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.

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

The meeting dates are:

March 4, 2011
June 10, 2011
September 9, 2011
December 9, 2011
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MEETING AGENDA
9:30 a.m. – 3:30 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783 Building A Room A3151
American Family General Information: (608) 242-4100 ext. 31555 or ext. 30300

Please call Lori Ludwig at (608)267-3783 or e-mail Lori.Ludwig@wisconsin.gov 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
  o DOC designee Dennis Baskin
  o DOT designee Sonya Sidky
  o DOR designee Mike Wagner
  o DVA designee Mark Mathwig

9:35 a.m. II. Election of Officers—Joyce O’Donnell

9:45 a.m. III. Review /Approval of March 4 and June 10, 2011 Minutes – Chairperson…pp.12-32

9:50 a.m. IV. Public Input (maximum 5 minutes per person)—Chairperson

10:05 a.m. V. Women-Specific Treatment/FASD Awareness Day—Francine Feinberg, Norman Briggs, Georgiana Wilton, Bernestine Jeffers…p.33

10:40 a.m. VI. Paula’s Story—Nina Emerson (7 minute video)

11:00 a.m. VII. By-Laws Revisions Vote—Scott Stokes…pp.34-5
  • Motion to Adopt Proposed Revisions—Scott Stokes

11:15 a.m. VIII. Attendance—Scott Stokes

11:20 a.m. IX. DHS Report on Process to Apply for Federal Grants—Kevin Moore

11:30 a.m. X. Working Lunch

12:15 p.m. XI. Update on Drug Trends—Dave Spakowicz

1:00 p.m. XII. Controlled Substances Ad Hoc Committee Report—Dorothy Chaney
  • Motion (1) to Endorse Controlled Substances Report—Scott Stokes…p.36

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1:30 p.m. XIII. State Agency Reports to SCAODA—Chairperson

1:45 p.m. XIV. Nominations for Citizen Appointments—Joyce O’Donnell

2:00 p.m. XV. Stretch Break

2:15 p.m. XVI. Committee Reports: SCAODA Goals

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3:15 p.m. XVII. SAPT BG—Oversight and Input; Access—Sue Gadacz

o https://bgas.samhsa.gov/

o SAPT Submission Launch FY 2012
Citizen login is: citizenwi
Citizen password is: citizen
Comments to Lori Ludwig: lori.ludwig@wisconsin.gov

3:20 p.m. XVIII. Agenda Items for December 9, 2011 meeting—Additional Items?—Chairperson
  • Report from UW Family Medicine SBIRT—Joyce Allen

3:25 p.m. XIX. Announcements—Joyce Allen and Sue Gadacz
  • September is Recovery Month…p.105
  • Bureau Conference—October 25-26
  • Crisis Conference—September 22-23

3:30 p.m. XX. Adjourn—Chairperson

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STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
March 4, 2011
9:30 a.m. – 3:30 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783
Room A3141

Members Present: Mark Seidl, Joyce O’Donnell, Duncan Shrout, Steve Fernan, Rebecca Wigg-Ninham, Roger Frings, Michael Waupoose, Sandy Hardie, Randy Romanski, Camille Solberg, Douglas Englebert, Scott Stokes, David Spakowicz

Members Excused: Mary Rasmussen, Kevin Moore, Blinda Beason, Pamela Phillips, Representative Sandy Pasch

Members Absent:

Ex-Officio Members Present: Linda Preysz, Matt Vogel, Judy Herman for Mark Campbell, Ray Luick, Joann Stephens, Colleen Baird and Valerie Cass

Ex-Officio Member Excused: Larry Kleinsteiber

Ex-Officio Member Absent: Thomas Heffron, Roger Johnson, Randall Glysch.

Staff: Joyce Allen, Sue Gadacz, Lori Ludwig, Gail Nahwahquaw, Bernestine Jeffers, Lila Schmidt, Leann Cooper, Rob Sommerfeld, Lou Oppor, Melanie Foxcroft, Mike Jones, Susan Endres.

Guests: Rita Vandivort, Nina Emerson, Andrea Jacobson, Dave Macmaster, Norm Briggs, Tami Bahr, Lori Krinke, Staci McNatt, Steve Dakai, Amanda Jovaag, Lorie Goeser, Angela McAlister, Todd Campbell, Michael Miller.

I. Introductions/Welcome/Agenda—Mark Seidl

The meeting was called to order at 9:30. 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.

II. Review/Approval of December 10, 2010 Minutes—Mark Seidl

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Joyce O’Donnell made a motion to approve the minutes of December 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 no requests from the public to provide input.

Mark Seidl distributed the following document to the group.

MEMO

To: Members of the State Council on Alcohol & Other Drug Abuse

From: Mark C. Seidl, Chair
State Council on Alcohol & Other Drug Abuse

Re: Public Comments
December 10, 2010 SCAODA Council Meeting

Date: March 4, 2011

A number of former representatives of a subcommittee dealing with issues related to the Intoxicated Driver Program in Wisconsin appeared before the council at its regularly scheduled meeting on December 10, 2010 to voice their concerns with the termination of their subcommittee. Subsequently, council members expressed concerns and raised questions with regard to the issues raised by the comments made by these representatives.

The Chair in response to the concerns and questions raised by the council members indicated that a response to the public comments would not be appropriate as the subject matter of those comments was not part of the agenda for this specified meeting of December 10, 2010. While public comments are part of the agenda for council meetings, the subject matter of those comments are not and as such could not be responded to by the Chair or Council members at the time of the meeting.

In 2006, Former State Senator Carol Roessler acting in her capacity as Chair of the State Council on Alcohol and Other Drug Abuse recommended that a sub-committee of the council be formed to address the issues related to the lack of funding for treatment of the indigent intoxicated drivers found to be in need of such services. In April, 2007, former staff of the Department of Health Services proposed to the Planning and Funding Committee of this council that this sub-committee be formed and housed under the Intervention and Treatment Committee of the council. A motion to this effect was brought forward by the Planning and Funding Committee to the full council at the
September, 2007 meeting and was passed by the council. This sub-committee, however, was never formed until the middle of 2009.

Since the development of the sub-committee, a significant issue arose with regard to the primary focus of this group. When the recommendation was made by former Senator Roessler in 2006, the main focus was directed to be the funding issues related to this program. However, by the time it was brought forth by DHS staff in 2007 to the Planning and Funding Committee, the primary focus of funding as directed by the former Chair was no longer the emphasis. Subsequently, the committee which was put together by the Department of Health Services did not as part of their primary emphasis address the issue of funding.

Therefore, in an attempt to bring direction back to the primary focus relative to the creation of this group as directed by the former Chair during 2006, I directed that another sub-committee be developed to address the issue of funding of the Intoxicated Driver Program and that it be housed with the Planning and Funding Committee of this council. In addition, I also recommended that the initial committee which was formed in 2009 continue with its mission and objectives until completed which was anticipated to be approximately one year.

I was then informed by the Department of Health Services that they could not provide staff to support two subcommittees (IDP/ITC and IDP Funding subcommittees) and one committee (Intervention & Treatment) of the State Council. Vacancies in the Bureau of Prevention, Treatment and Recovery made it impossible to adequately staff three SCAODA committees and therefore a Bureau decision was made to ensure staffing to the Intervention and Treatment Committee as a priority. Subsequently, I informed the Chair of the Intervention and Treatment Committee of this decision and the IDP/ITC committee was dissolved.

In review of all of the facts with regard to this issue, I have learned a number of things which need to be addressed by this council. First and foremost, when recommendations are made by the council, they should be acted on in a timely manner and not be delayed for more than three years. Secondly, when a recommendation is made with regard to the creation of a sub-committee, not only does the council need to vote on the creation of the sub-committee but also the membership of the proposed committee and again this needs to be completed in a timely manner and not have another two years between the vote and the creation of the committee. Third, the by-laws of the State Council with regard to Committee Structure and Composition need to be clarified with regard to the development of standing committees, ad-hoc committees, workgroups and task forces. The former and current IDP sub-committees of this council would more appropriately be referred to as ad hoc committees. In addition, the current by-laws specify the Council Chair appoint all committee chairpersons and committee members as appropriate and may consider recommendations of council members in these appointments.

While I respect the comments and concerns voiced by those members of the former ad hoc committee, I do believe that I acted within the capacity of my role as Chair of the State Council on Alcohol and Other Drug Abuse as defined by Section 3, paragraph 3.1
of the by-laws of this group. Specifically, it is the responsibility of the Chair as the presiding officer of the council to carry out the business of the council in an orderly and expeditious manner. In addition, the chair is responsible for organizing the work of the council through its committee structure, scheduling council meetings and setting the agenda. It was within this capacity within which I acted in my decisions with regard to this issue.

Michael Waupoose asked if these guidelines apply to all state councils. Joyce Allen reiterated that a public body cannot take up matters not on the agenda and that this policy does apply.

IV. Update HW2020

Sue Gadacz reviewed for the group that Margaret Schmelzer presented the Healthiest Wisconsin 2020 Plan at the last meeting. During the meeting, a suggestion to change one of the message statements was made. Subsequent to the meeting, Ms. Schmelzer informed the group via email that the term “across the lifespan” was added to the message statement to address the concern.

V. Overview of a Good and Modern Addiction and Mental Health System—Rita Vandivort, Public Health Advisor, SAMHSA

Sue Gadacz introduced Rita Vandivort with appreciation for her on-going help. Ms. Vandivort began with an overview of the Affordable Care Act (ACA), asking how it affects Wisconsin. She acknowledged that there have been allegations that the ACA is a bad bill. She offered an alternative explanation in that there is complexity in the ACA which derives in part from choices, including changes in Medicare and Medicaid, employer changes and the addition of the state exchanges. There are three themes: affordable care; better care, integrated care; and healthy people and communities. There is the expansion of Medicaid to cover childless adults whose income is less than 133% of the federal poverty level. They are eligible for the benchmark plan. The benchmark plan includes coverage for essential mental health and substance abuse (MH/SA) services (not necessarily all). The Secretary of the US Department of Health and Human Services will define essential services. The federal government will pay 100% for three years and then down to 90%. There will be simplified enrollment; integrated data with Medicaid and the state exchanges; and foster kids will be covered by Medicaid up to age 26. The state exchanges provide coverage for essential MH/SA at parity and prevention services have no co-pays. Wisconsin has submitted planning grants for the exchange in Wisconsin. Small businesses can use the exchange. The exchange covers people up to an income of $88,000 for a family of four, or 400% of the federal poverty level. If the cost of coverage is greater that 10% of income, then applicants are eligible for assistance. Essential MH/SA services must be part of the exchanges at parity.

There were questions. The first had to do with whether the insurance companies were purchasers of coverage or purchasers of services. Ms. Vandivort responded that the plans solicit like a cooperative and the exchange pays a subsidy. Where do they get their funds? They get their funds from the federal dollars flowing through the exchange. For example, the Children’s Health Insurance Program (CHIP) is similarly administered through the exchange and it is 100% supported by the federal government. Duncan Shrout pointed out that some businesses are opting out of the health care provision and paying a penalty to allow employees to get coverage through the exchanges. Ms. Vandivort pointed out that there is no employer mandate that they
have to participate. If the employer has less than 50 employees there is an employer penalty. The penalty is less that what it costs to provide coverage. The bigger the risk pool, the less the coverage costs. Ms. Vandivort continued that High Risk Pools will go away. About half of the states have them currently.

Ms. Vandivort went on to cover such topics as:
- Primary and behavioral care integration grants
- The Prevention and Public Health Trust Fund
- Medicaid state option to expand coverage to childless adults
- Smoking cessation for pregnant women on Medicaid
- Expanded Medicaid Home and community based service options under 1915i
- Health Homes under Medicaid receive 90% federal match for the first two years.
  - Directed at people with chronic illnesses
  - Chronic conditions or at risk for 6 diseases
  - State may direct it at any chronic condition, for example diabetes, substance abuse conditions.
  - Can’t roll patients over
  - Must be implemented by states. After two years, return to regular state match.
- ACA Grants and Demonstration projects 2012:
  - Medicaid Payment demonstrations
  - Medicare Accountable Care organizations (at least 5,000 clients)
  - Value based purchasing
  - Independence at home demonstration projects
  - Reduced payment to hospitals with avoidable hospitalizations
- ACA Grants and Demonstration projects 2013:
  - Medicaid enhanced payments to primary care MDs
  - Medicaid enhanced federal match for prevention
- Impact on coverage: 35 Million people will be covered in 2014—most likely by expansion in Medicaid. Many uninsured individuals will be covered in 2014 and about 4 to 6 Million will have MH/SA needs.

There were more questions:
Q: At what rate will Medicaid pay for substance abuse (services)?
A: The state determines the rate. About 40% of the newly insured will be under age 29 and about 56% will be employed with families. Their conditions are more acute because their lack of coverage.
Q: Are our substance abuse providers Medicaid friendly?
A: Many are not. It costs money. There are disincentives in the system. We will have 4 Million more people and we’re trying to figure out how to change the system. Only about 58% of providers accept Medicaid. Another problem: Much of Wisconsin is rural and there aren’t fast enough internet services available to verify Medicaid employment.
Q: Is Wisconsin applying for IMD exclusion?
A: We haven’t made a decision, but definitely not for a state facility. It must be for a private hospital. If a private hospital is interested, we’d like to talk, but there has been no decision.

Ms. Vandivort discussed the following:
• She indicated that SAMHSA would like to emphasize primary care coordination links with behavioral health care and bi-directional integration. We’ve been promoting screening and brief intervention in primary health care settings, but we also need MH/SA facilities to have primary health care. 42 CFR, the confidentiality law, makes communication with primary care difficult. Mr. Waupoose indicated that he is struggling with that issue (SA). Mental health clinics can share information within but substance abuse treatment clinics are separate and secluded. Even with the patient’s permission, doctors can’t open records because the system is set up to guard personal information according to 42 CFR.

• Prevention and Wellness:
  o There will be no co-pay for services related to prevention of alcohol and/or tobacco use/misuse, or depression screening starting in 2010.
  o Screening Brief Intervention Referral & Treatment (SBIRT) codes will be accepted by Medicaid (note the code doesn’t differentiate between alcohol and drugs. It is substance abuse).
  o Medicare: individualized wellness plans. (Medicare doesn’t have to abide by the no co-pay policy until 2014).
  o Medicaid: Increased federal share for Medicaid prevention services.
  o Employer’s incentives (grants) to provide wellness programs in 2014.

• Why we need to define good and modern MH/SA services:
  o Benchmark plans for Medicaid expansion (2014)
  o Essential benefits for state exchanges (2014)
  o Scope of services for parity
  o Use of block grant funds in a new world (pays for evidence-based services)

• The goal of a good and modern benefit vision is to provide a full range of high quality services meeting the range of age, gender, culture and other circumstances.
  o Principles include:
    ▪ Preventing and treating mental health and substance use disorders are a part of health and is integral to overall health.
    ▪ Services must address current health disparities.
    ▪ Person centered care is the framework
    ▪ Continuum of services
    ▪ Evidence-based services: Services proven effective or show promise will be funded, ineffective services will not be funded.
    ▪ Beyond service widgets: reimbursement strategies must be implemented to align incentives and control costs.

• Work needs to be done:
  o Ready with alliances to primary care like community health clinics
  o Ready with the right mix of workforce with needed qualifications
  o Ready for insurance business practices like claims based billing
  o Ready for more documentation of individualized treatment planning and every service encounter.
  o Ready with electronic health records online enrollment and online claims systems

• Major Drivers in the ACA:
  o More people will have insurance coverage
  o Medicaid will play a bigger role in MH/SUD than ever before
  o Emphasis on primary care and coordination with specialty care
Encourages home and community based services and less reliance on institutional care

Preventing diseases and promoting wellness is a huge theme

Outcomes: improving the experience of care, improving the health of the population and reducing costs

Q: You have identified a large contingent in need. Is there data about the personnel available to meet the need?
A: Currently we are mining that data. No answer for you now.

Q: The criminal justice population is one of the greatest referral sources for substance abuse treatment. They are a population that seems to go on and off of Medicaid. What is happening at the federal level?
A: The ACA exchanges and Medicaid can cover pre-adjudicated individuals before they have gone to Court. The issue is will jails build the capacity to do that? Also, Medicaid cannot pay by law while in jail but can suspend them, not terminate it, so when they come out they can immediately get care.

Q: What about alternative care like acupuncture and homeopathy?
A: No, the US Preventive Services Task Force is a tough bunch. At the National Institute of Health there is a whole area on alternative health care but not in the ACA.

Q: About Parity and managed care, access to care is an issue. Under managed care, Medicaid covers a defined program and won’t pay for more. What is the difference between medically necessary and recovery services?
A: There is no magic wand here, but Medicaid frees up Substance Abuse Block Grant (SABG) dollars to put toward recovery-based services. Some states use SABG to grow services like medication assisted treatment (evidence-based). Only one percent of substance abuse dollars go to medication assisted treatment. Massachusetts paid a health worker to go around to doctors to promote an increase the use of medication assisted treatment.

Q: Medical homes—what are legitimate uses of medical homes?
A: There have been pilot programs where the funding for the infra-structure, the home itself is not provided. However, payment for treatment services has been provided for people with six or more diagnoses. Go to the CMS website. Find the State Medical Directors letter of November 16th. It goes the requirements for health homes. States can define these services. This is a huge opportunity to be creative.

Mark Seidl thanked Rita Vandivort for the very informative presentation. The group agreed and gave her a round of applause.

VI. Response from the Chair to the Public Input Session of December 10, 2010 and Procedural Process for Dissent—Mark Seidl

Mark Seidl read the memo distributed earlier. Michael Waupoose clarified that both Joyce Allen and Mark Seidl will get further legal opinions regarding entertaining questions during the Public Input session. Sandy Hardie asked if it really was a staff issue that drove the decision. Joyce Allen explained that the Bureau couldn’t provide another staff person. Ms. Hardie asked if there has to be a staff person there. There are inconsistencies. Does every ad hoc workgroup have to have staff there? Ms. Allen responded that that is not our (the Bureau’s) decision; we say whether or not we can staff it. Mark Seidl reported that he will be requesting a meeting with Joyce Allen and Sue Gadacz regarding the role of SCAODA with staff. Ms. Allen reported that there is nothing in the statute beyond providing staff support. We need to be efficient. There are
two sub-committees looking at the same program; are there any other Department staff available? Mr. Waupoose indicated that he felt there has been a misunderstanding about whether staff must be there. Mr. Seidl suggested that SCAODA needs a more efficient line of communication with staff. Linda Preysz felt there needs to be a better understanding of how ad hoc groups are created and how they are shut down. Mr. Seidl felt the by-laws need to be reviewed. Ms. Preysz indicated that people at the table have good intentions. If there are criteria for sun-setting groups, they need clarification. Mr. Waupoose observed that there was an existing sub-committee and at some point, instead of working with the original sub-committee about what needed to be addressed, a completely different sub-committee was created. Mr. Seidl offered that there was a time factor. From 2006-2009 nothing happened. There were thirty plus people on the original committee—a structure not conducive to resolving funding issues. Mr. Seidl explained that he was going to let it continue, but felt that the funding issue should be under the Planning and Funding Committee. Mr. Waupoose suggested that if any committee or sub-committee is not doing what it should be doing, a talk about the mission should occur with the committee’s chair rather than disband the committee. This is not about pointing fingers and assigning blame. The goal is how do we do this better. Mr. Seidl indicated that Officers are installed in September. He offered apologies, explaining that no offense was intended. The first IDP sub-committee was a good group with meaningful work. Ms. Hardie offered that this is a learning process. There is always conflict. We need dialogue to clarify our process. We need to be able to discuss the conflict and have input. Duncan Shrout asked that the document offered by Mr. Seidl become a part of the minutes.

VII. State Agency Reports—Mark Seidl

LeeAnn Cooper, the Intoxicated Driver Program (IDP) Coordinator reported that the Intoxicated Driver Program Advisory Committee has been formed not to undermine SCAODA, that was not the intention. The IDP is complex involving multiple agencies. The program needs an Advisory Committee. She asked the ITC IDP members if they would be interested in reviewing activities. There has been one meeting and another is scheduled. Ms. Cooper asked if there were any questions? There were none.

Ray Luick reported on the Treatment Alternatives and Diversion (TAD) program. There will be a report to the legislature in December 2011. Mr. Luick distributed a document titled, “Update on TAD Evaluation For The TAD Advisory Committee.” He reported that the TAD Advisory Committee meeting is in June and they are open to questions and suggestions. TAD is a program for non-violent drug and alcohol offenders. The offenders are assessed by a criminal risk assessment tool. Mr. Luick reported that about one-quarter of the participants are assessed as “high” risk; about one-half are assessed as “medium” risk; and about one-quarter are assessed as “low risk.” As time goes by there has been an increase in the risk level for participants admitted. Changes can be made. Data collection provides the opportunity and support for presenting suggested changes to the legislature for decision-making. The budget for continued funding will occur but there will be funding reductions and a 25% match from the counties implementing the TAD program. Mr. Luick expressed concern about the lack of resources. One of the charts in the documents summarizes the use of specific evidence-based practices by program site. Steve Fernan spoke in regards to a report he gave in December on the Department of Public Instruction’s “Safe and Supportive Schools” federal grant. The grant was pursued because the “Safe and Drug Free Schools and Communities” program was defunded by Congress (as high as $7 million per year) and eliminated. In the Governor’s budget, state funded AODA program
grants would be defunded (about $4.5 million). This proposed and actual loss of over $11 million in annual funding for school based drug and violence prevention programming is a cause for concern.”

Randy Romanski reported on behalf of the Department of Transportation (DOT). He has joined DOT to serve as the Safety Programs Section Chief in the Wisconsin State Patrol’s Bureau of Transportation Safety (BOTS). He reported that Sonya Sidky has been hired as the new alcohol program manager in BOTS. She will work in cooperation with Blinda Beason. Mr. Romanski gave an update on the efforts of two multi-jurisdictional high visibility law enforcement efforts funded through DOT-BOTS grants. While the deployments for the multi-jurisdictional enforcement efforts in Brown County and Southeastern Wisconsin have resulted in dozens of OWI arrests, the main focus of the grants continues to be changing behavior and deterring people from drinking and driving. The agency continues to monitor the implementation of Wisconsin Act 100 from the last legislative session and has witnessed an increasing number of ignition interlock devices being ordered to prevent impaired drivers from operating their vehicles. DOT is also finalizing its annual report on Wisconsin’s Pretrial Intoxicated Driver Intervention Grant Program, and the report should be available soon.

VIII. Motion to Support Healthiest Wisconsin 2020—Michael Waupoose

Michael Waupoose made a motion that SCAODA formally endorse the Healthiest Wisconsin 2020 (HW2020) 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. Duncan Shrout seconded the motion. Without discussion the motion was passed unanimously.

Mr. Waupoose asked that the HW2020 form in the packet to formally support HW2020’s implementation plan be completed and posted on the website.

IX. Committee Reports

- ITC—Linda Preysz

Linda Preysz reported that the Children Youth and Family sub-committee has scheduled meetings for the rest of the year. There are to be presenters at each meeting. On April 15th there will be a meeting in Stevens Point on Teen Intervene and Peer Support. Ms. Preysz then reported on Women’s Treatment. Bernestine Jeffers, the Women’s Treatment Coordinator in the Bureau of Prevention Treatment and Recovery is a resource to the ITC. They are looking at service standards. Regarding the WINTIP program, Mr. Macmaster provided two documents; one was titled “Update Report to SCAODA/ITC”. The other was titled, “Dead, Dying and Doomed from Tobacco.” Mr. Macmaster reported on Training opportunities for AODA and mental health staff and managers. Mark Seidl recognized Mr. Macmaster for his important contributions to preventing tobacco use among the MH/SA population in Wisconsin.

- Planning and Funding—Joyce O’Donnell

Joyce O’Donnell made the following 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. Duncan Shrout seconded the motion. Without discussion the motion was passed unanimously.

Duncan Shrout and LeeAnn Cooper reported on the Intoxicated Driver Program Funding Sub-Committee. Mr. Shrout recognized and named each member of the sub-committee and thanked them for their contributions. A document was distributed on the IDP Funding Sub-committee which corresponded with their power point presentation. Ms. Cooper pointed out that OWI convictions have been dropping. Regarding the Driver Improvement Surcharge, of each $365 fee collected, the county retains 60% ($219) and the state receives 40% ($146). There was a question about whether tribal members pay that fine and whether OWI data are reported to the Department of Transportation (DOT). Steve Dakai reported that they do not pay the fine in Menominee. Rebecca Wigg-Ninham agreed that that is also true for the Oneida Tribe. Gail Nahwahquaw explained that Menominee does not submit data to DOT because they’re not a Public Law 280 Tribe. Mr. Dakai asked if there had been discussion or research completed on the tribes when County IDP clients were sent to the reservation for treatment? Ms. Cooper indicated that that was a significant issue and that they will look into this. Mr. Shrout pointed to the next slide which showed how the State’s share of the Driver Improvement Surcharge is distributed. Nineteen percent of the state share goes to the IDP Supplemental Grants program. The rest goes to other agencies and programs. Of the 2010 IDP Supplement Fund applications, 32 counties requested $3,276,112. $844,900 was awarded or 26% of the requests. Norm Briggs asked if the 60/40 split was in legislation. The response was in the affirmative. It would take statutory change to change that. Ms. Cooper and Mr. Shrout discussed other sources of funding available to counties to cover treatment costs and arrived at an unmet need figure of $4,784,161. A slide documenting outcomes of IDP clients compared to all others shows very positive outcomes. Mr. Seidl and Ms. O’Donnell thanked LeeAnn Cooper, Duncan Shrout and the IDP Funding Sub-Committee for their work. Randy Romanski asked a question about unspent funds of $60,000 being returned to DOA. Do those funds go back to the general fund? The answer was in the affirmative.

Joyce O’Donnell made the following motions:

- 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. Duncan Shrout seconded the motion. Without discussion the motion passed unanimously.

- 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. Duncan Shrout seconded the motion. Without discussion the motion passed unanimously.

- 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 (GPR) 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 from the Intoxicated Driver Supplemental Grant process in any year would revert to this program in the next fiscal year. Duncan Shrout seconded the motion. Discussion: Randy Romanski indicated that there is a premium
on unspent funds. He expressed fear that asking for GPR funds will fall flat. He suggested a friendly amendment by adding “or other identified funding” to the motion. **Ms. O’Donnell accepted the friendly amendment and without further discussion the motion passed unanimously.** The motion now reads: **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 (GPR) funding or other identified 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 from the Intoxicated Driver Supplemental Grant process in any year would revert to this program in the next fiscal year.**

Ms. O’Donnell continued with her report that the Planning and Funding meeting of February 18th hosted David Riemer from Community Advocates. His presentation was well received. She also reported that Planning and Funding will be hosting a Public Forum at the WAAODA conference on May 16th. The conference runs from May 16-18. She asked other Committee members to attend if possible.

- **Prevention**

Scott Stokes indicated that he would skip the motion on by-laws as presented on the agenda because Planning and Funding already made a similar motion which was passed. He did, however, make the following motion: **The Prevention Committee moved to recommend that the letter drafted by Julia Sherman be forwarded to the State council for distribution to the Department of Revenue, Department of Agriculture and key Legislative leaders to re-define the definition of alcohol beverages to include alcohol infused food products. Joyce O’Donnell seconded the motion. Discussion: Randy Romanski pointed out the correct title for the Department of Agriculture Trade and Consumer Protection. Without further discussion the motion passed unanimously.**

Mr. Stokes reported on the Workforce Development ad-hoc workgroup. This group expects to have a report and recommendations for SCAODA’s September meeting. The Controlled Substances workgroup plans recommendations for the June meeting. There has been discussion about preventing fatal overdoses. Hopefully there will be a presentation on the 911 Good Samaritan legislation presentation. Also being discussed are improvements for the next Epidemiological Report. The Prevention conference will be held June 13-16 during which a Public Forum will be held. There is a Drug Endangered Children conference July 27-28 in La Crosse. The “Parents Who Host” campaign will be broadened to “Those Who Host.” April 21st is the next meeting of the Prevention Committee in DeForest. Mark Seidl recognized the hard work of the Committee. Joyce O’Donnell suggested that securing a bill board near the State Fair grounds would reach thousands of people.

- **Diversity—Michael Waupoose**

Mr. Waupoose reported that the Diversity Committee continues to monitor “scope of practice” issues and the impact on communities and people of color. He reported that the Diversity Committee was very pleased with the Department of Regulation and Licensing’s Joint
Committee decision resulting in a reconsideration. He thanked ITC for being great to work with. The ITC Public Forum referred a number of issues to Diversity: 1) the lack of Native Americans in minority training 2) Tribal communities and evidence-based practices 3) the lack of Tribal practitioners. The Diversity Committee continues to work with the Minority Training Program. The work plan is a standing agenda item to keep us accountable. Mr. Waupoose reported that the Diversity Committee meets in places outside of Madison and would recommend that to other Committees. The next meeting will be held at the Chipewa Valley Technical College during class. Mr. Waupoose then made the following 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. Scott Stokes seconded the motion. Without further discussion the motion passed with two abstentions.

Mr. Seidl thanked Mr. Waupoose and the Diversity Committee for all their hard work.

X. Epidemiological Study—Amanda Jovaag, Anne Ziege and Lou Oppor

Mr. Oppor reported on the 2010 Epidemiological Report. A summary was presented at SCAODA’s December 2010 meeting. The reports themselves were distributed at this meeting. Mr. Oppor referred to the page 5 conclusions in the report. He pointed out reductions in underage alcohol use and car crashes. However, he reported that Wisconsin continues to rank #1 in adult binge drinking and drug related deaths are also a concern. The Department maintains 4 priorities

- Underage drinking (ages 12-20)
- Alcohol-related motor vehicle fatalities and injuries (especially among people ages 16-34).
- Adult binge drinking (18-34)
- Drug-related deaths (with a focus on unintentional opioid-related overdoses and deaths among people ages 20-54)

Mr. Oppor reported that the report provides county by county data. However, reporting on adult drug deaths is limited because there is a poor surveillance system in Wisconsin. One looks at death certificate records but finds no consistency in how death is reported, some drug deaths are not reported as such. There is a problem in trying to identify the burden of drug use deaths. There is poor surveillance on adult drug use. The next Epidemiological Report will be in 2012. There is funding for one more report. Hopefully there will be continued funding for this report. However, right now there is funding for only one more report. There was a question:

Q: How is binge drinking defined?
A: For men, five drinks or .08 blood alcohol concentration, or over.

Scott Stokes indicated that the report needs someone to take ownership. It was created under the Doyle administration, but not printed until the Walker administration. Mr. Stokes read the following motion: The Prevention Committee moves to recommend to the State Council on Alcohol and Other Drug Abuse that they compose a letter than can accompany the distribution of the Epidemiological Profile on Alcohol and Drug Use in Wisconsin that commends the Department of Health Services and the UW Population Health Institute for preparing the report and that SCAODA takes an active role in releasing the report.
broadly. Michael Waupoose seconded the motion. Without further discussion the motion passed unanimously.

XI. Agenda Items for the June Meeting—Mark Seidl

- Cultural Competence/CLAS presentation
- By-Laws Review
- Nomination Process for Appointments and Officers
- Annual Reports for Committees
- Possibly bill re: K2 and bath salts
- Invite all Committee members and Governor’s Office, too
- AFRA Recovery movement may have a report
- Budget Update
- Update on the Substance Abuse Block Grant

XII. Announcements

- Sue Gadacz announced that she was there at the Department of Regulation and Licensing when the Diversity and ITC motion pertaining to credentials for substance abuse counselors was discussed.

- Committees should have received a Draft Letter to Governor Walker. Please discuss in your Committees for feedback.

- April is Alcohol Awareness Month

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 June 10, 2011 from 9:30 a.m. to 3:30 p.m. at American Family Insurance Conference Center, Room A3151.

2011 SCAODA Meeting Dates:

March 4, 2011
June 10, 2011
September 9, 2011
December 9, 2011
STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
June 10, 2011
9:30 a.m. – 3:30 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783
Room A3141

Members Present: Mark Seidl, Joyce O’Donnell, Duncan Shrout, Steve Fernan, Rebecca Wigg-Ninham, Roger Frings, Michael Waupoose, Sandy Hardie, Blinda Beason, Scott Stokes, David Spakowicz.

Members Excused: Camille Solberg, Douglas Englebert, Representative Sandy Pasch, Kevin Moore.

Members Absent: Pamela Phillips, Mary Rasmussen.

Ex-Officio Members Present: Larry Kleinsteiber, Judy Herman for Mark Campbell.

Ex-Officio Member Excused: Linda Preysz, Ray Luick.

Ex-Officio Member Absent: Thomas Heffron, Roger Johnson, Randall Glysich, Matt Vogel, Joann Stephens, Colleen Baird.

Staff: Joyce Allen, Sue Gadacz, Lori Ludwig, Gail Nahwahquaw, Bernestine Jeffers, Lila Schmidt, Leann Cooper, Lou Oppor, Susan Endres, Christy Niemuth, Russell Squire, Jack Grotsky, John Easterday, Tanya Bakker.

Guests: Nina Emerson, Dave Macmaster, Norm Briggs, Todd Campbell, Sarah Melde, Francine Feinberg, Gail Kinney, Mike Marcano, Jill Kenehan-Krey, Sue Gudenkauf, Denise Johnson, Flo Hilliard.

I. Introductions/Welcome/Agenda—Mark Seidl

The meeting was called to order at 9:40 a.m. Mark Seidl announced that there is not a quorum present and while discussion of agenda items may occur, voting may not occur until a quorum becomes present. 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.
II. Review/Approval of March 4, 2011 Minutes—Mark Seidl

Approval of the minutes could not occur without a quorum present.

III. Public Input—Mark Seidl

There were no requests from the public to provide input.

IV. Report from the Chairperson—Mark Seidl

Mr. Seidl reported that the Executive Committee met with the Chairpersons from the standing Committees (with the exception of the Intervention and Treatment Committee Chairperson—which is currently an open position) about a month ago. In follow-up to that meeting Mr. Seidl plans to set a meeting with staff from the Bureau of Prevention Treatment and Recovery about concerns and report to the Council at the September meeting. He also plans to arrange a date with the Mental Health Council Chairperson for a joint meeting of the two Councils.

V. Cultural Competence/CLAS Presentation—Gail Kinney

Michael Waupoose introduced Gail Kinney as Professor and Associate Director of the AODA Program at Chippewa Valley Technical College. She has a long history in AODA and Diversity issues. Ms. Kinney presented a power point on Culturally and Linguistically Appropriate Services (CLAS). Ms. Kinney related the CLAS Standards to three of SCAODA’s Goals from the Strategic Plan 2010-2014:

- Goal #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—for effective prevention efforts across multiple target groups including the disproportionately affected—for effective outreach, and effective, accessible treatment and recovery services for all in need.
- #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.

Ms. Kinney emphasized that in defining culturally competent practices that she challenges her students to look at themselves, their assumptions, values, biases and knowledge to respond respectfully and effectively across diverse cultures, language, socioeconomic status, race, ethnic background, religion, gender, sexual orientation, and ability. Her presentation covered the following points:

- Office of Minority Health—dedicated to improving the health of racial and ethnic minority populations. http://minorityhealth.hhs.gov
- There are 14 Standards organized by themes: culturally competent care, language access services and organizational supports.
There are 3 Types of Standards of varying stringency: mandates, guidelines and recommendations.

Ms. Kinney distributed two additional handouts: One handout compiled strategies to recruit diverse staff. The other handout summarized ways to ensure on-going training for staff. She reviewed the 14 standards and opened up the discussion to take questions. Blinda Beason made the point that we need to stop assuming new employees have this information—we need to provide a way of assessing this. Ms. Kinney wound up the discussion by asking the group to “Take the Lead!” Mark Seidl thanked Ms. Kinney for her presentation.

Mr. Seidl pointed out that there was still no quorum present to vote on motions. He suggested a conference call on Tuesday June 14, 2011. After quickly polling the members, an 11:30 a.m. call time was agreed upon. Staff will send out the phone number and public notice the meeting on Monday June 13, 2011.

VI. By-Laws Review—Scott Stokes

Mr. Stokes explained that one of the concerns raised when the IDP subcommittee was disbanded and then reformulated was that the by-laws lacked definitions regarding what constituted a subcommittee, an ad hoc committee and other work groups. The ad hoc committee on by-laws was reconvened on May 20, 2011 to discuss what could be done. He referred the group to pages 37-38 of the informational packet to review recommendations from the by-laws committee. He went over the suggested revisions to the by-laws and reported that according to the current by-laws these revisions must be presented in written form to members for at least 30 days prior to voting on them. These recommended revisions will be voted upon at the September SCAODA meeting. Mr. Shroul pointed out that the main change is that the Committee Chair is responsible for creating and disbanding ad hoc committees. Mr. Seidl commented that it appears there is no oversight of the Executive Committee. Mr. Oppor responded that these suggested revisions take nothing away from the Chairperson. The Chairperson still has the power of convening the Executive Committee. The ad-hoc by-laws group thought that the primary responsibility rests with the Chair of the Committee and if there are further concerns, the Chair of SCAODA should meet with the Executive Committee. Nothing is being taken away from the Council Chairperson—the burden of responsibility is placed on the Committee Chairs. Mr. Shroul asked about addressing the problem of when the Council makes a recommendation, that is to form a work group, that is done in a timely fashion. Mr. Oppor explained that according to the suggested revisions, the ad-hoc groups have a one year life. Mr. Stokes pointed out under Article IV, Section 2.2 that the ad-hoc by-laws group also discussed that the Vice-Chair of a Committee does not necessarily have to be a member, as is written into current by-laws. Mr. Waupoose expressed that a Vice-Chair of a Committee needing to be a member of SCAODA seemed cumbersome. Mr. Stokes asked the members if retaining the requirement of SCAODA membership for Committee Chairs only was important to retain in the by-laws. There seemed to be general agreement with that recommendation.

VII. State Agency Reports—Mark Seidl

There were no reports.

VIII. Nomination Process for Appointments and Officers—Blinda Beason
Blinda Beason asked for a volunteer to Chair the Nominations Committee responsible for drawing up a slate of Officers and recommendations for citizen appointments for the September meeting. Joyce O’Donnell volunteered as did Rebecca Wigg-Ninham.

**IX. Budget Update—John Easterday**

Dr. Easterday distributed two handouts: The first was titled, “Governor’s 2011-13 Biennial Budget, Provisions Related to Counties, Reflecting Joint Committee on Finance Actions Through June 10, 2011,” the second was “DMHSAS Under Gov’s Budget”, by Budget Analyst Robert Sommerfeld, dated 6-10-11. The first contained the following points pertaining to Income Maintenance:

- Counties must organize into no more than 10 consortia to perform IM functions by October 1, 2011.
- The consortia will perform call/change center functions, application processing and eligibility functions, ongoing case management and lobby services.

Dr. Easterday reported that the Community Aids Allocation is basically not changed. Family Care expansions are temporarily halted. There is a proposal for a new claiming process for the Wisconsin Medicaid Cost Reporting program (WIMCR) to increase the amount of federal dollars Wisconsin receives for Medicaid services. Dr. Easterday referred to the second document and noted that Temporary Assistance for Needy Families (TANF) will be cut 10% or about $2.5 Million. There will be cuts to the Intoxicated Driver Program (DP), and Indian Gaming. There are also about $225,000 in cuts to DAPIS funded programs. Michael Waupoose noted cuts to residential AODA services at a bilingual facility. Sue Gadacz reported that services at United Community Center--Latinas in Milwaukee have been reduced by 10%. Dr. Easterday reported that the Division of Mental Health and Substance Abuse Services and the Division of Public Health both received 10% cuts in General Purpose Revenue (GPR) funding. Mr. Waupoose asked about the cuts to the Indian Gaming funding. Ms. Gadacz responded that they applied to prevention activities. Dr. Easterday reported that there were not just GPR cuts but Program Revenue (PR) cuts as well. When asked if it is anticipated that there will be less revenue from tobacco and alcohol taxes, Dr. Easterday indicated that this revenue will be used to pay down the deficit. When there were no more questions, he continued that the Joint Finance Committee has approved the budget, next week bills will be sent to the Senate and Assembly, so this is not a set deal as of today.

Sue Gadacz updated the group on the changes in the Substance Abuse Prevention and Treatment Block Grant. She anticipated that there will be some sort of reduction for the FY 2011/12. There are significant changes to the Mental Health and Substance Abuse Block Grants. States can submit combined applications or continue to submit separate applications for FFY 2012. At this point there is much uncertainty. It appears that Wisconsin will pursue separate applications in 2012. She reported that both applications will have to address unmet service needs, prioritize activities, self-directed care, emphasize data collection, involvement of the Tribes and continuous quality improvement. She reviewed for the group the Maintenance of Effort (MOE) requirements for state spending (SSA MOE), Women’s MOE and the Tuberculosis MOE (TB MOE). Wisconsin will report on progress in twelve priority areas identified in last year’s application, prevention will maintain a 20% set-aside requirement and there will be targeted populations to address. Areas of concern that Ms. Gadacz noted are: trying to complete a planning process in three months, tying in priority populations, data reporting and gathering, “good and modern system,” the Affordable Care act, Parity, co-occurring needs, technical
assistance needs, the workforce and bi-directional care. Oversight of the development of the plan and priorities has been provided in the past through the Public Forum. We will need to strengthen this process with an Advisory Committee. There are mandated members to this Advisory Committee that are not on SCAODA, for example State Housing Authority and Vocational Rehabilitation. All of these requirements are due in an overly ambitious time frame. Mark Seidl asked that a report on the block grant be included on the September agenda. He asked staff to address the amount of the reduction, if any, and how will the reduction be shared?

X. Committee Reports

Planning and Funding—Joyce O’Donnell

Ms. O’Donnell thanked staff and members. She reported that the Planning and Funding Committee facilitated the Public Forum at the WAAODA conference held May 16, 2011. She will provide the minutes of that Public Forum in the September meeting packet. She then introduced Duncan Shrout, Chairperson of the ad-hoc committee on the Intoxicated Driver Program’s Funding (IDP-Funding). Mr. Shrout gave a brief report on the activities of the IDP-Funding committee. A letter has been sent to Governor Walker, however, no legislator has come forward to help (introduce legislation that would increase funding for the program). The final meeting of the IDP-Funding Group is July 6. A final report will be prepared. IDP services are a serious concern as the program provides funding for indigent OWI offenders. An advisory group will continue. Ms. O’Donnell read through a document provided in the SCAODA packet, the Planning and Funding Committee’s Annual Report for 2010. She read through the motions that will be voted on when a quorum is established:

- To oppose AB 63 (the bill extends the period of time Class “A” retailers may be open to sell alcoholic beverages—allowing for the sale of beer and liquor beginning at 6:00 a.m. instead of 8:00 a.m.).
- To oppose AB 76 (the bill would recoup expenses for the Department of Corrections when adults or juveniles in secured correctional facilities receive medical or dental care, requiring the prisoner to pay the charges).
- Motion requesting the SCAODA Chair appoint an ad-hoc committee to study State Agencies and Organizations’ continued ability to plan and sponsor statewide conferences and professional development for AOD professions.
- Motion to oppose potential GPR and PR cuts to alcohol and other drug prevention and treatment programs and services.
- Lori Ludwig reported that AB 57 (the bill making possession of “Synthetic cannabinoids” and/or two other stimulant substances an offense) was passed by both houses of the legislature and is awaiting the Governor’s signature.

Joyce O’Donnell reported on the “Think” program which she brought to the attention of the Council a year ago. The program utilizes a police officer to teach school age children the consequences of substance abuse. She thanked the Council and Department staff for referring the program developers to the Science to Service program within the Center for Substance Abuse Prevention (CSAP). The program has been enlarged upon through SCAODA and Departmental staff referral to CSAP.

Diversity
Michael Waupoose reported on the activities of the Diversity Committee. He noted that the Diversity Committee does not have a written Annual Report for the packet. It is in draft form and must be reviewed and passed by the Diversity Committee. He did report on the Diversity Committee’s activities in the last year according to SCAODA goals.

- Provide Leadership—Mr. Waupoose reported that the Diversity Committee held a Public Forum at the Tribal Conference October 26, 2010. He also attended the Tribal-State Collaborative for Change. He was amazed at how few resources the Tribes work with. They are losing their dually licensed counselor, their computers are outdated, psychiatric care is only available two half days per month. However, for drug-free events, the entire community comes out. He added that there will be no Tribal conference this year, so the Diversity Committee is seeking an alternative venue to hold a Public Forum. Mr. Waupoose reported that the Diversity Committee opposed an Administrative Rule change through a SCAODA motion that would 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.

- Educating Citizens—Mr. Waupoose informed the group that the Diversity Committee routinely holds their meetings in communities around the state, for example at L’Esperanza in the Milwaukee area, and at the Chippewa Falls Technical College. The Diversity Committee supports the presentations on diversity and Department staff, Sue Gadacz attending a Diversity meeting on the “Scopes of Practice,” a SAMHSA recommended document outlining substance abuse counselor qualifications. He reported on a motion that would be voted on if there was a quorum, i.e., a motion to reconvene the Substance Abuse Advisory Committee at the Department of Regulation and Licensing and empower them to address pertinent substance abuse counselor workforce standards, rules, and educational requirements for licensure. The Diversity Committee is concerned about the “Scopes of Practice” document and feels that there needs to be professional input into defining the certification process. At this point Francine Feinberg suggested that changes in counselor qualifications are being driven by changes incurred from moving from a grant-based treatment system to an insurance based treatment system. The changes have been defined by insurance companies. Mr. Waupoose responded by indicating that insurance companies are not in complete agreement about who they will reimburse. Working with HMO’s is both challenging and confusing. It takes a lot of practice. He emphasized that the “Scopes of Practice” document will have substantial impact on employers, agencies, practitioners and clients.

Intervention and Treatment Committee—Norm Briggs

Mr. Briggs reviewed the Intervention and Treatment Committee’s work by goals for 2010:

- **Increased Access to Care**—Specifically for Women, Adolescents/Family, IDP and Older Populations. Identify treatment access challenges and recommendations for improvement.
  - Women’s Treatment Coordinator from the Bureau reported on significant transportation problems in northern part of the State.
  - The Children Youth and Families (CYF) subcommittee has identified a significant gap in adolescent treatment providers and available levels of care - CYF developed a survey on obstacles, strategies.
• **Outreach to groups/organizations related to the funding of treatment.**
  o Issued a statement at the Infrastructure Study for gender specific treatment in the Core Benefits.
  o CYF created a private and public payers workgroup
  o CYF invited HMO and MA reps to meeting with treatment providers on 2/25/2011
  o WiNTiP newsletter dedicated to how providers can bill for tobacco services

• **Advocate for and provide linkages for sharing information and resources that increase awareness and address stigma**
  o WiNTiP sends updates to stakeholder partners to assure continuing support
  o ITC and its subcommittee membership is comprised of community stakeholders from across the state to promote regional communication and training
  o CYF is holding monthly meetings in different parts of the state

• **Improved Quality of Care – Increase the Awareness of and Use of Evidenced Based Practices specifically for Women, Adolescents/Family, IDP, Older Populations**
  o Endorsed the Adolescent Treatment Framework
  o Presentation of Adolescent Treatment Framework to SCAODA
  o Website posting of the Adolescent Treatment Framework
  o Reviewed the National and WI Standards for women’s treatment
  o Julia Sherman was a guest at IDP committee to present recommendations from the ACE workgroup report, 4/2011
  o Intoxicated Driver Program subcommittee identified need areas for education, prevention and treatment on a grid and presented to ITC

• **Integration of Services – Nicotine Care, Mental Health and Diversity**
  o Shel Gross joined ITC on 1/11/2011
  o WiNTiP webinars that focused on integration
  o WiNTiP Newsletters
  o WiNTiP provided regular briefings to the leadership of provider and key stake holder groups
  o Electronic mailings through over thirty stakeholders and advisory groups
  o WiNTiP met with Mark Hale in DQA to review what already exists in the regulations and explore what can be added
  o WiNTiP postings on website, Facebook and Twitter s sharing information
  o WiNTiP made presentations and staffed displays at state wide conferences of providers
  o WiNTiP sponsored two day long integration trainings to clinicians 5/2011

• **Workforce Development—**
  o Review results of ATTC workforce analysis. Review pending distribution and analysis of the survey
  o Joint motion with Diversity to oppose revision to WI Admin code MPSW 1.09
  o Reviewed final version of Scope of Practice recommendations from SAMHSA and the implications for Wisconsin, especially the development of the minority workforce.

Prevention Committee
Scott Stokes reported that the Prevention Committee was unable to finish its Annual Report in time to include it in the packet. He reported on the activities of the Prevention Committee. The Controlled Substances Workgroup has been meeting and is preparing a report. The SPF-SIG project is in its fifth year. There have been two law enforcement trainings with 100 participants. Eighty communities have participated in the “Parents Who Host” campaign. Legislative updates are always evaluated and discussed according to their effects on accessibility, availability, affordability and attractiveness of alcohol. The Prevention Committee hosted the Public Forum at the Prevention conference last year and will host it again this year, on Tuesday, June 14th. The Prevention Committee opposed AB 63 (as did the Planning and Funding Committee—AB 63 allows for the sale of beer and liquor beginning at 6:00 a.m. instead of 8:00 a.m.). The Prevention Committee would have introduced a motion during today’s meeting (if there was a quorum). The motion was to have opposed the Joint Finance Committee’s motion to adopt sales of alcoholic beverages in movie theatres.

Mark Seidl thanked the Committees for their work. Mr. Shrout asked a question about SCAODA members who are not members of Committees bringing motions to SCAODA. Mark Seidl mentioned that he was planning on setting up a meeting with staff to explore the idea of training for new members, including Roberts Rules. Sue Gadacz reviewed for the group that motions should be on the agenda. According to open meetings law, the motion should be available to the public for comment. Mr. Seidl clarified that at the very least, the subject for the item needs to be on the agenda, not necessarily the motion. However, knowing that an item will be voted on—through the presence of a motion on the agenda— is very important to members who must consult with others prior to voting. It is important to follow the open meeting law.

Joyce O’Donnell pointed out the example of a report that comes in to the Council. The Council would like to endorse the report. Anyone can make a motion to adopt. The subject matter is on the agenda.

XI. Adjournment: The meeting was adjourned at 2:50 p.m. The next meeting is scheduled for September 9, 2011 from 9:30 a.m. to 3:30 p.m. at American Family Insurance Conference Center, Building C, Room CL3300B.

2011 SCAODA Meeting Dates:

March 4, 2011
June 10, 2011
September 9, 2011
December 9, 2011
AVARENESS DAY

FETAL ALCOHOL SPECTRUM DISORDERS

By the Governor:

SCOTT WALKER

Governor

On the 19th Day of January, 2011,

in the City of Madison,

State of Wisconsin, I do hereby proclaim, under the authority of Sections 444.01, 444.02, and 444.03 of the Wisconsin Statutes, that the last Friday of September 2011 shall be observed as Fetal Alcohol Awareness Day in the State of Wisconsin.

Whereas, there are approximately 70,000 babies born with fetal alcohol syndrome and 1% - 2% babies are born with a fetal alcohol spectrum disorder in Wisconsin and each year in Wisconsin, there are an estimated 70,000 babies born with alcohol-induced birth defects; and

Whereas, a variety of effects can occur in a fetus whose mother drank alcohol during pregnancy, including alcoholism, drug addiction, learning disabilities, and other health issues; and

Whereas, "Fetal Alcohol Spectrum Disorders" (FASD) is a general term that describes the

Declaration

Office of the Governor

STATE of WISCONSIN
ARTICLE IV
Committees

Section 1. Committee Structure

1.1 There shall be an executive committee as provided below. The executive committee is a standing committee of the council.

1.2 The council may establish other standing committees and subcommittees, as necessary or convenient to conduct its business. Of the standing committees established by the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to interdepartmental coordination, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. Subcommittees are a subset of a standing committee. Subcommittees are standing committees, which by another name is a permanent committee. Standing committees meet on a regular or irregular basis dependent upon their enabling act, and retain any power or oversight claims originally given them until subsequent official actions of the council (changes to law or by-laws) disbands the committee. Of the standing subcommittees established by the state council on alcohol and other drug abuse, at least one shall have a focus on children youth and families and is a subcommittee of the intervention and treatment committee, at least one shall have a focus on the Americans with Disabilities Act (ADA) for deaf, deafblind and hard of hearing and is a subcommittee of the cultural diversity committee, at least one shall have a focus on cultural competency and is a subcommittee of the cultural diversity committee, and at least one shall have a focus on epidemiology and is a subcommittee of the prevention committee.

Ad-hoc committees are established to accomplish a particular task and are to be temporary, with the charge being well-defined and linked to SCAODA’s strategic plan, not to exceed duration of twelve calendar months. Ad-hoc committees are formed by standing committees chairs Ad-hoc committees must report their progress at the meeting of their standing committee. Ad-hoc committees can be granted extensions the standing committee chair.

It is the intent of this section that:

- There should be periodic review of the structure and progress of the work of the committees, subcommittees and ad-hoc committees.
- If the officers have concerns about the work of the standing committees, subcommittees or ad-hoc committees, they could
convene an executive committee meeting to discuss options, “for the good of the order.”

- The intent of this group is to recommend that ad-hoc committees be time-limited (recommend one year) and the committee chair determines if the work should go forward beyond the original charge.
- The charge should be well-defined and linked to SCAODA’s strategic plan.
- The committee chairs should be primarily responsible for creating and disbanding ad-hoc groups.
- The committee chairs should be responsible for monitoring the work and duration of the work in coordination with SCAODA

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

Section 2. Composition of Committees

2.1 Council committees may include members of the public as well as council members.

2.2 The council chairperson may appoint a chairperson 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.
**SCAODA Motion Introduction**

<table>
<thead>
<tr>
<th>Committee Introducing: Prevention Committee Motion #1</th>
</tr>
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<tbody>
<tr>
<td>Motion: Motion to accept the Controlled Substances Workgroup Report (with appropriate edits) and to present this report to the State Council on Alcohol and Other Drug Abuse at their September 9, 2011 meeting for full Council endorsement and dissemination.</td>
</tr>
<tr>
<td>Related SCAODA Goal: 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.</td>
</tr>
<tr>
<td>Background: As in many states, Wisconsin is experiencing an increase in prescription drug abuse. This report outlines preventative recommendations.</td>
</tr>
<tr>
<td>Rational for Supporting: Wisconsin rates of drug-related deaths and drug law arrests are lower than national averages. However, the rate of drug-related deaths in Wisconsin increased steadily from 2000 before declining in 2008. The 2008 rate was twice what it was at the beginning of the decade, suggesting a new public health priority for the state.</td>
</tr>
<tr>
<td>Misuse and abuse of pharmaceutical drugs appears to be a growing problem nationally and in Wisconsin. There is a lack of data concerning the prevalence and burden associated with their misuse and abuse.</td>
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</tbody>
</table>
Prevention Subcommittee Meeting  
Thursday, April 21, 2011  
9:30 a.m. – 1:30 p.m.  
Wisconsin State Patrol Deforest Post  
911 W. North St.  
Deforest, WI 53532

Members Present: Scott Stokes, Chris Wardlow, Francie McGuire-Winkler, Julia Sherman, Jane Larson, Nancy Kendall, Carol Wright, Lee Wipfli, Carrie Kahn, Phil Collins

Staff/Guests Present: Louis Oppor, Christine Niemuth, Robin Lecoanet, Jason Paltzer

Welcome, Introductions and Approval of Minutes: The meeting was called to order at 9:50 a.m. Scott Stokes (chairman) welcomed those in attendance and asked members and guests to introduce themselves. Minutes from the 2/17/2011 Prevention Committee meeting were reviewed. McGuire-Winkler moved to approve the minutes. Motion seconded by Larson. Minutes were approved as drafted.

Motion Update: Stokes reported that the Planning & Funding committee is going to reconvene a by-laws committee, so prevention committee motion was not brought in front of SCAODA.

Current Methamphetamine Manufacturing:  
There is a new method of making methamphetamine in the microwave. Groups of people will go to pharmacies to get their limited quantity of pseudoephedrine, called smurfing, until the producer has enough to make the meth. Some states have passed laws making pseudoephedrine a prescription. Oppor requested that committee members keep an eye out for meth increases locally.

The question of where meth in WI is coming from was raised. Collins agreed to check with the Bureau of Narcotics enforcement for mapping information and will provide an update at the next meeting.

SAMHSA Grants:  
Changes are coming to the way SAMHSA is providing funding to states. SAMHSA has put out several proposals, but do not yet have the support of Congress. They are moving towards a behavioral health model. Oppor provided members with information on a webcast on behavioral health from the CSAP director. The behavioral health model focuses on a resilience structure - if children are more resilient, they will be less likely to
use substances, committee suicide, have violent behavior etc. These initiatives have been shown to work best on children younger than 11 years old.

One of SAMHSA’s grant proposals would carve out the 20% prevention set-aside of the block grant into a separate grant.

The new Strategic Prevention Enhancement Grants are one year planning grants to improve states’ prevention services infrastructure and to get states using a data driven approach, following the SPF model, to deliver prevention funding. The due date is June third, Oppor does not know if the Division of Mental Health and Substance Abuse Services will be approved to apply.

Members discussed the proposed and grant changes and implications for the state prevention infrastructure.

**Prescription Drug Monitoring Update:**
Prescription drugs were involved in 70% of accidental overdoses in WI from 2002 – 2009. There are 34 states that have a Prescription Drug Monitoring Programs (PDMP). WI is one of ten states that has enacted legislation, but has not implemented a PDMP. DRL has approval to apply for federal funds to design and implement a PDMP. Due date for that grant application is in May, so there may be more to update by the next prevention committee meeting.

**Good Samaritan Law:**
The Good Samaritan Law protects the person who reports an overdose from charges for their own use or possession. This proposed law was discussed in the Controlled Substances Workgroup (CSW) meeting to some debate. Law enforcement largely opposes it, while community groups that work with those in crisis approve it. The group discussed whether any research on the law existed. There are a few states that have enacted this law, so data might be forthcoming. Stokes agreed to do some research on those that have enacted the law and report back to the group.

Committee members agreed that after the CSW and Workforce Development Committees conclude their work, that an ad hoc committee to deal with the Good Samaritan Law and issues around other illicit drugs of abuse (heroine use is on the rise), should be formed.

**Parents Who Host Lose the Most Update:**
Coalition members in Racine reported that after prom, children were getting hotel rooms in the Dells without parental supervision. They met with Wisconsin Dells police and Visitor and Convention Bureau. Oppor wrote a letter to the Visitor’s Bureau asking them to work with local hotels on some preventative measures. Oppor will work with others who want to use this letter.

Kendall, reported on PWHLM applications. A lot more billboards and signs have been seen this year. Every community has been sent pre-inked stamps and other materials with overall, positive responses.
The group discussed the possibility of expanding “Parents Who Host” to “Those Who Host” and going beyond prom and graduation to other times of the year as well. PWHLM was developed in Ohio (which has much different laws than WI). Discussion included copy write infringement issues and evaluation issues if the program were to be significantly changed. If enhancements were made, the group would like to keep the images the same for brand recognition and work with the program developers from Ohio.

**IDP Prevention Activities:**
A new IDP funding sub-committee of SCAODA’s Intervention & Treatment Committee has been formed. The purpose of which is to develop funding recommendations for treatment. Oppor provided document from the IDP group that includes their areas of focus. These included some prevention activities. Oppor would like this group to provide feedback on the IDP scope of work. The group discussed that Prevention had developed the ACE report and were not sure what else to provide. Oppor will report back to IDP that intoxicated driving is an important issue to the prevention committee, that we are interested in addressing.

**Workforce Development Workgroup Update:**
Wardlow reported that this group needs to re-group. Would like prevention committee’s help in re-focusing their efforts. The two issues the workforce group could look at are 1) what are the advantages and disadvantages of having state-funded agencies employing certified prevention staff and 2) what are the certification requirements and are they appropriate? How would the behavioral health focus change the look of the prevention field. There are many changes being proposed that would affect the path this group might take. The committee decided to disband the workforce development group for now until more clarity is available from the field.

**Partner Agency Updates:**
DOJ: The Attorney General provided training to law enforcement and prosecutors last month on how to detect/prosecute those under the influence of drugs. Collins suspects they will hold more of these sessions. Training included running the standard field sobriety test and determining when to take a blood test when the breathalyzer does not show impairment. The group discussed the drug testing process through the State Hygiene Lab.

GLITC: In the final year of the tribal SPF SIG that will officially end Sept 30, 2011. The evaluation will be interesting to see how well this grant has worked for tribal grantees. Wright will be going to New Mexico next month with SAMHSA for training on how to work with tribes to get data. GLITC has been actively looking for funding to continue some of the processes started with SPF. May apply for a SPE grant, but will wait for some answers from SAMHSA about the grant first.

WCH: The prevention conference registration should be open by May 1, 2011. The opening keynote is David Hunt, “the importance of story telling on how to change policy” and there will be several workshops on technology and social media, sustainability and special populations.
Law School: Second annual Alcohol Policy Symposium will be held again on Sept. 21, 2011. The first day will be best practice training for conducting alcohol age compliance checks, and the second day will include training of the trainer for officers to train others on compliance checks. The focus is more for the law enforcement and elected officials.

Workplace Alcohol Environment Strategies:
One of the ACE recommendations was for future study of workplace alcohol environment. Beginning to document the reduction of productivity due to alcohol misuse, and how it impacts the productivity of the co-workers. Sherman would like to create an ad hoc committee to discuss this issue. Sherman will draft a scope of work and mission statement and bring it back to the group for consideration in August.

The group discussed broadening beyond just alcohol and to include other environmental strategies i.e. school disciplinary policies. The group would be charged with looking at workplace impairment issues.

Controlled Substances Workgroup:
Oppor: CSW is working to get a draft to this committee for review in June and would like to present to SCAODA in September. CSW narrowed the scope to consider only prescription pharmaceuticals. On April 30th there will be take-backs taking place in many areas. There is now an incinerator in Green Bay that can take a certain amount for disposal per month. DNR is working with them to make sure they have the proper permits.

Pending Legislation:
There is legislation to change how the state issues alcohol licenses to tribes. The proposed bill would re-enforce local control. Currently, there is nothing prohibiting the State from issuing an alcohol license to the tribe as a government to government transaction.

Assembly Bill 57: Banning K2/Spice and bath salts. Bill is not facing opposition and will probably pass.

Bill 63: Proposed bill would extend the hours of selling alcohol by two hours in the morning, effectively expanding the availability of alcohol. Research on this has been done for extending evening hours of operation, there is not specific research on extending a.m. hours and how it may affect consumption.

Sherman made a motion to express concern and disapproval of Assembly Bill 63 and its companion bill, Senate Bill 44, with the justification that these Bills expands access to alcohol and forces communities to take action in order to maintain the status quo. SCAODA should express this concern with the legislature. Motion seconded by Winkler. Motion passed.
SCAODA Annual Report:
SCAODA meets June 10, 2011 and would like each committee to provide an update on goals and what has been done to achieve each goal. SCAODA has provided a form to complete. Oppor will complete the form based on past Prevention Committee minutes and present to members for review/comment prior to reporting to SCAODA.

Future Agenda Items:
1) Invite Maureen Busalki (sp) from Health 1st WI, to speak about her activities.
2) Show webcast on Behavioral Health
3) Discuss and re-visit the definition of prevention as was laid out in the strategic plan.

Adjourn: Stokes dismissed the meeting 1:05 p.m.
A State Council on Alcohol and Other Drug Abuse Public Forum was held at the State Prevention Conference on June 14, 2011. Forty-one individuals signed in as participants.

Mr. Scott Stokes, Chairperson of the Prevention Committee facilitated the Forum and Mr. Louis Oppor, Prevention Committee Staff took notes and registered comments.

Comments from the Chairperson

Mr. Stokes opened the Forum highlighting some of the accomplishments of the Prevention Committee over the past year. This included:

- **The Alcohol, Culture and Environment Workgroup** completed its work in April 2010 and published its report in June 2010. The charge of this Workgroup was to examine state laws, local ordinances and related policies that regulate the sale and serving of alcohol to identify legal, cultural and financial barriers to alcohol policy reform. The Workgroup also examined the role of Wisconsin’s culture and history as it may impact current alcohol related problems. The report outlines 49 recommendations directed at multiple segments of Wisconsin’s population including: recommendations requiring Legislative or State Action, recommendations requiring municipal action, recommendations implemented by educators or educational institutions, recommendations for community groups and organizations, and recommendations for employers.

- In July 2011, the **Controlled Substances Workgroup** was established. This Workgroup was charged with identifying prescription and non-prescription drugs that are most often abused in Wisconsin, focusing upon legal opiates (opioid analgesics) and illegal opiates, as well as other drugs of abuse with high consequences. It will examine the prevalence and burden of use within Wisconsin related to those drugs of abuse, and will determine if an adequate surveillance system exists. The CSW will also examine the role of community coalitions, substance abuse prevention and treatment providers, law enforcement and the judicial system, the medical community, schools, and legislative and state agencies in preventing drug abuse. It will examine key educational messages that can be delivered to the health care community in the broad scope including physicians, pharmacists and other key health care stakeholders to determine if there are preventive measures that can be employed when prescribing or dispensing drugs with a high potential for abuse. It will also examine key messages that can be delivered to the general population and specific subgroups (such as high risk populations) to help avoid abuse and its deadly consequences. Other priority areas will be identified and explored including but not limited to prescription drug disposal and a
statewide Prescription Drug Monitoring Program (PDMP). The CSW will assess current disposal systems and identify barriers to establishing an accessible and cost effective system for prescription drug disposal and monitoring in Wisconsin. The work of the CSW will culminate in a comprehensive report, published within 12 months, that outlines strategies and recommendations to prevent and reduce substance abuse in Wisconsin.

- **The Wisconsin Epidemiological Profile on Alcohol and Other Drug Use** was published in December 2010. This report presents data on the use and abuse of alcohol and other substances in Wisconsin and the resulting consequences. Areas of progress and of continuing need are clearly identified in this report. For the first time since 1999, Wisconsin’s rate of drinking among high school students fell below the national average in 2009. Combined with a steadily increasing age of initiation, and falling rates of underage binge drinking, Wisconsin appears to be improving in terms of youth alcohol use. Also, for the first time in many years, Wisconsin’s rate of alcohol related motor vehicle deaths has fallen below the national rate.

Despite this welcome evidence that underage drinking and alcohol related motor vehicle fatalities have dropped, it is important we continue to monitor these trends to ensure continued progress. Thus two continuing priorities are:
  - Underage drinking (ages 12-20)
  - Alcohol related motor vehicle fatalities and injuries (especially among people ages 16-34).

In less welcome news, Wisconsin continues to have the highest rate of adult binge drinking in the nation. In addition, drug-related deaths have doubled since 2008. Thus, new priorities are:
  - Adult binge drinking (ages 18-34)
  - Drug related deaths (with a focus on unintentional opioid-related overdoses and deaths among people ages 20-54).

The Wisconsin rate of drug related deaths increased from 2000 to 2007, and while there was a decline in 2008 it remained twice the 2000 rate. The rate of drug related deaths surpassed mortality from alcohol related motor vehicle crashes in 2004 and has been higher ever since. Most of this increase appears to be due to misuse of prescription drugs rather than illicit drugs.

The economic and health costs of substance abuse in Wisconsin are substantial, as are the related costs to the community of arrests and criminal offenses. Focus on these key areas will be useful in guiding the State’s funding decisions regarding which problems to address and which interventions to use.

- **The Workforce Development Workgroup** has met on a couple of occasions and has identified a number of recommendations. The work of this group is currently in recess as it recognizes there may be significant changes in Federal funding priorities which may ultimately alter how prevention services are provided in the future. A significant amount of alcohol and other drug abuse funds comes from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). This Federal agency is working towards the adoption of a
Wisconsin once again participated in the “Parents Who Host Lose the Most” campaign. This effort was endorsed by the SCAODA Prevention Committee. Over 60 communities participated in this year’s campaign. The Prevention Committee and other state partners are considering a broader campaign in future years by broadening the target audience beyond parents and adopting a message of “Those Who Host Lose the Most”.

There have been several legislative recommendations including:
- Banning K-2, Bath Salts and other similar synthetic products.
- Opposing the Medical Marijuana Bill.

The Prevention Committee is also considering developing an Ad-Hoc Committee to explore development of a Wisconsin Good Samaritan Law.

Public Comment

- Concern about the fate of the Substance Prevention and Treatment Block Grant if the current administration does not wish to receive Federal grants as has been seen with the Strategic Prevention Enhancement grant and the SBIRT Grant.
- SCAODA should support the receipt of grants and advocate for the importance of these dollars in Wisconsin to combat alcohol and other drug abuse.
- SCAODA should help educate policy makers on the importance of prevention, treatment and recovery services.
- The work of the prevention field is directly related to a strong economic recovery.
- Thank you for the Alcohol, Culture and Environment Report. This Report has helped to develop our own White Paper on the environment of alcohol abuse in the Brown County area.
- SCAODA should help to promote a program titled “The Life of an Athlete”. This program works with school official in adopting strong athletic codes to reduce alcohol and drug use among school athletes or those in other extracurricular activities. There is little to no cost to schools in the adaptation of these polices but help to change the drinking environment of students. In Green Bay, 325 people attended the Life of an Athlete event. Participants included athletic directors from the northeastern region of Wisconsin.
- There has been a huge movement across Wisconsin for schools to adopt the Life of an Athlete program. Over 700 people participated in a Madison event and over 300 participated in an Eau Claire event. It is important to have consistent policies through-out Wisconsin schools and efforts should be supported by the Wisconsin Department of Public Instruction and the Wisconsin Interscholastic Athletic Association.
- I am concerned that if the 20% prevention requirement is removed from the Substance Abuse Prevention and Treatment Block Grant, these funds may no longer go to County Human Service Agencies. Counties should continue to receive the 20% prevention funding.
- Supporting of changing the Parents Who Host message to “Don’t Serve Teens”. Would like to see the message broader than just targeting parents.
- Another person testified that the 20% Substance Abuse Prevention Block Grant Prevention set-aside should continue to go to Counties.
- More help is needed for 5th and 6th graders.
Coalitions must have some capacity to keep going and not just scrape by. Due to the work of coalitions, beer sales have been declining in Marquette County during the County Fair. It’s not the money maker that it used to be. Service organizations are looking for other ways to support community service efforts.

Kids see the value of funded “programs”. Many have benefited from youth development programs. Don’t fix what isn’t broke. From a Racine County perspective, one individual reported the benefits of these programs and provided an example of how one individual who has participated in these programs is now going in to a pre-med program.
### SCAODA Motion Introduction

<table>
<thead>
<tr>
<th>Committee Introducing: Prevention (Motion #2) and Planning and Funding Committees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion: On behalf of Prevention Committee and Planning and Funding Committee</td>
</tr>
<tr>
<td>Motion to support Senate Bill 159.</td>
</tr>
<tr>
<td>Related SCAODA Goal: 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.</td>
</tr>
<tr>
<td>Senate Bill prohibits an underage person from being on school premises with any detectable alcohol concentration in her or her blood or breath, regardless of whether the underage person is accompanied by his or her parent, guardian, or spouse who has attained the legal drinking age. An underage person who violates this prohibition is subject to a forfeiture of not more than $200. The bill also specifies that a school administrator’s written permission to possess or consume alcohol beverages on school premises does not apply to underage persons.</td>
</tr>
<tr>
<td>Rational for Supporting: Reduces access to alcohol for underage persons.</td>
</tr>
</tbody>
</table>
SCAODA Motion Introduction

Committee Introducing: Prevention Committee Motion #3

<table>
<thead>
<tr>
<th>Motion: Motion that SCAODA send a letter to the Governor and Secretary of the Department of Health Services encouraging them to apply, accept and support all available Federal funds for alcohol and other drug abuse prevention services.</th>
</tr>
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<td>Related SCAODA Goal: Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:</td>
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According to a Milwaukee Journal Sentinel Report dated August 3, 2011, the Department of Health Services declined to pursue the following grant opportunities.

- Background: A grant for $1.6 million a year for five years to expand alcohol and drug screening by primary care health workers that could then lead to brief interventions and referrals to treatment for patients in need of it. The grant would have been a follow-up to an ongoing five-year grant that is ending.

- A one-year grant of up to $600,000 to identify gaps and improve prevention programs in the state for drug and alcohol abuse.

- A grant of up to three years at $180,000 annually to help state, tribal and local governments assess the impacts on health in their communities of policy decisions in areas like development and transportation.

Rational for Supporting: Wisconsin’s alcohol and drug abuse prevention, treatment and recovery services are under funded. Wisconsin currently ranks number one nationally for adult binge drinking. The economic and health costs of substance abuse in Wisconsin are substantial, as are the related costs to the community of arrests and criminal offenses. Additional funding for prevention, treatment and recovery would have benefited the state in reducing economic and health costs of substance abuse in Wisconsin. These funds would have gone back into the Wisconsin economy.
**SCAODA Motion Introduction**

<table>
<thead>
<tr>
<th>Committee Introducing: Prevention Committee Motion #4</th>
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<tbody>
<tr>
<td><strong>Motion:</strong> Motion requesting that SCAODA write a letter to Wisconsin’s U.S. Congressional Leaders requesting they consider broadening eligible applicant criteria when the only eligible applicant is state agencies. In these situations, State agencies should have first right-of-refusal, and if refused, other non-state agencies should be qualified to apply when state support or endorsement is withheld.</td>
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| Rational for Supporting: Wisconsin should be able to receive Federal funds with or without approval from eligible state agencies. Changing Federal criteria regarding eligible applicants would allow other non-state agencies to apply for Federal funds. |
## Committee Introducing: Prevention Committee Motion #5

Motion: Motion requesting SCAODA write a letter to appropriate Federal agencies (SAMHSA, CDC) urging them to consider modifying their criteria regarding eligible applicants when only State agencies are eligible to apply. In these situations, State agencies should have first right-of-refusal, and if refused, other non-state agencies should be qualified to apply without state approval or endorsement.

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- **A one-year grant of up to $600,000 to identify gaps and improve prevention programs in the state for drug and alcohol abuse.**

- **A grant of up to three years at $180,000 annually to help state, tribal and local governments assess the impacts on health in their communities of policy decisions in areas like development and transportation.**

Rational for Supporting: Wisconsin should be able to receive Federal funds with or without approval from eligible state agencies. Changing Federal criteria regarding eligible applicants would allow other non-state agencies to apply for Federal funds.
Diversity Committee Meeting (Approved)
Wednesday, May 25, 2011
1PM-3:00PM
DHS, 1 W. Wilson St., 950B
Madison, WI 53703

Attendees:
1. Michael Waupoose
2. Gail Kinney-Teleconference
3. Steve Dakai-Teleconference
4. Denise Johnson-Teleconference
5. Angela Rivera
6. Angela McAlister-Teleconference
7. Jerry Kaye

Excused Absent:
1. Sandy Hardie

State Staff:
Gail M. Nahwahquaw

Diversity Committee Meeting Minutes:
I. Call to Order:
Meeting was called to order at 1:05PM. Members reviewed the April minutes. Corrections noted on page 3, 2nd ¶, WADPA should read WADTPA. No quorum yet.

II. Tribal State Collaborative for Positive Change (TSCPC):
Michael attended the May 4th, TSCPC meeting to give an overview of SCAODA’s Diversity Committee. He’s received an email and a business card from attendees at the TSCPC meeting about their interest in participating on the Diversity Committee. Note, Michael also received an inquiry about the Diversity Committee from a deaf, deaf blind and hard of hearing community member. Denise-“I’m confused about the Americans with Disability (ADA) subcommittee. I thought the committee decided the ADA work was completed and the subcommittee was dissolved.” Gail N.-A By-Laws Committee just met to discuss by-laws language changes and the by-laws read one of the permanent subcommittees of the Diversity Committee is the ADA subcommittee. If the ADA is no longer going to be a subcommittee the by-laws will need to be changed. Denise has not
contacted the person yet, but she will follow-up. Angela R. and Gail K. joined the meeting.

Michael-Wished he could have recorded the updates from the tribes. There is great work going on within the tribes and more often than not what is heard outside of tribal communities is all the negative news. Michael shared that he is in awe of the work tribal representatives do. He has found the representatives to have such passion for their work and gratitude for the limited resources they do have. The counselors in urban areas complain about having to wait a week or two for an appointment with a psychiatrist for their clients. The tribes that do have access to a psychiatrist or psychologist report gratitude for an extra half day and they have access to these mental health professionals two, half-days a month. Some tribal reps report having outdated computers as well. Michael will also share with Bob Kovar resources and information about cultural competency for a future training for Marshfield Clinic staff. Angela M. joined the meeting.

April Minutes: Gail K. noted a context changes or additions on page 3, ¶ 7, should read they’re called sponsors and section III, ¶ 2, should read, The minutes report that the Joint Board was sought out for feedback on the SAMHSA Career Ladder model, but a meeting of the Substance Abuse Counselors Advisory committee was not convened. Minutes approved as amended.

Michael asked Denise about the video relay system she’s using to connect to the meeting today. Denise’s office is equipped with video relay, she can see an interpreter on her screen and the interpreter is on the conference call interpreting the meeting for Denise.

III. Motion: Michael thanked Gail K. for drafting Diversity’s motion to reconvene DRL’s Substance Abuse Counselor Advisory Committee which will be presented at the June SCAODA meeting.

Gail K.- Background information of the motion includes the intentional addition of SAMHSA’s model. The state is touting the Scopes of Practice language has to happen, when actually it doesn’t. States have the ability to choose how to make Scopes of Practice changes within their respective jurisdictions. Michael—one suggestion during the four chairs meeting is to add a timeframe for DRL to respond. Discussion: Suggestions to add a time limit of 1-3 months. There needs to be a level of accountability from the DRL. Time is of essence as academic programs and students prepare for their future in relation to the substance abuse counselor profession. Gail K. also in anticipation of questions about cost of hosting such an advisory group, she can add an option for meetings to be convened via teleconference or live meeting over the internet. The impact of reconvening the advisory committee include decisions about the substance abuse profession are advised by the professionals in the field and the workforce is more
prepared to meet the demands of the changing profession. Michael suggests everyone to “Reply All” to approve so the motion can get inserted into the SCAODA meeting packet.

Michael-2\textsuperscript{nd} Motion the committee needs more time to craft this motion. This motion is to send a letter to the Secretary’s of DHS and DRL requesting their assistance in gathering stakeholder input and host a summit. Gail K. wrote the draft in response to Steve’s suggestion at the last meeting and in email since, but is okay with holding off on this motion. Gail N. knows the state is currently working on information gathering with two surveys. One to be hosted by the DRL and is going out to SACs and CSACs to learn demographic information, where they’re in practice and to ask of their interest in going back to school. The other survey is going out to colleges and universities to better understand capacity for substance abuse counselor programs moving toward bachelor’s degree programs. Steve D.-time is fleeting, worried we will run out of time. Sue G. shared during the Public Forum at the WAAODA Conference that the state will not leave anyone behind. Gail K-does agree with Steve and the information gathering by the two surveys is presuming toward four year programs. Denise-DRL versus a Summit. DRL is focused on a different approach. A summit is about the community, a larger picture of collecting data. This can occur simultaneously. Steve D.-DRL plays a big role in this issue. DHS follows the Medicaid reimbursement rules based off of such (endorsed) career ladders. DRL, reviews defines and approves the Scopes of Practice, certification and licensure requirements. It is important for both departments to work together on this issue and its impact on the substance abuse counselor workforce. Michael-Right now we only know anecdotally the impact of these suggested changes. We don’t know who has master’s degrees, bachelor’s degrees. This data will be an important piece to have if the committee is requesting two departments to collaborate on hosting a summit. Michael-I don’t agree that people will be left out of the profession. The Scope of Practice has a role for everyone at every level. It’s better to describe the impact of these suggested changes with data to back it up. Gail K.-I understand Michael’s point of view, but what is concerning is the implied acceptance of SAMHSA Career Ladder. We need more input. Michael-are we trying to cram 2, 3, 4 issues into one motion? 1) Who at the state says we have to adopt the Scope of Practice Career Ladder? 2) Do we have to adopt the scope of practice? 3) Is hosting more stakeholder meetings around the state a better option? Are there outside forces like Medicaid that is affecting this decision? Medicare will only cover assessments and treatment provided by master’s trained counselors. Gail K. counselors may not oppose the Scope of Practice if they could be included in the discussion. Michael-The impacts on the workforce will mean the inclusion of the Department of Workforce Development (DWD) too. Also the education system, university and technical college accreditation bodies should also be included on some level. Michael remembers the discussion around the rising nursing shortage. DWD identified the trend, DRL was able to supply statistics about the profession and a strategy to engage the universities and technical colleges occurred. Angela R. the same process can happen with substance abuse counselors as we see an aging of the field. Steve-the latest Bureau of Labor Statistics indicate the counselor field will need to grow by 21% by 2016, which is less than five years away. Gail K.-Likes Steve’s idea to request more public forum type sessions, inviting workforce as well as educators. Angela M.-Did not hear any new information during the WAAODA Public Forum, so don’t know if inviting
Sue G. to the next Diversity Committee meeting will bring more information. Angela R. suggests adding a specific Scope of Practice public forum to the bureau conference. Also suggests adding to the survey a question about how many people are credentialed with the substance abuse specialty authorization to get an idea of the number of people dually credentialed. Gail K. reported that a generic person at the Chippewa Valley Technical College informed her they received an email about a pending survey of the Substance Abuse Counselor Program. Gail K. didn’t know what this was for, just that it came from the University of Wisconsin-Madison. Gail K. also asked why SAC-ITs are not included in the survey? Angela M-asked what does the state hope to learn about CSACs and SACs from the survey? Gail N. other than the demographic information and interest in pursuing more education already sited I don’t know. Michael-suggests knowing specifically who needs to be at a public forum event. It shouldn’t get so large that it stifles discussion. Angela R.-We need to be mindful of trainers and educators/counselors too. I counted on professors and school advisors for much of the workforce information, in knowing how to best prepare for the workforce once I graduated. This segment of the stakeholder group should not be overlooked. Angela R. this public forum should include results of the surveys, and facilitation or processing of stakeholders concerns and questions and identify the process for next steps. Michael-suggest Diversity hold off on the motion because the committee is not in full agreement yet. Suggest adding it to the July agenda. Michael will get a meeting with Sue G or Joyce to try and learn why the message sounds inevitable that Wisconsin will move toward bachelor degreed substance abuse counselors. Everyone agrees theses stakeholder meetings should not go the direction of becoming patronizing, but rather a source for feedback on potential changes if there is still room for changes. Angela R. also if there is information the state knows than sharing this and helping counselors know how to best prepare for the changes. Steve D.-during the WAAODA public forum the state indicated these changes are going to happen. Angela M-heard at the public forum that the move (toward 4 year degreed programs) is a done deal. The state has had a consistent message around this issue. But here are unanswered questions and the ambiguity needs to be resolved. Michael will set up a meeting with Sue G.

IV. Diversity Workplan:
Tabled to next meeting

V. Announcements:
Maehnowesekiyah is looking for an AODA counselor (will accept a SAC-IT), psychologist and a social worker. The announcement is on the Menominee Indian Tribe of Wisconsin website. Michael suggests sending the announcement to the NASW-Wisconsin for posting.

Meeting Adjourned at 3:04PM.
INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, May 10, 2011
10:30 am - 2:30 pm
Department of Corrections
Madison, WI

MINUTES

Present: Norm Briggs, Tami Bahr, Dan Nowak, Dave Macmaster, Shel Gross, Nina Emerson
Lila Schmidt- staff

Absent: Sheila Weix, Sheri Graeber, Andrea Jacobson

Guest: Sue Gadacz

Welcome, Introductions, and Review of Minutes
Norm brought the meeting to order at 10:40 and introduced himself as the new co-chair for ITC, without a co-chair. Charisse Seyki from DOC was intended as co-chair, however she has been relocated to DOC’s Milwaukee office and will need to be replaced on the committee. Sue Gadacz will be working on obtaining a DOC appointment to SCAODA who will function as ITC co-chair. Norm reviewed the importance of having a SCAODA voting member as co-chair in terms of participation in the SCAODA meeting and being able to introduce motions brought forward from ITC. Minutes from the April meeting were reviewed and approved with two revisions (date change for the WiNTiP AODA training and the spelling of Joe Kuehn’s name).

Discussion of Meeting Time – Norm Briggs
Norm proposed starting the ITC meetings at 10:00am rather than 10:30am to give the committee a little more time to do its work. The previous start time was due to Linda’s schedule. Hearing no objections, the meeting start time will be changed to 10:00am beginning with the July meeting. The end time will remain at 2:30pm.

Children, Youth and Families Subcommittee Update – Tami Bahr and Susan Endres
Tami provided a handout on the strategic goals and accomplishments of CYF, 2010-2011 to include in the ITC annual report out at SCAODA. Tami notes that the document is still be edited for possible additions. CYF had their second meeting of the year in Stevens Point at the Portage County Human Services office and had in attendance some providers from around the state as well as an insurance provider representative from the SE part of the State. The morning centered on pulling together some of the work groups (Communication, Opiate, Payer/Provider). The work groups will be having meetings off line and will come back to together for the next CYF
meeting on June 3 in Appleton. The afternoon included a presentation from Kimeko Hagen on Teen Intervene and Staci McNatt did a presentation on recovery oriented systems of care and the work of the WIRCO (Wisconsin Recovery Coalition Organization). Tami noted that it was nice to connect with county human services workers from Portage County at that meeting and hear about their gaps in services and things they were noticing in their adolescent services. Minutes from the past two meetings are forthcoming from Susan.

Shel inquired about whether they had any conversations with the insurance rep on coverage for substance use services and Tami noted they did not specifically focus on this at this meeting but had gotten a presentation on what services were covered, and who is eligible for reimbursement at the previous meeting. The insurance rep now attending is managing a lot of the medical assistance clients in Milwaukee area so he is being seen as a positive connection. Shel also asked about what they were hearing on the variation in licensing and Tami noted that the biggest variation is for the counselors in training, who are often not recognized by larger insurance providers. In addition, some insurance providers aren’t recognizing clinical substance abuse counselors though they will recognize a master’s level mental health counselor. Mac thought that the issue of companies only paying for services that were provided at the higher clinical level was a long standing practice. Tami did state that the limitations for counselors in training aren’t new but that there does seem to be a growing trend to not include the clinical SA counselor, Masters prepared. There is concern that this will prevent folks from getting treatment from trained SA providers versus MH providers who may or may not have a specialty. Mac notes that from a workforce perspective there is a trending in the direction of compatibility with the new 2014 scopes of practice though unclear on where it will happen. Since there are a number of people in the field who are now appropriately credentialed we will need to remain aware of the timeframes and keep SCAODA active on this issue given the impact this will have on our current workforce. Norm reports that WADTPA has been rather dormant on this issue since they are focused on the merger of WADTPA, WADAC and WAAODA. Mac who sits on the board of the Counselors Association reports that they are invested in the reorganization but the representatives on the two task force assigned to this haven’t been able to meet. There is a proposal to have an attorney hired to put together the structure of the new organization but there is a lack of leadership. Between the involved organizations there is only one paid staff person who is not directly responsible for this process. Norm stated that though we have the number of individuals who are certified counselors we don’t have the data available to know how many with the MH licensure have the SA sub specialty or how many hold both licenses. With the cessation of the cert board, the state lost the database to readily obtain this type of information.

Tami is coordinating a conference on prescription drugs with Flo Hillard for the Fall (Thursday, Sept 8th). The CYF subcommittee will support the event in some way whether that is having people speak or just getting the word out. The community event will provide basic information on prescription drugs, opiates, trends and provide support for families. The following day (Friday Sept 9th) a conference type event with registration fee will take place with presentations aimed at a broad audience (school, law enforcement, CJS, providers, Dr’s, etc). Both days will be held somewhere on the Madison campus. Conference supporters include Connections, Recovery Foundation, and likely Rosecrance and Promises (based in Tennessee and California). Shel, mentioned that Kenosha County suicide prevention coalition has a grant from Medical College and is working on developing another grant with a major focus on prescription drugs and
abuse as it relates to suicide but also to deaths. Shel offered to forward an email introduction for Tami of someone new at the medical college who is working on this and has a background on prescription drug abuse. Mac reported that the Dane County consortium had a presentation on the poison elements of prescription drug use and that it is the number one poisoning contributor. The way in which overdose deaths often get classified as either poisoning or undetermined, rather than OD has resulted in a delay in obtaining a clear picture on the degree of impact. Tami reported that Dane County has already experienced more overdoses this year than the total for 2010; particularly with prescription drugs and opiates. Since many of the OD’s are heroin related, some folks may not make the connection that many of these folks had switched from prescription opiates to heroin due to lower costs. Shel inquired as to whether SCAODA is on record of supporting a prescription drug monitoring program, noting the interest at the Federal level in having all states have one. This topic was previously discussed at SCAODA, where it was noted that computer systems would need to be changed in order to support the program. Nina reported that Dorothy Chaney will be doing a presentation at the prevention conference and has dealt with the registry in her work. Dan added that he received information as 400 lives saved since the inception of the needle exchange and the use of Naloxone. Folks were reminded of the CYF mtg on 6-3 and the Alcohol Policy Summit on 6-13 from 10:00am-4:30pm.

**WiNTiP Update – Dave Macmaster**

Mac distributed the WiNTiP update and made mention of all the outreach stakeholder connections being made. Mac has been very involved on an active basis with the stakeholders keeping them advised on WiNTiP and keeps the advisory group informed and involved. He passed around a manual addressing nicotine dependence which was used at the Kalahari training event. In addition to the manual there is a CD that will be available for folks to take with them as a resource. The trainings are also being videotaped and excerpts placed on a DVD so interested folks can review. There will be an all day training event at WAAODA on May 18th for clinicians.

At the May 2nd Steering committee mtg, Randy Glisch, of the Dept of Public Health Tobacco Prevention Control project, informed the group that the funding for WiNTiP would be continued another year at the $50,000 level. This will provide more time to fine tune and replicate the training in other parts of the state. Given the $99 stipend for participation in the training, a waiting list has now developed. Training evaluations have been very positive and it appears that folks are getting something from it. Mac did state that some participants had difficulty in understanding that the information being presented was designed for the client (patient) not for them as clinicians. Clinicians were also informed about an opportunity to participate in an online training through New York State which will allow them to receive 24 documented training hours free of charge which they can use for their certification. All materials are downloadable and anyone can access the training by registering at TobaccoRecovery.org. Access to the training is done via a password at any time day or night, which allows folks to work on it at their own pace. Testing occurs after each segment to ensure the participants learning of the material. Norm notes that CSAT is now requiring that tobacco dependence is addressed in grant applications. Shel mentions that Bruce Christensen received a grant from UW Institute for Clinical Translational Research using a peer to peer model approach to assist those with
persistent mental illness address tobacco dependence. The program is based on the Choices model out of New Jersey.

The next WiNTiP newsletter will focus on Medicaid tobacco dependence treatment reimbursement with specific information on how to apply and information on the MH/SA clinician training with photos and a recap. Mac continues to work on gathering information from other states that are doing work on tobacco integration and providing additional links and resources from other parts of the country. The website continues to be updated with new materials.

SCAODA’s Letter to the Governor – Norm Briggs
The committee reviewed the changes that were recently made by the Policy and Funding Committee to the Governors letter. The majority were in support of the revisions that focus on the impact of alcohol/drug use on the workforce, and are in sync with the Governor’s priority on attracting new businesses to WI. Since the true intent of the letter is to get a meeting with the Governor, the group thought that the revised letter would be more productive in getting his attention. The meeting that follows would then become the opportunity to inform the Governor on the issues and accomplishments. It was hoped that if the Governor’s wife decides to join the group to keep children alcohol/drug free that it may have some influence on the Governor for addressing these issues. It was reported from Julia Sherman that the meeting with the Governor Walker’s wife went very well, though she has not yet made a decision about joining the group. Though the Governor’s wives group was targeted at prevention, Mac noted that many times the initial support goes to the prevention efforts. This was the case with the tobacco efforts, when Governor Doyle was very supportive on the prevention end without a treatment focus. It was easy for him to support efforts to stop kids from smoking. The treatment piece then followed along later. It would be good if we could see this shift from increased penalties and sanctions to a support of treatment for those in the criminal justice system with substance use problems.

A suggestion was made to copy Camille Solberg on the letter since she is the Governor’s representative on SCAODA and is a pipeline to the Governor. It would be wise to get her involvement prior to the meeting as she may be able to let us know what will resonate with the Governor or how best to frame our issues. Getting the new legislative representatives to SCAODA involved in the meetings as well as in activities outside of our meetings was also suggested as a wise strategy for addressing our issues. Their staff may also serve as a conduit for information and influence since it is not always possible to contact the representatives directly.

Behavioral Health Salary Survey – Norm Briggs
Norm presented information on the 2011 Salary Survey which had been done by the National Council for Community Behavioral Health Care and the National Association of Addiction Treatment Providers. What the survey concluded was that persons who work in behavioral health care earn less than their counterparts in other fields. It was reported at a press conference held on April 11th following the release of the survey, that behavioral health workers earn less than fast food workers, noting that a licensed social worker with a masters degree earns less than
a manager at a fast food restaurant. Norm indicated that the salary differences are not just limited to social workers and gave examples of a registered nurse working in behavioral health earning an average of $53,000 compared to a national average for an RN earning $66,500 and a chief medical officer in behavioral health earning an average of $101,000 to 150,000 compared to $184,000 to 292,000 in other fields. The survey information was shared with the group as a point of reference as workforce development is on ITC’s strategic plan. Norm also shared that Prairielands ATTC is supposed to be working with other ATTC’s around the country on a workforce study as well, which has been in development for two years.

**Review of Women’s Treatment Standards** – Norm Briggs and Sue Gadacz

Norm reviewed his distribution of a draft document at the last ITC meeting with the intent of having some standards and a definition of the elements that comprise a women’s specific treatment. The purpose was to differentiate between women’s treatment programming versus women’s groups. The hope was that this committee would make a proposal to the state council much like what was done with the adolescent treatment framework. The document with some validity could then be used around the state for folks to measure themselves or look at their own programs in the context of these standards. This draft document had been shared with Bernestine and Sue for review and opinion.

Sue is representing on behalf of Bernestine Jeffers who was unable to attend the meeting today. Sue reported that the National Treatment Standards document that Norm distributed is a bi-product, created by the National Association of Alcohol and Drug Abuse Directors, specifically by the Women’s Services Network. One of the very first charges of the network in 2007 was to look at the standardization of treatment across the nation and develop something that could be a guidance to states. The reason that this task was undertaken was because in 2007, there were only 27 states that had women’s treatment standards and WI was and is one of them. WI was one of the first states to develop treatment standards for women. The standards were developed in WI in 1999 and 2000, right after the development of WI Works Program (W2). At that time there was a tremendous amount of concern by legislature that the issue of alcohol and drugs were not being addressed appropriately and that women were required to be drug tested in order to receive their checks from W2. WI was the very first state to submit their TANF plans, because it was developed by Governor Thompson as a welfare replacement program. WI law allowed for substance abuse, mental health and domestic violence treatment to be used as work activities. With the passage of this law, Governor Thompson developed a W2 and AODA task force to look at how employment fits into recovery and this is where the women’s treatment standards were developed.

Different from other states which focused on specific elements, WI had an overarching umbrella with the use of the core values and a philosophical approach. The philosophy is grounded in the relational cultural theory or the self-in-relation model developed in 1976. It looks at the role of women as a mom, daughter, sister, friend, etc. It also takes into consideration the whole integration or wrap around philosophy. It is an empowerment model which shows individuals how to do things and views work as a vital therapeutic tool. It is also takes a multi-systemic approach that includes areas of culture. The eleven standards themselves appear sparse in comparison to the described approach, as they were intended to identify the significant things
that need to be taken into consideration without being prescriptive. The guidance document that was developed by NASADAD was built on the treatment standards that all of the 27 states presented at that time and was intended to assist the 23 states that did not have any standards as well as enhancement of standards by the other 27 states. The document focused on what states can do by building on current strengths they have for improving women’s services and steer away from unfunded mandates. Based on the culture and the provider network of the state, they were encouraged to see what is manageable and what can be done to create best practices and a vision. Guidance for using the document conveys that states may not be able to address all elements immediately but instead may need to prioritize specific elements or adopt an incremental approach to implementation.

It was Sue’s suggestion that folks look at WI’s 11 elements and see if there is something there that needs to be strengthened, swapped out or if are fine as they are. In referencing the guidance provided to states on the elements, there needs to be consideration of what additional burdens may be placed on providers and based on that, work with providers to create solutions to promote the best possible services given the available resources. Sue also mentioned that she is not aware of any program in the country that meets all 24 of the elements outlined in the National standards document. She also underscored that the philosophical approach and understanding is often more important that the elements.

It is the Core Values that it probably the most difficult to address, since it is a fundamental shift in how we have been trained. The Core Values levels the playing field and ensures that there is a voice, access, ownership and creative partnership with the family; with the family at the center. Historically we, as providers, have been taught that we are the driver and will ensure that everything happens for the family that needs to. It requires folks to be savvy on multi-system information and how goals overlap and are based on client need. Saying you’re strength based and behaving as such as two very different things. You can teach elements and philosophy but it is the behavior of the Core Values that is the real challenge.

WI has all of the women’s treatment programs broken out of the community aids appropriation. Under this appropriation all counties in the state get a portion of the block grant based on a formula and then need to use 20% of that for primary prevention, 10% for women and the balance goes for anything. The 10% women’s set aside goes out into specific grant initiatives through a competitive bid process. All these grants will be going out for competitive bid for 2012 and unless the state hears otherwise the women’s treatment standards as they are now written will be a part of that RFP. Sue stated that the state is looking a revision of the Core Values and are looking for input. It took four years to complete the Core Values because the process involved meeting with focus groups, key informant interviews, clients and families across the state. The Core Values were written not only for MH and SA but also for Child Welfare and Corrections. Folks have been talking for years on adding another element like prevention or wellness. Bernestine wanted Sue to pass on that DHS will be having a listening session from key informants (professionals in the field) and focus groups. There will be an opportunity to provide feedback on the Core Values either through an Adobe Connect Pro presentation on the computer or in person at DHS on June 1st.
Sue did report that the treatment outcomes for the women’s set aside programs are so much better than for women in services in treatment as usual. On treatment completion rate alone, the women’s set aside programs have a 65% rate compared to 50% general treatment and for those participating in NIATx is even higher than that. On length of treatment it is 11 months compared to 5 months and there is a correlation that the longer time spent in treatment the better the outcomes. There is women specific treatment in only 18 of the 72 counties. There is also a big capacity issue, especially in residential. There are only three transitional residential facilities that allow the woman to take the child into treatment with her and only one that allows a woman to be on methadone while in treatment. Sue indicates that some of this will be addressed in the RFP to change a little bit, but that we have a system that is state supervised but county administered, so the state does not have the ability to say how they should use their funds beyond the grant programs.

In terms of next steps, ITC may want to look at how WI can continue to move forward and see if there is anything that folks think needs to be included in the RFP as it goes out for competitive bid this summer. There will be around two and half million going out for bid for urban/rural projects for counties outside of Milwaukee and between one and one and half million for Milwaukee County. The state would also be open to hearing any feedback folks have on the 11 elements as well. Sue also mentioned that the IV drug grants, including the treatment grants will be going out for competitive bid in 2012, so would folks want to think about including the women’s treatment standards in the RFP so that all programs receiving money would have to include them. Several individuals discussed the idea of making the National Standards document available to all providers as a self assessment or resource but making sure that it is packaged with the philosophical approach and core values.

Sue informed folks that the Wisconsin Women’s Education Network (WWEN) on prevention, treatment and recovery through the University goes around the state to counties that don’t have women’s treatment and provide technical assistance. They are funded by DHS to provide training on the core values, philosophy and a women’s specific approach. The program is coordinated by Flo Hillard. It was suggested that it may make sense to seek Flo’s opinion of the useful of the draft standards document.

Sue suggested that we may want to start with a presentation at the state council on gender specific treatment at the September meeting. Sue is not sure that the council has ever seen the women’s treatment standards for WI. Mac suggested that ITC could send a letter to the state council with the standards, stating that coming soon will be a presentation on how this will become part of the state substance abuse treatment system. Following the presentation, if the standards are adopted by SCAODA, a letter could be sent to WCHSA from the council asking the counties to consider these standards in their treatment programs and community aid dollars allocation. For now the draft standards document put together by Norm will stay on hold.

Sue also let folks know that LeeAnn Cooper, DHS IDP Coordinator, has been meeting with the local technical colleges about adding a component on how alcohol affects women. Some of the tech schools do already, but it is not consistent.
Annual ITC Committee Report out to SCAODA—Norm Briggs
Norm will be reporting out at the June council meeting on ITC’s activities and accomplishments for the past year. Linda Preysz also offered to help with the presentation. The document on ITC goals, a list of specific tasks and attachment from the public forum hosted by ITC were distributed. The group reviewed ITC goals and highlighted our activities and accomplishments. Tami, Nina and Mac agreed to forward information to Lila electronically on the CYF and IDP subcommittee and WinTiP. Lila, Norm and Linda will then work on incorporating the information into the report document.

Adjourn
The meeting was adjourned by Norm.

Next meetings and dates:
1. ITC
   July 12, 2011; 10:00 am – 2:30 pm. Department of Corrections, Madison

2. Children, Youth and Families Treatment Subcommittee
   June 2, 2011; 9:00am – 4:00pm.

3. SCAODA
   June 10, 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
INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, July 12, 2011
10:00 am - 2:30 pm
Department of Corrections
Madison, WI

MINUTES

Present: Norm Briggs, Dan Nowak, Dave Macmaster, Shel Gross, Nina Emerson
Lila Schmidt & Susan Endres- staff
Absent: Tami Bahr, Sheila Weix, Sheri Graeber, Andrea Jacobson

Welcome, Introductions, and Review of Minutes
Norm brought the meeting to order at 10:40. Minutes from the July meeting were reviewed and approved with a suggested change on page two, to reword the free prescription drug event to a conference on prescription drugs and a typo on page six for NASADAD. Updates were also provided on an issue that had been raised in the minutes about whether the state has gone on record in support of a prescription drug monitoring program. Shel reported that he has since learned that the legislature gave approval for this in their last session if grant funding could be secured. Lila reported that the Prevention committee’s opiate work group has been following this effort and were informed that an application for an implementation grant through SAMHSA had been completed but that funded had been withdrawn. Currently an implementation grant is being pursued through a Harold Rogers Grant through OJA.

Children, Youth and Families Subcommittee Update – Susan Endres
Susan made a general announcement that Staci McNatt will be taking the recorder position and helping with the minutes for the subcommittee. The last CYF meeting took place in Appleton where part of the meeting focused on some initiatives going on in that area. The Harmony Café, which is a support center, offers bands, music and other activities as alternatives to substance use for kids and young adults. In addition to the sober opportunities, the program also offers group support and has done some specific work in the area of LGBT support. Jeff Heffernan who coordinates the effort, has done good work on addressing a very challenging issue when combined with substance abuse and suicide. He did a presentation at the meeting, which incorporated a lot of data and Susan has been sharing his power point presentation with others and plans to post it to the website. There had been a number of suicides in their area of high school kids not long ago. Though not reported, the majority of the kids were in the questioning phase of their sexuality. Also included at the Appleton meeting was a presentation by Mary Sullivan and Debbie Ruebner on suicide prevention and the subcommittee was able to attend a
graduation ceremony for four young people that were graduating from the EPIC day treatment program.

Updates provided at the meeting included John Fredrick, the Milwaukee representative, to the committee from the Milwaukee Children’s Courts who discussed the Ken Minkoff initiative occurring there, reporting that they are still in the planning phase and are looking at how to incorporate the model into their service contracts. Mark Mertens from Outagamie County shared the changes occurring in his county regarding their decision to no longer fund the EPIC program, which though very successful in keeping kids out of the juvenile justice system and graduating from school, did not have the proportion of money needed to cover the need. In response, the county is putting its resources into beefing up the Teen Intervene and GAINS short screen on the front end.

Susan reported that the Opiate Ad hoc work group has had one conference call and will be having another in September. Most of their work has focused on planning a day in Oct at the Pyle Center that will focus on opiate addiction. Tami Bahr is taking the lead on this in partnership with the Recovery Foundation and the Department of Justice. Dr. Felgus will present his white paper on best practice for adolescence with opiate addiction, Dr. Wright will be addressing the severity of the need for kids with opiate use, Tami will present data that Connections Counseling has been tracking and Flo Hillard will likely provide something as well. The Dept. of Justice has offered their communication resources to help with the promotion, which will include a media blurb on that day.

The Communications work group has done the flyer and the Payer/Provider group is just beginning to come together with suggestions. One of the suggestions is to look at what it would take to meet all the components of a recovery community and how to fund it through MA. Another suggestion was to look at incentives for insurance providers to serve kids and a third was to address funding issues using a specific case example of a family’s struggle to pay for kids services when they had a change in insurance providers midway into treatment. Shel commented that this work group could be very helpful in providing information to the infrastructure study group which may be reconvening in the Fall based on a verbal commitment by the Department. The infrastructure work group had a wide range of stakeholders but did not include insurers. The group discussed the importance of bringing the funders to the table and having the discussions needed to prepare for the health care exchange. Susan shared a success story from Massachusetts, where their treatment providers contract with their federal funded health care clinic which allows them to get the maximum MA at the federal reimbursement rate.

The next CYF meeting will take place at Arbor Place in Menominee. Arbor Place is working on a pilot of a web based version of the POSIT. In addition to the ten domain areas, the web based version has added the WI version of your drug usage, which gets automatically calculated as to where the person is on the ASAM level of care. The program then provides a link to resources in the community. The folks there are working with their local coalition on this model so it could be available on a regional basis. The program would allow kids and families to log on and obtain resources. The sustainability of funding to manage the website would occur through a small charge that treatment providers would pay to the coalition. Dan mentioned John Hyatt, Associate Director of Milwaukee’s 211 system as a possible resource with this project on
extensive data bases. Susan mentioned that there will also be some discussion at their next meeting on the tribal interest in developing a residential facility for kids up north.

**Women’s Treatment Standards** – Norm Briggs
Norm shared information about the meeting scheduled for July 13th at 1 W. Wilson St. to review the Women’s treatment standards and the Core Values as it relates to women’s treatment. Persons can also participate via Adobe Connect Pro on line or send comments or suggestions to Bernestine Jeffers. Norm handed out a copy of the proposed revised standards to review as a group so that ITC could offer suggestions to the process. Within the document are the Vision, Definitions and Terms, Core Values, Measurement tools and the addition of a new core value and measurement at the end of the report. The suggestions are recorded below and Norm will convey these suggestions when he attends the meeting at DHS.

**Vision** -
- the inclusion of culturally competent in the vision statement

**Definitions/Terms** - (since many of the terms are taken from the cited resources, there may need to be some caveat made)
- Use the terms substance use disorder in place of abuse and dependence for consistency throughout the document as well as with the revised language in the upcoming DSM. There could continue to be reference made to other terms used as well.
- Use the terms substance abuse and mental illness in place of behavioral health which often holds negative connotation for consumers given its emphasis on being a “behavior problem”
- Comprehensive, Continuous, Integrated System of Care Model: don’t see a reference anywhere in the document to the definition
- Continuing Care Services: take out the term initial treatment and replace with substance abuse services that occur after primary treatment has resulted in remission.
- Co-Occurring: the inclusion of problem gambling had some concerns identified. It was expressed that it could be redefined as impulse control disorders for broader inclusion of things such as sexual addiction, wondering if this is a significant issue in terms of its prevalence for women, concerns of how these services would be treated and funding in substance abuse treatment programs.
- There was also a recommendation to eliminate all the terms listed to describe co-occurring (MICA, MISA, etc), to simplify the definition.
- Cultural Competence: change the sentence that reads cultural competence is a developmental process that evolves over an extended period of time to be constantly evolving.
- Evidence-based or emerging best practice: suggest better clarification between them
- FAS needs to be spelled out as Fetal Alcohol Syndrome
- FASD: second paragraph seems to go beyond the definition
- Linguistic competence: the list could be collapsed
- Recovery Support Coordinator: if different than peer recovery support services, not sure where it fits in. Will this be a position required in service contracts or a function that needs to be carried out?
Core Values –

- **Family Centered:** make note of the fact that with the elimination of the first sentence in the proposed change, the family no longer seems defined by the consumer. In the measurement tool there is no need to redefine the family again.

- **Woman and Family Engagement:** change the language in the proposed section to read There is a shared involvement among the woman and her family and…. This value also raises some ethical and professional liability concerns when working with clients and families who may continue in at risk behaviors and are not ready to accept treatment provider recommendations.

- **Builds on Natural and Community Supports:** insert “is reduced” to the last sentence in the proposed value. So it reads the relevant formal support system is reduced over a designed time period…. And under the current measurement tool, Eliminate the examples of natural community supports and resource. There is also a question about whether the Community Reinforcement Approach listed here is the well defined CRE model or more of a general community reinforcement approach. A definition is needed to clarify this as well as what is meant by an independent wraparound care coordination review.

- **Unconditional:** some concern with the statement in the measurement tool that reads a slip, relapse or return to use is never cause for discharge. It may be the associated behavior that results in the discharge. There was also a recommendation that it may be useful to providers to have examples of what things would be evidence in the clinical record that demonstrates that unconditional care exists.

- **Collaboration Across System:** change the language in the last sentence of the proposed change to eliminate the term bi-directional single system of care to and just say collaborate and coordinate a system of care.

- **Gender/Age/Culturally Responsive Treatment:** with the addition of the language which states that services are accessible across the lifespan, it is unclear whether contracted agencies will be expected to provide services to people of all ages.

- **Education, Vocation and Work:** concerns raised with the outcome measurement tool that includes having substantial numbers of clients/families having sustained employment. May not be a realistic goal based on the clients personal goals or the economic reality. From a person centered planning approach, it may be better to change the measure to read, met employment related goals, or improvement in education, work, daily structure or that the client has improvement in meaningful daily activities or a productive and self sufficient life.

- **Belief in Growth, Learning and Recovery:** need definitions for recovery coaches and peer support specialists. Question the specificity of including Reality Therapy in the current measurement tool.

- **Workforce Development and Quality Improvement:** not sure who will be defining the associated measurement tools for these areas.

**WiNTiP Update** – Dave Macmaster

Mac provided an update from the steering committee meeting held earlier in the day. The WiNTiP Medical Director, Dr. Erik will be presenting on WiNTiP nationally at the Interagency Committee on Smoking Cessation and High Risk Populations in Washington DC. He will present on the history, accomplishments and materials that have been developed, which will
provide WINTiP with the highest visibility they have had at the national level. Mac also passed around a handout on the surveys that have been completed as a follow up to the trainings for the mental health and substance abuse treatment staff. There are three staff from the Center for Tobacco Research Intervention that will be conducting the phone and personal follow ups. Part of the $99 stipend for training participants was for their participation in the research. The personal contact will be done thirty days following the training with an additional two follow up surveys, all designed to find out how folks are implementing the information and materials. The fact that this is all coming out of the University adds credibility to the work. Highlights from the survey’s included the request for technical assistance from CETRI from colleagues of persons who had participated in the training. Persons who had quit smoking were continuing to not smoke and those that quit smoking were having higher rates of AODA abstinence than those who continued to smoke. The results of the surveys will be registered with an official research agency that will be reviewing the data when its completed.

Mac shared information on a new group being developed called Families United against Death by Tobacco. This group will be going out to find family members who have died from tobacco or who are sick and dying from tobacco, to reflect the consumer side of this issue. The group is not directly through WINTiP, but plans to reference the mental health and substance abuse high risk populations. There will be some PSA’s in September and a flyer will be going out to all legislators and elected officials to raise awareness on this issue. Sometime following the release of this information, a video camera will be at the Capitol asking legislators about what they think about this issue. The hope is that this attention may lead to the restoration of appropriate funding for the work on tobacco and treatment, moving beyond the focus on prevention and policy.

The next webinar is scheduled for September and will focus on how to introduce tobacco cessation into the treatment setting. It will be 45 minutes over a noon hour and will be online and available as part of WINTiP’s and CETRI’s website. In terms of the funding piece, there has been a 66% reduction in the tobacco money, from 15 million to 5 million. Part of these reductions occurred in the previous funding year. Currently WINTiP continues to receive funding, though the future of where the tobacco dollars will go remains uncertain. In terms of all the reorganization going on in terms of the advocacy groups, Mac has been successful in including WINTiP’s mission in all of that and connecting to the newly emerging groups of WIRCO and Recovery WI. The result will be a more unified association of the treatment professionals and a consumer centered group focusing on recovery from people who are in recovery.

In responding to an inquiry on tobacco revenues, Mac reported that his most recent information is around 840 million, though this is likely from a couple years ago. Norm mentioned that approximately 28% of the population are smokers and that this has remained fairly constant. Mac noted however that smoking is on the increase with the youth. Norm asked Mac to pull together some of this information for an upcoming meeting and stated that will may want to recommend that planning and funding take a look at this.
SCAODA and ITC Strategic Planning – Norm Briggs
Norm moves this discussion to our August meeting and requests feedback from folks at that time as to what our priorities should be for the upcoming year. He suggests that we concentrate on a couple of things rather than try and spread ourselves too thin by addressing too many things. Shel also states that it was his understanding that one of the reasons he was added to the membership of ITC was to do some advocacy work with SCAODA, so he would like us to have some discussion on what that might mean and what he may be able to help with. Mac would like us to develop some policy directions that we could move up the ladder, particularly with the integration of mental health and substance abuse. Develop some policy that would be supportive of mental health community and how could they support us. We need a larger public health advocacy group that could meet together, which would be important at this time with the folks working on the health care exchanges and developing essential services. Shel would be willing to share what folks have done in developing budget and legislative priorities with the Mental Health Council. Mac mentions that he would like to strengthen the tobacco connections and be able to expand their influence in connecting them. Having someone from public health or tobacco on SCAODA would be very useful. Folks also think it would be good if Linda Harris could be introduced at the September SCAODA meeting.

Legislation/Miscellaneous Updates/Future Agenda – Norm Briggs
Norm mentioned his interest in addressing the MA transportation issues. He had attempted to invite Greg Dimaceli from the State to this meeting but was unable to reach him. Since the MA transportation has been transferred to Logisticare, a managed care transportation company, there have been several concerns raised. Norm reported that initially they had been told that substance abuse was not covered. Though this has been corrected, there continue to be concerns with the two day advance reservation requirement and disallowance for certain stops which cause problems for women with children. Shel reported that he has also heard concerns that mental health is not a priority and that there is a long list of questions clients must answer when arranging for services. The Legislation and Policy committee of the Mental Health Council have this on their upcoming agenda.

ITC membership was raised in regard to the status of a Dept of Corrections representative on the committee. Lila informed the group that Dennis Baskins has been named as the DOC representative to SCAODA, but that he has not yet responded back on his participation on ITC. Lila will follow up on this. Nina made an inquiry about whether ITC wanted to continue her participation on ITC given that an IDP subcommittee is no longer under this committee. The group expressed interest in her continuation. A question was raised about whether Sheila Weix was still interested in remaining on the committee given her lack of participation meetings. Norm will follow up with her regarding her ongoing commitment.

Shel mentions that September is Recovery month and this year is being combined with mental health and substance abuse. Wonders if there is some way we may want to be highlighting that. WAAODA and AFRA are really the organizations that take the lead on this, but we may at least want to make recognition of this at the SCAODA meeting in September.

Adjourn
The meeting was adjourned by Norm.
Next meetings and dates:

1. ITC
   August 9, 2011; 10:00 am – 2:30 pm. Department of Corrections, Madison

2. Children, Youth and Families Treatment Subcommittee
   August 12, 2011; 9:00am – 4:00pm.
   Arbor Place in Menominee

3. SCAODA
   September, 2011 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at:
## SCAODA Motion Introduction

### Committee Introducing Motion: Intervention and Treatment-Motion #1

**Motion:** The Intervention and Treatment Committee recommends that SCAODA write a letter to the Department of Health Services Secretary to express concern with the Administration's recent decision to not support grant applications for the Screening, Brief Intervention, Referral and Treatment (SBIRT) and the Strategic Prevention Framework State Incentive Grant (SPF SIG).

**Related SCAODA Goal:** Goal #4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources capacity: a.) for effective prevention efforts across multiple target groups including the disproportionately affected and b.) for effective outreach, and effective, accessible treatment and recovery services for all in need. Goal #1 SCAODA with its committees (a) effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin (b) is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions and the media turn for guidance on AODA issues.

**Background:** This year the Department of Health Services Administration made the decision to not support grants that would have provided valuable services to our state for addressing substance abuse problems. Included were 1.) A Screening, Brief Intervention, Referral and Treatment (SBIRT) grant for $1.6 million a year for five years to expand alcohol and drug screening by primary health care workers that could lead to brief interventions and referrals to treatment for persons in need. This grant would have been a follow up to an ongoing five year grant that is ending. 2.) A Strategic Prevention Framework State Incentive Grant (SPF SIG) for up to $600,000 for one year to identify gaps and improve prevention programs in the state for drug and alcohol abuse. The Department publically stated that these grants were unnecessary as there were already ongoing efforts in place to implement the screening and referral efforts and support prevention services for persons with substance use disorders.

- **Positive impact:** 1.) Federal grants, provide an additional source of revenue to address substance abuse problems in our state.
- **Potential Opposition:** Unknown

**Rationale for Supporting Motion:** The impact of substance abuse is significant in terms of the associated health, social, economic and criminal justice costs. According to the 2010 Wisconsin EPI report, our state continues to have the highest rates in the nation of alcohol consumption, binge drinking and heavy drinking among adults and our rates of underage drinking exceed national levels. As a result, Wisconsin has one and a half times the national rate of arrests for operating a motor vehicle while intoxicated and more than three times the national rate of arrests for other liquor law violations. Our state is also seeing an increase in the abuse of pharmaceutical drugs and the rate of drug related deaths in 2008 was twice what it was in 2000. The SBIRT grant would have provided additional money over the next five years which would have allowed our state to move SBIRT from the innovation phase to the early adopter phase with potentially hundreds of sites spontaneously taking up delivery of SBIRT services. The SPIF SIG grant would have added to the limited prevention budget through the Substance Abuse Block Grant and aided in strategic planning and implementation of statewide prevention.
## SCAODA Motion Introduction

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<th>Committee Introducing Motion: Intervention and Treatment-Motion #2</th>
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<td>Motion: The Intervention and Treatment Committee recommends that SCAODA write a letter to the Department of Health Services Secretary to express concern with the Administration's decision that the Department will no longer support state sponsored conferences for the professional development of treatment professionals. It is also recommended that SCAODA express their desire to understand the rationale of these decisions and have ability for input into the process.</td>
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| Related SCAODA Goal: Goal #4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources capacity: a.) for effective prevention efforts across multiple target groups including the disproportionately affected and b.) for effective outreach, and effective, accessible treatment and recovery services for all in need. Goal # 1 SCAODA with its committees (a) effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin (b) is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions and the media turn for guidance on AODA issues. |

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<tr>
<th>Background: Under direction of the Department of Health Services, the Bureau of Prevention Treatment and Recovery will no longer provide the professional development and training conferences beginning in 2012, though funds may still be available to support other efforts.</th>
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<td>• Positive impact: State sponsored conferences can relieve some of the stress on agency budgets by reducing costs of conferences and trainings through collaboration.</td>
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<td>• Potential Opposition: Unknown</td>
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| Rationale for Supporting Motion: In the face of decreasing budgets for services, it will be more difficult for counties and local providers to provide the training needed to maintain the state's AOD workforce's professional standards. |
**SCAODA Motion Introduction**

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<th>Committee Introducing Motion: Intervention and Treatment-Motion #3</th>
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<td>Motion: The Intervention and Treatment Committee recommends that SCAODA draft a letter to the leadership of the Senate and the Assembly expressing concern with the legislature's increasingly punitive approach (increased financial penalties and/or increased periods of incarceration) to addressing alcohol and other substance use disorder related problems without acknowledgment of and support for addressing the addiction that is the root cause of the behavior.</td>
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| Related SCAODA Goal: Goal #1. SCAODA with its committees (a) effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin (b) is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions and the media turn for guidance on AODA issues. |

| Background: A number of recent Assembly and Senate bills have been proposed for criminal offender populations with substance abuse disorders that focus exclusively on increasing penalties to address the impact of criminal behavior in our state without acknowledging the relationship between the underlying substance abuse problem and the criminal behavior and the need for increased funding for treatment. Examples of such proposed legislation include: 1) 2011 AB 208, which proposes to increase the maximum periods of confinement and fines by making a third and fourth OWI a Class H felony offense and increasing the felony level classification of a fourth OWI offense committed within five years of a prior offense and for all OWI offenses that are fifth and higher. 2.) 2011 AB 172, which proposes to increase the possible reduction of an individual's W-2 benefit for a positive drug test for persons in a community service job or a transitional placement who have been convicted after August 22, 1996 of a felony that has as an element possession, use, or distribution of a controlled substance. |

| Positive impact: Support and promote effective strategies for reducing criminal behavior and restoring self sustaining lives for persons with substance abuse disorders. |
| Potential Opposition: Persons not wanting to spend more money in general and who may not believe in the efficacy of substance abuse treatment. |

| Rationale for Supporting Motion: The effects of substance abuse are pervasive throughout the criminal justice system and the link between substance abuse and crime is well established. We have experienced many failed attempts at taking the getting tough on crime approach and can now demonstrate through research the significance and effectiveness of providing treatment to persons committing crimes where there is an underlying and causal substance abuse problem. Supporting a balanced approach of punishment and treatment allows us to hold individuals accountable for their actions, while providing them with the treatment and resources needed to address their addictions and end the repeat cycle of crime and incarceration by reducing the likelihood that they will commit crimes again. Treatment resources are not adequately funded in our state and are often unavailable to individuals without financial resources, as is the case for many people who become and are involved in the criminal justice system. |
MEMBERS PRESENT: Duncan Shrout, Sally Tess, Todd Campbell, Tom Fuchs, Steve Fernan and Manny Scarbrough.


STAFF: Lori Ludwig

GUEST: Rob Sommerfeld, Budget Analyst DMHSAS

I. Call to Order – Duncan Shrout:

Duncan Shrout called the meeting to order at 12:00 P.M.

II. Review /Approval April 15, 2011 Committee Minutes—Duncan Shrout

Duncan Shrout asked for any corrections to the minutes of April 15, 2011. Hearing none, he announced that the minutes would stand as they are.

III. Legislation—Group Discussion

AB 108 (SB 76 Companion bill)— “If a person is found to have committed an OWI–related offense, the municipal or circuit court must assess costs associated with acquiring a blood sample and administering a blood test or analysis that were charged to, paid by, or expected to be paid by, the law enforcement agency that requested the test. The bill does not require a person to pay for an alternative test if the person chose to have an alternative test administered.” This bill would shift costs from law enforcement to the individual offender. Discussion elicited the following conclusions: If one wants to increase costs to the offender, one would support this bill; if one did not want to increase costs to the offender, one would not support this bill. Regarding AB 108, there were no strong feelings one way or the other.

AB 95—“This bill repeals the requirement that DOR issue retail beer and intoxicating
liquor permits to American Indian tribes and specifies that any previously issued permit is void as of the effective date of the bill.” There were no strong feelings one way or another from Committee members and no position was taken.

AB 120--Tom Fuchs made a motion to oppose AB 120 a bill which prohibits the driver of a commercial quadricycle from consuming alcohol while the commercial quadricycle is occupied by passengers but there was no second. Mr. Shrout noted that the objection to the bill should be noted in the minutes.

Motion Introduction forms regarding motions passed during the April 15th meeting were reviewed and approved:
- AB 57 (SB 54 Companion bill)—opposing synthetic marijuana
- AB 63 (SB 44 Companion bill)—opposing increasing hours of sale for beer and alcohol
- AB 76—opposing recouping expenses for the Department of Corrections when adults or juveniles in secured correctional facilities receive medical or dental care

IV. Analysis of State Budget bill—Rob Sommerfeld

Sally Tess assumed the Chair. Rob Sommerfeld distributed a document dated 6-16-11 titled “DMHSAS Under Gov’s Budget.” The document listed potential percentage reductions in General Purpose Revenue (GPR), Program Revenue (PR) and the Drug Abuse Program Improvement Surcharge (DAPIS) funds. Examples of potential AODA contract effects include: Temporary Assistance for Needy Families (TANF), residential services at bilingual facility, court diversion services, the Intoxicated Driver Program (IDP), prevention services to tribal members, funding to youth prevention services, women’s AODA treatment services, and deaf population support services. In addition Mr. Sommerfeld stressed that future DMHSAS funding may be at risk based on GPR and PR cuts and maintenance of effort (MOE) requirements (for the Substance Abuse Prevention and Treatment Block Grant). **Manny Scarbrough made a motion that the Planning and Funding Committee does not agree with the Governor's budget; potential programs affected actually save money in the long run.** Duncan Shrout seconded the motion. Steve Fernan suggested adding a statement as part of the motion that the potential state fund reductions could also result in the loss of federal dollars. All voted in favor of the motion except for Steve Fernan and Sally Tess who abstained. The motion passed.

Manny Scarbrough pointed out that there are very favorable outcome data associated with criminal justice diversion programs such as TAP and Drug Court. However, he pointed out that some communities like Kenosha and Racine are not making referrals to drug court. Tom Fuchs added that he works with the drug court in Eau Claire County and has concerns. There is a policy that once an offender is within the Department of Corrections (DOC) oversight, the County is unwilling to pick up costs for the person. Lori Ludwig suggested that perhaps the Criminal Justice Coordinator on staff at the Bureau of Prevention Treatment and Recovery would be able to provide more information on the development of drug courts in Wisconsin, outcome and cost data, and other issues that may be either promoting or hindering further development of these programs.
V. WAAODA Spring Conference—Duncan Shrout

Duncan Shrout assumed the Chair for this and successive items. The following agreed to be present to host the Public Forum at the WAAODA Spring Conference: Tom Fuchs, Manny Scarbrough, Steve Fernan, Duncan Shrout and Todd Campbell.

VI. Draft Letter to Governor Walker—Group Suggestions

Lori Ludwig reported that there was not consensus from the Committees regarding the draft letter to Governor Walker. Sue Gadacz decided to bring Camille Solberg, the Governor’s representative to SCAODA into the decision-making about the form and content of the letter. Ms. Gadacz will be speaking with Ms. Solberg, hopefully at the June SCAODA meeting.

VII. Intoxicated Driver Program (IDP) Sub-Committee on Financing Report—Duncan Shrout

Mr. Shrout reported that 133 letters have been sent requesting legislative support for the three SCAODA motions regarding the IDP. The motions were: 1) SCAODA ask selected legislators to request through the Joint Legislative Committee on Audit an audit of the Driver Improvement Surcharge Fund current allocations. 2) 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. 3) 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. He has been calling key members of the Joint Finance Committee and will be calling others. Representative Tony Staskunas will introduce this but he must find a Republican co-sponsor. Mr. Shrout added that if nothing else perhaps SCAODA will gain a perspective that it is a body that should work closely with the governor and legislators on legislative matters.

VIII. Women’s Services Report—Norm Briggs

Mr. Briggs was not present to report on Women’s Services.

IX. Draft SCAODA Agenda—Lori Ludwig

Ms. Ludwig reviewed the draft SCAODA agenda with the group. Mr. Shrout requested that the IDP-Funding Subcommittee Report be added as an agenda item under the Planning and Funding Committee Report.

IX. Committee Reports—Group
Steve Fernan reported on DPI. Safe and Drug Free Schools funding has been defunded. However Wisconsin was successful in receiving a federal grant, Safe and Supportive Schools. He reported that DPI is now in the final stages of determining the qualifications of participating schools. There will be a period of three years of data collection. The program is very prescriptive. There will be 19 districts and 69 schools participating. By June 1, 2011 the data will be finalized and include the school’s safety score and identify participating schools. July 1, 2011 schools will receive funds. Mr. Fernan indicated that because of some staff changes in DPI, he will no longer participate on either the Prevention or Planning and Funding Committees. He will attend SCAODA meetings. Mr. Ken Wagner will be attending the Committee meetings in Mr. Fernan’s place. Ms. Ludwig agreed to add Mr. Wagner’s name to the Committee distribution list.

Mr. Fernan also noted that DPI is discontinuing sponsorship of conferences. He asked if the Clearinghouse has the capacity to do so. He indicated that several Departments are discontinuing sponsorship of conferences. Lori Ludwig reported that at the last Bureau meeting staff were told that the Administration wants write-ups on all conferences and that this is the last year for Bureau-sponsored conferences. That would affect the Bureau conference in 2012. The Bureau conference for October 25-6, 2011 is still on the agenda. Steve Fernan motioned that Planning and Funding recommends that the Chairperson of SCAODA appoint an ad hoc committee to study State Agencies and organizations continued ability to plan and sponsor statewide conferences and provide staff development for alcohol and other drug (AOD) professionals. Tom Fuchs seconded the motion. The motion passed unanimously.

X. Agenda Items for the next meeting—Group

Final IDP Funding Subcommittee Report  
Update on Safe and Supportive Schools—Ken Wagner 
Drug Court enrollment and engagement 
State Training Conferences  
Budget Motion

XI. The meeting was adjourned at 2:30 p.m. The next meeting is listed below:

PLANNING AND FUNDING COMMITTEE MEETING  
JULY 15, 2011  
9:30 A.M. – 2:30 P.M. 
ARC CENTER FOR WOMEN & CHILDREN  
1409 EMIL STREET  
MADISON, WI  
608/283-6426
MEMBERS PRESENT: Joyce O’Donnell, Duncan Shrout, Sally Tess, Ken Wagner, Todd Campbell, Norm Briggs, Manny Scarbrough and Pamela Bean.


STAFF: Lori Ludwig

I. Call to Order – Joyce O’Donnell:

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

II. Review /Approval May 16, 2011 Committee Minutes—Joyce O’Donnell

Duncan Shrout made a motion to approve the minutes of May 16, 2011. Manny Scarbrough seconded the motion. The motion passed unanimously.

Ms. O’Donnell thanked Mr. Shrout for Chairing the meeting of May 16, 2011 and she thanked Sally Tess for hosting the meeting in Waukesha.

III. Legislation—Group Discussion

AB 172—After discussion of the bill, which increases punishments for OWI offenses, Mr. Shrout made a motion to seek advice and analysis from the Intervention and Treatment Committee prior to taking a stand of support or opposition on the bill. Manny Scarbrough seconded the motion. The motion passed unanimously.

IV. WAAODA Spring Conference—Joyce O’Donnell

Mr. Shrout reported that at the WAAODA conference there was a good discussion about the “Scopes of Practice” document and its applicability to Medicaid and Medicare only. Otherwise a substance abuse counselor could continue to practice in Wisconsin without a degree—just
without billing Medicaid and Medicare. It was a good conversation. Norm Briggs expressed confusion as to the state’s lack of a requirement to adopt or enforce the “Scopes” documents. Manny Scarbrough expressed concern about the lack of diversity in the workforce. **Mr. Scarbrough made a motion that the Planning and Funding Committee recommends that by January 1, 2012, Minority Counselor Training Institute develop a strategic plan in terms of how to have the required number of people of color in place with degrees and trained by July of 2014, including strategies for training and funding. Duncan Shrout seconded the motion.** Discussion included a report from Lori Ludwig of the Bureau of Prevention Treatment and Recovery’s efforts regarding the workforce issue. First, there is a survey being conducted by the UW Extension which will ascertain the extent of Wisconsin’s educational institutions’ substance abuse curriculum development towards the goal of certification of substance abuse counseling; and also regarding the current qualifications and education of certified substance abuse counselors in Wisconsin. The group asked Ms. Ludwig to obtain more information on the survey, when it was sent out, who it was sent to, etc. Ms. Ludwig was also asked to invite Angela McAlister, the Director of WAAODA, responsible for implementing the Minority Counselor Training Institute, and Flo Hilliard, responsible for implementing the survey, to Planning and Funding’s next meeting in August. **The motion was then passed unanimously.**

**V. Follow-Up on Motions From Last Meeting—Lori Ludwig and Joyce O’Donnell**

- Letters to Legislators—Because there was not a quorum at the last SCAODA meeting, or at a follow-up teleconference, motions passed by the Committees were forwarded to the Legislator under the signature of the Committee Chairs. One result was that the executive Assistant to the Secretary of the Department of Health Services, Kevin Moore, expressed displeasure. He felt that the By-laws should be changed so that recommendations from the Committees cannot move forward without Council passage. Ms. O’Donnell explained that this was a first and only time even. There is no action expected from Planning and Funding. This is an FYI only item.
- State Training Conferences work group motion—Mr. Shrout felt that there should be a sub group to take a look at this and that there may be other options. Is it within the interest of the citizens of Wisconsin to have conferences? If yes, what should this look like? Mr. Shrout felt that we need to look at this. Concerns were location, facility, and Bureau sponsorship. Norm Briggs felt that the Bureau competes with WAAODA. He felt that the state should support private non-profit agencies training the workforce. Mr. Shrout was unsure. The motion is still unacted on. Do we need a group to look at this? Mr. Briggs asked why the Planning and Funding Committee couldn’t create a conference planning ad hoc workgroup to study and make recommendations about conferences. **Mr. Briggs made a motion to create an ad hoc workgroup under the Planning and Funding Committee comprised of at least one representative from WAAODA, at least one Representative from the Clearing house and at least one member from the Bureau. A report should be delivered to Planning and Funding prior to February 2012. Mr. Shrout seconded the motion. The motion passed unanimously.** Regarding the previous motion (to appoint a SCAODA Workgroup), Mr. Shrout moved to rescind it. Manny Scarbrough seconded the motion. The motion passed unanimously.
VI. Intoxicated Drive Program Sub-Committee on Financing—Duncan Shrout

Mr. Shrout reported that the final meeting of the group is July 6th. They will be issuing a final report of 5-10 pages. There will be the three motions that resulted in letters to legislators being sent. There is a concern that the insurance company won’t pay if someone is convicted of an OWI. Unfortunately the letter didn’t get any attention, Mr. Shrout reported. SCAODA needs legislators.

VII. Informational Items—Joyce O’Donnell

- Ms. O’Donnell informed the group that SCAODA members who have missed more than two meetings in a year will be getting letters from Scott Stokes asking them what can be done to increase their attendance.
- HW2020—Ms. Ludwig shared with the group a revised form that HW2020 asked SCAODA to endorse. The group reviewed the form and endorsed it.
- By-laws Changes—Ms. Ludwig brought the group up to date with a document that SCAODA will vote on in September regarding proposed changes to the by-laws. The changes have to do with defining Standing Committees, Standing Sub-Committees and ad-hoc work groups.
- Nomination Committee—Ms. O’Donnell explained that Blinda Beason has retired. There is only one other person on the Nomination Committee, and that is Rebecca Wigg-Ninham. Ms. Ludwig reviewed the responsibilities of the Nominating Committee according to the by-laws: The Nominating Committee…
  - Publicizes vacancies,
  - Acknowledges each application,
  - Reviews each application,
  - May interview applicants,
  - Reports 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,
  - 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 governor.

VIII. SAPT Block Grant Needs and Priorities—Lori Ludwig

Ms. Ludwig shared with the group the changes to the Substance Abuse Block Grant planning process and priority-setting process. She distributed documents developed in conjunction with Bureau staff priorities, The Wisconsin Epidemiological Profile on Alcohol and Other drug Use, 2010, and Healthiest Wisconsin 2020 State Plan priorities. The documents summarize proposed planning priorities in the Bureau for September of 2011-June of 2013. The group reviewed the documents and felt that they appeared to be correct and could endorse them. They suggested that if further feedback was requested that the documents be emailed with specific questions.

IX. Women’s Services Report—Norman Briggs
Mr. Briggs reported that as of July 1, 2011, the “Logisticare” contract began. The manage transportation for Medical Assistance clientele. It used to be provided by the County. Logisticare does the entire state. Substance abuse treatment was not covered initially. Nothing is in the contract for kids transportation. The ARC women clients could not bring their children with them. Therefore, women cannot get to treatment. Logisticare will not drop off a child at the child care center. Todd Campbell pointed out that the problems are not unique to substance abuse. Methadone patients have been denied, too. Greg DiMeceli is the contract manager at DHS.

Core values for Women’s Treatment has been a focal point of discussion at ITC. Bernestine Jeffers put out a revised document with definitions and language changes. ITC has reviewed it. There are questions about how to measure for example family centered treatment. The document is undergoing public review, and receiving additional comments. ITC still needs to discuss philosophy and measurement.

For 2012 all women’s grants are going out under the RFP process. Not Healthy Beginnings, however. That is in statute. At the September SCAODA meeting there will be a presentation on women’s treatment.

X. Committee Reports

- Ken Wagner agreed to report on the new program at DPI.
- Sally Tess reported on Act 100—for second and third time repeater OWI cases, is leading to an increase in probation caseloads. Things are working better with treatment courts so not to be redundant. There are lots of repeat drunk drivers. Act 100 treatment dollars went to the establishment of the Dane County OWI Court pilot program DHS is providing funding for Naltrexone.
- Todd Campbell pointed out that it appears that the block grant will be decreasing its support while Medicaid will be used to fund treatment. There are those single adults who are chronic. Fifteen years ago they lost their SSI. They drain resources at the county level and will be less served in the future.

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

- Mr. Briggs suggested future items for Planning and Funding agendas:
  - Presentation on nicotine use prevention and tobacco withdrawal with substance abuse treatment integration.
  - Privatized substance abuse treatment. What is happening? The privatized system is being funded. How are those decisions made:
- Criminal Justice Coordinator Report, Lila Schmidt on Trauma initiatives with DOC, TAP and Drug Court.

XII. Adjourn—Joyce O’Donnell

The meeting was adjourned at 2:30 p.m. The next meeting is listed below:
PLANNING AND FUNDING COMMITTEE MEETING
AUGUST 19, 2011
9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET
MADISON, WI
608/283-6426
Attendance: There were twenty-six people who signed in, 5 of whom were Council or Committee representatives. The balance of those attending represented members of the Wisconsin Association of Alcohol and Drug Abuse Counselors (WAADAC), the Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA), hospital-based alcohol and other drug abuse (AODA) treatment, AODA out-patient and residential treatment agencies, adolescent treatment, the ministry, the Minority Counselor Training Institute, the Wisconsin Association of Peer Specialists, recovery housing, the Wisconsin Department of Transportation, the Wisconsin Department of Corrections, private practice counselors, county treatment agencies, the Wisconsin Nicotine Treatment Integration Project (WiNTiP), and private individuals. There were a total of nine attendees representing the State Council on Alcohol and Other Drug Abuse (SCAODA) Council and Committee members, and eight Bureau staff. Three SCAODA Committees were represented by staff and Committee members (Planning and Funding, Cultural Diversity and Intervention and Treatment). Two Council members were present: Blinda Beason SCAODA Vice-Chair and Duncan Shrout of the Planning and Funding Committee who chaired the meeting.

A panel convened for the purpose of delivering information on the “Model Scopes of Practice and Career Ladder for Substance Use Disorder Counseling” and answering questions consisted of Tom Fuchs, Pam Bean and Todd Campbell of the Planning and Funding Committee, and Sue Gadacz, Substance Abuse Supervisor in the Bureau of Prevention, Treatment and Recovery (BPTR). Lori Ludwig, Block Grant and SCAODA Planner and staff to the Planning and Funding Committee from BPTR was also in attendance. Materials distributed were: “Model Scopes of Practice and Career Ladder for Substance Use Disorder Counseling,” “Executive Summary from Healthiest Wisconsin 2020,” “Alcohol and Other Drug Use” focus area from the HW2020 Plan.

The Public Forum was called to order at 5:30 p.m. by Duncan Shrout. All present were welcomed. The Public Forum Panel members and the Department of Health Services staff members were introduced. Mr. Shrout pointed out the materials and agenda and encouraged the group to speak out on any relevant issues.

Issues:

Regarding credentialing in the field of substance abuse counseling, Sue Gadacz introduced the “Scopes of Practice” document as a set of standards and not a rule. The Rules of the Department of Regulation and Licensing (RL 160-168) still apply.

http://drl.wi.gov/board_code_detail.asp?boardid=59&locid=0
In the past, certified Alcohol and Drug Counselors (CADC) were grandfathered in. “The Scopes of Practice” document outlines more advanced standards. In it, Clinical Substance Abuse Counselors (CSAC) are classified as “Category 3” on the “Career Ladder,” and independent clinicians are classified as “Category 4”. Ms. Gadacz went on to explain that in light of anticipated changes in the financing of treatment for substance abuse disorders, that is, the increased use of Medicaid and other health insurances to cover the costs of treatment for substance use disorders, professional standards for receiving reimbursement for the provision of those treatment services supersede current standards. In order to prepare the field for such changes, the Division of Mental Health and Substance Abuse Services will be undertaking in conjunction with the University of Wisconsin-Madison’s Continuing Studies Division the administration of a survey to all the Wisconsin technical colleges, and all the Master’s Level of Social Work programs in Wisconsin universities and determine what kind of work qualifications graduates hold. Additionally, another survey will be administered in partnership with the University and Department of Regulation and Licensing to substance abuse counselors (SACs) and clinical substance abuse counselors (CSACs) to obtain information regarding how these positions are distributed throughout the state. The surveys will be administered in June and July in partnership with WAAODA, WAADAC and WADTPA—Wisconsin Alcohol and Drug Treatment Providers Association. Ms. Gadacz felt that this was a critical time to gather information. The audience had a number of questions, summarized below in a Q & A format:

Q: Does category 3 on the “Scopes of Practice” document need to be supervised by a category 4, considering that Wisconsin has “addictionologists”?  
A: We must adapt this “SCOPE” to coincide with the level associated with the academic degree. We will do this in collaboration with WAAODA, WAADAC, WADTPA and the Department of Regulation and Licensing (DRL).

Q: About one-fourth of we practitioners are not tied to academic degrees. We need somebody to represent our voice. I understand there is not to be grandfathering.  
A: We haven’t had any dialogue with DRL about grandfathering. There is a tremendous amount of uncertainty about who this will affect. There may be skewed perceptions about how many non-degreed practitioners are out there. As an example, there is a NIATX (Network for the Improvement of Addiction Treatment) project including 10 provider agencies. We had heard that about half of the counselors would have no bachelor’s degree. As it turned out, only one counselor didn’t have a bachelor’s degree.  
A: We have individuals coming up to us and saying, “What about me? I am a substance abuse counselor (SAC) and I have a high school degree.” Look at category 2. Perhaps there is some hope of grand-fathering. The “Scope” document says, “If not obtained through a degree, it can be obtained as advanced coursework outside the school setting.”

Q: I work in Indian country. The training needs in Indian country are tremendous. There are very few who meet the requirements. What will happen is that you will find a lot more white people providing services in Indian country because they can draw down (from the insurance companies).
A: The Affordable Care Act will go into effect in 2014. Until then DRL Rules 160-168 are in effect. To change administrative code will take years beyond 2014. Medicaid will go into play before changes to DRL Rules 160-168 will go into effect.

A former SCAODA staff encouraged all educational institutions to have an addiction track available. She reported that a few years prior, SCAODA sent letters to all the state universities offering courses in counseling and related fields asking them to offer an addiction track. SCAODA should continue to pressure on the universities. All state educational institutions should be on board.

Q: Regarding the expansion of Medicaid, do these standards extend to the commercial sector, or are they strictly about Medicaid?
A: The “Scope” standards apply strictly to Medicaid.

Q: When will grandfathering be discussed?
A: There is a new administration and there are vacant positions, however we have a meeting with DRL scheduled for next month.
Q: Will you make grandfathering part of the discussion?
A: Many people will be involved and we will begin a dialogue. Many decisions will impact the agenda.
Q: What should we do?
A: It depends on how you are financed. We can’t tell a county how to spend its money, we have no say. We can’t tell DOC how to spend its money, we have no say. I can tell you that 78% of substance use disorders’ treatment services are financed with county tax and the Substance Abuse Block Grant (SABG). Twenty-two percent are financed through Medicaid. I can tell you that the SABG will shrink. Medicaid will be covering the cost of treatment. A huge chunk of money will be out of the system and we will depend on Medicaid. There still will be SABG financing for women’s services as the priority requirement for pregnant women will stay in effect, however we have received clear messages that the SABG will shrink.

At this point one of the audience expressed dismay, stating that the state has a lot of control over how counties are treated; the state can withhold funds for reimbursement. Another participant stated that there is fear and concern and not a lot of answers. The state requires 4,000 hours of practice on top of a degree. People will have to rearrange their lives to comply. And these rules were written only 3-4 years ago! Now there is more change. “Our jobs are in jeopardy! While we wait for you people to decide whether you will discuss grandfathering!”

Sue Gadacz responded by saying that we need to look at the profession as a whole. No matter where you are (on the “Scopes” ladder) there is a place for you on the ladder. Each person must make their own decision. This is the reality of the field. We must codify and document everything we do. How do we best prepare for what is coming? Every profession has educational requirements associated with it. Tom Fuchs added that Minnesota (where he previously practiced) went through this shift four years ago. What it means is that new people will have to have bachelor’s degrees. This is not just a
Wisconsin issue. State organizations are working on this. We will advocate that we need therapists in their chairs and working. This will work for people who are 60 years old and moving out of the field and this will work for new people coming in. Mr. Fuchs expressed his belief that kicking people out won’t work for anyone. SCAODA will not forget you.

A participant pointed out that there are no schools in the Madison area from which to obtain a Master’s degree in substance use disorders. Ms. Gadacz responded that the survey will identify how many individuals in the field with master’s degrees (the majority will be MSWs) live in Madison (for example) and would not meet DRL standards. The problem is, she continued, is that there are a high number of colleges that never submit their curricula to DRL. There must be work with the schools to ensure that their curricula are submitted to DRL. Another participant added that there should also be data gathering to look at projected need, the numbers of persons in need of substance abuse treatment services. There really are not nearly enough providers. Ms. Gadacz responded that there will be an estimated 76,000 new people under Medicaid in Wisconsin. They will be seen in physician’s offices, Federally Qualified Health Centers, and community health centers. We need to make sure that they are seen by appropriately credentialed substance use disorder treatment personnel. The participant added that she was concerned that people in those offices do not fall under the purview of HS 75. That is a big concern, she added.

Another participant reported on another workshop that presented information on changes being proposed for the fifth edition of the American Psychiatric Association’s Diagnostic and Statistics Manual the DSM-5. One change is that the term “addiction” will no longer be used; rather the term “disorder” (e.g., substance use disorder) will be used. There is also support for not using the term “disease,” though this was less clear. The participant was concerned that because of the possible change concerning the use of the term “disease,” there may be a possibility that substance abuse counseling would not be covered under insurance. It is a disease, she affirmed. Duncan Shrout responded indicating that the State Council should be aware of these proposed changes and should stay informed about it. Tom Fuchs asked rhetorically whether the change would be softening the concept of disease or simplifying by combining all the substance use disorder diagnoses into one “easier” diagnosis (“substance use disorder” replacing categories of abuse, dependence and addiction).

Q: Another participant asked where the Minority Training Program fits into the changes proposed by the Affordable Care Act and the “Scopes of Practice” implications. What happens to people who go through that program? People of color have been trained and have gone back to work in their communities. What now?
A: Monies funding the Minority Training Program will continue to make that commitment to minority counselors.

Q: Why doesn’t the “Scope of Practice” document include recovery workers? If we can expect another 77,000 people in the substance abuse treatment system, recovery will develop their own programs. Will the state help with that?
A: Currently, there is only one county that really invests in recovery services and that is Milwaukee County. We need to learn more about how they built the system. Recovery coaches are a training investment this year. The issue is: what will be paid for out of the block grant. Prevention and recovery need to be a part of good infrastructure. Mental health has a good infrastructure and there are lessons we can learn. Telephone monitoring is a method some would advocate.

A: A representative from the Wisconsin Association of Peer Specialists voiced support for that idea. They have a Medicaid infrastructure grant and there is a lot of feedback from peers in the field.

Q: Is there money for college in the Minority Training Program?
A: Yes, minority counselors with the desire to go on will be supported.

Q: Is there a “Scope of Services?” The Parity Rule doesn’t address covered services.
A: SCAODA is an advisory body to the Governor and legislators. Other government entities will be involved.

Mr. Shrout asked if there were any further questions. Hearing none, Pamela Bean and Duncan Shrout thanked the audience for attending. The meeting was adjourned at approximately 7:00 p.m.
State Council on Alcohol and Other Drug Abuse
Planning and Funding Committee
Intoxicated Driver Program Funding Ad Hoc Committee

September 2011
Chapter 20, of the 1981 Laws of Wisconsin was landmark legislation that enacted a *per se* law and implemented the Uniform Intoxicated Driver Act. Wisconsin judges are required to refer individuals convicted of Operating a Motor Vehicle While Intoxicated (OWI) for a standardized assessment of their alcohol and controlled substance use as well as the development of a driver safety plan. Noncompliance with the driver safety plan would now result in the suspension of an individual’s driver license.

County human service agencies were given the responsibility to conduct intoxicated driver assessments and to develop Driver Safety Plans (DSP). For the first time, DSPs included mandatory referrals to educational programs or to a treatment program, depending on the assessment of clients’ use of alcohol or controlled substances. In addition, counties were also given the responsibility to fund treatment services for indigent clients who could not afford them.

**IDP Funding Ad Hoc Committee Purpose**

The purpose of the IDP Funding Ad Hoc Committee is to make recommendations to the State Council on Alcohol and Other Drug Abuse (SCAODA) through the Planning and Funding Ad Hoc Committee that will substantially increase the funding available to Wisconsin counties to pay for treatment for indigent IDP clients.

It was anticipated in 1981 through the passage of Chapter 20 that the Driver Improvement Surcharge would pay for the treatment of indigent clients. Chapter 20 established the Driver Improvement Surcharge which is assessed on each OWI conviction. Initially, the surcharge was $150. Counties then retained 85% of the surcharge collected to pay for alcohol or other drug treatment for indigent clients. The remainder was sent to the State for various state-wide programming. Over the years, the Driver Improvement Surcharge has increased from $150 to $365; however, the percentage of the surcharge retained by counties has decreased from 85% to 60%. This leaves counties seeking other revenue sources to pay for treatment for indigent clients. Currently, the Driver Improvement Surcharge is $365 with 60% or $219 of it retained by the counties to pay for treatment services for indigent clients. The remaining 40% or $146 is sent to the Department of Administration and according to state statute distributed to the following agencies and programs as indicated on the pie chart:
During State Fiscal Year (SFY) 2010, $10,853,900 was collected in Driver Improvement Surcharges. Approximately $4,341,600 was received by the State. Distribution of state funds for 2010 was as follows:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Purpose</th>
<th>2010 Budgeted Amount</th>
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<tbody>
<tr>
<td>DHS</td>
<td>IDP Supplemental Grants to counties</td>
<td>$990,000</td>
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<tr>
<td>DOJ</td>
<td>Crime Victim Compensation</td>
<td>$60,700</td>
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<tr>
<td>DOT</td>
<td>Purchase and maintenance of breath screening instruments</td>
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<td>DOT</td>
<td>Chemical testing training</td>
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<td>DPI</td>
<td>Driver Education</td>
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<tr>
<td>UW/SLH</td>
<td>State Lab of Hygiene Testing</td>
<td>$1,653,000</td>
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</table>

Counties retain 60% of the Driver Improvement Surcharge to pay for treatment for indigent IDP clients. In 2010, counties retained $6,512,300 for treatment services.

In addition to the Driver Improvement Surcharge revenue, some counties also utilize county tax levy, community aids, the Substance Abuse Block
Grant (SABG) and other available funds to support the treatment programs providing services to indigent IDP clients.

IDP Supplemental Fund Grants

The Department of Health Services (DHS) administers the Intoxicated Driver Program Supplemental Fund and awards grants to counties that document treatment costs that exceed their available resources. For calendar year 2010, 32 Wisconsin counties requested financial assistance to cover excess costs of their Intoxicated Driver Programs by applying for an IDP Supplemental Grant. These 32 counties reported a total of $3,276,112 in treatment costs over and above their Driver Improvement Surcharge collections. Based on the actual allocation received from the Driver Improvement Surcharges, the department was able to disperse only $844,900, less than the $990,000 budgeted. That amount provided only 25.79% of each county’s request.

Additional Funding Sources

In addition to the County portion of the Driver Improvement Surcharge, counties also receive Federal Substance Abuse Block Grant (SABG) funds to utilize as needed. Use of SABG funds for a program that was intended to be self-supporting results in fewer dollars being available to other human service clients. According to current data, Wisconsin counties presently require the use of approximately one-third of their SABG funds for the treatment of indigent IDP clients. Some counties may also utilize county tax levy, community aids and other funding opportunities.

An informal survey was conducted of the 31 counties that applied for IDP Supplemental funds. Of the 31 counties, 15 counties responded to the survey. Data showed that just over 57% of IDP clients had insurance that paid all or part of the costs of treatment. Nearly 43% of IDP clients had no insurance and required financial assistance. The cost of treatment for these clients was reported at nearly $2.3 million. These counties reported receiving almost $1.3 million in Driver Improvement Surcharge funds which required them to use substance abuse block grant funds, community aids revenue, county tax levy and/or IDP supplemental fund revenue to pay for $1 million in treatment costs for indigent IDP clients.
Projected Funding Needs

The committee reviewed data available through the Human Services Reporting System (HSRS). County agencies use this system to report to the state on the individual clients they are serving, the services they provide, and their expenditures. Based on this information, the Bureau of Prevention Treatment and Recovery (BPTR) staff estimated the funding needed to provide treatment services for IDP clients (see attached spreadsheet).

Nearly 50% of IDP clients assessed are referred for treatment services. Using the number of clients who are assessed and the cost of treatment, it is estimated that treatment costs over $16 million per year for intoxicated driver program clients. After subtracting the Driver Improvement Surcharge retained by counties, over $9.2 million of treatment costs are not covered. Estimating that counties use nearly one-third of their substance abuse block grants to fund treatment for IDP clients, approximately $3.5 million of the substance abuse block grant pays for treatment for these clients.

Recommendations

Based on all information available to the IDP Funding Ad Hoc Committee, the Planning and Funding Committee of SCAODA passed the following motions at SCAODA’s March 4, 2011, meeting:

**Motion 1**

To ask selected legislators to request through the Joint Legislative Committee on Audit an audit of the Driver Improvement Surcharge Fund current allocations.

**Motion 2**

To ask selected legislators to create legislation through the 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.
Motion 3

To 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 from general purpose revenue or other available funding sources to the Department of Health Services.

All motions passed unanimously. A letter was sent to Governor Walker and all legislators on April 29, 2011 (copy attached). Committee members followed up with phone calls to all members of the Joint Finance Committee; however, no action was taken on SCAODA’s motions during this budget period.

Other Funding Opportunities

Members of the IDP Funding Ad Hoc Committee also recommended a new look at increasing Wisconsin’s Tax on Beer. Tax on beer in Wisconsin is the 3rd lowest in the United States at a rate of $06.5 per gallon ($2.00 per barrel). There has been no increase in the beer tax since 1969. Currently, other states’ beer taxes range from $.019 per gallon ($.59 per barrel) to $1.07 per gallon ($33.17 per barrel). Wisconsin’s liquor tax rate is $3.25 per gallon while other states’ liquor tax ranges from $1.50 to $12.80 per gallon. Wine has yet another tax rate depending on the amount of alcohol.

During FY 2009-2010, Wisconsin collected $9.61 million in beer tax. Increasing the beer tax alone from $2.00 per barrel to $4.00 per barrel would generate another $9.61 million in revenue that could be used to support additional education, enforcement and treatment of intoxicated drivers. This increase would result in approximately a 5 cent increase on a 12-ounce bottle of beer.

Summary

The Intoxicated Driver Program (IDP) Funding Ad Hoc Committee recommends to SCAODA members that the remedies for Wisconsin Counties to fund treatment for indigent clients convicted of intoxicated driving are legislative. In 2010, 32 counties sought over $3 Million Dollars of additional funding assistance to provide the required treatment to indigent clients convicted of intoxicated driving in Wisconsin. Only $844,000 was
available to these counties. As recommended by the IDP Funding Ad Hoc Committee in March 2011, members of the State Council on Alcohol and Other Drug Abuse should work forthrightly with members of the Wisconsin Senate and Assembly and Governor Walker to solve this serious and growing funding problem. The steps to take are stated within the three motions on page 5 unanimously passed by SCAODA on March 4, 2011.
Ad Hoc IDP Funding Ad Hoc Committee Membership

Duncan Shrout  Ad Hoc IDP Funding Committee, Chair, SCAODA, Citizen Member
Mark Seidl    SCAODA, Chair, Kewaunee County Dept. of Human Services
Joyce O’Donnell  SCAODA, Citizen Member
Nina Emerson  UW Law School Center on Impaired Driving
Andrea Jacobson  Mental Health Center of Dane County
Tom Saari  Winnebago County Dept. of Human Services, WCHSA
Susan Gadacz  Department of Health Services
Robert Sommerfeld  Department of Health Services
Carolyn Ellerkamp  Department of Health Services
Donna Moore  Department of Health Services
Cynthia Dombrowski  Department of Administration
Vicki Seibel  Department of Corrections
Senator Dave Hansen  Legislature
Bridgette  Sen. Hansen designee
Rep. Tony Staskunas  Legislature
Adrienne Ramirez  Rep. Staskunas designee
Rep. Garey Bies  Legislature
Sen. Sheila Harsdorf  Legislature
LeeAnn Cooper  Department of Health Services, Staff Member

The Planning and Funding Committee of SCAODA would like to thank the IDP Funding Ad Hoc Committee for its dedication and passion in researching the intoxicated driver program funding issues.
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<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
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<tbody>
<tr>
<td>A</td>
<td>Number of convictions OWI - 2007</td>
<td>40,260</td>
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<td>B</td>
<td>Number of convictions OWI - 2008</td>
<td>36,846</td>
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<td>C</td>
<td>Number of convictions OWI - 2009</td>
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<td>D</td>
<td>Estimated collections due to 2009 OWI convictions</td>
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<td>Estimated revenue if 100% of convictions paid surcharge</td>
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<td>Difference</td>
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<td>G</td>
<td>Percentage of fine revenue collected</td>
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<td>Number of convictions OWI - 2009</td>
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</tr>
<tr>
<td>L</td>
<td>Treatment Driver Safety Plan Programs in 2009</td>
<td>19,783</td>
</tr>
<tr>
<td>M</td>
<td>Proportion of Programs that are Treatment</td>
<td>49.18%</td>
</tr>
<tr>
<td>N</td>
<td>Estimate of number of persons requiring treatment in 2009</td>
<td>15,276</td>
</tr>
<tr>
<td>O</td>
<td>Estimate number receiving outpatient services</td>
<td>14,849</td>
</tr>
<tr>
<td>P</td>
<td>Estimate number receiving residential services</td>
<td>397</td>
</tr>
<tr>
<td>Q</td>
<td>Estimate number receiving inpatient services</td>
<td>31</td>
</tr>
<tr>
<td>R</td>
<td>Estimate total cost of outpatient services</td>
<td>$14,462,472</td>
</tr>
<tr>
<td>S</td>
<td>Estimate total cost of residential services</td>
<td>$1,448,129</td>
</tr>
<tr>
<td>T</td>
<td>Estimate total cost of inpatient services</td>
<td>$124,257</td>
</tr>
<tr>
<td>U</td>
<td>Total cost of outpatient services</td>
<td>$16,034,859</td>
</tr>
<tr>
<td>V</td>
<td>Estimate total local revenue collection from surcharges</td>
<td>$6,802,607</td>
</tr>
<tr>
<td>W</td>
<td>Treatment cost not covered by local surcharge</td>
<td>$9,232,252</td>
</tr>
<tr>
<td>X</td>
<td>Cost covered by IDP Supplemental Awards</td>
<td>$990,000</td>
</tr>
<tr>
<td>Y</td>
<td>Remaining treatment costs that need to be covered by other sources</td>
<td>$8,242,252</td>
</tr>
<tr>
<td>Z</td>
<td>Total SAPTBG Basic Allocation to counties CY 2009</td>
<td>$10,542,959</td>
</tr>
<tr>
<td>AA</td>
<td>2009 percent of HSRS AODA clients that are OWI</td>
<td>32.8%</td>
</tr>
<tr>
<td>BB</td>
<td>Estimated SAPTBG funding directed to IDP clients</td>
<td>$3,458,091</td>
</tr>
<tr>
<td>CC</td>
<td>Remaining treatment costs that need to be covered by other sources</td>
<td>$4,784,161</td>
</tr>
</tbody>
</table>
May 9, 2011

THE HONORABLE SCOTT WALKER
WISCONSIN GOVERNOR
115 E CAPITOL
MADISON WI 53702

Dear GOVERNOR WALKER:

The Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) is a Governor-appointed council charged with, among other tasks, advising the Governor and the Wisconsin legislature on issues concerning the abuse of alcohol and other drugs in our state.

As you know, Wisconsin is, once again, rated as Number 1 in the United States in self-reported drunk driving and binge drinking. Every day, there are news reports of individuals being arrested for their 3rd, 6th, or even 10th OWI offense, often after an innocent victim has been killed or severely injured. Wisconsin must do better!

In order to begin to make an impact on intoxicated driving, we must change the “alcohol culture” in Wisconsin. In addition, effective treatment for substance use disorders must be available to individuals who need treatment. Although treatment is not inexpensive, it is less costly than incarceration.

An estimated forty-nine percent of individuals in Wisconsin (15,276 in 2009) convicted of Operating While Intoxicated (OWI) were referred for treatment. Based on a recent survey, approximately 40% of this group was indigent and unable to pay for treatment. In the circumstance of indigence, the cost of treatment shifts from the individual to the county of residence.

The State of Wisconsin has been able to provide Wisconsin Counties with limited financial relief. In 2010:

- 32 Wisconsin counties applied for an Intoxicated Driver Program (IDP) Supplemental/Emergency Fund Grant that is administered by Department of Health Services.
- Each applicant county received less than 26% of its request; $844,900 was available from the Driver Improvement Surcharge to fund over $3.2 million in requests from 32 counties.

The under-funding of Wisconsin Counties for their Intoxicated Driver Programs has existed since at least 1982 when DHS started issuing IDP supplemental/emergency grants.

A lengthy review of the Intoxicated Driver Program funding sources was undertaken in order to correct this problem. The following motions passed SCAODA unanimously on March 4, 2011:

- To ask selected legislators to request through the Joint Legislative Committee on Audit an audit of the Driver Improvement Surcharge Fund current allocations.

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• To ask selected legislators to create legislation through the 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.

• To ask selected legislators to request the introduction of legislation in the 2011-2013 budget that would produce an additional annual allocation of $2.5 million dollars of general purpose revenue or other funding source to the Department of Health Services. (This allocation would be dispersed to counties to help cover excess treatment costs for IDP clients.)

SCAODA is asking for your assistance to implement these motions. Without appropriate and effective treatment resources for substance use disorders, Wisconsin will continue to fail to address this very serious, and potentially deadly, public health issue.

Please contact me at (920) 388-7039 or Duncan Shrout, chair of the IDP Funding Subcommittee and a SCAODA member, at (414) 256-4813 or by email at dshrout@impactinc.org, if you have any questions.

Respectfully,

Mark Seidl, Chair
State Council on Alcohol and Other Drug Abuse

This letter was also sent to:

Wisconsin State Senate Members
Wisconsin State Assembly Members
Kitty Rhoades, DHS Deputy Secretary
Kevin Moore, DHS Executive Assistant
SCAODA members
Addendum
IDP Funding Ad Hoc Committee Report

On Friday, August 19, 2011, the Planning and Funding Committee of the State Council on Alcohol and Other Drug Abuse moved to accept the Intoxicated Driver Program (IDP) Funding Ad Hoc Committee report. The Planning and Funding Committee supports not using the Substance Abuse Block Grant as a source of funding for treatment of intoxicated drivers because it diverts funding from other clients in need of treatment.
## SCAODA Motion Introduction

<table>
<thead>
<tr>
<th>Committee Introducing Motion: Planning and Funding--Motion #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion: Planning and Funding motions that the Intoxicated Driver Program Funding Ad Hoc Committee Final Report be forwarded to SCAODA for approval.</td>
</tr>
</tbody>
</table>

| Related SCAODA Goal: Goal #4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity: (b) For effective outreach, and effective, accessible treatment and recovery services for all in need. |

| Background: The Intoxicated Driver Program was created by the legislature in 1981 to require Wisconsin judges to refer individuals convicted of Operating a Motor Vehicle While Intoxicated (OWI) for a standardized assessment of their alcohol and controlled substance use as well as the development of a driver safety plan. Noncompliance with the driver safety plan would result in the suspension of an individual's driver license. County human service agencies were given the responsibility to conduct intoxicated driver assessments and to develop Driver Safety Plans (DSP). For the first time, DSPs included mandatory referrals to educational programs or to a treatment program, depending on the assessment. In addition, couties were also given the responsibility to fund treatment services for indigent clients who could not afford them. Over the years, the availability of adequate funding for the IDP has declined. The recommendations of the Report seek to address funding inadequacies and identify policies that seek to maintain the program's self-sufficiency. |

- **Positive impact:** Program funding remedies would address the untreated population of OWI offenders and free up other funding sources for other AOD priorities.
- **Potential Opposition:** None known

| Rationale for Supporting Motion: The OWI population represents a population in need of AODA education and treatment. Untreated substance use disorders effect the health and safety of the general public. To the extent that the OWI population is untreated, unwanted risks are placed among the general public. The Planning and Funding Committee believes that the IDP should be self-supporting and that funding remedies should be undertaken to achieve self-sufficiency of the program. |
### SCAODA Motion Introduction

<table>
<thead>
<tr>
<th>Committee Introducing Motion: Planning and Funding-Motion #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion: Planning and Funding Committee motions to oppose AB 200.</td>
</tr>
<tr>
<td>Related SCAODA Goal: Goal #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.</td>
</tr>
<tr>
<td>Background: Current law generally prohibits a winery holding a winery permit from having a direct or indirect interest in a &quot;Class B&quot; retail license or establishment. However, a winery may hold one &quot;Class B&quot; retail license, authorizing the sale of wine only, issued for the winery premises or for real estate owned or leased by the winery. This bill authorizes a winery to make retail sales and provide taste samples of wine on fairgrounds, under the &quot;Class B&quot; license issued to the fair association, if the wine is purchased from a wholesaler. Under the bill, if a fair leases a stand to a winery, the winery may make retail sales of wine from the leased stand and may provide taste samples anywhere on the fairgrounds of wine manufactured by the winery. Further, this bill changes the condition relating to beverages at fairs, so that aid from the Department of Agriculture, Trade and Consumer Protection may be distributed to an otherwise eligible fair at which wine is available.</td>
</tr>
<tr>
<td>- <strong>Positive impact:</strong> Opposing this motion means SCAODA opposes increasing the accessibility of wine at fairs. Because Wisconsin's rates of alcohol use and misuse are among the highest—if not the highest—in the nation, opposing an increase in the accessibility of alcohol is a positive step.</td>
</tr>
<tr>
<td>- <strong>Potential Opposition:</strong> Wineries might oppose this motion because the bill would increase sales of wine.</td>
</tr>
<tr>
<td>Rationale for Supporting Motion: Given the high level of alcohol use and related problems in Wisconsin, available evidence suggests that to reduce problems related to alcohol use in the population, we should address: Access to/availability of alcohol, affordability of alcohol, attractiveness of alcohol use, acceptability of excessive alcohol use and reduction of harm related to use.</td>
</tr>
<tr>
<td>Committee Introducing Motion: Planning and Funding--Motion #3</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Motion: Planning and Funding Committee motions to support AB 208 with the caveat that 100% of the fines over $600 is designated to the Intoxicated Driver Supplemental Fund within the Department of Human Services.</td>
</tr>
<tr>
<td>Related SCAODA Goal: Goal # 4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems and human resources and capacity: (b) For effective outreach, and effective, accessible treatment and recovery services for all in need.</td>
</tr>
<tr>
<td>Background: Currently, a person who commits a fourth OWI within five years of a prior offense is guilty of a Class H felony and a person who commits a fifth or sixth OWI is guilty of a Class H felony. Under this bill, a person who commits a third OWI is guilty of a Class H felony. Further this bill removes upper limits for fines and imprisonment related to OWI offenses.</td>
</tr>
<tr>
<td>• Positive impact: Supporting AB 208 will further deter drunk driving.</td>
</tr>
<tr>
<td>• Potential Opposition: AB 208 increases penalties for drunk drivers yet does nothing to address the underlying lack of treatment for substance use disorders that should be part of the bill. Increasing penalties doesn't address addiction issues.</td>
</tr>
<tr>
<td>Rationale for Supporting Motion: There is the perception that penalties deter drunk driving, and that prison penalties are effective. Waiting until the fourth or fifth OWI arrest for a felony conviction, doesn't help hold the person accountable. If an individual is caught three times, they've been driving that way (intoxicated) many times.</td>
</tr>
</tbody>
</table>
**SCAODA Motion Introduction**

<table>
<thead>
<tr>
<th>Committee Introducing Motion: Planning and Funding--Motion #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion: Planning and Funding recommends that SCAODA create a plan of action to be implemented to address and remedy historical racial/ethnic disparities and inequities by increasing the number of minority counselors qualified and available to provide services under the Scopes of Practice requirements.</td>
</tr>
</tbody>
</table>

| Related SCAODA Goal: Goal #5. SCAODA with its committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remediying historical, racial/ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people. |

<table>
<thead>
<tr>
<th>Background: The lack of qualified and available minority counselors has been and continues to be problematic in Wisconsin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Positive impact: Supporting this motion will increase the likelihood of increasing the prevalence of qualified minority counselors in Wisconsin.</td>
</tr>
<tr>
<td>• Potential Opposition: None known</td>
</tr>
</tbody>
</table>

| Rationale for Supporting Motion: Since the Minority Counselor Training Institute has been suspended, and many people have benefited from this program, Planning and Funding would like more information about what work is being done to fulfill the SCAODA goal of remediying systems bias in terms of the lack of the availability of minority counselors. Through SCAODA's Public Forum, Planning and Funding has consistently heard testimony that people who need help get help from creditable individuals. The effect of minority counselors being available is significant. A diverse workforce should be given priority. Funding to support minority training dollars should be there. |
Committee Introducing Motion: Planning and Funding--Motion #5

Motion: Planning and Funding Committee motions to seek SCAODA's approval to ask Department of Health Services Secretary Smith for reconsideration of his decision to not seek federal funding for the Screening Brief Intervention and Referral to Treatment (SBIRT) program and the Strategic Prevention Framework State Prevention Enhancement Planning Grant (SPE).

Related SCAODA Goal: Goal #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; and (b) For effective outreach, and effective, accessible treatment and recovery services for all in need.

Background: SBIRT is an evidence-based and cost-saving approach to addressing Wisconsin residents’ use of alcohol and drugs. In the last year of this 5-year SAMHSA grant (2006-2011), the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL; http://www.wiphl.com/) has implemented SBIRT services in 31 health care settings in geographically diverse locations across Wisconsin. Many people engaged in risky or problem substance use can be helped by SBIRT services. SBIRT begins with the administration of a standardized screening consisting of several questions about the patient’s alcohol/drug use experiences. The screen identifies patients at-risk or at a problem level of use. Patients who score positive meet with a health educator or other trained professional to discuss the screen results and begin a brief intervention. The brief intervention consists of 1-3 consultations taking about 30 minutes each. Studies show that, for many people, brief intervention is enough to promote significant substance use reductions. However, for those who continue to use alcohol or drugs, a referral for treatment may be appropriate.

In this project, a total of 117,580 brief screens were administered, 26,336 brief interventions were conducted, 410 patients were referred to specialist AODA treatment, and 156 patients entered treatment. Preliminary outcome data showed that a sample of patients who participated in SBIRT reduced risky drinking rates by 20% and marijuana use by 23% in a 6 month follow-up.

The 2011 Strategic Prevention Framework State Prevention Enhancement grants (SPE grants) were designed to strengthen and extend SAMHSA's national implementation of the Strategic Prevention Framework (SPF), so as to bring the SPF to scale and support communities of high need nationwide. These 1-year SPE cooperative agreements were intended to support States, Territories and Tribal entities in strengthening and enhancing their current prevention infrastructure to support more strategic, comprehensive systems of community-oriented care.

- Positive impact: Supporting the application for these federal funds would help to address the highest rates in the nation for alcohol consumption, underage drinking, binge drinking among women of child bearing age, alcohol-related motor vehicle deaths and injuries, and other substance use disorder consequences in Wisconsin.

- Potential Opposition: The Department of Health Services Administration has said that grants were not pursued if they were duplicating existing efforts, weren't needed or hadn't received enough planning.

Rationale for Supporting Motion: The extent of the problem of substance abuse in Wisconsin is well-documented. The results of evidence-based programs like SBIRT and environmental approaches in Strategic Planning Framework communities have been well-established. The use of these federal funds would have identified, intervened, prevented or provided treatment for substance use disorders among thousands of Wisconsin citizens. These grants would also...
support the State's Strategic Health Plan, Healthiest Wisconsin 2020, which has been endorsed by SCAODA.
**SCAODA Motion Introduction**

<table>
<thead>
<tr>
<th>Committee Introducing Motion: Planning &amp; Funding--Motion #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion: Planning and Funding motions to support a ban on 190 proof Everclear.</td>
</tr>
</tbody>
</table>

**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 media turn for guidance on AODA issues.

**Background:** A citizen whose son died from ingesting Everclear contacted the Planning and Funding Committee to take action on banning this potentially lethal substance from sale in Wisconsin.

- **Positive impact:** Supporting a ban on Everclear would help prevent future deaths related to ingestion of Everclear.
- **Potential Opposition:** None Known.

**Rationale for Supporting Motion:** There are States that do ban Everclear. Wisconsin, of course, is not one of them. Wikipedia states: Due to its high alcohol content, Everclear is illegal, unavailable, or difficult to find in many areas. In Canada, Everclear is sold in the province of Alberta, but not in Manitoba, Saskatchewan, and most other provinces. In British Columbia, it is available for purchase with a permit for medical use, research use, or industrial use only. In the United States, some municipalities, such as Chicago, have banned Everclear, even though the state permits it to be sold. Consumers may buy Everclear in Pennsylvania but must first obtain a license to do so. In the United States, it is illegal to sell the 190-proof variety in California, Florida, Hawaii, Iowa, Maine, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Washington, West Virginia, and Virginia. It is legal to sell Everclear 190 in Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Mississippi, Missouri, Montana, Nebraska, New Jersey, New York, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, Wyoming, the District of Columbia, and in some military stores within the continental United States.
RECOVERY MONTH

NOW, THEREFORE, I, Scott Walker, Governor of the State of Wisconsin,

order the people of Wisconsin, and I commend this observation to all of our citizens.

Whereas, those disorders and illnesses are prevalent and treatable, and property

losses, property losses on Wisconsin communities; and

substance abuse and mental illness are problems that are treatable and

substance abuse treatment programs; and

limited States in $150.8 billion; and

begin by age 1 and increase by age 24; and

substance abuse and mental illness are recognized and key to all healthcare costs of mental and substance abuse disorders are a cause of

OFFICE OF THE GOVERNOR

STATE OF WISCONSIN
June 15, 2011

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

Dear Honorable Scott Fitzgerald:

The Planning and Funding Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA) passed a motion to oppose AB76 at its April 15, 2011 meeting. AB 76 is a bill which would recoup expenses for the Department of Corrections when adults or juveniles in secured correctional facilities receive medical or dental care, requiring the prisoner to pay the charges. For people with mental health and/or substance abuse problems, it is a foolish policy to discontinue medications because of a potential payment problem. If someone thinks twice about taking their medications because of payment, they would not ask for help. Those with mental health and/or substance abuse problems who take prescribed medications and are deprived of those medications will experience a recurrence of the debilitating symptoms that warranted the use of the medications in the first place. Therefore the Planning and Funding Committee of the State Council on Alcohol and Other Drug Abuse urges you to oppose AB76.

At the May 16, 2011 meeting of the Planning and Funding Committee a motion was passed to oppose potential GPR and PR cuts to alcohol and other drug prevention and treatment programs and services as presented in the Governor’s Proposed Budget Bill. Potential GPR and PR cuts would decrease state funding for alcohol and other drug prevention and treatment programs and services (annual state funding of $800,000). These services have been shown to be effective and reductions would increase other public costs such as law enforcement and court time, incarcerations, increased social welfare costs, and medical costs. Additionally, future funding may be at risk based on these GPR and PR cuts and maintenance of effort requirements. The Planning and Funding Committee therefore recommends that you strongly oppose these potential reductions in the Governor’s Proposed Budget Bill.

When legislation that relates to alcohol and other drug abuse policies, programs or services is introduced or offered in the legislature, SCAODA will “…provide considered opinion of the effect and desirability as a matter of public policy of the legislation.” (Act 210) The Planning and Funding Committee has taken up this goal analyzing alcohol and other drug abuse related
bills as they are introduced into the legislature and making recommendations based on a vision of an adequate sustainable infrastructure for effective prevention, treatment and recovery services for all Wisconsin citizens in need.

Sincerely,

Joyce O’Donnell
Chairperson, Planning and Funding Committee

Cc: Mark Seidl, Chairperson State Council on Alcohol and Other Drug Abuse
    Kitty Rhoades, Deputy Secretary, Department Health Services
    Kevin Moore, Executive Assistant, Department of Health Services

This letter also sent to:
    Senator Mark Miller
    Representative Jeff Fitzgerald
    Representative Scott Suder
    Representative Peter Barca
June 15, 2011

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

Dear Honorable Peter Barca:

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

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Planning and Funding Committee

June 15, 2011

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Assembly Majority Leader
Room 215 West
State Capitol
P.O. Box 8953
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Dear Honorable Mark Miller:

The Planning and Funding Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA) passed a motion to oppose AB76 at its April 15, 2011 meeting. AB 76 is a bill which would recoup expenses for the Department of Corrections when adults or juveniles in secured correctional facilities receive medical or dental care, requiring the prisoner to pay the charges. For people with mental health and/or substance abuse problems, it is a foolish policy to discontinue medications because of a potential payment problem. If someone thinks twice about taking their medications because of payment, they would not ask for help. Those with mental health and/or substance abuse problems who take prescribed medications and are deprived of those medications will experience a recurrence of the debilitating symptoms that warranted the use of the medications in the first place. Therefore the Planning and Funding Committee of the State Council on Alcohol and Other Drug Abuse urges you to oppose AB76.

At the May 16, 2011 meeting of the Planning and Funding Committee a motion was passed to oppose potential GPR and PR cuts to alcohol and other drug prevention and treatment programs and services as presented in the Governor’s Proposed Budget Bill. Potential GPR and PR cuts would decrease state funding for alcohol and other drug prevention and treatment programs and services (annual state funding of $800,000). These services have been shown to be effective and reductions would increase other public costs such as law enforcement and court time, incarcerations, increased social welfare costs, and medical costs. Additionally, future funding may be at risk based on these GPR and PR cuts and maintenance of effort requirements. The Planning and Funding Committee therefore recommends that you strongly oppose these potential reductions in the Governor’s Proposed Budget Bill.

When legislation that relates to alcohol and other drug abuse policies, programs or services is introduced or offered in the legislature, SCAODA will “...provide considered opinion of the effect and desirability as a matter of public policy of the legislation.” (Act 210) The Planning and Funding Committee has taken up this goal analyzing alcohol and other drug abuse related

www.scaoda.state.wi.us
bills as they are introduced into the legislature and making recommendations based on a vision of an adequate sustainable infrastructure for effective prevention, treatment and recovery services for all Wisconsin citizens in need.

Sincerely,

Joyce O'Donnell
Chairperson, Planning and Funding Committee

Cc: Mark Seidl, Chairperson State Council on Alcohol and Other Drug Abuse
    Kitty Rhoades, Deputy Secretary, Department Health Services
    Kevin Moore, Executive Assistant, Department of Health Services

This letter also sent to:
    Senator Scott Fitzgerald
    Representative Jeff Fitzgerald
    Representative Scott Suder
    Representative Peter Barca
Planning and Funding Committee
Prevention Committee

June 15, 2011

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

Dear Honorable Scott Fitzgerald:

The Prevention Committee of the State Council on Alcohol and Other Drug Abuse passed a motion at its April 21, 2011 meeting and the Planning and Funding Committee passed a motion at its April 15, 2011 meeting to oppose AB 63 and its companion bill, Senate Bill 44. These bills would extend the period of time Class “A” retailers may sell alcoholic beverages, beginning at 6:00 a.m. instead of 8:00 a.m. so that a Class “A” retailer may sell beer from 6:00 a.m. until midnight unless the municipality in which it is located establishes more restrictive closing hours, and a “Class A” retailer may sell intoxicating liquor from 6:00 a.m. until 9:00 p.m.

These bills expand access to alcohol and force communities to take action in order to maintain the status quo. Wisconsin currently ranks number one in the nation for adult binge drinking. Any Bill that increases access to alcohol also increases the potential for alcohol abuse. For these reasons we strongly urge you to oppose AB 63 and SB 44.

Sincerely,

Scott Stokes
Chairperson, Prevention Committee

Joyce O’Donnell
Chairperson, Planning and Funding Committee

Cc: Mark Seidl, Chairperson State Council on Alcohol and Other Drug Abuse
Kitty Rhoades, Deputy Secretary, Department Health Services
Kevin Moore, Executive Assistant, Department of Health Services

This letter also sent to:
Senator Mark Miller
Representative Scott Suder
Representative Peter Barca
Representative Jeff Fitzgerald
June 15, 2011

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

Dear Honorable Mark Miller:

The Prevention Committee of the State Council on Alcohol and Other Drug Abuse passed a motion at its April 21, 2011 meeting and the Planning and Funding Committee passed a motion at its April 15, 2011 meeting to oppose AB 63 and its companion bill, Senate Bill 44. These bills would extend the period of time Class “A” retailers may sell alcoholic beverages, beginning at 6:00 a.m. instead of 8:00 a.m. so that a Class “A” retailer may sell beer from 6:00 a.m. until midnight unless the municipality in which it is located establishes more restrictive closing hours, and a “Class A” retailer may sell intoxicating liquor from 6:00 a.m. until 9:00 p.m.

These bills expand access to alcohol and force communities to take action in order to maintain the status quo. Wisconsin currently ranks number one in the nation for adult binge drinking. Any Bill that increases access to alcohol also increases the potential for alcohol abuse. For these reasons we strongly urge you to oppose AB 63 and SB 44.

Sincerely,

Scott Stokes
Chairperson, Prevention Committee

Joyce O’Donnell
Chairperson, Planning and Funding Committee

Cc: Mark Seidl, Chairperson State Council on Alcohol and Other Drug Abuse

www.scaoda.state.wi.us
Kitty Rhoades, Deputy Secretary, Department Health Services
Kevin Moore, Executive Assistant, Department of Health Services

This letter also sent to:
Senator Scott Fitzgerald
Representative Jeff Fitzgerald
Representative Scott Suder
Representative Peter Barca
June 15, 2011

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

Dear Honorable Scott Suder:

The Prevention Committee of the State Council on Alcohol and Other Drug Abuse passed a motion at its April 21, 2011 meeting and the Planning and Funding Committee passed a motion at its April 15, 2011 meeting to oppose AB 63 and its companion bill, Senate Bill 44. These bills would extend the period of time Class “A” retailers may sell alcoholic beverages, beginning at 6:00 a.m. instead of 8:00 a.m. so that a Class “A” retailer may sell beer from 6:00 a.m. until midnight unless the municipality in which it is located establishes more restrictive closing hours, and a “Class A” retailer may sell intoxicating liquor from 6:00 a.m. until 9:00 p.m.

These bills expand access to alcohol and force communities to take action in order to maintain the status quo. Wisconsin currently ranks number one in the nation for adult binge drinking. Any Bill that increases access to alcohol also increases the potential for alcohol abuse. For these reasons we strongly urge you to oppose AB 63 and SB 44.

Sincerely,

Scott Stokes
Chairperson, Prevention Committee

Joyce O’Donnell
Chairperson, Planning and Funding Committee

Cc: Mark Seidl, Chairperson State Council on Alcohol and Other Drug Abuse

www.scaoda.state.wi.us
Kitty Rhoades, Deputy Secretary, Department Health Services
Kevin Moore, Executive Assistant, Department of Health Services

This letter also sent to:
Senator Scott Fitzgerald
Senator Mark Miller
Representative Jeff Fitzgerald
Representative Peter Barca
June 15, 2011

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

Dear Honorable Jeff Fitzgerald:

The Prevention Committee of the State Council on Alcohol and Other Drug Abuse passed a motion at its April 21, 2011 meeting and the Planning and Funding Committee passed a motion at its April 15, 2011 meeting to oppose AB 63 and its companion bill, Senate Bill 44. These bills would extend the period of time Class “A” retailers may sell alcoholic beverages, beginning at 6:00 a.m. instead of 8:00 a.m. so that a Class “A” retailer may sell beer from 6:00 a.m. until midnight unless the municipality in which it is located establishes more restrictive closing hours, and a “Class A” retailer may sell intoxicating liquor from 6:00 a.m. until 9:00 p.m.

These bills expand access to alcohol and force communities to take action in order to maintain the status quo. Wisconsin currently ranks number one in the nation for adult binge drinking. Any Bill that increases access to alcohol also increases the potential for alcohol abuse. For these reasons we strongly urge you to oppose AB 63 and SB 44.

Sincerely,

[Signature]
Scott Stokes
Chairperson, Prevention Committee

[Signature]
Joyce O’Donnell
Chairperson, Planning and Funding Committee

Cc: Mark Seidl, Chairperson State Council on Alcohol and Other Drug Abuse
Kitty Rhoades, Deputy Secretary, Department Health Services
Kevin Moore, Executive Assistant, Department of Health Services

This letter also sent to:
Senator Scott Fitzgerald
Senator Mark Miller
Representative Scott Suder
Representative Peter Barca
June 15, 2011

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

Dear Honorable Peter Barca:

The Prevention Committee of the State Council on Alcohol and Other Drug Abuse passed a motion at its April 21, 2011 meeting and the Planning and Funding Committee passed a motion at its April 15, 2011 meeting to oppose AB 63 and its companion bill, Senate Bill 44. These bills would extend the period of time Class “A” retailers may sell alcoholic beverages, beginning at 6:00 a.m. instead of 8:00 a.m. so that a Class “A” retailer may sell beer from 6:00 a.m. until midnight unless the municipality in which it is located establishes more restrictive closing hours, and a “Class A” retailer may sell intoxicating liquor from 6:00 a.m. until 9:00 p.m.

These bills expand access to alcohol and force communities to take action in order to maintain the status quo. Wisconsin currently ranks number one in the nation for adult binge drinking. Any Bill that increases access to alcohol also increases the potential for alcohol abuse. For these reasons we strongly urge you to oppose AB 63 and SB 44.

Sincerely,

Scott Stokes
Chairperson, Prevention Committee

Joyce O’Donnell
Chairperson, Planning and Funding Committee

Cc: Mark Seidl, Chairperson State Council on Alcohol and Other Drug Abuse
Kitty Rhoades, Deputy Secretary, Department Health Services
Kevin Moore, Executive Assistant, Department of Health Services

This letter also sent to:
Senator Scott Fitzgerald
Senator Mark Miller
Representative Scott Suder
Representative Jeff Fitzgerald
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. 1 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,
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.
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
Directions to American Family’s Training Center and Auditorium

**Highway Directions to AF-NHQ Campus**

- **Enter Here**
- **Park Here**
- **A-Building Atrium Entrance Visitors Auditorium, Training Center**

**American Family Drive**

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

RETURN: Reverse route

Exit onto American Parkway, stay in right lane, enter onto Hwy 151. Entrance to I90/94 is immediately ahead.

Southbound - on 151 merge to second lane from right which becomes far right lane as you approach the interstate.