
Department of Revenue  
P.O. Box 8933  
Madison, Wisconsin 53708-8933

Dear Secretary Chandler:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your appointment as Department Secretary, welcome you, and offer a brief orientation to your role and the role of the various state Departments in SCAODA. I would like to invite you to attend SCAODA meetings yourself, or appoint a designee.

SCAODA was created in the office of the Governor by Act 210 in 1993. Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Promoting the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
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- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

The state council also provides leadership and coordination among state agencies regarding alcohol and other drug abuse issues; meets at least once every 3 months; every 4 years develops a comprehensive state plan; and makes recommendations to the Governor, the Legislature and State agencies. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.

The 22-member council includes six citizen members with a professional, research, or personal interest in alcohol, tobacco and other drug abuse problems, appointed to four-year terms, and one of them must represent a provider agency. The rest of the Council consists of the Governor, the

Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

In addition to the 22 voting members of SCAODA, eleven Ex-Officio members also participate. Representatives from the University of Wisconsin System, the Department of Veterans Affairs, the Office of Justice Assistance, and the Department of Children and Families are Ex-Officio members as well as the Secretary from the Department of Revenue, the Secretary of the Department of Workforce Development, and the Secretary from the Department of Regulation and Licensing. Other Ex-Officio members represent the Division of Public Health, the Mental Health Council and the Developmental Disabilities Council.

The majority of the work of SCAODA is carried out within its standing Committees; the Prevention Committee, the Intervention and Treatment Committee, the Diversity Committee and the Planning and Funding Committee which are staffed by the Department of Health Services. Ad-hoc workgroups are brought together and dissolved as various responsibilities or assignments surface.

The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going alcohol and other drug abuse issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding or regulatory policies.

As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Currently, Roger Johnson has been the designee for your Department. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

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Sincerely,



Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 18, 2011

Mr. Manuel Perez  
Secretary  
Department Workforce Development  
P.O. Box 7972  
Madison, WI 53707-7972

Dear Secretary Perez:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your appointment as Department Secretary, welcome you, and offer a brief orientation to your role and the role of the various state Departments in SCAODA. I would like to invite you to attend SCAODA meetings yourself, or appoint a designee.

SCAODA was created in the office of the Governor by Act 210 in 1993. Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

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Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

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As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Currently, Linda Preysz has been the designee for your Department. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified who will attend SCAODA meetings from your Department, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, meetings and membership.

Sincerely,



Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 18, 2011

Mr. Dave Ross  
Secretary  
Department of Regulation and Licensing  
1400 East Washington Ave.  
Madison, WI 53703-3041

Dear Secretary Ross:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your appointment as Department Secretary, welcome you, and offer a brief orientation to your role and the role of the various state Departments in SCAODA. I would like to invite you to attend SCAODA meetings yourself, or appoint a designee.

SCAODA was created in the office of the Governor by Act 210 in 1993. Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

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Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

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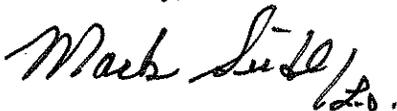
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As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Currently, Colleen Baird has been the designee for your Department. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified who will attend SCAODA meetings from your Department, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, meetings and membership.

Sincerely,



Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 18, 2011

Ms. Eloise Anderson  
Secretary  
Department of Children and Families  
P.O. Box 8916  
Madison, WI 53708-8916

Dear Secretary Anderson:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your appointment as Department Secretary, welcome you, and offer a brief orientation to your role and the role of the various state Departments in SCAODA. I would like to invite you to attend SCAODA meetings yourself, or appoint a designee.

SCAODA was created in the office of the Governor by Act 210 in 1993. Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

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Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

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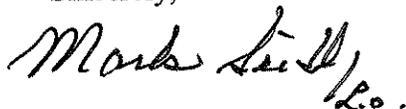
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As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Currently, Mark Campbell has been the designee for your Department. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified who will attend SCAODA meetings from your Department, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, meetings and membership.

Sincerely,

A handwritten signature in black ink that reads "Mark Seidl" followed by a flourish and the initials "L.O." below it.

Mark Seidl  
Chairperson

Scott Walker  
Governor



Mark Seidl, WCHSA  
Chairperson

Blinda Beason  
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 18, 2011

Mr. Dennis Smith  
Secretary  
Department of Health Services  
1 West Wilson Street  
Madison, WI 53703

Dear Secretary Smith:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I would like to congratulate you on your appointment as Department Secretary, welcome you, and offer a brief orientation to your role and the role of the various state Departments in SCAODA. I would like to invite you to attend SCAODA meetings yourself, or appoint a designee.

SCAODA was created in the office of the Governor by Act 210 in 1993. Currently (from SCAODA By-Laws) the purpose of the State Council on Alcohol and Other Drug Abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

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- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

The state council also provides leadership and coordination among state agencies regarding alcohol and other drug abuse issues; meets at least once every 3 months; every 4 years develops a comprehensive state plan; and makes recommendations to the Governor, the Legislature and State agencies. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.

The 22-member council includes six citizen members with a professional, research, or personal interest in alcohol, tobacco and other drug abuse problems, appointed to four-year terms, and one

of them must represent a provider agency. The rest of the Council consists of the Governor, the Attorney General, the State Superintendent of Public Instruction, the Secretary of Health Services, the Commissioner of Insurance, the Secretary of Corrections, the Secretary of Transportation, and the Chairperson of the Pharmacy Examining Board, or their designees; a representative of the controlled substances board; a representative from Wisconsin County Human Services Association and 2 members of each house of the legislature, representing the majority party and the minority party, chosen as are the members of standing committees in their respective houses.

In addition to the 22 voting members of SCAODA, eleven Ex-Officio members also participate. Representatives from the University of Wisconsin System, the Department of Veterans Affairs, the Office of Justice Assistance, and the Department of Children and Families are Ex-Officio members as well as the Secretary from the Department of Revenue, the Secretary of the Department of Workforce Development, and the Secretary from the Department of Regulation and Licensing. Other Ex-Officio members represent the Division of Public Health, the Mental Health Council and the Developmental Disabilities Council.

The majority of the work of SCAODA is carried out within its standing Committees; the Prevention Committee, the Intervention and Treatment Committee, the Diversity Committee and the Planning and Funding Committee which are staffed by the Department of Health Services. Ad-hoc workgroups are brought together and dissolved as various responsibilities or assignments surface.

The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going alcohol and other drug abuse issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding or regulatory policies.

As a statutorily appointed or Ex-Officio member of the State Council, you are welcome to attend SCAODA meetings yourself, or designate someone to attend for you. Formerly, John Easterday was identified as the designee for the Department. Currently, no one has been identified as the designee for your Department. SCAODA meets quarterly at the American Family Insurance Company Conference Center in Madison and the meetings for the remainder of the year will be held on March 4, June 10, September 9, and December 9, 2011 from 9:30 AM - 3:30 PM.

SCAODA is staffed by the Department of Health Services. When you have identified who will attend SCAODA meetings from your Department, could you or your staff please contact Susan Gadacz, SCAODA Coordinator at [Susan.Gadacz@wisconsin.gov](mailto:Susan.Gadacz@wisconsin.gov) or (608) 267-7704? Sue can answer specific questions about Council activities, committees, meetings and membership.

Sincerely,



Mark Seidl  
Chairperson

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

*<please note: lines underlined below are taken directly from statute.>*

**ARTICLE I**

**Purpose and Responsibilities**

**Section 1. Authority**

The council is created in the office of the governor pursuant to sec. 14.017 (2), Wis. Stats. Its responsibilities are specified under sec. 14.24, Wis. Stats.

**Section 2. Purpose**

The purpose of the state council on alcohol and other drug abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

**Section 3. Responsibilities**

The state council on alcohol and other drug abuse shall:

- a. Provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state.
- b. Meet at least once every 3 months.

- c. By June 30, 1994, and by June 30 every 4 years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs. The state plan shall include all of the following:
  - i. Goals, for the time period covered by the plan, for the state alcohol and other drug abuse services system.
  - ii. To achieve the goals in [par. \(a\)](#), a delineation of objectives, which the council shall review annually and, if necessary, revise.
  - iii. An analysis of how currently existing alcohol and other drug abuse programs will further the goals and objectives of the state plan and which programs should be created, revised or eliminated to achieve the goals and objectives of the state plan.
- d. Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, review and make recommendations to the governor, the legislature and state agencies, as defined in [s. 20.001 \(1\)](#), regarding the plans, budgets and operations of all state alcohol and other drug abuse programs.
- e. Provide the legislature with a considered opinion under [s. 13.098](#).
- f. Coordinate and review efforts and expenditures by state agencies to prevent and control alcohol and other drug abuse and make recommendations to the agencies that are consistent with policy priorities established in the state plan developed under [sub. \(3\)](#).
- g. Clarify responsibility among state agencies for various alcohol and other drug abuse prevention and control programs, and direct cooperation between state agencies.
- h. Each biennium, select alcohol and other drug abuse programs to be evaluated for their effectiveness, direct agencies to complete the evaluations, review and comment on the proposed evaluations and analyze the results for incorporation into new or improved alcohol and other drug abuse programming.
- i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse.
- j. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.

- k. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- l. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages to address alcohol, tobacco and other drug abuse problems.

## **ARTICLE II**

### **Membership**

#### **Section 1. Authority**

Membership is in accordance with section 14.017(2), Wis. Stats.

#### **Section 2. Members**

**2.1** The 22-member council includes six members with a professional, research or personal interest in alcohol, tobacco and other drug abuse problems, appointed for four-year terms, and one of them must be a consumer representing the public. It was created by chapter 384, laws of 1969, as the drug abuse control commission. Chapter 219, laws of 1971, changed its name to the council on drug abuse and placed the council in the executive office. It was renamed the council on alcohol and other drug abuse by chapter 370, laws of 1975, and the state council on alcohol and other drug abuse by chapter 221, laws of 1979. In 1993, Act 210 created the state council on alcohol and other drug abuse, incorporating the citizen's council on alcohol and other drug abuse, and expanding the state council and other drug abuse's membership and duties. The state council on alcohol and other drug abuse's appointments, composition and duties are prescribed in sections 15.09 (1)(a), 14.017 (2), and 14.24 of the statutes, respectively.

The council strives to have statewide geographic representation, which includes urban and rural populated areas, to have representation from varied stakeholder groups, and shall be a diverse group with respect to age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

**2.2** There is created in the office of the governor a state council on alcohol and other drug abuse consisting of the governor, the attorney general,

the state superintendent of public instruction, the secretary of health services, the commissioner of insurance, the secretary of corrections, the secretary of transportation and the chairperson of the pharmacy examining board, or their designees; a representative of the controlled substances board; a representative of any governor's committee or commission created under [subch. I](#) of ch. 14 to study law enforcement issues; 6 members, one of whom is a consumer representing the public at large, with demonstrated professional, research or personal interest in alcohol and other drug abuse problems, appointed for 4-year terms; a representative of an organization or agency which is a direct provider of services to alcoholics and other drug abusers; a member of the Wisconsin County Human Service Association, Inc., who is nominated by that association; and 2 members of each house of the legislature, representing the majority party and the minority party in each house, chosen as are the members of standing committees in their respective houses. [Section 15.09](#) applies to the council.

### **2.3 Selection of Members**

From Wis. Stats. 15.09 (1)(a); Unless otherwise provided by law, the governor shall appoint the members of councils for terms prescribed by law. Except as provided in [par. \(b\)](#), fixed terms shall expire on July 1 and shall, if the term is for an even number of years, expire in an odd-numbered year.

### **2.4 Ex-Officio Members**

- a. Ex-officio members may be appointed by a majority vote of the council to serve on the council, special task forces, technical subcommittees and standing committees. Other agencies may be included but the following agencies shall be represented through ex-officio membership: The Wisconsin Departments of: Revenue, Work Force Development, Regulation and Licensing, Veteran Affairs and Children and Families, and the Office of Justice Assistance, the Wisconsin Technical Colleges System and the University of Wisconsin System.
- b. Ex-officio members of the council may participate in the discussions of the council, special task forces, technical subcommittees, and standing committees except that the chairperson may limit their participation as necessary to allow full participation by appointed members of the council subject to the appeal of the ruling of the chairperson.
- c. Ex-officio members will serve four-year terms.

- d. An ex-officio member shall be allowed to sit with the council and participate in discussions of agenda items, but shall not be allowed to vote on any matter coming before the council or any committee of the council, or to make any motion regarding any matter before the council.
- e. An ex-officio member may not be elected as an officer of the council.
- f. An ex-officio member shall observe all rules, regulations and policies applicable to statutory members of the council, and any other conditions, restrictions or requirements established or directed by vote of a majority of the statutory members of the council

## **2.5 Selection of Officers**

Unless otherwise provided by law, at its first meeting in each year the council shall elect a chairperson, vice-chairperson and secretary from among its members. Any officer may be reelected for successive terms. For any council created under the general authority of s. 15.04 (1) (c), the constitutional officer or secretary heading the department or the chief executive officer of the independent agency in which such council is created shall designate an employee of the department or independent agency to serve as secretary of the council and to be a voting member thereof.

## **2.6 Terms of Voting Members**

- a. Voting members shall remain on the council until the effective date of their resignation, term limit or removal by the governor, or until their successors are named and appointed by the governor.
- b. Letter of resignation shall be sent to the governor and council chairperson.
- c. Each voting member or designee of the council is entitled to one vote.

## **2.7 Code of Ethics**

All members of the council are bound by the codes of ethics for public officials, Chapter 19, Wis. Stats., except that they are not required to file a statement of economic interest. Ex-officio members are not required to file an oath of office. As soon as reasonably possible after appointment or commencement of a conflicting interest and before voting on any grant, members shall reveal any actual or potential

conflict of interest. Chapter 19.46 of Wisconsin State Statutes states that no state public official may take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest or use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.

## **2.8 Nondiscrimination**

The council will not discriminate because of age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

## **2.9 Nomination Process for Appointed Members and Officers**

As per Article II, Section 2.1, the governor is required to appoint six citizen members. In addition, the council elects the chairperson, vice-chairperson and secretary, annually. The council will follow this process when making recommendations to the governor concerning appointments and nominating a slate of officers:

- a. The council, along with the office of the governor and department staff, will monitor when council terms will expire. It will also monitor the composition of the council with respect to the factors specified in Article II, Section 2.1.
- b. The vice-chairperson of the council shall convene a nominating committee and appoint a chairperson of that committee as needed to coordinate the process for all appointments to the council as outlined in Article II, Section 2 and annually put forth a slate of officers as identified in Article II Sections 3.1, 3.2 and 3.3. The Council Chairperson may ask for nominations from the floor to bring forth nominations in addition to the slate of officers brought forth by the nominating committee. The nominating committee shall make recommendations to the council regarding nominations and appointments prior to the September council meeting and have such other duties as assigned by the council.
- c. The nominating committee of the council, with support of bureau staff, will publicize upcoming vacancies, ensuring that publicity includes interested and underrepresented groups, including alcohol, tobacco and other drug abuse agencies, alcohol, tobacco

and other drug abuse stakeholder groups, consumers, and providers. Publicity materials will clearly state that council appointments are made by the governor. Materials will also state that the governor normally considers the council's recommendations in making council appointments.

- d. While any person may apply directly to the governor according to the procedures of that office, all applicants will be asked to provide application materials to the council as well. Bureau staff will make contact with the office of the governor as necessary to keep the committee informed regarding applicants, including those that may have failed to inform the committee of their application.
- e. Applicants shall provide a letter of interest or cover letter, along with a resume and any other materials requested by the office of the governor. The nominating committee, in consultation with department staff, may request additional materials. The nominating committee, with support of bureau staff, will collect application materials from nominees, including nominees applying directly to the governor. The nominating committee or staff will acknowledge each application, advising the applicant regarding any missing materials requested by the nominating committee. The nominating committee or staff will review each application to ensure that all required nomination papers have been completed.
- f. The nominating committee may establish questions to identify barriers to attendance and other factors related to ability to perform the function of a member of the state council on alcohol and other drug abuse and to identify any accommodations necessary to overcome potential barriers to full participation by applicants. The nominating committee may interview applicants or designate members and/or staff to call applicants. Each applicant shall be asked the standard questions established by the committee.
- g. The nominating committee shall report to the full council regarding its review of application materials and interviews. The report shall include the full roster of applicants as well as the committee's recommendations for appointment.
- h. The council shall promptly act upon the report of the nominating committee. Council action shall be in the form of its recommendation to the governor. Department staff shall convey the council's recommendation to the office of the governor.

## **2.10 Removal from Office**

The Governor may remove appointed members from the council. The council may recommend removal but the Governor makes the final decision regarding removal.

### **Section 3. Officers**

#### **3.1 Chairperson**

The chairperson is the presiding officer and is responsible for carrying out the council's business including that motions passed be acted upon in an orderly and expeditious manner and assuring that the rights of the members are recognized. The chairperson may appoint a designee to preside at a meeting if the vice-chairperson is unable to preside in their absence. The chairperson is also responsible for organizing the work of the council through its committee structure, scheduling council meetings and setting the agenda. The chairperson may serve as an ex-officio member of each council committee. The chairperson shall represent the positions of the council before the legislature, governor and other public and private organizations, unless such responsibilities are specifically delegated to others by the council or chairperson. The agenda is the responsibility of the chairperson, who may consult with the executive committee or other council members as necessary.

#### **3.2 Vice-Chairperson**

The vice-chairperson shall preside in the absence of the chairperson and shall automatically succeed to the chair should it become vacant through resignation or removal of the chairperson until a new chairperson is elected. The vice-chairperson shall also serve as the council representative on the governor's committee for people with disabilities (GCPD). If unable to attend GCPD meetings, the vice-chairperson's designee shall represent the council.

#### **3.3 Secretary**

The secretary is a member of the executive Committee as per Article IV, Section 5. The secretary is also responsible for carrying out the functions related to attendance requirements as per Article III, Section 6.

#### **3.4 Past Chairperson**

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

### **3.5 Vacancies**

In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other Drug Abuse, the following procedure should be followed: In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibility of Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibility of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory membership until such time as new Officers are elected according to the procedures outlined in the By-Laws.

## **ARTICLE III**

### **Council Meetings**

#### **Section 1. Council Year**

The council year shall begin at the same time as the state fiscal year, July 1.

#### **Section 2. Meetings**

##### **2.1 Regular and special meetings**

Regular meetings shall be held at least four times per year at dates and times to be determined by the council. Special meetings may be called by the chairperson or shall be called by the chairperson upon the written request of three members of the council.

##### **2.3 Notice of meetings**

The council chairperson shall give a minimum of seven days written notice for all council meetings. An agenda shall accompany all meeting notices. Public notice shall be given in advance of all meetings as required by Wisconsin's Open Meetings Law. If a meeting date is changed, sufficient notice shall be given to the public.

##### **2.3 Quorum**

A simple majority (51%) of the membership qualified to vote shall constitute a quorum to transact business.

### **Section 3. Public Participation**

Consistent with the Wisconsin Open Meetings law, meetings are open and accessible to the public.

### **Section 4. Conduct of Meetings**

- 4.1** Meetings shall be conducted in accordance with the latest revision of Robert's Rules of Order, unless they are contrary to council by-laws or federal or state statutes, policies or procedures.

### **Section 5. Agendas**

- 5.1** Agendas shall include approval of minutes from prior meetings, any action items recommended by a committee, an opportunity for public comment, and other appropriate matters.
- 5.2** Requests for items to be included on the agenda shall be submitted to the chairperson two weeks prior to the meeting.

### **Section 6. Attendance Requirements**

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

issue is given the opportunity to be heard, agrees with the recommendation, it shall recommend to the appointing authority that the member be removed from the council and a replacement appointed to fulfill the member's term.

- 6.5** If a statutory member or their designee are absent from two meetings within a year, they will be contacted by the secretary of the council to discuss the reasons for absence and whether the member will be able to continue serving. In the event that a statutory member believes they are unable to continue, the secretary of the council shall inform the council chairperson and upon confirmation the chairperson will provide written notice to the governor of the need for an alternate or replacement.

## **Section 7. Staff Services**

The division of mental health and substance abuse services shall provide staff services. Staff services shall include: record of attendance and prepare minutes of meetings; prepare draft agendas; arrange meeting rooms; prepare correspondence for signature of the chairperson; offer information and assistance to council committees; analyze pending legislation and current policy and program issues; prepare special reports, and other materials pertinent to council business.

## **Section 8. Reimbursement of Council and Committee Members**

According to Section 15.09 of Wisconsin Statutes: Members of a council shall not be compensated for their services, but, except as otherwise provided in this subsection, members of councils created by statute shall be reimbursed for their actual and necessary expenses incurred in the performance of their duties, such reimbursement in the case of an elective or appointive officer or employee of this state who represents an agency as a member of a council to be paid by the agency which pays his or her salary.

# **ARTICLE IV**

## **Committees**

### **Section 1. Committee Structure**

- 1.1** There shall be an executive committee as provided below. The executive committee is a standing committee of the council.
- 1.2** The council may establish other standing committees, (ad hoc committees, workgroups and task forces) as necessary or convenient to conduct its business. Of the standing committees established by

the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to interdepartmental coordination, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. These committees may make recommendations to the council and perform such other duties as designated by the council. These committees may not act on behalf of the council except when given such authority with respect to a specific matter and within specific limitations designated by the full council.

- 1.3 Committees may determine their own schedules subject to direction from the full council.

## **Section 2. Composition of Committees**

- 2.1 Council committees may include members of the public as well as council members.
- 2.2 The council chairperson may appoint a chairperson and vice-chairperson who must be a member of the council, for each committee. The council chairperson, with the advice of the committee chairperson may appoint other committee members.
- 2.3 Committees may designate other officers and subcommittees including ad hoc committees, workgroups or task forces, as necessary or convenient subject to limitation by the full council.
- 2.4 A council member shall not chair more than one committee.
- 2.5 A committee chairperson's term shall not exceed the length of their appointment or four years whichever comes first. With the majority vote of the council, a chairperson may be reappointed.

## **Section 3. Requirements for all Committees**

- 3.1 A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.
- 3.2 All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.

- 3.3 Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.
- 3.4 Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 3.5 Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.
- 3.6 The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

#### **Section 4. Requirements for Committee Chairpersons**

The chairperson of each committee is responsible for:

- a. Ensuring that the by-laws and every applicable directive of the council are followed by the committee as indicated in Chapters 15.09, 14.017 and 14.24 of Wisconsin Statutes;
- b. Ensuring that recommendations of the committee are conveyed to the full council;
- c. Submitting meeting minutes in the approved format to the council; and
- d. Coordinating work with other committees where items could be of mutual interest.

#### **Section 5. Executive Committee**

- 5.1 The executive committee shall be comprised of at least three members, including the council chairperson, vice-chairperson and secretary. The immediate past chairperson of the council may also be invited by the council chairperson to be a member of the executive committee.
- 5.2 The executive committee will have the following responsibilities:

- a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.
- b. Meet at the request of the chairperson as needed;
- c. Provide for an annual review of the by-laws;
- d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and
- e. Other duties designated by the council.

### **5.3 Rapid Response**

The executive committee may act on behalf of the full council only under the following circumstances:

- a. When specifically authorized by the council;
- b. When action is needed to implement a position already taken by the council;
- c. Except when limited by the council, the executive committee may act upon the recommendation of a committee, other than the executive committee, if such action is necessary before a council meeting may reasonably be convened, provided that if more than one committee has made differing recommendations concerning the subject, the executive committee may not act except to request further study of the subject; or
- d. Except when limited by the council, the executive committee, by unanimous consent, may take such other action as it deems necessary before a council meeting may reasonably be convened.

## **ARTICLE V**

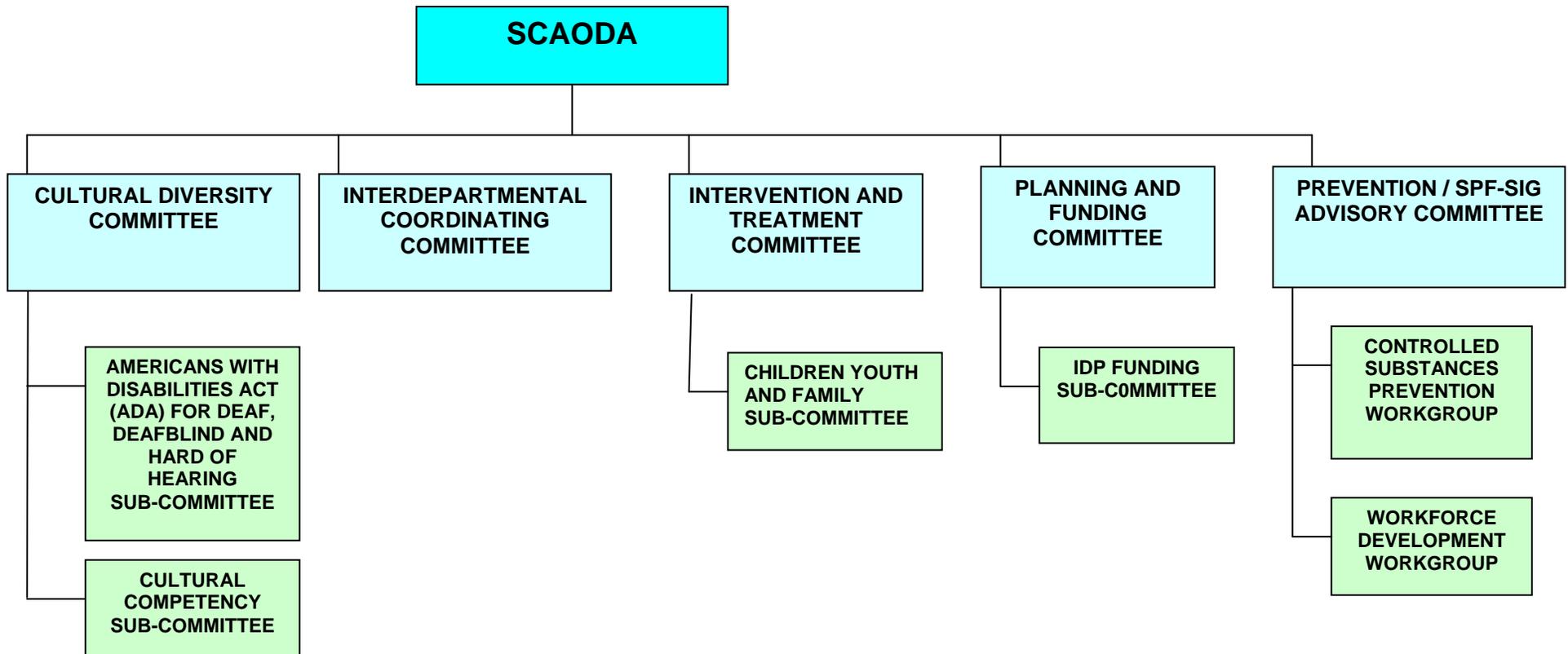
### **Amendments**

The by-laws may be amended, or new by-laws adopted, after thirty days written notice to council members by a two-thirds vote of the full council membership present at a regularly scheduled meeting.

# SCAODA Organization Chart

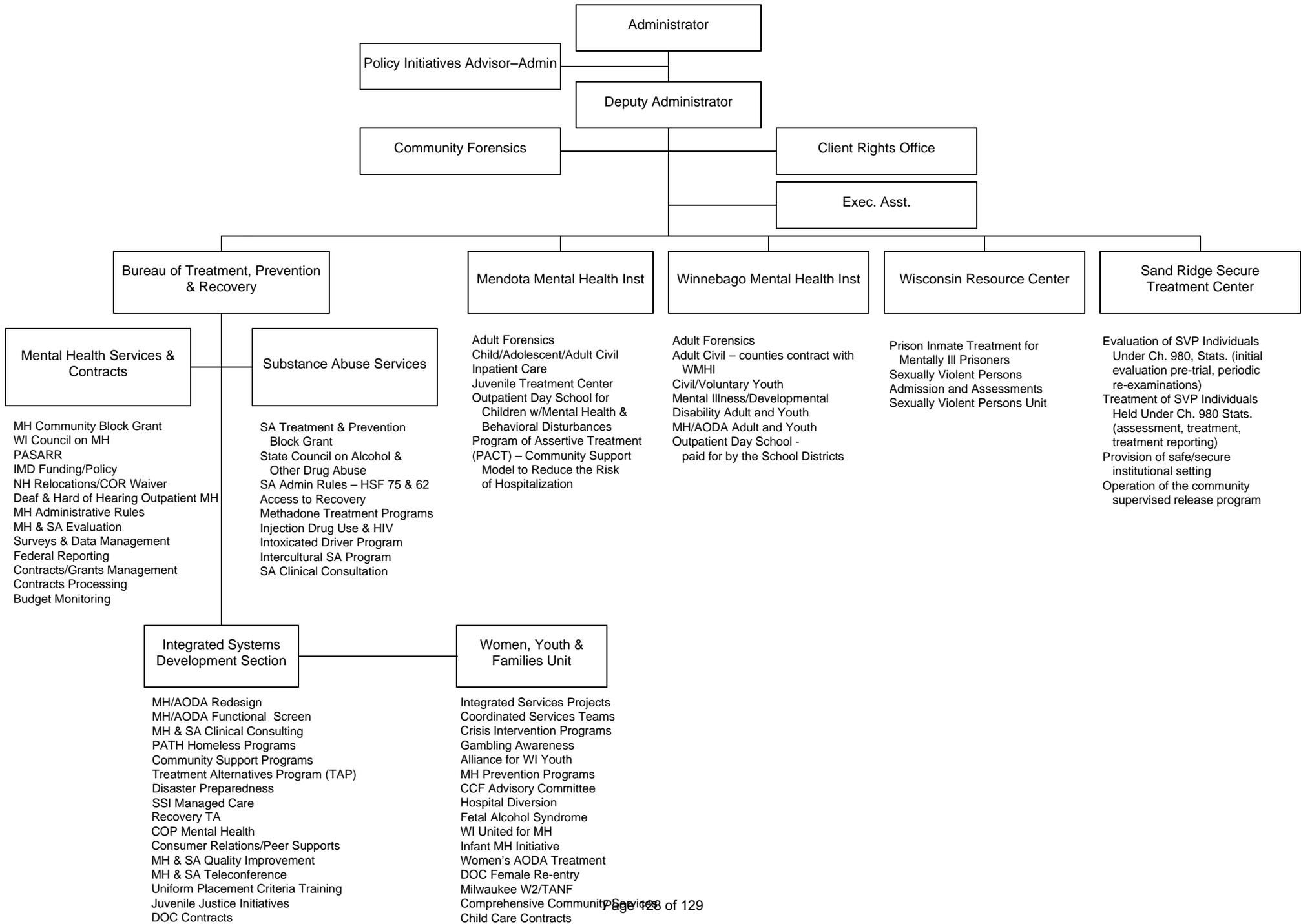
November 2010

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
  - a. Intoxicated Driver Program Funding Sub-Committee
5. Prevention / SPF-SIG Advisory Committee
  - a. Controlled Substances Prevention Workgroup
  - b. Workforce Development Workgroup

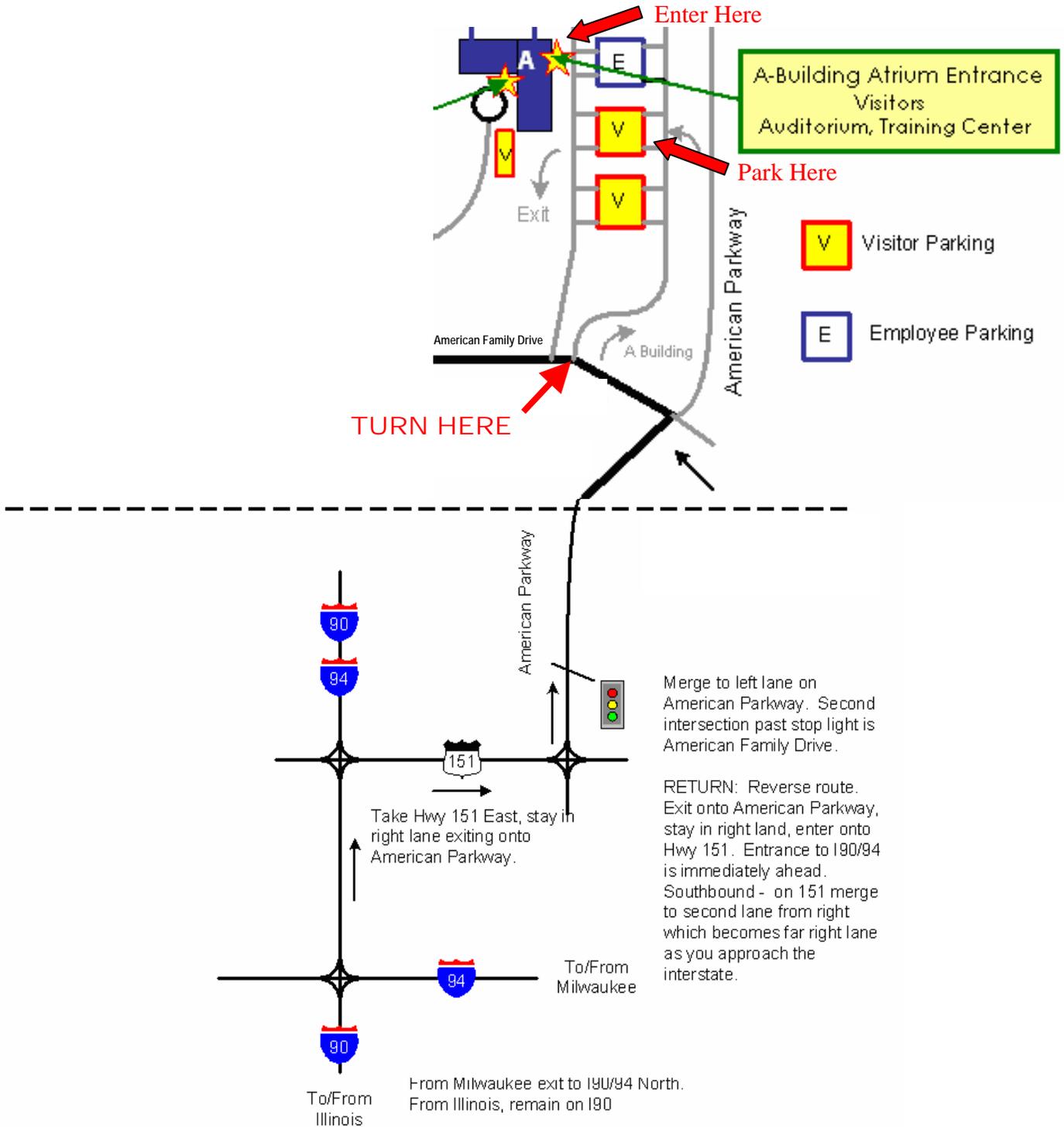


Department of Health Services  
**Division of Mental Health and Substance Abuse Services**  
**Functions**

August 2008



# Directions to American Family's Training Center and Auditorium



## Highway Directions to AF-NHQ Campus