WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

December 9, 2011
MEETING

Michael Waupoose
Chairperson

SCOTT WALKER
Governor

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

PRIMARY OUTCOME GOAL AND MEASURE:

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

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

SCAODA GOALS:

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

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

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Tobacco-Free Environment

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

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

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

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

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

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SCAODA 2012 Meeting Dates

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

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

The meeting dates are:

March 2, 2012

June 8, 2012

September 7, 2012

December 14, 2012

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Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

December 9, 2011
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 – Michael Waupoose
- Announcement of Citizen Member Appointments—Michael Waupoose

9:35 a.m. II. Review /Approval of September 9, 2011 Minutes – Michael Waupoose…pp.11-23

9: 45 a.m. III. Public Input (maximum 5 minutes per person)—Michael Waupoose

10:00 a. m IV. Screening Brief Intervention and Referral to Treatment (SBIRT) presentation—Joyce Allen, Scott Caldwell and Dr. D. Paul Moberg

10:45 a.m. V. Trauma Informed Care presentation—Elizabeth Hudson

11:30 a.m. VI. Working Lunch

12:15 p.m. VII. State Agency Reports to SCAODA—Michael Waupoose
- Department of Children and Families—Kim Eithun-Harshner

1:00 p.m. VIII. Committee Reports: SCAODA Goals

1. Provide Leadership	2. Change the Culture	3. Educate Citizens	4. Sustain Infrastructure	5. Address Disparities

- Executive Committee Report—Michael Waupoose
  - Action Item Ratification: —Meeting of Executive Committee on October 28, 2011 re: AB 63 (Companion SB44). These bills extend the period of time retailers may sell alcoholic beverages (from 6:00 a.m. instead of from 8:00 a.m.). Motion to send letter of opposition to the bills to the Governor, asking for his veto,

passed unanimously. Letter sent 10-31-11…pp.47-48

- Diversity Committee—Sandy Hardie
- ITC—Norman Briggs and Roger Frings…pp.49-63
  - Motion to oppose AB 286 (Companion Bill SB 207). This bill specifies that it is not employment discrimination because of conviction record for an employer to refuse to employ or to bar or terminate from employment an individual who has been convicted of a felony and who has not been pardoned for that felony, whether or not the circumstances of the felony substantially relate to the circumstances of the particular job…p.65
- Planning and Funding Committee—Joyce O'Donnell…67-84
  - Motion to appoint Ad Hoc Committee to study treatment access…p.85
  - Motion to make modifications to LRB 2144 pending intoxicated driving legislation regarding funding for this legislation…p.86 (supplemental information…pp.87-106)
  - Motion on Workforce Scopes of Practice requirements Modifications…p.108
- Prevention Committee—Scott Stokes…pp.109-114

2:00 p.m. IX. Agenda Items for March 2, 2012 meeting—Additional Items?—Michael Waupoose

- Motivational Interviewing presentation
- Treatment Alternatives and Diversion (TAD) Report

2:15 p.m. X. Announcements—Sue Gadacz

- Synar Report and SAPT BG review and comment and website: http://www.dhs.wisconsin.gov/substabuse/INDEX.HTM

2:30 p.m. XV. Adjourn—Michael Waupoose

2011 Meeting Dates
~~March 4, 2011~~
~~June 10, 2011~~
~~September 9, 2011~~
December, 9 2011

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

Governor

Michael Waupoose
Chairperson

Duncan Shrout
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Scott Stokes
Secretary

State of Wisconsin

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

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

Members Present: Mark Seidl, Joyce O'Donnell, Representative Sandy Pasch, Steve Fernan, Mary Rasmussen, Sandy Hardie, Tina Virgil representing Dave Spakowicz, Scott Stokes, Douglas Englebert, Duncan Shrout, Michael Waupoose, Rebecca Wigg-Ninham, Roger Frings, Kevin Moore, Dennis Baskin, Sonya Sidky.

Members Excused: Camille Solberg

Members Absent:

Ex-Officio Members Present: Ray Luick, Mark Mathwig, Linda Preysz, Mike Wagner, Randall Glysch, Joann Stevens and Thomas Heffron.

Ex-Officio Member Excused:

Ex-Officio Member Absent: Colleen Baird, Judith Hermann and Matt Vogel.

Staff: Linda Harris, Lila Schmidt, Leeann Cooper, Sue Gadacz, Lori Ludwig, Lou Oppor, Gail Nahwahquaw, Susan Endres, Tanya Bakker, Faith Boersma, Christy Niemuth, Jack Grotsky, and Bernestine Jeffers.

Guests: Francine Feinberg, Georgiana Wilton, Dorothy Chaney, Gail Kinney, Dr. Steven Dakai, Norm Briggs, Shel Gross, Sheila Weix, Manny Scarbrough, Dave McMaster, Tami Bahr, Nina Emerson, Georgiana Wilton, Kristi Obmascher, Robin LeCoanet, Raina Haralampopoulos, Paula Perin, Andrea Jacobson, Bill McCulley.

I. Introductions—Mark Seidl

Mark Seidl welcomed the group. Newcomers were introduced: Dennis Baskin from the Department of Corrections, Sonya Sidky from the Department of Transportation, Mike Wagner

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from the Department of Revenue and Mark Mathwig from the Department of Veterans Affairs. The group recited the Pledge of Allegiance.

II. Election of Officers—Joyce O'Donnell

Joyce O'Donnell asked the two candidates running for Chairperson to introduce themselves. Michael Waupoose informed the group that he is a manager with Gateway Recovery at University of Wisconsin Health Care. He has twenty-five years of management experience with non-profit and private substance use disorder treatment providers. He has chaired the Diversity Committee for the last four years and was also a member of the Intervention and Treatment Committee. He was a member of the Substance Abuse Advisory Council at the Department of Regulation and Licensing (now the Department of Safety and Professional Services). He reported that his strengths are in negotiation through conflict. He felt that it is important to hear all sides of an issue. As Chairperson of SCAODA he indicated that he would bring a strong commitment to the issues which would be in the best interest of the citizens of the state. Communities of color would be his special interest. Mark Seidl reported that he has been a member of the Wisconsin County Human Service Association (WCHSA) since 1974 and has chaired several committees during his tenure there. He is currently the Behavioral Health Manager at Kewaunee County Department of Human Services. He has been the Chairperson of SCAODA since 2008 and a member of SCAODA since 1994. As Chairperson of SCAODA he would represent the interest of the state of Wisconsin through his strong commitment to health and human services, having worked in the field for forty years. Joyce O'Donnell then asked staff to distribute ballots for voting. Staff (Lori Ludwig and Faith Boersma) distributed the ballots and then collected them. Nominating Committee member Rebecca Wigg-Ninham tabulated the votes, with assistance from staff The ballots were then returned to Ms. O'Donnell who announced the final outcome. **Michael Waupoose was elected as Chairperson. Ms. O'Donnell asked for a motion to accept and approve the results of the election. Mark Seidl so moved; Kevin Moore seconded the motion and the vote of approval was unanimous.**

Duncan Shrout was introduced by Joyce O'Donnell who informed the group that Mr. Shrout would accept the position of Vice-Chairperson. Mr. Shrout introduced himself as having 30 years of experience in the field of substance abuse prevention. He has worked with legislators at the local, state and national level. Recently, he reported, he chaired the Intoxicated Driving Program Ad Hoc Committee on Funding. He has worked on many community coalitions and looks forward to working with Michael Waupoose**. Joyce O'Donnell asked if there were any more nominations for the Vice-Chairperson position from the floor. She asked three times. Hearing no other nominations, she cast a unanimous ballot for Duncan Shrout, which was seconded by Mark Seidl. There was unanimous consent and Duncan Shrout was elected Vice-Chairperson of SCAODA.**

Ms. O'Donnell introduced Scott Stokes, current Secretary of SCAODA indicating that he has agreed to accept appointment to SCAODA as Secretary for another year. Mr. Stokes introduced himself. He is Director of the AIDS Resource Center. He reported that it has been his honor to Chair the Prevention Committee. Joyce O'Donnell then asked if there were any nominations from the floor three times. **Hearing no other nominations, she cast a unanimous ballot for**

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Scott Stokes which was seconded by Dennis Baskin. There was unanimous consent and Scott Stokes was elected Secretary of SCAODA.

Ms. O'Donnell then thanked Mark Seidl and recognized his commitment to SCAODA. Mark Seidl thanked Ms. O'Donnell and Rebecca Wigg-Ninham for their work on the Nominations Committee. Michael Waupoose then assumed his duties as Chairperson.

III. Review/Approval of March 4th and June 10, 2011 Minutes—Michael Waupoose

Joyce O'Donnell motioned to approve the minutes of March 4, 2011 and the minutes of June 10, 2011. Representative Sandy Pasch seconded the motion. The minutes were approved without changes.

IV. Public Input—Michael Waupoose

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

V. Women-Specific Treatment/FASD (Fetal Alcohol Spectrum Disorders) Awareness Day—Francine Feinberg, Norman Briggs, Georgiana Wilton, Bernestine Jeffers.

Bernestine Jeffers, the Women's Treatment Coordinator in the Bureau of Prevention Treatment and Recovery introduced herself, Francine Feinberg, Director of Meta House and Norm Briggs, Director of ARC Community Services. They distributed a handout and presented a power point entitled, "Women Specific Treatment/ FASD Awareness Day. They also distributed a brochure entitled "Women and Alcohol," and a Fact Sheet on Fetal Alcohol Spectrum Disorders (FASD). They encouraged the group to investigate SAMHSA's "TIP 51, Substance Abuse Treatment: Addressing the Specific Needs of Women." Francine Feinberg reported that substance use disorder treatment was originally developed for men. As a result, women did not do very well in treatment. Everything is different for women. Their experience is one of more emotional pain, depression, stress, trauma, psychological and physical distress. Women are very likely to have experienced childhood sex abuse or physical abuse. The prevalence of a history of sex abuse for women in treatment is about 95%. The families of origin of women substance abusers are more dysfunctional. Women are more likely to be poor, with fewer job opportunities, caring for children, caring for other family members, carrying multiple roles and juggling their lives without the support of a significant other. They are at greater risk for co-occurring disorders of mood, depression and anxiety, with much stronger negative self identities, more extreme stress and lack of coping skills. Women also have a different physiological response to alcohol and drugs. They have a higher mortality risk. They also risk alcohol exposed pregnancy. Partners and family members are more likely to abandon her. Men and women find different aspects of the treatment experience important. Evidence-based practices for women are based on relational models and family-centered treatment. Family-based services require maximum amounts of system coordination where case managers assume the responsibility for intensive coordination of care. Ms. Feinberg reported that six-month post discharge outcomes for family-centered treatment include: a 55-60% decrease in the number of women who reported using alcohol or drugs, decreases in arrest rates, increases in employment and vocational training, and birth outcomes that are better than average women. Outcomes for the eight Urban and Rural

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programs are: reduced use/abstention among participants (69-87%), 64-88% are not arrested following discharge, and 55-74% are self-sufficient and productive. Bernestine Jeffers referred the group to the handout to note the interpersonal and systemic barriers to treatment. She then introduced Georgiana Wilton to report on the thirteenth annual FASD Awareness Day. Dr. Wilton stressed how important it is that women are served differently. She informed the group that Wisconsin leads the nation in binge drinking and alcohol use among women of child bearing age. She referred the group to SAMHSA's TIP 51, the FASD Fact Sheet and the Women and Alcohol brochure distributed as well as to the Governor's Proclamation (page 33 in the packet) proclaiming today, Friday September 9, 2011 as Fetal Alcohol Spectrum Disorders Awareness Day. Joyce O'Donnell noted that pregnant mothers' use of tobacco is also a detriment to their babies. Sue Gadacz shared that if and when the Affordable Care Act is implemented, SAMHSA's intent is to maintain the women's treatment set-aside. It is, therefore, the intent of the Bureau to continue this funding. Representative Pasch asked if anyone from SCAODA testified about the bill to increase penalties for W2 recipients testing positive for drugs (AB 172). There was a Public Hearing held. She encouraged the group to participate in relevant public hearings. Joann Stephens spoke to the importance of recognizing the role that trauma plays in women's treatment. She recommended that Elizabeth Hudson, Trauma Coordinator at the Bureau, provide an overview for the Council. Mr. Waupoose thanked the group of presenters for their report.

VI. Paula's Story—Nina Emerson

Nina Emerson, the Director of the Resource Center on Impaired Driving at the University of Wisconsin Law School, introduced "Paula's Story," a seven minute video on the personal journey of Paula, a multiple OWI offender, now in recovery. Ms. Emerson made the point that a person cannot be punished into getting better. People with addictions will not get better until they are treated. Paula, present for the discussion answered questions about her experience. Michael Waupoose thanked Paula for sharing her story.

VII. By-Laws Revisions Vote—Scott Stokes

Scott Stokes directed the group to pages 34-5 in their packets to review the proposed revisions to SCAODA By-Laws. He reported that at June's meeting there was general consensus for approval of the suggested revisions and that the proposed revisions had been distributed to SCAODA members for at least 30 days (as per By-Laws requirements for amending the By-Laws) for their consideration. **Mr. Stokes made a motion to approve the revised By-Laws pertaining to Committee Structure. Duncan Shrout seconded the motion. The motion was passed with unanimous consent.** Mr. Stokes reminded the group that the By-laws are intended to provide guidance. However, if issues come up, SCAODA can reconvene the By-Laws Committee. Mr. Waupoose explained that revisions are usually proposed at the June meeting.

VIII. Attendance—Scott Stokes

Mr. Stokes reported that at the June meeting, there wasn't a quorum present. Subsequently, a letter was sent out to members who have not attended meetings for awhile. Mr. Stokes received six responses and as a result, there is a quorum today. In the future, Mr. Stokes plans to pay

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better attention and if individuals miss two meetings, a letter will be sent. Michael Waupoose reminded the group to consider participation beyond the four Council meetings per year. Consider joining one of the Committees—it is critical to the work of the Council.

IX. DHS Report on Process to Apply for Federal Grants—Kevin Moore

Kevin Moore noted that several items on the agenda are related to this topic (applying for federal grants). Mr. Moore reported that there are two different processes at the Secretary's Office (DHS). 1) There are grant continuations—and most are continued, he reported. 2) There are also new grants which the Secretary reviews, for example, the Mental Health and Substance Abuse Block Grants. The Secretary focuses on what works and if we are duplicating services. Ultimately, the Secretary makes sure the grants fit into a bigger picture. Duncan Shrout referred to articles in the Milwaukee Journal Sentinel and the Capitol Times, specifically the grants for SBIRT (Screening Brief Intervention and Referral to Treatment) through the Wisconsin Initiative to Promote Healthier Lifestyles (WIPHL). Mr. Shrout felt that there can never be too much screening in this state. Mr. Shrout agreed that duplication should be minimized. However, he emphasized that any AODA screening project should be a priority. Scott Stokes echoed Mr. Shrout's argument. Wisconsin passed on a $600,000 prevention grant. He felt that passing on the grant was a mistake.

X. Controlled Substance Report—Dorothy Chaney

Dorothy Chaney began her report with its charge, to look at the scope and breadth of the issue of prescription and non-prescription drug abuse in Wisconsin, focusing upon legal opiates and illegal opiates, as well as other drugs of abuse. It was also charged with,

> "… examining the prevalence and burden of use within Wisconsin and to determine if an adequate surveillance system exists. In addition, the Controlled Substances Workgroup (CSW) examined 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. The work group was also required to identify key educational messages that should be delivered to the health care community in the broad scope including; physicians, pharmacists and other key health care stakeholders, and to determine if there are preventive measures that can be employed when prescribing or dispensing drugs with a high potential for abuse. It was also required to examine key messages that should be delivered to the general population and specific subgroups (such as high risk populations) to help avoid abuse and its deadly consequences."

Finally, the group recognized that while there is a link between prescription drug addiction and heroin addiction, there is an inherent challenge in addressing both legal and illicit drugs and producing a report on both would be extremely difficult. The group came to a consensus that for the purposes of the report, the scope would be limited to "Food and Drug Administration" (FDA) approved prescription medication. The CSW looked at reports from other sources such as SAMHSA and the Office of National Drug Control Policy and other states such as Maryland and Ohio. They looked at priority areas: fostering healthy youth; designing a prescription drug monitoring program; involving the health care community; addressing public policies and

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governmental actions at the federal state and local level; and linking broad-based community anti-drug coalitions. They examined the breadth of the problem and made a number of recommendations. Some of the 28 recommendations in the report are:

- Mandate training for health care professionals
- Implement a broad-based community awareness campaign
- Engage and educate the health care community
- Establish secure convenient disposal of medications from households statewide
- Build bridges between law enforcement and community-based prevention efforts
- Create a statewide electronic surveillance system

Dorothy Chaney advised the group that if we implement these recommendations, we will see positive change. Substance abuse is a public health issue, not just a law enforcement issue. Kevin Moore asked how we could take the concepts in the report and implement them. Ms. Chaney recommended contacting experts in the area for plans. Include actionable and feasible priorities. As an example, in the area of drugged driving, she suggested that a pilot program designed to measure the extent of the problems could be set up. It is a realistic goal. Ms. Chaney then referred the group to page 52 of the report for funding considerations. Some of the recommendations presented in the report would become sustainable as a result of a policy enactment, others through re-distribution of current resources, while others would require new sustainable funding. The report estimates that funding in the amount of $1.3 million would be needed annually to support the recommendations. The report itemizes the funding issues. Ms. Chaney indicated that the CSW felt that funding for these activities could be achieved through a two-cent surcharge on each prescription filled in the State of Wisconsin. Duncan Shrout commented that the report was both impressive and thorough. He pointed out that people are asked to drop-off their unused prescriptions at specific times in specific places. Dorothy Chaney reported that the Alliance for Wisconsin Youth North Woods Coalition (about 50 coalitions) is working on disposal. The DEA is changing its policies regarding semi-annual drop-off events. (Please see the DEA website for specific information about dates, times and places). There are a number of Wisconsin incinerators that could be used, however regulatory changes are needed. Michael Waupoose asked Dorothy Chaney how SCAODA could help. **At that point Scott Stokes made a motion on behalf of the Prevention Committee 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. Joyce O'Donnell seconded the motion. Without further discussion the motion was passed unanimously.**

XI. State Agency Reports to SCAODA

Steve Fernan informed the group that in the past, he has reported on proposed funding changes for the Department of Public Instruction that were pending in the budget bill. In particular, he referenced the consolidation of several discretionary grants and how that money would be collapsed into one small amount that schools could compete for. The budget bill did pass and currently there is less than $1 million for AODA prevention programming statewide that schools can apply for.

XII. Nominations for Citizen Appointments—Joyce O'Donnell

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Joyce O'Donnell reported that she and Rebecca Wigg-Ninham met as the Nominating Committee to review the fourteen applications submitted for the three open citizen appointments to the State Council. After a lengthy and thorough review of each application their discussion narrowed the list of recommendations to five candidates. Final appointments will be made by the Governor's Office.. The candidates recommended were (in alphabetical order): Pamela Bean, Norman Briggs, Kathleen Falk, Sandy Hardie, and Duncan Shrout. **Mark Seidl made a motion to accept the recommendations of the Nominating Committee and forward the names to the Governor's Office. Joyce O'Donnell seconded the motion. Without further discussion the motion was put to the vote. There were all ayes except Duncan Shrout who abstained. The motion carried.**

XIII. Committee Reports

Prevention—Scott Stokes

Mr. Stokes reported that the Controlled Substances Report was finalized and at the next meeting, the Prevention Committee is looking at next steps and the Good Samaritan laws. SPF-SIG is winding down, although a no-cost extension has been granted. The State Prevention conference was held in the Dells June 13-16. Over 400 people registered and the Prevention Committee hosted the SCAODA Public Forum. Mr. Stokes then introduced four motions on behalf of the Prevention Committee.

1) The Prevention Committee motioned to support Senate Bill 159 also on behalf of the Planning and Funding Committee. This bill prohibits underage use of any alcohol at all on school property. Joyce O'Donnell seconded the motion. There were all ayes except Tina Virgil abstained.
2) The second motion was to send a letter to the Governor and the Secretary of DHS encouraging them to apply, accept and support all available federal funds for alcohol and other drug abuse prevention services. **Duncan Shrout seconded the motion.** Tina Virgil asked if federal matching funds were involved. Mr. Stokes indicated that some are, but not for the recent prevention grants. Douglas Englebert echoed the concern asking if any thought had been given to matching dollars and regulatory requirements. Scott Stokes asked for a friendly amendment. **Linda Preysz suggested adding, "…prevention services that mirror Wisconsin objectives for a healthy environment." Duncan Shrout seconded the friendly amendment. Mr. Waupoose called for a vote on the amendment. There were all ayes except for Tina Virgil who abstained. The amendment passed**. Scott Stokes then read the complete motion. Discussion was initiated by Kevin Moore. He recognized that among the Committees' motions there were a series of motions regarding the DHS Secretary turning down federal grant opportunities. He wished to state his position. It is imperative that there is coordination at the state level with the federal level. How do the grants match up with mental health, substance abuse and Medicaid? Bringing in dollars must be part of an overall plan and not duplicative. For these reasons, Mr. Moore explained, he would be abstaining for DHS. **Mr. Waupoose called for the vote. All were "aye," except Mr. Moore and Ms. Virgil abstained. The motion passed.**

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3) Mr. Stokes read the following motion on behalf of the Prevention Committee: 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 the 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. Duncan Shrout seconded the motion. Mr. Waupoose called for discussion: Mr. Shrout echoed Mr. Moore's argument. Sometimes there is a reason for state coordination. Linda Preysz added that while recognizing the intent of the motion, how do we address statewide implementation. Mr. Moore felt that coordination at the state level was imperative. Bringing in funds must be part of an overall plan and not duplicative. Mr. Shrout suggested engaging in a dialogue with DHS on this subject and agreeing on how to go forward. Ms. Preysz thought that a definition of duplication would be helpful. **At that point, Mr. Stokes withdrew the motion and deferred to Duncan Shrout who motioned on behalf of SCAODA that SCAODA and other appropriate parties, (DHS, DOC, DCF, DOT, DOJ, DPI) engage in a conversation to determine appropriate criteria for federal grant applications. Mark Seidl seconded the motion.** Mr. Moore pointed out that we have those opportunities four times a year (at the SCAODA meeting). **Mr. Waupoose called for the vote. All responded "aye," except Kevin Moore, Tina Virgil and Rebecca Wigg-Ninham who abstained.**
4) Mr. Stokes deferred the last motion he had planned to make regarding federal agencies modifying criteria regarding eligible applicants. Mr. Stokes will discuss this matter with the Prevention Committee scheduled to meet October 20, 2011.

Diversity Committee—Sandy Hardie

Sandy Hardie reported that discussion at the Diversity Committee has centered on engaging with the Bureau of Prevention Treatment and Recovery regarding Scope of Practice issues and to continue the conversation about the Minority Counselor Training Institute about how to promote obtaining diversity in counseling practitioners.

Intervention and Treatment Committee (ITC)—Norman Briggs

Mr. Norman Briggs referred the group to the minutes in the SCAODA information packet. The ITC has focused on women, children, youth and seniors. He then referred the group to the motions planned to be put forth by ITC.
1) The first motion planned to be introduced by ITC had to do with expressing concern about DHS decision to not support federal grant applications for SBIRT and SPF SIG planning grant. Mr. Briggs informed the group that ITC would not put this forward and would take a similar position (as Mr. Stokes decision to withdraw the Prevention Committee's last motion).
2) Regarding the motion expressing concern about DHS decision to no longer support state sponsored conferences, Mr. Briggs decided to not put this motion forward, but would defer to the intention of creating a dialogue with DHS.
3) Mr. Briggs read ITC's third 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

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other substance use disorder related problems without acknowledgment of and support for addressing the addiction that is the root cause of the behavior. Joyce O'Donnell made the motion on behalf of ITC. Rebecca Wigg-Ninham seconded the motion. Discussion: Mr. Briggs reminded everyone that substance use disorders are an illness. Not that there shouldn't be consequences, but legislation should address this as an illness. Mr. Moore felt that SCAODA needs to fill in its "legislator appointment" openings. SCAODA needs to bolster its accountability with the legislature. He expressed concern over the tone of the motion and suggested coming to an understanding with the Legislature, asking to fill the appointments and acknowledging that legislation dealing with substance abuse is a balancing act. He suggested building bridges. Mr. Waupoose suggested that the Bureau of Prevention Treatment and Recovery could help write the letter. **The letter could ask for legislative appointments to be made and make the point that legislation dealing with offenses committed by substance abusing and addicted offenders take on a more balanced approach. Mr. Briggs agreed and so moved. Rebecca Wigg-Ninham seconded and the vote was taken. All expressed "ayes" except Tina Virgil who abstained.**

Children Youth and Families (CYF) Sub-Committee—Susan Endres

Ms. Endres reported she would like to sponsor regional trainings on the evidence-based teen intervene program. There is a training scheduled in September at the Department of Juvenile Corrections in Milwaukee. Recent CYF discussions have included a Tribal presentation and discussion on four Juvenile Drug Treatment Courts. Other discussion items for the CYF Sub-Committee were: implementing a survey to identify youth that are ineligible for Medicaid; planning a conference on Opioids, tentatively scheduled for November 9th at Monona Terrace; and developing service codes for adolescent-specific counselors and adolescent-specific services.

WINTIP Update—Dave Macmaster

Mr. Macmaster acknowledged that two of the WINTIP Steering Committee members were present today at the SCAODA meeting, Susan Gadacz and Randall Glysch. WINTIP stands for the Wisconsin Nicotine Integration Treatment Project. He pointed out that over 4,300,000 people have died from tobacco related diseases in the decade since "9-11." In the last ten years, 78,000 of those deaths were in Wisconsin and 34,000 of the deaths were among people with substance use disorders. Mr. Macmaster reported that tobacco cessation programming has been integrated with addiction services in New York State. Mr. Macmaster distributed three documents. One was an Update for SCAODA. The document indicated that tobacco cessation training programs are currently being implemented in Wisconsin. WINTIP will be offering free trainings for AODA clinicians and managers. These trainings have been scheduled to be held in Eau Claire, Rhinelander and Sheboygan. A $99 incentive will be offered to participants who agree to evaluation follow-up. There is a new free training on the Web scheduled for September 15th on the UW-CITRI and WINTIP websites. The Wisconsin Recovery Community Organization has accepted WINTIP's tobacco integration mission assuring that tobacco recovery will be included in their work.

Planning and Funding Committee—Joyce O'Donnell

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Ms. O'Donnell introduced Duncan Shrout who reported on the Intoxicated Driver Program (IDP) Funding Ad Hoc Committee's Final Report. Mr. Shrout referred the group to page 89 of their information packets for a discussion on the other sources of funding counties use in order to supplement IDP revenue to pay for treatment costs of indigent IDP clients. Mr. Shrout reported that the Planning and Funding Committee thinks that the Substance Abuse Block Grant should not be used to pay for treatment of IDP clients. They believe that the surcharge should pay for the program. Mr. Shrout reported that the IDP-Funding Ad Hoc Committee discussed how to increase funding (see page 91 of the information packet). A beer tax and legislation were discussed. Mr. Shrout thanked Leeann Cooper for her excellent staff work with the IDP-Funding Committee. On page 94 of the information packet, there is a spreadsheet identifying the amount of money needed to fully fund the program. **Mr. Shrout made a motion that the Intoxicated Driver Program Funding Ad Hoc Committee Final Report be forwarded to SCAODA for approval, and he added, allow the work to move forward. Joyce O'Donnell seconded the motion.** Mark Seidl pointed out that the amount of county tax levy that goes in the IDP program each year is significant. He felt that counties couldn't keep doing that. The IDP funds available keep shrinking even if the need increases. **Mr. Waupoose called for the vote. All were aye and the motion passed.** Ms. O'Donnell thanked Duncan Shrout for his work. Ms. O'Donnell then introduced the following motions:

1) The Planning and Funding Committee motions to oppose AB 200. This bill if enacted would increase the accessibility of wine on fairgrounds. **Duncan Shrout seconded the motion. Without further discussion the group passed the motion with Tina Virgil and Kevin Moore abstaining.**

2) 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 Health Services. Duncan Shrout seconded the motion. Discussion: Mr. Shrout indicated that the Planning and Funding Committee debated whether or not to support this bill but finally decided that if they didn't, it might appear as if SCAODA didn't care, or had no opinion on the matter. **Mr. Waupoose called for a vote. All were in favor and the motion passed with Tina Virgil abstaining.**

3) 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. Duncan Shrout seconded the motion. Kevin Moore asked the Committee to withdraw this motion. He indicated that the Bureau was working on this and that the Department is currently in the process of retooling where to go with this issue. The Bureau is in discussion with the Secretary about this. Mr. Moore asked the Committee to hold off on this until the Bureau was able to address the issues. **Joyce O'Donnell responded by withdrawing the motion. Duncan Shrout seconded the withdrawal of the motion.** Ms. O'Donnell indicated that she would bring the issue back to the Planning and Funding Committee. She explained that the problem with the certification of minorities has been raised during several Public Forum facilitated by the Planning and Funding Committee. Members of the Committee are very concerned about the issue. However, out of respect for Mr. Moore's Office, Ms. O'Donnell agreed to withdraw the motion. Mr. Moore appreciated the gesture and indicated that the Committee can always bring this issue back but for the time being there are lots of things going on behind the scenes. **4) The next motion of the Planning and Funding Committee was to ask Department of Health Services Secretary Smith to**

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reconsider his decision not to 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). Ms. O'Donnell indicated that out of concern she will hold back on introducing this motion. Mr. Moore expressed the hope that DMHSAS and SCAODA would be able to sit down and talk about this.

5) Joyce O'Donnell motioned on behalf of the Planning and Funding Committee for SCAODA to support a ban on 190 proof Everclear. Duncan Shrout seconded the motion. Ms. O'Donnell explained that a mother of a young man who recently graduated from college approached her regarding her son's death. He drowned in the family's swimming pool after consuming Everclear, Red Bull and Gatorade. Lou Oppor reported that quite a few states and territories in Canada have banned the 190 proof Everclear. It is not uncommon to ban this under state law. Ms. O'Donnell stressed that this truly was a tragedy. Mr. Waupoose asked if there was a current bill dealing with this. Ms. O'Donnell indicated that no, there wasn't. However, the constituent was working with the legislator, Peggy Krusick. **Mr. Waupoose called for a vote. All responded "aye," with the exception of Tina Virgil who abstained. The motion passed.**

Ms. O'Donnell indicated that she wanted to announce that there will be a Public Forum at the Bureau Conference hosted by the Planning and Funding Committee on October 25th. The conference runs from October 25-26.

XIV. Substance Abuse Prevention and Treatment Block Grant (SAPTBG)—Sue Gadacz

Sue Gadacz announced that the Bureau is preparing the SAPTBG application for submission by October 1st. Wisconsin will be applying for $27,949,837. We are preparing the "Planning" section now. The "Reporting/Fiscal" section is due December 1st. The "Planning Priorities" are available now. State staff will email them to the Council. Part of the Planning section includes assessing the strengths and needs of the service system. Subsequent years' plans would be developed in conjunction with the mental health block grant planning process for a combined application. Current priority populations will be maintained. At this moment, there are problems with the on-line electronic submission site. However, the information for citizen access to provide comment is listed on your agenda. https://bgas.samhsa.gov/ Follow the link to "SAPT Submission Launch FY 2012", Citizen login is: citizenwi; citizen password is: citizen. Comments can also be sent to Lori Ludwig: lori.ludwig@wisconsin.gov. Steve Fernan asked if there would still be the same requirements for prevention. Ms. Gadacz responded that all set-asides will be maintained: 20% for primary prevention; 10% for women's treatment services, and 5% for administration. Mark Seidl asked if there would still be funds going to Synar for tobacco prevention. Ms. Gadacz indicated that yes, there would be. Rebecca Wigg-Ninham asked about Tribal collaboration. Ms. Gadacz responded that the Tribal State Collaborative needs to be strengthened. There needs to be a strong mechanism to increase the dialogue with Native American Tribes. At this point, we haven't discussed the process beyond what currently exists. Ms. Wigg-Ninham suggested that the Diversity Committee or Planning and Funding should look at this in terms of developing a more equal relationship. There needs to be consensus and on-going dialogue. How do we develop lines of communication? Mr. Waupoose responded that we need to reach out to Tribal Government.

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XV. Agenda Items for December 9, 2011 Meeting—Michael Waupoose

- Update on SBIRT from Dr. Rich Brown
- Presentation on Trauma Informed Care (suggested by Joann Stephens)
- Update on workforce shortage/alcohol and drug treatment
- Drug Endangered Children Program (suggestion from Tina Virgil to bring together law enforcement and social workers about kids in drug homes)
- Alcohol and Tobacco Taxes—how much and where they go (suggestion from Dave Macmaster/ presentation on Beer Tax)

Mike Wagner indicated that tobacco taxes are ranked fourth among sources of revenue in Wisconsin. However, they are below projection. He can bring the information on alcohol taxes. Kevin Moore indicated that there are $45 million in alcohol taxes and $604 million in tobacco taxes.

- ITC and Prevention Committees—what is the intersection of the two when it comes to the treatment of pregnant women? (suggestion from Francine Feinberg)
- Adolescent Treatment (suggestion from Susan Endres)

XVI. Announcements—Sue Gadacz

- Sue Gadacz announced that the IDP program enhancement RFPs are due on September 15th
- She also announced that the IVDU strategic outreach RFPs will be going out next week as will the women's specific RFPs. There is $1.1 million for Milwaukee and $2.4 million for the other counties.
- September is Recovery Month. Please see the Governor's Proclamation on page 105 of your packet. Also please see WAAODA.org; and FAVOR.org for more information. Also there is a Recovery Walk on September 10th in Milwaukee. September 17th there is a recovery event at Marshall Park in Madison.
- The Bureau Conference is October 25-26. The Public Forum is October 25th from 4:45 pm to 5:45 pm.
- The Crisis Conference is September 22-23 in the Dells.
- The Clinical Supervision Conference is November 1st in Ashland. ITC will sponsor the Public Forum there.

XVII. Adjournment—Michael Waupoose

Mark Seidl motioned to adjourn. Duncan Shrout seconded the motion. The meeting adjourned. The next SCAODA meeting is scheduled for December 10, 2011 from 9:30 am to 3:30 pm in room A3151.

2011 SCAODA Meeting Dates:

~~March 4, 2011~~

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~~June 10, 2011~~
~~September 9, 2011~~
December 9, 2011

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Governor

Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

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, Leeann 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

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:
    - There will be no co-pay for services related to prevention of alcohol and/or tobacco use/misuse, or depression screening starting in 2010.
    - 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).
    - Medicare: individualized wellness plans. (Medicare doesn't have to abide by the no co-pay policy until 2014).
    - Medicaid: Increased federal share for Medicaid prevention services.
    - Employer's incentives (grants) to provide wellness programs in 2014.
- Why we need to define good and modern MH/SA services:
    - Benchmark plans for Medicaid expansion (2014)
    - Essential benefits for state exchanges (2014)
    - Scope of services for parity
    - 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.
    - 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:
    - Ready with alliances to primary care like community health clinics
    - Ready with the right mix of workforce with needed qualifications
    - Ready for insurance business practices like claims based billing
    - Ready for more documentation of individualized treatment planning and every service encounter.
    - Ready with electronic health records online enrollment and online claims systems
- Major Drivers in the ACA:
    - More people will have insurance coverage
    - Medicaid will play a bigger role in MH/SUD than ever before
    - 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

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Governor

Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

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 Glysch, Matt Vogel, Joann Stephens, Colleen Baird.

Staff: Joyce Allen, Sue Gadacz, Lori Ludwig, Gail Nahwahquaw, Bernestine Jeffers, Lila Schmidt, Leeann 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. Shrout 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. Seidl asked about addressing the problem of when the Council makes a recommendation, that is to form a work group, that 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.**
    - Issued a statement at the Infrastructure Study for gender specific treatment in the Core Benefits.
    - CYF created a private and public payers workgroup
    - CYF invited HMO and MA reps to meeting with treatment providers on 2/25/2011
    - 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**
    - WiNTiP sends updates to stakeholder partners to assure continuing support
    - ITC and its subcommittee membership is comprised of community stakeholders from across the state to promote regional communication and training
    - 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
    - Endorsed the Adolescent Treatment Framework
    - Presentation of Adolescent Treatment Framework to SCAODA
    - Website posting of the Adolescent Treatment Framework
    - Reviewed the National and WI Standards for women's treatment
    - Julia Sherman was a guest at IDP committee to present recommendations from the ACE workgroup report, 4/2011
    - 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
    - Shel Gross joined ITC on 1/11/2011
    - WiNTiP webinars that focused on integration
    - WinTiP Newsletters
    - WiNTiP provided regular briefings to the leadership of provider and key stake holder groups
    - Electronic mailings through over thirty stakeholders and advisory groups
    - WiNTip met with Mark Hale in DQA to review what already exists in the regulations and explore what can be added
    - WiNTiP postings on website, Facebook and Twitter s sharing information
    - WiNTiP made presentations and staffed displays at state wide conferences of providers
    - WiNTiP sponsored two day long integration trainings to clinicians 5/2011
- **Workforce Development—**
    - Review results of ATTC workforce analysis. Review pending distribution and analysis of the survey
    - Joint motion with Diversity to oppose revision to WI Admin code MPSW 1.09
    - 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

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

October 31, 2011

Governor Scott Walker
Office of the Governor
115 East Capitol
Madison, WI 53702

Dear Governor Walker:

I am writing on behalf of the State Council on Alcohol and Other Drug Abuse (SCAODA). As SCAODA is charged with providing leadership and coordination regarding alcohol and other drug abuse issues confronting Wisconsin, I am writing to express our opposition of the passage of 2011 Assembly Bill 63 and 2011 Senate Bill 44 which have now passed both the Assembly and the Senate and will soon be heading to your desk for your signature. We are requesting you use your authority to veto this section of the Act. This bill changes the morning closing hours for Class "A" and "Class A" retailers from 8:00 a.m. to 6:00 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.

The State Council on Alcohol and Other Drug Abuse is concerned with any legislation or policy that increases access and availability of alcohol. The regulation of alcohol availability is important because research shows that when alcohol is more easily available, people drink more and more alcohol problems occur. We also know there is a direct correlation between greater availability of alcohol and increased crime.

Wisconsin currently has one of the highest rates of alcohol availability in the nation. As an example, Wisconsin averages one alcohol outlet for every 327 people while the national average is one outlet for every 1,400 people. There are some counties in Wisconsin where alcohol outlet density is as high as one outlet for every 57 people. Alcohol is far too accessible throughout Wisconsin in terms of availability and cost. Wisconsin does not need to make alcohol more accessible by extending the period of time for the sale of alcohol.

With our current levels of alcohol availability and accessibility, alcohol-related deaths are the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke. Wisconsin tops the nation in wasted lives, harm, and death associated with its drinking culture. We find ourselves in a culture that in some ways is tolerant of excessive, dangerous, unhealthy, and illegal drinking, which results in a host of societal problems such as homelessness, child abuse, crime, unemployment, injury, health problems, hospitalization, suicide, fetal abnormalities and early death.

Wisconsin's drinking culture is not intentionally harmful, and most Wisconsin residents drink responsibly, safely and legally. However, Wisconsin ranks extraordinarily high compared to other states on the nation's leading indicators of problem drinking. According to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System data for 2008, Wisconsin ranked first in the rate of adult drinkers; second in the rate of adult heavy drinkers (60 or more drinks per month) and first in the rate of adult binge drinking (5 or more drinks on an occasion). In its 2007 Youth Risk Behavior Survey, the Centers for Disease Control ranked Wisconsin fourth in the nation for the rate of youth who rode with a driver who had been drinking; fifth in the nation for the rate of youth who drove after drinking; first in the nation for the rate of current alcohol use among youth; and third in the nation for the rate of binge drinking among youth. Wisconsin ranks third in the nation in per-capita consumption of beer.

Wisconsin drinkers engage in risky behavior while drinking, resulting in significant negative health and social consequences. Wisconsin has the worst impaired driving rate in the country. More than a quarter (26.4 percent) of the state's adult drivers drove under the influence at least once in the past year, compared to the national average of 15 percent (Substance Abuse and Mental Health Services Administration, 2004-2006). Wisconsin's rate of disorderly conduct arrests (most due to being under the influence) is five times the national average; the arrest rate is rising in Wisconsin while falling in other states (U.S. Department of Justice, 2008). Finally, Wisconsin leads the nation in alcohol consumption among women of childbearing age. About 68 percent of women aged 18-44 consume alcohol, compared to the national average of 50 percent (Behavioral Risk Factor Surveillance Survey, 2005, Centers for Disease Control and Prevention).

We urge you to veto this provision that allows for greater access to alcohol. By doing this you are helping to create a healthier social environment with respect to alcohol consumption. We thank you for your consideration.

Sincerely,

Michael Waupoose

Michael Waupoose
Chairperson

Cc: Kitty Rhoades
Kevin Moore

Governor

Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, August 9, 2011
10:00 am - 2:30 pm
Department of Corrections
Madison, WI

MINUTES

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

Welcome, Introductions, and Review of Minutes
Norm brought the meeting to order at 10:00 with introductions. Minutes from the July meeting were reviewed and approved as written.

Focus on Older Adults – Jane Raymond
Jane oversees the states Elder Abuse Program and Adult Protective Services Program. Within her role she intersects with a population of people with substance abuse issues but notes that there is a larger universe at the Department through Long Term Care and their programs such as Family Care and the Partnership program which come into contact with an even larger population of older adults to potentially screen, identify issues and provide services. In addition to herself, Jane identified Anne Pooler, a consultant with the Dept's Long Term Care Program, as a person who is very interested in talking more about these issues and well versed on the topic. Jane brought a 2003 manual created by Anne on addressing AOD problems in the Partnership Program for people in the Long Term Care program with a specific focus on the older population, funded through the Robert Woods Johnson Foundation. Anne would be interested in updating the stats or providing additional information and is very involved with the Family Care program which is the method of delivery of Long Term Care to 50 counties and with the Aging and Disability Resource Centers. Jane also identified Sharon Beall who works with the ADRC's as another potential resource.

Jane discussed the importance of the identification of older people because you are really talking about multiple generations of people. As older people don't want to define themselves as old, they will tend to define old as the next generation up. Therefore the definition of older populations needs to be defined by the area or issue you are targeting and indicate the actual age range or the target group. Jane mentions that the 50 to 60 year olds are the hardest hit group

when it comes to any kind of services or resources, especially if you're a single woman with no children. TANF is no longer a resource to you but if your 60 or older funds become available again through the Older Americans Act which define age 60 as old. In the area of domestic violence services, there is a dramatic drop off after age 50, since most DV services are targeted at women with dependent children. The issue of aging becomes relative to what population you are trying to serve.

In terms of addressing substance abuse issues, Jane suggested that we may be looking at a younger old population and know that there will be various subgroups on the age continuum based on use patterns of street drugs and/or alcohol. An 80 year old person as an example, may need to look at how 2 drinks at dinner may no longer be healthy given their metabolism changes and how reducing to one drink would be much better for them and why. Compare this to a younger old 60 year old person who may have been abusing drugs since adolescence or early adulthood. She believes that information can be very powerful and can make a change in the choices a person makes, especially if that information is coming from a doctor, nurse or health care provider. The value of a brief intervention approach as in the SBIRT model was identified for use with this population with added discussion on a recent study on the model which showed mixed results depending on the setting, qualifications of the individual asking the questions and the presenting problems. Sheila also noted seeing an increase in the clinical practice setting of the abuse of street drugs with older populations (baby boomers), compared to older populations of the past who present primarily with issues around alcohol or sleeping or nerve related medications. It is not possible to take a one size fits all approach, as you need to think about not only the age of the individual, but the type of substance abuse and the setting that the person may reside in. For example you may be more effective in a nursing home environment where there is greater control over the environment or in a program where there is a care manager involved and where the information is not presented as an alcohol issue but as a chronic condition that needs to be managed just like diabetes. It can work better when you have the ability to monitor and engage not only the individual but have a care manager who can engage other family members and have a larger support group as compared to meeting with someone out in the community on a one to one basis who isn't connected with any known services or system. Jane's recommendation for ITC is to look at what targets you can get into place the quickest with the best results, knowing that you will be peeling the layers of the onions over an extended period of time.

Sheila discussed a discrimination issue occurring in the hospital setting where folks are being screened out of a nursing home or assisted living setting if they carry a substance abuse diagnosis. Jane recommended that this issue be raised with the Division of Quality Assurance to discuss their guidelines in terms of how criteria are applied as people do hide behind screening.

Jane reviewed the following data from page 30 of the manual on Addressing Alcohol and Other Drug Problems in the Partnership Program:

"Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest growing health problems facing the country. Yet, even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, under-identified, under-diagnosed, and under-treated."

- Over 70% of elders' AOD problems are overlooked by healthcare practitioners
- The second highest rate of hospitalization for individuals 65 and older is for alcohol-related disorders
- Hospitalizations related to alcohol are more common than those for heart attacks among elders
- 25 to 50% of nursing home residents have AOD problems
- 21% of elderly hospital patients have AOD problems
- 15% of elders seen in ER (Emergency Rooms) have AODA
- 50% of elderly psychiatric inpatients have AODA
- Functional impairments correlate more strongly to history of alcohol use than to age or to strokes (or to smoking, grip strength, or use of anti-anxiety medications)
- In older women, history of alcohol use doubles ADL functional impairments
- In Wisconsin, 15% of men and 12% of women age 65 and over regularly drink in excess of limits recommended by the National Institute of Alcohol Abuse and Alcoholism
- Alcohol and prescription drug misuse are estimated to occur among at least 17% of older adults

Jane also presented 2009 and 2010 data for individuals under the Elder Abuse or Adult Protective Services Program (folks that have been alleged to have been abused, neglected or exploited or who are self neglecting due to chronic alcohol issues or are suffering from alcohol dementia like issues). Though this group is a subset of the larger older population group, there are estimates that between 1 out of 14 and 1 out of 20 older adults suffer from abuse, neglect, or exploitation. Though the rates are similar to the frequency of child abuse, it is not understood to be as big of a problem. As our population ages and the resources become more limited the problems will only become greater. Given that our financial resources are tied into housing and modest retirement plans, there will be a greater level of financial exploitation for older adults who have these resources. We will also have fewer dollars to support the increased need for forensic investigators when pitted against the need for increased social workers to address the personal needs for the growing aging population.

Rates for Persons age 60 and older	2009		2010	
Chronic Alcoholism	174	(3.67%)	149	(2.8%)
Alcohol Abuse	276	(5.5%)	291	(5.5%)
Drug Abuse		41 (.8 %)		41 (.8%)

Jane also reviewed data on the persons who are doing the abuse to get a better scope of the issue. Though the abusers represent spouses, children, grandchildren, siblings, other family members or care givers, the largest percent of theses cases are moms with adult male children who are using the parent for a place to deal drugs, live with at no expense, or steal money from. In most of these cases, the victim is not looking to end the relationship due to emotional blackmail, or fear of the abuser ending up on the street or with legal charges.

Rates for the Alleged Abusers	2009		2010	
Chronic Alcoholism		63 (2.4%)		59 (2.1%)
Alcohol Abuse	255	(9.7%)	227	(8.0%)
Drug Abuse	193	(7.3 %)	144	(5.1%)

Jane identified the following areas to consider in addressing the older population:

- Challenge of isolation in reaching the older population
- Need to learn the reduced alcohol intake, "the Michael Fleming model"
- Train county social work staff in motivational therapy. How to get people to think about change. This is a skill that could be acquired if there was a method for delivering it and is something that would be highly effective for a large group to know about.
- Need for trauma informed work. Important given the incidence of childhood abuse and victimization or abuse by family members in adulthood. This would need to be over laid onto what ever recommendations or approach is taken.

Jane recommends a conversation with Ann to explore the extent to which substance abuse issues are being integrated into Family Care. Jane believes that there is still a great deal of stigma associated with substance abuse and a belief that it is a moral flaw for persons who are unable to face their demons. She believes in Ann's model of approaching it as a chronic health condition that needs to be managed and just like any other condition you reframe your discussion around alcohol to include education on what the norm is and what your body can tolerate based on your age and what you can do to make this happen.

The idea of SBIRT being integrated into the nursing home or assisted living environment has yet to occur as it is still far from being fully implemented in the primary health care setting. Norm mentioned the work being done in Dane County with the CPS system in attempting to integrate a screening tool for substance use disorders for social workers conducting child abuse investigations. He stated that as a committee of the State Council, we have an obligation to make specific recommendations for some actions to take place. ITC discussed the benefit of using a brief intervention/screening model with the older populations.

Shel mentioned that the Mental Health council has been working with Family Care in addressing mental health issues as half of those enrolled in Family Care have identified mental health disorders. In response, some HMO's have responded and adopted specialized care teams. Earlier this year they hired someone as an internal expert on mental health and have been doing audits of all the HMO's around what they are doing with mental health issues and working on training. There has not been discussion on substance abuse, but Shel offered to raise this issue to see if it would fit into this scope and help bring in the substance abuse experts. Though there is a Long Term Care Advisory council, its focus is broad and not felt to be the place where we could address this issue.

Jane identified her main priority as training for all 72 counties on brief intervention and motivational approaches with the elder abuse and adult at risk agencies. Many of the long term care support workers at the county left their jobs to go the HMO's, leaving a vacuum and a great need of training at this time. Also, because mental health wasn't moved out as part of the managed care plan mental health and substance abuse staff that were supervisors of those programs and are now supervising APS staff, which has provided an intersect that has never occurred before. Previously, supervisors were folks with a Masters in Social Work. It would be the perfect time to have something like this be well received, understood and built upon. Jane also mentioned that they have no training budget and are unable to sponsor any state training on this which has negatively affected the morale of social workers who are left in the trenches doing

some of the hardest work. This opportunity would provide them with not only the tools that they could begin to use immediately but would also provide them recognition that their work is valued and worth investing the time and energy of this effort.

Susan raised the possibility of using the Corporation Council as another strong partner and Faith mentioned reaching out to the older populations in the Department's upcoming Motivational Interviewing training in September paid for through the person centered training dollars. Sheri stressed the importance of making resources available throughout the state so that more rural areas also have access. The older population of retirees to the North woods was mentioned as one of the more isolated groups in which to do outreach. Given the Department's recent decision regarding grants and state sponsored trainings, Shel mentioned the Mental Health Council's recent letter to Secretary Smith regarding his decision to not pursue certain grants. The letter asked about the criteria used in the decision making and where the place is for stakeholder input.

Motion Proposal
Shel made the motion for SCAODA to share concerns about the fact that the Dept is not pursing grant opportunities (SBIRT and SPIF SIG) as well as the Dept's new philosophy in regard to training. He suggested providing some documentation or examples of some sorts of training that might be useful and express our concern about both of these things. Included would be our desire to understand more about the rationale but also wanting to have input. Sheila seconded the motion. An additional suggestion was to include specific things where there has already been an impact or noting specific areas where needed training is not being made available. Another suggestion was to use information from the EPI report on the impact of alcohol in WI. Using facts doesn't put anybody at risk. The motion was put to a vote and unanimously supported.

Children, Youth and Families Subcommittee Update – Susan Endres
Tami is not available today as she is working on a contract that Connections Counseling has with the University to implement Basics, which is a brief motivational intervention for binge drinking college students. They have just completed the training and are getting ramped up for implementation.

Susan reported on the work of the CYF committee.
The payer/provider subcommittee focused on and identified two topics that they could work on with the insurance companies. 1. Develop an array of recovery components, activities and definitions that don't exist now in the system. Address the piece of when kids come back from treatment. What does the recovery community look like, where are the new service arrays that SAMHSA is coming up with and begin conversation with the HMO's and Medicaid. 2. Look at how we're keeping data on kids and what kind of performance measures we could think about across the board. Look at how well we are addressing adolescent substance abuse and begin looking at incentive packages.
The opiate subcommittee work plan includes Dr. Felgus writing up a white paper on best practice on treating adolescents with opiate addictions which will be presented at the upcoming training on adolescents' use of heroin and other opiates. The Dept of Justice will be the community partner and will take the lead on marketing, advertising and the press release. It is hoped that

when Flo Hillard comes back from retirement that they will establish a date and look into the possibility of offering CEU's from the University.

The next meeting for CYF is Friday, 8/12 at Arbor Place in Menominee and will include a presentation on the web based POSIT screening tool. They will also have someone from the western partnership come and talk about what they are doing. They have been using the GAIN short screen in their child welfare system. Susan also mentioned speaking with the juvenile drug court judge in St. Croix about the challenges of the program in getting all the different systems players together when everyone is viewing things through different lenses.
There are currently four operational juvenile drug courts, the oldest is Ashland which has been going a number of years, Jefferson which began 2 years ago and St. Croix and Winnebago which started in Jan 2011. Susan is anticipating that a motion will be made at the meeting on Friday for the Dept to sponsor an afternoon session which brings the four juvenile drug court teams together to meet one another. Her intent is to bring the motion forward to ITC to vote on by email and bring to the Sept SCAODA meeting. The Wisconsin Association of Treatment Court Professionals was also identified as a resource and linkage for the juvenile drug courts.

Recovery Month Updates– Norm Briggs
Both substance abuse and mental health will be sharing September in celebration of Recovery month. WAAODA and Faces and Voices of Recovery maintain all recovery month activities. WAAODA's recovery event/rally will be taking place on Sept 17th in Middleton and is being coordinated by Mark Clark who is now heading AFRA. Sheri reported that the Governor has made a proclamation on Recovery month, which includes statistics on the number of persons affected. The proclamation is available on the SAMHSA website. Sue Gadacz will also be making an announcement on Recovery month at the Sept SCAODA meeting.

SCAODA and ITC Strategic Planning – Norm Briggs
The four year ITC strategic plan was developed in 2010. Today's agenda was to go over the plan and come up with some very specific tasks that we can take to accomplish some objectives in meeting our goals.

Under SCAODA goal # 2, ITC had identified a goal of identifying challenges to accessing women treatment services. Norm reported that currently his agency is experiencing challenges to women literally accessing treatment under the new managed care transportation system, Logisticare. It was also his understanding that MHS and QAM were also having difficulty with their patients. Some of the problems identified included, a wide window of time contractually to get people to appointments, inconsistent policy regarding women traveling with their children, long time on the phone setting up appointments. The initial problem of having substance abuse service appointments covered has been taken care of. It was suggested that folks who are continuing to experience problems with Logisticare, speak directly with Marlina Mattki in the MA office, which is specifically monitoring problems with utilization. Per Shel, MA is still claiming that there are receiving less than 1% of reported problems so it is important for folks to call them and register their concerns. Shel also offered to forward a copy of the RFP to interested folks which specify the deliverables of the contract. The Mental Health Council is also keeping track of this and encouraging folks report concerns with the MA office. Norm

recommends we follow up with Bernestine and Tanya to see if folks in the more northern rural areas are experiencing additional transportation challenges with Legisticare. ITC will continue to track this issue over time to see if any additional steps may need to be taken.

Also under Goal 2 for System of services, ITC identified educating, promoting and supporting EBP's and it was thought that this may be a place where we could address the issues with the older population with respect to incorporating some type of screening interview or training. Sheila also brought up the Medical Home Model as a place of hope for incorporating mental health and substance abuse for the older populations given the actual holistic integrated approach of care with this model since not everyone gets the SBIRT. Trauma centers are required through the American College of Surgeons to provide SBIRT screening and may be another place for data. Sheila stressed that unless something is mandated it doesn't tend to work well. On July 19th CMS made the decision for payment of screening and counseling sessions for physician offices, which helps support that people do the right thing and is something that we could help promote. The ability to have the financial incentives is key and our asking the Department to promote SBIRT, since many folks don't know about it. Sheri thought we may be able to promote it through recovery month. The real question is how can we promote it to primary care providers and suggestion were made to have either Rich Brown or Scott Caldwell come to meet with us. A suggestion is made to ask Scott to write up a report on SBIRT and its use for an older population for our October meeting. Sheila notes that they use the AUDIT screen for SBIRT and have the guidelines for how much alcohol would be considered safe and talk about the use of other medications as well. With minimal training, anyone could do the AUDIT and provide feedback with very specific directions on how to do that and apply it to different age groups. Susan notes that there is frustration in that very few people use it, even though the codes have been available for over a year now. To get reimbursement it must be done in a physician's office though it doesn't have to be a physician who does it. As long as there is a physician in residence, they can bill for the service.

Additional discussion centered on the access issues or barriers that exist within the complex systems of care that we create. Even when we cover more people for services they still may not be able to access services without additional help in navigating the systems designed to help them. Coaching and peer specialists or peer advocates dovetail nicely into this issue and may be an area we may want to focus on as well. It is really the need for accountability. Is the Department holding the HMO's accountable for standards that are in place, is there a continuity of care after discharge and who is collecting the data that tells us? Norm reported that the Office of the Insurance Commissioner used to collect that data on HMO's implementation around substance abuse and mental health services. A recommendation was made to invite somebody from the insurance commission to speak with us. We need data to identify whether there is an issue of statewide access. Susan recommended that we create a data map where we contact the HMO's and others to find out which office has which data sets and what they measure. Sheila stated that one piece of data we would need to go to the providers for would be the length of time between when someone calls for service and can actually get in. Once we know what data we have, we can make recommendations on what we still need and what will be our strategy. Lila with assistance from others will take the lead on this project.

Legislation/Miscellaneous Updates/Future Agenda – Norm Briggs

AB 172 and SB 159
SB 159 which provides penalty for underage persons under the influence of alcohol beverages on school premises is being taken up by the Prevention committee.
AB 172 increases the reduction in W2 benefit based on a positive drug test, paying the amount of the reduction to the dependent children in the group and granting rule making authority. Concern is expressed that this approach is not consistent with management of a chronic disease and does not take a supportive or trauma informed approach and may likely lead to charging the individual for the cost of the drug testing. The bill will also have a direct impact on women since they are the majority of W2 recipients and although perhaps not intended will have a negative impact upon the children. It is not clear how the withheld benefits of the parent will be given to the children. Shel suggests that we talk with DCF to find out what they feel would be the impact of this bill. Sue Gadacz had shared that he origins of this bill was also somewhat central to the development of the set aside TANF money and that there was a very dynamic political situation when this bill first came about. We are now following two other states that have passed this as well. The decision was made to hold off on any motion in regard to this bill until we can obtain additional information. Norm added that at some point we may want to consider a motion to address what seems to be an ever increasing approach to substance use problems by increasing penalties either financially or with jail or prison without addressing the treatment need.

There was also discussion on the increased penalties for the OWI population without acknowledging the addiction part of the problem. WI is also the only state that has a penalty structure that goes up to 10th offense and higher, does not have felony and prison as part of a third OWI offense and treats the first offense as a civil forfeiture. Nina also shared that a proposal to have OWI offenders reimburse law enforcement agencies for the cost of blood test if convicted was also put into the State's budget bill.

Motion Proposal
Shel proposes a motion that SCAODA prepare something for the legislature generally referencing whatever bills are appropriate about the consistently punitive approach that the legislature takes to address people who have substance abuse problems despite the lack of funding for treatment. The motion is seconded by Sheri and supported with a unanimous vote. A recommendation was made to include a statement that this approach is contrary to the research of what is effective.

Susan Endres mentioned a survey she found online for Medicaid healthcare efficiencies through the Division of Health Care Access and Accountability. Shel thinks this may be tied to the Dept's request earlier this year on efficiencies which has already been summarized in a report. Susan will forward the link to Norm to check out.

Status Report on the State Association Consolidation
Norm informed everyone WAAODA has pulled out of the meeting which was scheduled for 8/12 to craft the bylaws and articles of incorporation for a new statewide association of WAAODA, WADTPA and WAADAC. Apparently a meeting of the Executive committee of

WAAODA's Board met yesterday and decided to not continue discussion with WADTPA and WAADAC, but invited those two organizations to blend in with them. They cited consideration of potential loss of current sustainable funding among other things in their decision. WADTPA and WAADAC will now need to think about a new strategy.

Report on revised core values for women's treatment
Norm reported that he attended a meeting held by Bernestine Jeffers and provided feedback, including the recommendations of ITC. The suggestions will be taken under advisement and included in the RFP's for women's treatment services issued in September.

Committee membership Update
Norm asked if there were any recommendations for additional membership. A suggestion was made to add someone from the insurance commission and perhaps consider the OCI representative on SCAODA as our co-chair.

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

1. ITC
   October 11, 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 9, 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

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Governor

Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, October 11, 2011
10:00 am - 2:30 pm
Department of Corrections
3099 E. Washington Ave
Room 1M-H
Madison, WI

MINUTES

Present: Dan Nowak, Norman Briggs, Staci McNatt, Andrea Jacobson, Roger Frings, David "Mac" Macmaster

Excused: Tami Bahr, Nina Emerson, Sheri Graeber, Shel Gross, Sheila Weix

Staff Present: Susan Endres, Faith Boersma. Excused: Lila Schmidt

Norman called the meeting to order at 11:25am. Welcome and introductions followed. Andrea informed the Committee that the Mental Health Center of Dane County has changed its name to Journey (The Path from Hope to Healing) Mental Health Center.

Approval of the August 9th minutes was deferred until the November 8th meeting due to lack of a quorum.

Norm gave an update on the September SCAODA Meeting motions. ITC's motions were put forward by the Planning and Funding Committee to meet the requirement that a motion be introduced by a SCAODA member. Motions regarding application for funding were also consolidated and subsequently tabled at the SCAODA meeting. The motion regarding the Department no longer sponsoring trainings was also deferred. The motion to correspond with majority and minority leaders expressing concern about the punitive approach of legislation was passed. Letters were sent to Senators Miller and Fitzgerald and Representative Suder. These letters also invited the Legislators to actively participate in SCAODA. Mac voiced concern that there is no action from Legislators and no follow up with SCAODA issues. It would be helpful to have an orientation guide for the Legislators as they become involved. Roger stated that it is important to keep legislators in the loop regarding all issues, not just funding. It is also important to correspond with a staff point person. He suggested that SCAODA make follow-up calls to each Legislator's office to identify this staff member and request a meeting. Sandy Pasch (minority Representative) is the only Legislative member currently working with SCAODA.

ITC will be the Committee responsible for the Public Forum on November 3, 2011 at the Northern Wisconsin Substance Abuse Counseling Conference in Ashland. The Committee identified five topics to present: WINTIP, Treatment Courts, Recovery-Oriented Systems of Care, Methadone clinics, and Scope of Practice.

Reintroductions were made following Roger Frings' arrival. He provided a summary of his background. He is currently with the Office of the Commissioner of Insurance. Norman provided an overview of the Committee members and their affiliations and backgrounds.

Norman provided an update on Logisticare and WI Northern women's treatment and methadone clinics. Bernestine Jeffers has recently informed the Committee that the only methadone clinic in Superior has closed and these patients must now make a three-hour trip to Eau Claire for treatment. Primary Care Physicians can only prescribe methadone for pain, not opioid recovery.

Though the Wisconsin Association of Alcohol and Other Drug Abuse (WAAODA) has withdrawn from the project, the State Association Consolidation is continuing to move forward.

Susan Endres presented an update on the Children, Youth and Families Subcommittee/Adhoc Work Group in Tami Bahr's absence. The Subcommittee held a meeting on October 7th. The "Opioid Day" that Susan has been working on will not take place on November 9th as planned, as coordination of such a large event is not feasible by that date. The Recovery Foundation will undertake championing this event in the spring. A spokesperson from Drug-Endangered Children will be invited to present at the next CYF meeting in December. They had a wonderful representative from the Medical Assistance program in Milwaukee at the last meeting. It is essential to develop extensive communication between Medicare and HMO's, and Susan was pleased to have both at the table. The committee requested that Kenya Bright to send a letter of information on the Bureau of Prevention, Treatment and Recovery (BPTR) Medical Home work. The Judge from the juvenile drug court in St. Croix County came to the CYF October meeting. On behalf of the subcommittee, four judges from the existing juvenile drug courts in the state will be invited to convene for an exchange of ideas. Mental Health America will take on the Project Freshlight website. Uniform Placement Criteria is now in Spanish. National Association of State Alcohol and Drug Abuse Directors (NASADAD) has asked the six remaining adolescent treatment provider organizations nationally to present on outcomes of the grant to develop an infrastructure and work on treatment protocol recommendations. She expressed appreciation to the Committee for their support, which is a key factor in the ability of Wisconsin to maintain a strong voice nationally where other states have not.

At 12:02pm Norman turned the meeting over to Roger and excused himself, as he was required to attend another meeting at this time.

Discussion on ITC Goals for the Older Population was deferred until the November meeting. Scott Caldwell and Jane Raymond have met to follow through on the development of SBIRT training for the Elder Abuse and Protective Services Program workers. Sharon Beall was identified as a resource.

There was discussion on the alternative sentencing tool provided to judges in sentencing of OWI's (i.e. visits to morgue.) Andrea stated that victim impact panels have moved forward, and the Impaired Driver Committee - now housed under the Department of Health Services- is looking at gathering data

on reduced recidivism in Wisconsin and other states. OWI arrests have been down in Wisconsin, but there are other variables, such as reduced workforce in law enforcement, contributing to this phenomenon.

Mac provided a Wisconsin Nicotine Treatment Integration Project (WiNTIP) update: The Substance Use Practitioners Association for Recovery will be advocating for treatment providers in response to the dissolution of Wisconsin Certification Board several years ago. They are creating a website to include a public place and a members-only page. They also have Facebook and Twitter accounts, and will have incentives for members. The Wisconsin Association of Alcohol and Drug Abuse Counselors is essentially a provider organization. Mac provided a summary of who WiNTIP is and what their goals are. He passed out a new poster available free of charge on the WiNTIP website. The WiNTIP project is part of SCAODA's strategic plan to "encourage policies that lead to integration of Mental Health, Substance Abuse, and Tobacco Cessation." Stakeholders in the Substance Abuse, Mental Health and Tobacco Cessation fields had never sat at a table together before WiNTIP. Mac cited the success of similar projects in states such as New York. WiNTIP sends material out via e-mail, for example: trainings and webinars. They are active in the Employee Assistance Program. The Rhinelander clinician training was cancelled due to lack of interest, even though a stipend was offered. However, the upcoming Eau Claire training is already at capacity. Next will be a Sheboygan training for addiction management facilitators. This follows the philosophy that programs need to become tobacco-free, not just non-smoking, and there is a need to change the culture. There is a disconnect between alcohol taxation (not raising the beer tax) and the increased taxes on tobacco and a reluctance to earmark funding for alcohol/tobacco services. Roger stated that the tobacco tax is on occasion used to balance the budget – this money goes into the general fund and often ends up filling the holes to fix deficits. This is easy money for the Legislature to pursue: it provides revenue quickly, is not a general tax increase like income/sales tax, and also demonstrates a crack-down on big tobacco. Potential advocates in the Legislature are not currently in a position to advocate.

There is no strong voice in opposition to the diversion of funds from tobacco taxes into the general fund from the public health people. However, such a movement is possible. Committee members cited examples of other successful grassroots movements, such as Mothers Against Drunk Driving, the Pink Ribbon campaign for breast cancer awareness, and advocacy for those with developmental disabilities, etc. Roger suggested that Committee members reach out to other organizations with which they are involved, to network with tobacco companies and discuss ideas for cutting down on use and abuse of tobacco products, and to discuss funding. From a PR standpoint, we will find more willing partners if they are approached this way, as opposed to just asking Legislators for money. We need to create awareness that funds from tobacco taxes are not being used for tobacco prevention and services. Mac advocated for an approach that does not aspire to infringe on the profits of tobacco companies or to interfere with their business, but to address services regarding abuse and ask that the government provide sufficient funds for services to counter-act the costs of tobacco use.

Roger provided an overview of the Office of the Commissioner of Insurance. This office is the State regulator of all insurance companies and agents in Wisconsin, covering all lines (i.e. health, life, property) except unemployment insurance. They serve Workers' Compensation and the Injured Families and Patients Fund (paid by physicians for malpractice.) The Office is comprised of several Bureaus whose scope encompasses "anything insurance," such as solvability, marketing, and ethics.

They have a staff of 143 members who oversee the sixth largest insurance industry in the country (based on the number of insurers).

Roger also provided information on Treatment Access and Insurance Data Sources. Norm and Lila had previously expressed concern about this issue and had asked for any available data on the length of time (lapse) between call for services and actual treatment. Roger stated that there are records of complaints for individuals who have been denied coverage for treatment services since the new parity law. His office had been getting monthly updates on complaints, and he will check on AODA-specific data in regard to wait time. Roger passed out a Fact Sheet on Mandated Benefits for the Treatment of Nervous and Mental Disorders or Substance Use Disorders about the parity legislation. It does not appear that anyone currently tracks the data on wait time.

One of the underlying issues contributing to wait time is the inability of the current provider network to handle the case load – there not enough capacity for the demand. The question was raised on how to draw prospective providers into the educational system. One suggestion was that universities develop a fast track (i.e. – a one-year Masters degree) for those with prior experience in the field. Roger acknowledged that we have many existing resources in a wonderful educational system in the state. The creation of a consortium from various schools to serve as an advisory body to promote/enhance existing programs was suggested. Mac reminded the Committee that in the past, an appeal had been made to the Department of Workforce Development regarding the need to reorganize the workforce. However, Evidence-Based Practices, not the needs of the workforce, is what holds more attraction for the universities. Susan stressed the importance of a system to develop partnerships between four-year and Masters Programs to transfer tech school credits. Staci cited another concern in the difficulty for current social workers to acquire a Master's degree, as the capacity of the educational system is not large enough to provide for current students, who obtain places before people who are already in the workforce. As the educational requirements change, not only will we need to have clinicians with certifications that meet these requisites, but also agencies who are structured appropriately. The demand for services should drive the supply of the workforce providing these services. The new Health Care Exchanges will be instrumental in this process, as the role of the current providers will change.

Roger provided an update on where we are at right now with the transition to Health Care Exchanges. The first meeting of the Health Insurance Exchange work group was held this morning; their task is to create a blueprint for how the exchange system will be set up in Wisconsin if it moves forward. This was a kick off with stakeholders focused on creating an infrastructure. They are starting with the "thirty-thousand-foot view," asking questions such as: how do people navigate the system, when do they get linked with an insurer, and at what point does the exchange role end? The work group is comprised of a business representative, an insurance agent and insurance representative, a Department of Health Services representative, Craig Steele, and a consumer representative, Barbara Zabawa. Committee members indentified the need for the involvement of additional stakeholders as this system moves forward. Susan stated that anyone can call or e-mail and request to be a part of this. Mac asserted that this topic needs to be on every SCAODA agenda, as the next couple of years will be critical to success. Staci expressed concern that a group of Wisconsin citizens who aren't eligible for Medical Assistance but aren't covered by other insurance won't be able to afford it. They would then be fined, which would still be cheaper than the premium. Roger reiterated that the law mandates that health insurance will be made affordable. Mac requested that Roger provide an update or progress report to SCAODA on the Exchanges.

It was decided that the SCAODA and ITC Strategic Planning agenda item would be carried over to the next meeting, with discussion on making this a standing item on the agenda.

Andrea provided an update on the Impaired Diver Subcommittee, which has been continued through DHS with Leann Cooper. There are two workgroup tracks: Best Practices (treatment, education, etc.) and Prevention. Workgroups are looking at their goals and plan. Some topics have been carried over from previous work. Committee members expressed concern about underage drinking and driving recreational vehicles while intoxicated.

Dan motioned to adjourn, Roger seconded. Meeting adjourned at 2:40pm.

Next meetings and dates:

1. ITC
   November 8, 2011; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee
   December 2, 2011; 9:00am – 4:00pm Connections Counseling, Madison
3. SCAODA
   December 9, 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

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SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment and Planning & Funding
Motion: To oppose AB 286 (Companion bill SB 207). This bill specifies that it is not employment discrimination because of conviction record for an employer to refuse to employ or to bar or terminate from employment an individual who has been convicted of a felony and who has not been pardoned for that felony, whether or not the circumstances of the felony substantially relate to the circumstances of the particular job.
Related SCAODA Goal: 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.
Background: This bill allows an employer to refuse to hire or to terminate an individual convicted of a felony whether or not the felony is related to the functions of the job. This bill allows the perpetuation of stigma toward persons convicted of drug-related felonies even though they may be in recovery and attempting to find gainful, legal employment. Such firing is essentially unfair. This bill would increase existing disparities for minorities and alienate people in recovery, hindering them from becoming part of mainstream society. • Positive impact: People in recovery, despite drug-related convictions, have equal opportunity for employment. • Potential Opposition: Employers who fail to acknowledge that treatment works and who maintain a bias toward people in recovery.
Rationale for Supporting Motion: Sends the message that treatment does work, people do recover and want to participate in society as productive citizens. Those in recovery should have the same opportunities as the rest of the population.

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Governor

Mark Seidl, WCHSA
Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE
Planning and Funding Committee Meeting Minutes
Friday July 15, 2011 9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET, MADISON
608 283-6426

MEMBERS PRESENT: Joyce O'Donnell, Duncan Shrout, Sally Tess, Ken Wagner, Todd Campbell, Norm Briggs, Manny Scarbrough and Pamela Bean.

EXCUSED: Karen Kinsey, Bill McCulley and Tom Fuchs.

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 the 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. Methedone 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

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Governor

Mark Seidl, WCHSA
Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE

Planning and Funding Committee Meeting Minutes
Friday August 19, 2011 9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET, MADISON
608 283-6426

MEMBERS PRESENT: Joyce O'Donnell, Duncan Shrout, Ken Wagner, Todd Campbell, Manny Scarbrough, Pamela Bean, Tom Fuchs and Karen Kinsey.

EXCUSED: Bill McCulley, Sally Tess and Norm Briggs.

STAFF: Lori Ludwig and LeeAnn Cooper.

I. Call to Order – Joyce O'Donnell:

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

II. Review /Approval July 15, 2011 Committee Minutes—Joyce O'Donnell

Pamela Bean made a motion to approve the minutes of July 15, 2011. Todd Campbell seconded the motion. The motion passed unanimously.

III. Legislation—Group Discussion

AB 172—During the July 15th meeting, the bill which increases punishments for OWI offenses, was discussed and a motion to seek advice and analysis from the Intervention and Treatment Committee (ITC) prior to taking a stand of support or opposition on the bill was passed unanimously. Lori Ludwig reported that ITC is, at this time, still reviewing AB 172, seeking advice from program staff regarding how the system currently works in order to analyze the effects of the bill on systems operations.

AB 200 (Companion SB 155)—Lori Ludwig summarized the effect of the bill which would authorize a winery to make retail sales and provide taste samples of wine on fairgrounds, under the "Class B" license issued to the fair association, if the wine is purchased from a wholesaler. It effectively widens access for wine sales. Tom Fuchs motioned to oppose AB 200 and Duncan Shrout seconded the motion. Any increase in access increases all the problems and consequences associated with alcohol use. The motion passed unanimously.

AB 208 (Companion bill SB 154)—This bill removes upper limits for fines and prison sentences for OWI offenders. It also makes the third OWI offense a felony. The discussion of AB 208 centered on whether the approach is an effective one. Not all agreed that increased penalties would be a good approach. All did agree that treatment needs to be a component. This bill however, does not include treatment. The argument in support of the bill was based on making the 3rd offense a felony. It is a move in the right direction. The argument against the bill was that increased penalties do not address the addiction issue and therefore would not change anything. The discussion then turned to perceptions. There is the perception (in the general public) that penalties deter crime. And if SCAODA opposed the bill, SCAODA could be perceived as not tough enough. Mr. Shrout pointed out that second and third OWI offenders qualify for treatment funding from the Department of Corrections. If this bill passed, there would be an increase in the number of people using that source of treatment funding. **Pamela Bean made a motion to support AB 208 with the caveat that 100% of the fines over $600 should be designated to the IDP Supplemental Fund. Duncan Shrout seconded the motion. Without further discussion, the motion passed unanimously.**

SB 159—Lori Ludwig summarized that this bill prohibits an underage person from being on school premises with any detectable alcohol concentration in his or her blood or breath, regardless of whether the underage person is accompanied by his or her parent, guardian, or spouse. **Pamela Bean made a motion to support SB 159 and Todd Campbell seconded it.** Karen Kinsey expressed concern because the penalties associated with this bill might cause a young person to become involved in the criminal justice system. **The motion passed with all voting in favor and one abstention.**

Manny Scarbrough brought up the motion made at the July 15th meeting concerning the Minority Training program. The motion was:

"Mr. Scarbrough made a motion that the Planning and Funding Committee recommends that by January 1, 2012, the 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. The motion was then passed unanimously." (from Planning and Funding minutes July 15, 2011).

Mr. Scarbrough indicated that he had talked to the Director of the Minority Counselor Training Institute (MCTI) and to a colleague of his at Genesis, and they both were concerned that funds be put forth for people to get their college degrees. Regarding the motion from last month, he would like to add that the "funding go specifically for their degrees." Mr. Scarbrough indicated that Angela McAlister would like to have a letter of support from SCAODA. Mr. Fuchs asked if we (the Planning and Funding Committee) knew enough about this. Do we know enough to make a good recommendation? We have no information from the state concerning "grandfathering." Mr. Shrout agreed that while there has been no information on "grandfathering," the state will work with people who aren't degreed or certified. Mr. Fuchs felt that the workforce issue is much bigger. Mr. Scarbrough brought up that in its Strategic Plan, SCAODA talks about a diverse workforce. Most of the minorities who are part of the workforce are there because of an addiction. If one is required to have a degree, the number of minorities in the workforce will decrease. Mr. Shrout asked if MCTI was the right funnel. Should DHS or

someone else do this? Lori Ludwig reported that 1) The MCTI has been suspended until the survey results are analyzed; 2) The Bureau is never-the-less continuing to work independently with WAAODA to financially sponsor students that are close to finishing their hours for certification; and 3) Flo Hilliard has retired but did complete the survey of the Tech Schools and the University of Wisconsin System schools. However, no summary has been produced as yet and the Department of Safety and Professional Services (formerly Department of Regulation and Licensing) has yet to notify the Bureau as to when they will be ready to survey their Substance Abuse Counselors and Clinical Substance Abuse Counselors. Mr. Scarbrough felt that the motion should be withdrawn, because of this turn of events. Pam Bean referenced the SCAODA goal #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." She suggested that she needed background information from Flo Hilliard. That hasn't happened. Now funds to MCTI have been cancelled. Lots of people benefitted from this program. She indicated she would want to enhance the MCTI. A discussion ensued about where to find more information. Tom Fuchs reported that WAAODA (the Wisconsin Association on Alcohol and Other Drug Abuse), WAADAC (the Wisconsin Association of Alcohol and Drug Abuse Counselors) and WADTPA (the Wisconsin Alcohol and Drug Treatment Providers Association) had planned to merge, however WAAODA withdrew. A letter would be ok but SCAODA has a larger responsibility. The group debated how to proceed. Why are there no funds for MCTI? What is SCAODA doing to fulfill the goal of a diverse workforce? Should we bring a recommendation to SCAODA? Eventually the group settled on the following motion: **Duncan Shrout made the motion that given SCAODA's Goal #5, 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. Manny Scarbrough seconded the motion. The motion passed unanimously.**

IV. Department of Public Instruction Report on Safe and Supportive Schools—Ken Wagner

Mr. Wagner distributed a document of a news release on Safe and Supportive Schools. Wisconsin was among 11 states winning a competitive federal grant to improve learning conditions for students through the Safe and Supportive Schools program. Wisconsin received a $3.5 million award for the first year of a four-year, $14 million project. Currently, DPI is completing its first year. They collected data from 69 schools and reduced the total number of participating schools to 54. These schools were analyzed by school environment and student behavior data from the Youth Risk Behavioral Survey. Data were collected to analyze 1) school safety, 2) students' alcohol/drug use profiles, 3) schools' rates of suspensions and expulsions. The goal of the program is to keep kids engaged in school. The outcome would be a systems-level change; an increased likelihood that kids would stay in school and change their risky behavior. Currently, for example, some school districts don't suspend or expel their students. They keep them in school and work with them. Joyce O'Donnell asked about someone desiring to purchase a home in these school districts. What does this information say about the community? Mr. Wagner responded that he would say that the school is working with its troubled kids. Karen Kinsey felt that Safe and Supportive Schools could reduce bullying. That

would be positive. Mr. Wagner indicated that the school district decides how and what to address. The money is to improve problems in school. Joyce O'Donnell asked how much money goes to Administration. (Staff follow-up: According to Ken Wagner in a follow-up call 8-22-11, he reported that of the $3.5 million in federal funds, 15% will probably go to administration. Up to 20% can go to administration, but in all likelihood, only 15% will go to administration and the 5% will go back into the program). Joyce O'Donnell asked of the total number of Wisconsin school districts, that is, of the 400+ school districts, how many withhold their information. Mr. Wagner responded that all the information is public and is available through the DPI website under WINNS. Ms. O'Donnell wondered if there was any type of legislation coming forward to force school districts to do this. Perhaps something on bullying, Mr. Wagner offered. Now there is a mandate that schools must have a bullying policy.

V. Intoxicated Driver Program Sub-Committee on Financing—Duncan Shrout

Mr. Shrout reviewed for the group how the ad hoc committee on the IDP funding issue came to be. He thanked and complimented LeeAnn Cooper for doing such an outstanding job and having made his role easy. LeeAnn Cooper then reviewed for the group the content of the draft IDP-Funding Committee's final report dated September 2011. The report contains the history and purpose of the IDP and of the IDP-Funding Ad Hoc Committee. The committee learned that for every OWI offense, a portion of the fine collected is designated "the driver improvement surcharge." The surcharge is now $365. Of that amount, 60% is retained by the counties and 40% is returned to the state. However, the surcharge doesn't keep up with the needs of the program. Of the total amount returned to the state (the Department of Administration), 19.49% is allocated to the IDP supplemental grants. Therefore, each year the DHS distributes a supplemental grant budgeted at $990,000 for which counties may apply. The rest of the money goes to six other programs in the Departments of Justice, Transportation, Public Instruction and the State Hygiene Lab. Ms. Cooper then pointed out the spreadsheet in the group's information packet and the three motions passed by SCAODA. The group had a number of questions about unspent funds, the audit proposed in one of the SCAODA motions, and decreasing numbers of OWI convictions. Discussion continued around other additional sources of funding for the IDP such as the Substance Abuse Block Grant, potential revenue from beer tax legislation (if introduced and passed), and working with legislators. Mr. Shrout emphasized that SCAODA has to work with legislators. It needs to bring in legislators. He will recommend at SCAODA the idea that every member should be trained in how to contact legislators. Karen Kinsey felt that the report should be given to counties. **Mr. Shrout then made the motion that the report be adopted by the Planning and Funding Committee and moved to SCAODA for approval. Pamela Bean seconded the motion.** Manny Scarbrough asked if the individuals in this program who need treatment represent a population that votes. He felt that this constituency is often unrepresented. They get taken care of last. Mr. Fuchs indicated that he supports the motion. He also referred to the spreadsheet and pointed out that there is an $8.2 million gap in funding for the total population. If the original intent of the IDP was to meet the needs of indigent clients, and the Block Grant is intended for other programs and populations, then it (the SABG) should not be used to offset these costs. Duncan Shrout suggested an amendment to the Report. Before the Report is approved, **the Report will include a statement from the Planning and Funding Committee that $8.2 million is the amount required and recommended. With this addition the motion was passed unanimously.**

VI. Draft SCAODA Agenda—Lori Ludwig

Ms. Ludwig reviewed the draft SCAODA agenda for September 9th's meeting. There were no questions or concerns.

VII. DHS and Federal Public Health Grants—Duncan Shrout

Mr. Shrout referred to an article in the Milwaukee Journal Sentinel that reported on the Secretary of DHS having turned down or refused to allow State Departments to apply for federal funds including the SBIRT grant. The reason given in the article for doing so was that the grant was duplicating something that was already being done. This was a $1.6 million grant. Mr. Shrout felt that according to SBIRT's Director, Dr. Rich Brown, there can never be enough screening in Wisconsin. Mr. Shrout is concerned about the decision process. A $600,000 prevention planning grant was also turned down. It would have promoted the SPF-SIG model for strategic planning at the local level to reduce alcohol abuse and consequences for additional communities. These are great strategies and it was turned down. **Mr. Shrout made a motion to ask DHS Secretary Smith for reconsideration. These grants tie in with the Healthy Wisconsin 2020 State Health Plan and SCAODA's Four Year Strategic Plan. Karen Kinsey seconded the motion. All were in favor except one. The motion passed.**

VIII. Women's Report

Karen Kinsey reported that the Urban/Rural Women's grant lost money. Apparently these grants are partially DAIPIS funded. She was unaware of that. She thought the grants were entirely block grant funded. Lori Ludwig referred Ms. Kinsey to Bernestine Jeffers, the Women's Treatment Coordinator.

IX. Committee Reports—Group

- Joyce O'Donnell reported on the election for SCAODA Officers scheduled for the September 9th SCAODA meeting. The Vice-Chair position is still open.
- She also noted that the Planning and Funding Committee is responsible for hosting the Public Forum at the Bureau Conference October 25 and 26th.
- Joyce O'Donnell read a letter from a Milwaukee woman who lost her son to a drowning. The son was under the influence of a mixture of 190 proof Everclear, Red Bull and Gatorade. The mother is asking for help in banning Everclear. **Tom Fuchs made a motion that SCAODA support a ban on 190 proof Everclear. Manny Scarbrough seconded the motion. The motion passed unanimously.**

X. Agenda Items for Next Meeting—Joyce O'Donnell

- Workforce Issue/Scopes of Practice
- Criminal Justice Coordinator Report—Lila Schmidt
- Motivational Interviewing—Scot Caldwell

XI. Adjourn—Joyce O'Donnell

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

PLANNING AND FUNDING COMMITTEE MEETING
October 21, 2011
9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET
MADISON, WI
608/283-6426

Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE

Planning and Funding Committee Meeting Minutes
Friday October 21, 2011 9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET, MADISON
608 283-6426

MEMBERS PRESENT: Joyce O'Donnell, Duncan Shrout, Ken Wagner, Manny Scarbrough, Pamela Bean, Tom Fuchs, Sally Tess, Norm Briggs, Bill McCulley and Karen Kinsey

EXCUSED: Todd Campbell

STAFF: Lori Ludwig

GUESTS: Dave Macmaster and Scott Caldwell

I. Call to Order – Joyce O'Donnell:

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

II. Review /Approval August 19, 2011 Committee Minutes—Joyce O'Donnell

Manny Scarbrough made a motion to approve the minutes of August 19, 2011. Tom Fuchs seconded the motion. The motion passed unanimously.

III. Follow-up on Legislative Motions—Group Discussion

- AB 172—Norm Briggs reported that the subject matter of the bill's punitive approach (toward reductions to W2 recipients' benefits as a result of positive drug use) was combined with similar bills as well as the need for Legislative appointments to SCAODA in a letter sent to Senators Fitzgerald and Miller and Representative Suder dated June 15, 2011.
- AB 200 (Companion SB 155)—SCAODA passed a motion to oppose on 9-9-11. Letter was sent to Representative Karl Van Roy.
- AB 208 (Companion SB 154)—SCAODA passed a motion to support with caveat on 9-9-11. Letter sent to Representative Jerry Petrowski.
- SB 159—SCAODA passed a motion to support 9-9-11. Prevention Committee is drafting a letter.
- AB 63 (Companion SB 44)—SCAODA did not have a quorum to pass the motion on 6-10-11. On 6-13-11 SCAODA conference call also failed to achieve quorum to pass the

motion. A decision was made during the conference call to forward letters to Legislative leaders under Committee Chairpersons' signatures (Prevention & P&F). Letters in opposition sent to Senators Fitzgerald and Miller, Representatives Suder, Barca and Fitzgerald on 6-15-11. As the bills traveled through the legislative process, Planning and Funding members felt that taking a stand of opposition to the bills from the full State Council was imperative. The matter was scheduled for discussion at today's Planning and Funding meeting. Members felt that it would be important for SCAODA to oppose the bills and that time constraints precluded waiting for the December SCAODA meeting. They considered their options and **Tom Fuchs made a motion to forward the committee's thoughts and concerns to the Executive Committee in letter form for consideration of a Rapid Response on behalf of SCAODA to the motion to oppose AB 63/SB44. Duncan Shrout seconded the motion. The motion passed unanimously.**

IV. New Legislation—Duncan Shrout

AB 286 was also scheduled for discussion at today's meeting. Current state fair employment law, subject to certain exceptions, prohibits discrimination in employment based on arrest or conviction record. This bill specifies that it is not employment discrimination because of conviction record for an employer to refuse to employ or to bar or terminate from employment an individual who has been convicted of a felony and who has not been pardoned for that felony, whether or not the circumstances of the felony substantially relate to the circumstances of the particular job. Mr. Shrout explained that this bill allows an employer to fire someone based on a previous conviction even if the crime does not relate to his or her job. He felt that firing as such is essentially unfair. Mr. Scarbrough felt that the bill would increase existing disparities for minorities. Tom Fuchs made **a motion to oppose AB 286 because it hinders people from becoming a part of mainstream society, alienates people in recovery, it is stigmatizing, it is pro-business only and gives employers even greater latitude. Duncan Shrout seconded the motion. The motion passed unanimously. Duncan Shrout then made a motion to move this bill to the Executive Committee for quicker progression. Tom Fuchs seconded the motion. The motion passed unanimously.**

V. Integration of Smoking Cessation Programs with AOD Treatment—Dave Macmaster

Mr. Macmaster distributed a number of handouts including a power point presentation. When it comes to tobacco use, the single largest group of users is the one comprised of consumers of substance use and mental health disorders services. In Wisconsin there are 7,800 tobacco deaths annually. Our residents with substance dependence and mental health disorders account for 3,400 of these deaths. He reported on the WiNTiP Project which brings together tobacco control, mental health and alcohol and other drug abuse programs, mental health and substance use disorder consumers and government in order to integrate evidence-based nicotine dependence treatment into mental health and alcohol and other drug abuse services. Tom Fuchs reported that by 2012, the treatment facility for which he is Director, St. Joseph's Hospital, LE Phillips Libertas, is requiring a scent-free environment (no smoking on the grounds). They are planning to begin to address this now. He reported that he has experienced push back from the physicians, and that it has been a journey. Mr. Fuchs applauded Mr. Macmaster's work and

understands the resistance. Mr. Macmaster reported that WINTIP is part of the Intervention and Treatment Committee's Strategic Plan. Mr. Macmaster reported that there are over $700 million in tobacco taxes collected. He continued that New York State has an identified pathway for implementing tobacco cessation into mental health and substance abuse treatment. Dr. Bean suggested that if there are limited resources to implement smoking cessation programs, she suggested doing pilot projects to show success and go from there. The best way to start is to start small. **Bill McCulley made a motion to continue as an advocate and supporter of WINTIP and smoke-free programs. Duncan Shrout seconded the motion. The motion passed unanimously.**

VI. Follow-up on Other Motions From Last Meeting—Joyce O'Donnell

- Motion on increasing the number of minority counselors in the workforce—Lori Ludwig reviewed for the group that the motion put forth at the SCAODA meeting of September 9 recommending 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, was asked to be withdrawn by Kevin Moore, Executive Assistant in the Office of the Secretary of DHS. Mr. Moore explained that the Bureau of Prevention Treatment and Recovery is working with the Office of the Secretary of Health Services on this complicated issue. Ms. O'Donnell agreed to withdraw the motion, but wanted to bring the issue back to Planning and Funding. Ms. O'Donnell asked the Committee if it wanted to reaffirm the motion. Mr. Scarbrough felt that something needs to be done. The goal of remedying racial disparities is in SCAODA's Strategic Plan. Lori Ludwig reported that, according to an update at a recent staff meeting:

  1. Flo Hilliard has completed the survey of fourteen Technical Schools and two Universities. In general the survey:

  - Investigated the transferability of current credits to a four year degree, that is, in moving from a SAC-IT (Substance Abuse Counselor in Training) to a SAC (Substance Abuse Counselor).
  - Investigated the ability of the schools to provide 360 hours as required by DSPS (Department of Safety and Professional Services—formerly the Department of Regulation and Licensing). See http://drl.wi.gov/board_code_detail.asp?boardid=59&locid=0 For DSPS Rules pertaining to licensing and certification requirements RL 160-167 (bottom of the page).

  2. The second survey being planned is the one asking DSPS to survey current SACs and C-SACs (Clinical Substance Abuse Counselor) in order to determine:

    - What the current distribution of SACs and C-SACs looks like in Wisconsin.
    - Where in the state is the best place to spend current dollars

  3. Currently people with less than a BA are billing Medicaid and being paid under a certain "rendering" code.

- We need to figure out how many are billing Medicaid with less than a BA.
- It is the intent of DSPS and DHS to allow people who do not hold BA degrees and are currently billing Medicaid to allow them to continue to do so.
- However, going forward, rendering codes would be changed to align with Medicaid reimbursement requirements. SAC's would need BA degrees and C-SACs would need Masters Degrees. People with high school degrees (or less than BA's) who currently bill would be held harmless and would be allowed to continue to bill Medicaid, but they would be reimbursed at a somewhat lower rate than those with degrees.
- The phrase "grandfathering" would not be used.

Tom Fuchs was concerned about providers without BA degrees. He felt that this industry needs grandfathering. He expressed concern for current workers without degrees. He indicated that he would encourage this group to ask for the Bureau's plan. Pamela Bean reviewed the discussion at the last Public Forum (WAAODA Spring 2011). We heard from people employed with DHS. They are working on a remedy that is not so harsh. DHS is making an effort to accommodate the current workforce. Mr. Fuchs asked what the plan was. Paying people with less than a four-year degree less, will cause problems in the field. Duncan Shrout requested that appropriate people from the State be invited to the next meeting to report on current plans. Lori Ludwig agreed to ask Sue Gadacz to attend the next meeting.

- Motion to ban 190 proof Everclear—Joyce O'Donnell

Regarding the motion supporting a ban on Everclear, Ms. O'Donnell reported that Representative Peggy Krusick's Office is working on a bill. The bill would ban all alcohol that is 190 proof.

VII. Meeting with Kevin Moore—Duncan Shrout

Mr. Shrout reported on a meeting which included SCAODA officers (Michael Waupoose, Duncan Shrout and Scott Stokes), Kevin Moore, DHS Secretary's Executive Assistant and Linda Harris, Administrator of the DMHSAS. The purpose of the meeting was to engage in a dialogue concerning several issues raised at the last SCAODA meeting. Mr. Shrout reported that they discussed the federal grants situation where the SBIRT grant application and a SPF-SIG grant application were not moved forward by DHS. Mr. Shrout reported that Mr. Moore was interested in the representation of people in recovery on SCAODA; how do you increase the number of people in recovery on the Council? Mr. Shrout reported that Mr. Moore is convinced his office could be of assistance in recruiting legislators to be on SCAODA. The SCAODA Officers, Mr. Moore and Ms. Harris plan to meet again in January. The Minority Counselor Training Institute was brought up by Scott Stokes but the group drifted away from the topic. Joyce O'Donnell asked the group what should be done about pulling the motion—asking Secretary Smith to reconsider refusing to let the grants go through. Should we take the matter up with Kevin Moore again? Should we have the Executive Committee take it up? Pamela Bean asked Mr. Shrout if they discussed AODA training conferences. Mr. Shrout indicated that they had not. Ms. O'Donnell wondered what role DHS will play in organizing conferences.

VIII. Workforce Issues/Scopes of Practice—Group Discussion

Mr. Briggs summarized that there is a survey of the current national AODA treatment workforce and the data show that there is a shrinking workforce (due to aging out); younger people are not entering the field; and that the average AODA counselor (Masters level) makes less money than a manager at McDonalds. Now, under the "Scopes of Practice" document, we also would be setting the bar even higher for people to get into the field. Mr. Scarbrough asked if by raising the bar, could you say we're getting better service? Is there a significant difference in degreed vs. non-degreed workers? Mr. Briggs responded that the relationship between counselor and client is the most significant predictor of success. The group asked for an update from Sue Gadacz, Bureau staff regarding the Workforce survey and plans at the Bureau to increase the number of minority counselors in Wisconsin. Lori Ludwig will ask Ms. Gadacz to attend the Planning and Funding meeting of November 18th.

IX. Women's Services Report—Norm Briggs

Mr. Briggs reported that all Urban/Rural grants are out on R.F.P. Awards are up to $500,000 per agency; only one application per agency; one funded per county. ARC cannot apply for both Dane County and Fond du Lac programs. Secretary Smith's policy is that all grant funded contracts will be put out for bid. Mr. Briggs reported that ARC will have to close the Fond du Lac Office where both out-patient and day treatment services are provided. Mr. Scarbrough reported that under TANF (Temporary Assistance for Needy Families), a person is eligible for program benefits for only five years and then they are discharged from the program. Further, if any program participant is convicted of a drug felony, they are no longer eligible for food stamps.

X. Motivational Interviewing—Scott Caldwell

Scott Caldwell informed the group that Motivational Interviewing (MI) is a client centered process. People are 100% responsible for their choices and the outcomes of their behavior. MI goes after intrinsic or internal motivation. Pamela Bean reported on Project Match, a clinical trial study of the implementation of MI in short term and long term settings, compared with cognitive behavioral therapy and AA groups and across thousands of clients. The outcome was that about 4 sessions of MI yielded equivalent results to 12 sessions of cognitive behavioral therapy. It has been viewed as a cost-effective treatment. Mr. Caldwell reported that MI focuses on motivation and not skills. MI is a negotiated process. He reported that the Department of Corrections is the biggest market for MI right now. They represent a bigger market than substance abuse providers. However, he cautioned, a one-day training does not make for a competent practitioner of MI. There needs to be at least two full days of training and an agreement to record sessions and return them to the MI trainer for feedback. Pamela Bean asked how success is measured. Mr. Caldwell then distributed a handout on the benefits of MI/Why use it? The handout enumerates the benefits of MI:

- Services would be more welcoming; more clients would be engaged and retained in treatment following intake.

- There would be fewer no-shows for appointments.
- Clients would rate treatment more favorably with higher levels of satisfaction.
- Many clients would successfully complete treatment with fewer number of sessions needed.
- Fewer sessions, on average, would mean less treatment costs per client.
- And fewer sessions for clients would also mean programs would have increased capacity to treat more clients.
- Better clinical outcomes would be achieved.
- Programs would be more "co-occurring capable," that is, counselors would be better able to address a variety of client concerns and clinical problems beyond AODA, such as mental health, criminal behavior and gambling.
- Staff may have higher professional satisfaction and show less burnout.

Bottom line: better clinical outcomes, better customer and staff satisfaction, better businesses.

Norm Briggs asked a question concerning the data from Project Match. All variants of the interventions were equally ineffective. Scott Caldwell reported that with ASAM (American Society of Addiction Medicine) criteria and the UPC (Uniform Placement Criteria) taking into account multiple dimensions including severity, mild to moderate levels of substance abuse can be treated effectively in four sessions with MI. If, however, there are multiple problems, MI needs to be implemented at higher levels. The combination of MI with other evidence-based programs yields better outcomes. For example, cognitive behavior therapy is more effective with MI than a standard assessment and cognitive behavior therapy. Clinician skill levels drives MI outcomes. Scott reported that on a population level, the ideal candidates for MI would be the workforce, or patients in primary care, when health care professionals are trained in MI, during annual care visits, problems can be identified. Research shows that when doing so, most people will make substantial changes. Scott Caldwell asked the group what the long term vision of MI could be. How can you promote and champion this evidence-based practice getting into every counselors hands? Mr. Briggs felt that the Bureau of Prevention Treatment and Recovery should get behind MI in a formal strategic way. **Manny Scarbrough made a motion to recommend that SCAODA incorporate Motivational Interviewing as part of its Strategic Plan as an evidence-based practice to promote substance abuse prevention, intervention and treatment. Pamela Bean seconded the motion. The motion passed unanimously.** Joyce O'Donnell suggested asking Scott Caldwell to the December SCAODA meeting.

XI. Adjourn—Joyce O'Donnell

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

PLANNING AND FUNDING COMMITTEE MEETING
November 18, 2011
9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET
MADISON, WI
608/283-6426

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Whereas SCAODA's purpose is to inform Wisconsin citizens on AODA policy and issues, and whereas providers and funders struggle to provide adequate and sufficient AOD services, and whereas the direction of national health care reform is ambiguous, the Planning and Funding Committee motions that the Chair of SCAODA appoints an ad hoc committee to address the growing number of Wisconsin citizens and tribal members seeking and not able to access AOD treatment in Wisconsin. The Planning and Funding Committee recommends this ad hoc committee prepare a preliminary report by March, 2012 and a complete report by June 2012.
Related SCAODA Goal: Goal #4: Wisconsin will have adequate, sustainable infrastructure and fiscal, systems and human resources and capacity for effective outreach, and effective, accessible treatment and recovery services for all in need.
Background: Anecdotal reports of low-income or economically challenged WI citizens not able to find or benefit from AOD treatment in their community. • Positive impact: SCAODA will have increased understanding as well as specific evidence as to the degree of the above problem as well as specific recommended remedies • Potential Opposition: None
Rationale for Supporting Motion: Rationale: SCAODA represents the citizens of Wisconsin in AOD public policy concerns. AOD treatment seekers in Wisconsin are faced with the growing complexity of: service eligibility, reimbursement for services as well as maintaining the necessary motivation to complete the recommended course of treatment. SCAODA proposes to untangle these concerns through analysis of current data and will make recommendations to reduce impediments to treatment services for Wisconsin citizens looking for help in the public sector.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee recommends to Representatives Krusick and Ott a modification in the proposed legislation known as the Drunk Driver Reform Bill LRB 2144 in paragraph number 7 which recommends $10 million of funding for this legislation be taken from current beer, wine, and liquor tax revenues. It is highly unlikely that any current revenue source will be allocated for this worthy legislation. The Planning and Funding Committee recommends that an alternate source of funding be created through an increase in Wisconsin's beer tax on a barrel of beer. SCAODA is on record supporting legislation which would raise the beer tax from $2 to $10 a barrel. Based on current Wisconsin's alcohol consumption patterns, an $8 per barrel increase would raise an additional $50 Million Dollars in annual revenue. Additionally, the SCAODA IDP Funding report approved by SCAODA in September 2011 also supports such a tax increase to fund treatment services for indigent Wisconsin citizens convicted of intoxicated driving for whom treatment is recommended.
Related SCAODA Goal: Goal #4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity for effective outreach, and effective, accessible treatment and recovery services for all in need .
Background: Representatives Krusick and Ott have long championed increased penalties and treatment options for individuals convicted of OWI. The Planning and Funding Committee is bringing LRB 2144 in line with SCAODA's prior recommendations regarding treatment funding for indigent Wisconsin citizens convicted of OWI. • Positive impact: Increased funding for indigent individuals convicted of OWI will greatly enhance the efforts of many Wisconsin Counties as well as the State of Wisconsin to reduce the high incidence of OWI in Wisconsin. • Potential Opposition: Many members of the Wisconsin Assembly and Senate will oppose any tax increase regardless of the potential benefit to all Wisconsin citizens.
Rationale for Supporting Motion: Representatives Krusick and Ott have developed bi-partisan that would increase OWI penalties as well as expand treatment options for OWI offenders. SCAODA has frequently cited the incidence of OWI in Wisconsin as a major public policy matter. SCAODA should work with these legislators to find solutions that will fund this proposed legislation.

State of Wisconsin
2011 – 2012 LEGISLATURE

LRB–2144/2
PJH:jld:ph

2011 BILL

AN ACT ***to repeal*** 346.65 (2) (f) 1. and 346.65 (2g) (d); ***to renumber and amend*** 340.01 (46m) (c) and 346.65 (2) (f) 2.; ***to amend*** 302.372 (2) (a) (intro.), 340.01 (46m) (a), 345.20 (2) (c), 345.24 (1), 346.65 (2) (am) 1., 346.65 (2c), 346.65 (2e), 346.65 (2g) (a), 346.65 (2g) (ag), 346.65 (2g) (am), 346.65 (2i), 349.02 (2) (a), 753.19, 969.01 (2) (a), 972.11 (3m) and 973.15 (8) (a) 3.; and ***to create*** 16.185, 20.435 (5) (q), 20.475 (1) (q), 20.505 (6) (q), 20.550 (1) (q), 20.625 (1) (q), 25.975, 46.03 (45), 139.27, 165.85 (4r), 340.01 (46m) (c) 1., 340.01 (46m) (c) 2., 340.01 (46m) (c) 3., 345.24 (1m), 345.24 (3), 346.65 (2) (h), 977.02 (2g) and 978.05 (1p) of the statutes; **relating to:** offenses related to operating a vehicle while intoxicated, releasing persons arrested for offenses related to operating a vehicle while intoxicated, granting rule–making authority, and providing a penalty.

Analysis by the Legislative Reference Bureau

This bill makes a number of changes relating to operating a vehicle while under the influence of an intoxicant (OWI–related offense), including the following:

1. Under current law, a first OWI−related offense is a civil violation, unless there was a minor passenger under the age of 16 in the vehicle at the time of the offense. A person who commits a civil OWI−related offense is subject to a forfeiture of not less than $150 nor more than $300. Subsequent OWI−related offenses are crimes punishable by fines and periods of imprisonment that increase with every subsequent offense.

Under this bill, a person who commits a first OWI−related offense on or after July 1, 2013, is guilty of a Class C misdemeanor and may be fined not more than $500, imprisoned for not more than 30 days, or both.

Under the bill, if a person is subject to a minimum period of imprisonment for any OWI−related offense, the person is not eligible for home detention, good time, release from jail for employment, transfer to a county work camp, release to perform community service except under special circumstances, probation, or diminution of the sentence until he or she serves at least the minimum period of time in jail or prison.

2. Under current law, with few exceptions, a law enforcement officer may not stop a motor vehicle without reasonable cause to believe that the operator of the motor vehicle has violated a law or ordinance.

This bill requires the Law Enforcement Standards Board (LESB) to establish rules for a sobriety checkpoint program and requires local law enforcement agencies to comply with the rules whenever they conduct a sobriety checkpoint. When a law enforcement agency conducts a sobriety checkpoint, drivers are briefly stopped without individualized suspicion that they may be intoxicated, and drivers who demonstrate some level of impairment or other signs of drug or alcohol use are detained for additional testing and possible arrest.

The bill requires the LESB rules to ensure that drivers are stopped in a neutral, nondiscretionary manner and that the initial stops are conducted in a way that minimizes the disruption of traffic flow and minimizes the amount of time the driver is stopped. The rules must also ensure that the sobriety checkpoint has fixed beginning and ending times, and is publicized before it is conducted. The rules must ensure that, at the sobriety checkpoint, approaching drivers are given adequate warning that a sobriety checkpoint is underway, and that officers clearly identify themselves and explain the purpose of the sobriety checkpoint to each driver they stop. Finally, the rules must establish criteria for determining which drivers may be detained beyond the initial stop to undergo testing for intoxication.

3. Under current law, counties may seek reimbursement from persons who are sentenced to a county jail or placed on probation and confined in jail, for the costs the counties incur in relation to the crime for which the persons are sentenced to jail or placed on probation. The counties may also seek reimbursement from other sources, but they cannot collect for the same costs twice.

The bill requires counties to seek reimbursement from persons sentenced to a county jail or placed on probation and confined in jail.

4. Currently, revenues generated from the wine and liquor tax are deposited into the general fund.

Under this bill, beginning on July 1, 2013, $10,000,000 from revenues generated by the wine and liquor tax are deposited into the intoxicated and drugged drivers fund. The bill requires the Department of Administration, the Public Defender Board, the Department of Health Services, and the director of state courts to prepare budget requests that would allocate funds from the intoxicated and drugged drivers fund to pay costs incurred by district attorneys, public defenders, circuit courts, and counties in relation to prosecuting first OWI−related offenses and providing treatment programs for offenders.

5. Under current law, no person may operate a motor vehicle with a prohibited alcohol concentration. For most operators, the prohibited alcohol concentration is 0.08 or more. However, if a person is subject to a court order that requires his or her vehicle to be equipped with an ignition interlock device or if he or she has committed three or more OWI−related violations, the prohibited alcohol concentration for that person is more than 0.02.

This bill adds a definition of a prohibited alcohol concentration as an alcohol concentration of more than 0.02 for the two−year period after a person has committed a first or second OWI−related offense.

6. Under current law, a trial court may, at its discretion, release a person who has been convicted of a crime from imprisonment until the time of sentencing, unless the person was convicted of a 3rd or subsequent OWI−related offense. Current law also allows a sentencing court to delay the execution of a sentence of imprisonment for up to 60 days, unless the person was convicted of a third or subsequent OWI−related offense or the court finds that there is legal cause to delay the execution of the sentence for a longer period or unless the court places the person on probation.

Under this bill, if a person has been convicted of any OWI−related offense, and the conviction carries a minimum period of imprisonment, a court may not release the person after conviction but before sentencing until after the person has served at least the minimum period of imprisonment. Under the bill, a court may not delay the execution of a sentence of imprisonment for an OWI−related offense unless the court finds that there is legal cause to delay the execution of the sentence or unless the court places the person on probation.

7. Under current law, a person arrested for certain OWI−related offenses may not be released from police custody until 12 hours have elapsed from the time of his or her arrest or unless a chemical test shows that the person has an alcohol concentration of less than 0.04 except that the person may be released to his or her attorney, spouse, relative, or other responsible adult (responsible party) at any time after arrest.

Under this bill, a person may be released to a responsible party if the responsible party signs a form acknowledging that he or she accepts legal responsibility for the actions of the arrested person for 12 hours after the time the person was arrested and that, if the arrested person is arrested for another OWI−related offense within that period, the responsible party may be guilty of a Class C misdemeanor. In addition, the bill requires a law enforcement officer to seize or immobilize the vehicle used in the incident that gave rise to the arrest for 12 hours, except that, if the vehicle is the only vehicle owned or leased by any member of the

arrested person's household, the officer may release the vehicle to a member of the household.

Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a report concerning the proposed penalty and the costs or savings that are likely to result if the bill is enacted.

For further information see the ***state and local*** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 16.185 of the statutes is created to read:

16.185 Assistance to counties; operating while intoxicated. From the appropriation under s. 20.505 (6) (q), the department may make payments to counties for costs incurred relating to persons charged with offenses that are punishable under s. 346.65 (2) (am) 1.

SECTION 2. 20.435 (5) (q) of the statutes is created to read:

20.435 **(5)** (q) *Intoxicated and drugged driving assistance programs.* From the intoxicated and drugged drivers fund, the amounts in the schedule for intoxicated and drugged driving programs administered under s. 46.03 (45).

SECTION 3. 20.475 (1) (q) of the statutes is created to read:

20.475 **(1)** (q) *Prosecutions related to operating while intoxicated.* From the intoxicated and drugged drivers fund, the amounts in the schedule for prosecutions under s. 978.05 (1p).

SECTION 4. 20.505 (6) (q) of the statutes is created to read:

20.505 **(6)** (q) *Assistance to counties related to operating while intoxicated.* From the intoxicated and drugged drivers fund, the amounts in the schedule to reimburse counties under s. 16.185.

SECTION 5. 20.550 (1) (q) of the statutes is created to read:

20.550 **(1)** (q) *Representation related to operating while intoxicated.* From the intoxicated and drugged drivers fund, the amounts in the schedule for representation under s. 977.02 (2g).

SECTION 6. 20.625 (1) (q) of the statutes is created to read:

20.625 **(1)** (q) *Operation costs related to operating while intoxicated.* From the intoxicated and drugged drivers fund, the amounts in the schedule for circuit court costs under s. 753.19.

SECTION 7. 25.975 of the statutes is created to read:

25.975 Intoxicated and drugged drivers fund. There is established a separate nonlapsible trust fund designated as the intoxicated and drugged drivers fund, to consist of all moneys received under s. 139.27.

SECTION 8. 46.03 (45) of the statutes is created to read:

46.03 **(45)** INTOXICATED AND DRUGGED DRIVING. From the appropriation under s. 20.435 (5) (q), provide services to persons charged with offenses that are punishable under s. 346.65 (2) (am) 1.

SECTION 9. 139.27 of the statutes is created to read:

139.27 Revenue distribution. The first $10,000,000 collected in each fiscal year from the taxes imposed under s. 139.03 shall be deposited into the fund created under s. 25.975.

SECTION 10. 165.85 (4r) of the statutes is created to read:

165.85 **(4r)** SOBRIETY CHECKPOINTS. (a) The board shall promulgate rules for administering a sobriety checkpoint program that are consistent with par. (b). No local authority may conduct a sobriety checkpoint program that does not comply with the rules established under this subsection.

(b) A sobriety checkpoint program shall do all of the following:

1. Establish a nondiscretionary system for determining which motor vehicles are stopped at the checkpoint.

2. Minimize the length of time a motor vehicle is stopped.

3. Give public notice that a sobriety checkpoint program will be in effect no more than 5 days before the law enforcement agency conducts the sobriety checkpoint.

4. Give adequate warning to motor vehicle operators approaching the sobriety checkpoint that a sobriety checkpoint is being conducted.

5. Minimize the disruption of regular traffic flow while the sobriety checkpoint is being conducted.

6. Establish criteria for a motor vehicle operator to be detained beyond the initial stop at the sobriety checkpoint for a test under s. 343.305.

7. Establish a fixed period of time for each sobriety checkpoint to be conducted.

8. Require law enforcement officers to do all of the following at a sobriety checkpoint:

a. Wear an official uniform that clearly identifies him or her as a law enforcement officer.

b. Identify himself or herself as a law enforcement officer to each motor vehicle operator that is stopped at the sobriety checkpoint.

c. Explain the purpose of the sobriety checkpoint to each motor vehicle operator that is stopped at the sobriety checkpoint.

SECTION 11. 302.372 (2) (a) (intro.) of the statutes is amended to read:

302.372 **(2)** (a) (intro.) Except as provided in pars. (c) and (d), a county ~~may~~ shall seek reimbursement for any expenses incurred by the county in relation to the crime

for which a person was sentenced to a county jail, or for which the person was placed on probation and confined in jail, as follows:

SECTION 12. 340.01 (46m) (a) of the statutes is amended to read:

340.01 **(46m)** (a) If the person has ~~2 or fewer~~ no prior ~~convictions, suspensions, or revocations~~ violation, conviction, suspension, or revocation or if par. (c) does not apply, as counted under s. 343.307 (1), an alcohol concentration of 0.08 or more.

SECTION 13. 340.01 (46m) (c) of the statutes is renumbered 340.01 (46m) (c) (intro.) and amended to read:

340.01 **(46m)** (c) (intro.) ~~If the person is subject to an order under s. 343.301 or if the person has 3 or more prior convictions, suspensions or revocations, as counted under s. 343.307 (1), an~~ An alcohol concentration of more than 0.02~~.~~ if any of the following applies:

SECTION 14. 340.01 (46m) (c) 1. of the statutes is created to read:

340.01 **(46m)** (c) 1. The person is subject to an order under s. 343.301.

SECTION 15. 340.01 (46m) (c) 2. of the statutes is created to read:

340.01 **(46m)** (c) 2. The person has one or 2 prior convictions, suspensions, or revocations, as counted under s. 343.307 (1), within 2 years of the current offense.

SECTION 16. 340.01 (46m) (c) 3. of the statutes is created to read:

340.01 **(46m)** (c) 3. The person has 3 or more prior convictions, suspensions, or revocations, as counted under s. 343.307 (1).

SECTION 17. 345.20 (2) (c) of the statutes is amended to read:

345.20 **(2)** (c) Sections 967.055 and 972.11 (3m) apply to traffic forfeiture actions for violations of s. 346.63 ~~(1) or~~ (5) or a local ordinance in conformity therewith.

SECTION 18. 345.24 (1) of the statutes is amended to read:

345.24 **(1)** ~~A~~ Except as provided in sub. (1m) (a), a person arrested under s. 346.63 (1) or (5) or an ordinance in conformity ~~therewith~~ with s. 346.63 (5) or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, may not be released until 12 hours have elapsed from the time of his or her arrest or unless a chemical test administered under s. 343.305 shows that the person has an alcohol concentration of less than 0.04~~, but the person may be released to his or her attorney, spouse, relative or other responsible adult at any time after arrest~~.

SECTION 19. 345.24 (1m) of the statutes is created to read:

345.24 **(1m)** (a) An officer may release the arrested person to his or her attorney, spouse, relative, or other responsible adult if the person to whom the arrested person is released accepts, in writing, legal responsibility for the actions of the arrested person for 12 hours after the time of the arrest and acknowledges the penalty set forth in sub. (3). Except as provided in par. (b), the officer shall seize or immobilize the vehicle used in the offense for 12 hours after the time of the arrest.

(b) An officer may release the vehicle used in the offense to a member of the arrested person's household if the member of the household is licensed to operate the vehicle and the vehicle is the only vehicle owned or leased by any member of the arrested person's household.

SECTION 20. 345.24 (3) of the statutes is created to read:

345.24 **(3)** If, subsequent to being released under sub. (1m), the arrested person is convicted of a violation of s. 346.63 (1) or (5) or an ordinance in conformity with s. 346.63 (5) or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, and the violation occurred within 12 hours after the person was arrested, the attorney, spouse, relative, or other responsible adult to whom the arrested person was released is guilty of a Class C misdemeanor.

SECTION 21. 346.65 (2) (am) 1. of the statutes is amended to read:

346.65 **(2)** (am) 1. ~~Shall forfeit not less than $150 nor more than $300, except~~ Except as provided in subds. 2. to ~~5.~~ 7. and par. (f), is guilty of a Class C misdemeanor.

SECTION 22. 346.65 (2) (f) 1. of the statutes is repealed.

SECTION 23. 346.65 (2) (f) 2. of the statutes is renumbered 346.65 (2) (f) and amended to read:

346.65 **(2)** (f) If there was a minor passenger under 16 years of age in the motor vehicle at the time of the violation that gave rise to the conviction under s. 346.63 (1), the applicable minimum and maximum fines and imprisonment under par. (am) ~~2. to 7.~~ for the conviction are doubled. An offense under s. 346.63 (1) that subjects a person to a penalty under par. (am) 3., 4., 4m., 5., 6., or 7. when there is a minor passenger under 16 years of age in the motor vehicle is a felony and the place of imprisonment shall be determined under s. 973.02.

SECTION 24. 346.65 (2) (h) of the statutes is created to read:

346.65 **(2)** (h) Notwithstanding s. 973.03 (4) (a), a person sentenced under this subsection is not eligible for home detention under s. 302.425, good time under s. 302.43, release from jail for employment under s. 303.08 (1) (b), transfer to a county work camp under s. 303.10, release to perform community service unless s. 973.07 applies, probation under s. 973.09, or diminution of the sentence under s. 303.19 (3) until the person has been confined in a prison or jail for the minimum term of imprisonment for the offense.

SECTION 25. 346.65 (2c) of the statutes is amended to read:

346.65 **(2c)** In sub. (2) (am) ~~2., 3., 4., 4m., 5., 6., and 7.~~, the time period shall be measured from the dates of the refusals or violations that resulted in the revocation or convictions. If a person has a suspension, revocation, or conviction for

any offense under a local ordinance or a state statute of another state that would be counted under s. 343.307 (1), that suspension, revocation, or conviction shall count as a prior suspension, revocation, or conviction under sub. (2) (am) ~~2., 3., 4., 4m., 5., 6., and 7~~.

SECTION 26. 346.65 (2e) of the statutes is amended to read:

346.65 **(2e)** If the court determines that a person does not have the ability to pay the costs and fine ~~or forfeiture~~ imposed under sub. (2) (am), (f), or (g), the court may reduce the costs~~,~~ or fine~~, and forfeiture~~ imposed and order the person to pay, toward the cost of the assessment and driver safety plan imposed under s. 343.30 (1q) (c), the difference between the amount of the reduced costs and fine ~~or forfeiture~~ and the amount of costs and fine ~~or forfeiture~~ imposed under sub. (2) (am), (f), or (g).

SECTION 27. 346.65 (2g) (a) of the statutes is amended to read:

346.65 **(2g)** (a) In addition to the authority of the court under s. 973.05 (3) (a) to provide that a defendant perform community service work for a public agency or a nonprofit charitable organization in lieu of part or all of a fine imposed under sub. (2) (am) ~~2., 3., 4., 4m., and 5.~~ 1., (f), and (g) and except as provided in par. (ag), the court ~~may provide that a defendant perform community service work for a public agency or a nonprofit charitable organization in lieu of part or all of a forfeiture under sub. (2) (am) 1. or~~ may require a person who is subject to sub. (2) to perform community service work for a public agency or a nonprofit charitable organization in addition to the penalties specified under sub. (2).

SECTION 28. 346.65 (2g) (ag) of the statutes is amended to read:

346.65 **(2g)** (ag) If the court determines that a person does not have the ability to pay a fine imposed under sub. (2) (am) 1., 2., 3., 4., 4m., or 5., (f), or (g), the court shall require the defendant to perform community service work for a public agency

or a nonprofit charitable organization in lieu of paying the fine imposed or, if the amount of the fine was reduced under sub. (2e), in lieu of paying the remaining amount of the fine. Each hour of community service performed in compliance with an order under this paragraph shall reduce the amount of the fine owed by an amount determined by the court.

SECTION 29. 346.65 (2g) (am) of the statutes is amended to read:

346.65 **(2g)** (am) Notwithstanding s. 973.05 (3) (b), an order under par. (a) or (ag) may apply only if agreed to by the organization or agency. The court shall ensure that the defendant is provided a written statement of the terms of the community service order and that the community service order is monitored. Any organization or agency acting in good faith to which a defendant is assigned pursuant to an order under this subsection has immunity from any civil liability in excess of $25,000 for acts or omissions by or impacting on the defendant. ~~The issuance or possibility of the issuance of a community service order under this subsection does not entitle an indigent defendant who is subject to sub. (2) (am) 1. to representation by counsel under ch. 977.~~

SECTION 30. 346.65 (2g) (d) of the statutes is repealed.

SECTION 31. 346.65 (2i) of the statutes is amended to read:

346.65 **(2i)** In addition to the authority of the court under sub. (2g) and s. 973.05 (3) (a), the court may order a defendant subject to sub. (2), or a defendant subject to s. 973.05 (3) (a) who violated s. 346.63 (2), 940.09 (1), or 940.25, to visit a site that demonstrates the adverse effects of substance abuse or of operating a vehicle while under the influence of an intoxicant or other drug, including an alcoholism treatment facility approved under s. 51.45 or an emergency room of a general hospital ~~in lieu of part or all of any forfeiture imposed or~~ in addition to any penalty imposed. The

court may order the defendant to pay a reasonable fee, based on the person's ability to pay, to offset the costs of establishing, maintaining, and monitoring the visits ordered under this subsection. The court may order a visit to the site only if agreed to by the person responsible for the site. If the opportunities available to visit sites under this subsection are fewer than the number of defendants eligible for a visit, the court shall, when making an order under this subsection, give preference to defendants who were under 21 years of age at the time of the offense. The court shall ensure that the visit is monitored. A visit to a site may be ordered for a specific time and a specific day to allow the defendant to observe victims of vehicle accidents involving intoxicated drivers. If it appears to the court that the defendant has not complied with the court order to visit a site or to pay a reasonable fee, the court may order the defendant to show cause why he or she should not be held in contempt of court. Any organization or agency acting in good faith to which a defendant is assigned pursuant to an order under this subsection has immunity from any civil liability in excess of $25,000 for acts or omissions by or impacting on the defendant. ~~The issuance or possibility of the issuance of an order under this subsection does not entitle an indigent defendant who is subject to sub. (2) (am) 1. to representation by counsel under ch. 977.~~

SECTION 32. 349.02 (2) (a) of the statutes is amended to read:

349.02 **(2)** (a) Notwithstanding sub. (1), a police officer, sheriff, deputy sheriff, traffic officer or motor vehicle inspector may not stop or inspect a vehicle solely to determine compliance with a statute or ordinance specified under par. (b) unless the police officer, sheriff, deputy sheriff, traffic officer, or motor vehicle inspector has reasonable cause to believe that a violation of a statute or ordinance specified under par. (b) has been committed. This paragraph does not limit the authority of a police

officer, sheriff, deputy sheriff, traffic officer, or motor vehicle inspector to make an arrest or issue a citation for a violation of any statute or ordinance specified under par. (b) observed in the course of a stop or inspection made for a lawful purpose. This paragraph does not apply to a traffic officer or motor vehicle inspector in the performance of duties under s. 110.075 (2) or to a police officer, sheriff, deputy sheriff, or traffic officer in the performance of duties under rules promulgated under s. 165.85 (4r).

SECTION 33. 753.19 of the statutes is amended to read:

753.19 Operating costs; circuit court. The cost of operation of the circuit court for each county, except for the salaries of judges and court reporters provided to be paid by the state, and except for the cost assumed by the state under this chapter and chs. 40 and 230, and except as otherwise provided, shall be paid by the county. The county may use moneys from the appropriation under s. 20.625 (1) (q) to pay costs associated with prosecuting persons charged with offenses that are punishable under s. 346.65 (2) (am) 1.

SECTION 34. 969.01 (2) (a) of the statutes is amended to read:

969.01 **(2)** (a) Release pursuant to s. 969.02 or 969.03 may be allowed in the discretion of the trial court after conviction and prior to sentencing or the granting of probation. This paragraph does not apply to a conviction ~~for a 3rd or subsequent violation that is counted as a suspension, revocation, or conviction under s. 343.307, or under s. 940.09 (1) or 940.25 in the person's lifetime~~ under s. 346.63 (1) or (2) or 940.25 or under s. 940.09, if the offense involved the use of a vehicle, or a combination thereof, until after the person has been imprisoned for at least the applicable minimum period of imprisonment for the violation.

SECTION 35. 972.11 (3m) of the statutes is amended to read:

972.11 **(3m)** A court may not exclude evidence in any criminal action ~~or traffic forfeiture action~~ for violation of s. 346.63 (1) or <u>any criminal action or traffic forfeiture action for a violation of s. 346.63</u> (5), or a local ordinance in conformity with s. 346.63 (1) or (5), on the ground that the evidence existed or was obtained outside of this state.

SECTION 36. 973.15 (8) (a) 3. of the statutes is amended to read:

973.15 **(8)** (a) 3. For not more than 60 days, except that the court may not stay execution of a person's sentence of imprisonment or to the intensive sanctions program under this subdivision if the sentence is for a ~~3rd or subsequent violation that is counted as a suspension, revocation, or conviction under s. 343.307, or a violation of s. 940.09 (1) or 940.25 in the person's lifetime,~~ <u>a conviction under s. 346.63 (1) or (2) or 940.25 or under s. 940.09, if the offense involved the use of a vehicle,</u> or a combination thereof.

SECTION 37. 977.02 (2g) of the statutes is created to read:

977.02 **(2g)** From the appropriation under s. 20.550 (1) (q), provide legal services in cases involving persons charged with offenses that are punishable under s. 346.65 (2) (am) 1.

SECTION 38. 978.05 (1p) of the statutes is created to read:

978.05 **(1p)** INTOXICATED AND DRUGGED DRIVING ACTIONS. The district attorney of any prosecutorial unit shall use funds from the appropriation under s. 20.475 (1) (q) to prosecute persons charged with offenses that are punishable under s. 346.65 (2) (am) 1.

SECTION 39. Nonstatutory provisions.

(1) DISTRICT ATTORNEYS. The department of administration shall prepare a budget request for the 2013−15 fiscal biennium for allocation of funds deposited into

the trust fund under section 25.975 of the statutes. The budget request shall include a proposed number of created assistant district attorney positions necessary to prosecute first offenses related to operating a motor vehicle while under the influence of an intoxicant, a controlled substance, a controlled substance analog or any combination of an intoxicant, a controlled substance and a controlled substance analog, under the influence of any other drug to a degree which renders him or her incapable of safely driving, or under the combined influence of an intoxicant and any other drug to a degree which renders him or her incapable of safely driving or operating a motor vehicle with a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood.

(2) PUBLIC DEFENDERS. The public defender board shall prepare a budget request for the 2013−15 fiscal biennium for allocation of funds deposited into the trust fund under section 25.975 of the statutes. The budget request shall include a proposed number of created positions necessary to provide criminal defense services for first offenses related to operating a motor vehicle while under the influence of an intoxicant, a controlled substance, a controlled substance analog or any combination of an intoxicant, a controlled substance and a controlled substance analog, under the influence of any other drug to a degree which renders him or her incapable of safely driving, or under the combined influence of an intoxicant and any other drug to a degree which renders him or her incapable of safely driving or operating a motor vehicle with a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood.

(3) STATE CIRCUIT COURTS. The director of state courts shall prepare a budget request for the 2013−15 fiscal biennium for allocation of funds deposited into the trust fund under section 25.975 of the statutes. The budget request shall include a

proposed number of created positions and circuit court branches necessary to process first offenses related to operating a motor vehicle while under the influence of an intoxicant, a controlled substance, a controlled substance analog or any combination of an intoxicant, a controlled substance and a controlled substance analog, under the influence of any other drug to a degree which renders him or her incapable of safely driving, or under the combined influence of an intoxicant and any other drug to a degree which renders him or her incapable of safely driving or operating a motor vehicle with a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood.

(4) COUNTIES. The department of administration shall prepare a budget request for the 2013−15 fiscal biennium for allocation of funds deposited into the trust fund under section 25.975 of the statutes. Each county shall submit to the department of administration, by July 1, 2012, an estimate of costs for the 2013−15 fiscal biennium related to prosecuting and defending in circuit court, and imprisoning, persons charged with and convicted of first offenses related to operating a motor vehicle while under the influence of an intoxicant, a controlled substance, a controlled substance analog or any combination of an intoxicant, a controlled substance and a controlled substance analog, under the influence of any other drug to a degree which renders him or her incapable of safely driving, or under the combined influence of an intoxicant and any other drug to a degree which renders him or her incapable of safely driving or operating a motor vehicle with a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood. The budget request prepared by the department of administration shall include the costs set forth by the counties and shall request how the funds into the trust fund under

section 25.975 of the statutes shall be distributed, on an equitable basis, among the counties.

(5) HEALTH SERVICES. The department of health services shall prepare a budget request for the 2013−2015 fiscal biennium for allocation of funds deposited into the trust fund under section 25.975 of the statutes. The department shall submit to the department of administration, by July 1, 2012, an estimate of costs for the 2013−15 fiscal biennium related to providing alcohol and drug abuse treatment services to persons charged with and convicted of first offenses related to operating a motor vehicle while under the influence of an intoxicant, a controlled substance, a controlled substance analog or any combination of an intoxicant, a controlled substance and a controlled substance analog, under the influence of any other drug to a degree which renders him or her incapable of safely driving, or under the combined influence of an intoxicant and any other drug to a degree which renders him or her incapable of safely driving or operating a motor vehicle with a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood.

SECTION 40. Initial applicability.

(1) This act first applies to violations committed on the effective date of this subsection but does not preclude the counting of other convictions, suspensions, or revocations as prior convictions, suspensions, or revocations for purposes of administrative action by the department of transportation or sentencing by a court.

SECTION 41. Effective dates. This act takes effect on first day of the 3rd month beginning after publication, except as follows:

(1) SECTION 39 of this act takes effect on the day after publication.

(2) The treatment of sections 16.185, 20.435 (5) (q), 20.475 (1) (q), 20.505 (6) (q), 20.550 (1) (q), 20.625 (1) (q), 25.975, 46.03 (45), 139.27, 302.372 (2) (a) (intro), 345.20 (2) (c), 346.65 (2) (am) 1. and (f) 1. and 2., (2c), (2e), (2g) (a), (ag), (am), and (d), and (2i), 753.19, 972.11 (3m), 973.09 (1) (d) 1., 977.02 (2g), and 978.05 (1p) of the statutes takes effect on July 1, 2013.

(END)

WISCONSIN STATE ASSEMBLY

PEGGY KRUSICK
STATE REPRESENTATIVE

To: All Interested Persons
From: Peggy Krusick and Jim Ott
Date: September 28, 2011
Subject: Drunk Driving Reform Bill (LRB 2144)

The Drunk Driving Reform bill targets first-time offenders and increases the likelihood that offenders will be caught.

This bill was crafted with significant help from a bipartisan legislative workgroup that was created a couple of years ago which included highway safety experts, law enforcement officers, district attorneys, public defenders, judges, behavioral, impaired driving and corrections researchers, health care providers, victims' families and others.

We first met in November, 2008, soon after the Milwaukee Journal Sentinel and other papers published extensive reports on the devastating toll drunken driving has taken on Wisconsin families and our state. After receiving input and recommendations from experts and professionals in their respective fields, we are moving forward with what we believe is a reasonable OWI reform package. Our bill has the following provisions:

1) **Criminalizes First-offense Operating While Intoxicated**
   The bill would change a first-offense OWI from a civil violation to a class C misdemeanor (maximum $500 fine and/or imprisonment not to exceed 30 days).

   Seventy-five percent (75%) of drinking drivers involved in fatal or serious injury crashes in Wisconsin have no prior history of operating a vehicle while intoxicated. Wisconsin is the only state in the nation that treats first-offense drunk driving like a traffic ticket.

2) **Permits Sobriety Checkpoints**
   Local law enforcement would be allowed, but not required, to conduct sobriety checkpoints pursuant to rules established by the Law Enforcement Board.

   First-time offenders have driven drunk an average of 87 times before they are caught, according to Mothers Against Drunk Driving. Sobriety check points reduce alcohol-related crashes by about 20%, according to the Centers for Disease Control and Prevention.

3) **Requires Absolute Sobriety for Repeat Offenders**
Offenders convicted of first or second OWI would be prohibited from driving with a blood alcohol concentration above 0.02 for a 2 year period.

4) **Makes Offenders Pay**
Counties would be required to seek reimbursement from jail inmates for the costs counties incur to hold them. Current law allows, but does not require, counties to pursue this option.

5) **Makes Jail Mean Jail**
For OWI offenses that carry a mandatory minimum sentence, offenders would be required to serve at least that mandatory minimum in jail.

6) **Sends Serious Offenders Directly to Jail After Conviction**
For OWI convictions that carry a minimum period of imprisonment, courts would be prohibited from releasing the offender after conviction but before sentencing until they have served at least the minimum period of imprisonment.

7) **Creates an Intoxicated and Drugged Driver Fund**
Ten million dollars generated by the existing state and liquor and wine tax would be deposited into a new segregated OWI fund to be allocated to.

- District attorneys, public defenders, circuit courts and counties to pay the costs each incurs in relation to prosecuting first-offense OWI cases.
- The Department of Health Services' Intoxicated Driver Program, which provides supplemental funding to county programs to help fund treatment services for first-time OWI offenders.

8) **Responsible Party Penalties**
If an intoxicated driver is arrested again for an OWI related offense within 12 hours after being released to a responsible party, the responsible party may be guilty of a Class C misdemeanor.

If you or your organization would like to support the bill, please call (608) 266-1733 or send an e-mail to: Rep.Krusick@legis.wisconsin.gov.

SCAODA Motion Introduction

Committee Introducing Motion: Planning & Funding
Motion: Planning and Funding opposes a multiple-tier reimbursement system based soley on educational status and recommends a grand fathering option where anyone with less than a Bachelor's degree, but a licened counselor be given a period of time (10 years or until 2024) to complete their BA degree. Planning and Funding would ask that other SCAODA Committees weigh in on this proposal.
Related SCAODA Goal: # 4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity for effective outreach, and effective, accessible treatment and recovery services for all in need .
Background: There has been negative feedback during SCAODA Public Forum concerning impending educational requirements for Medicaid reimbursement of AODA treatment services. The concerns expressed are that if potential Scopes of Practice requirements are implemented, there would be a negative impact on the number of practicing substance abuse counselors, and a disproportionate effect on the number of counselors available for the Native American Tribes. • Positive impact: The impact of a two-tier reimbursement program will effect loss of numerous capable persons and agencies. This is a jobs keeping bill. • Potential Opposition: Potential for Medicaid health plans to decline reimbursement completely to an agency not meeting its standards. State staff are concerned that this motion is premature due to the lack of information on the number of counselors currently holding Medicaid rendering ids. The state is in the process of surveying SACs and CSACs to determine the workforce impact of the potential changes for counselors scopes of practice.
Rationale for Supporting Motion: If there is no grand fathering, Wisconsin would loose a large number of current treatment counselors. This plan would also accommodate the aging-out of counselors in the upper age groups.

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Scott Walker
Governor

Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Prevention/SPF SIG Advisory Committee Meeting Minutes

August 23, 2011
9:30 a.m. - 1:30 p.m.
5901 Research Park Blvd.
Madison, WI 53719

Members Present: Scott Stokes, Chris Wardlow, Rick Peterson, Phil Collins, Carol Wright, Judie Hermann, Francie McGuire Winkler, Julia Sherman, Nancy Kendall, Jane Larson, Ken Wagner, Jacob Melson, Anne Ziege, Kathy Marty, Ronda Kopelke, and Annie Short

Others Present: Louis Oppor, Bureau of Prevention Treatment and Recovery (BPTR)
Robin Lecoanet, University of WI Population Health Institute
Christy Niemuth, BPTR
Dorothy Chaney, Marshfield Clinic

Call to Order, Welcome/Introduction & Approval of Minutes

The meeting was called to order at 9:35 a.m. Scott Stokes (chairman) welcomed those in attendance and asked members and guests to introduce themselves. Minutes from the 4/21/11 Prevention Committee Meeting were reviewed. McGuire-Winkler moved to approve the minutes, seconded by Wardlow. Minutes were approved as drafted.

Review and Approve Controlled Substances Workgroup (CSW) Report

Dorothy Chaney (CSW Chairwoman) introduced the report format, recommendations and summarized the sectors involved and consulted in its drafting. The CSW has been working on drafting this report for 12-months. Many national reports came out during this period, making the CSW recommendation report very timely. Chaney explained that the CSW spent some time discussing the scope of work and decided to focus their efforts and recommendations on FDA approved prescription drugs, knowing that there will be a need to look at illicit drugs, such as heroin, in the future. The group consulted several available federal and other state reports as a starting point for framing their recommendations.

The recommendations are organized under priority areas and are un-duplicated even though some of the areas, e.g. education, span several priority areas. Recommendations are not presented in any particular order, because the group felt that all were important. However, there are recommendations that are more actionable than others. These recommendations are highlighted in the “next steps” section of the report. The resulting report is Wisconsin specific and highlights several Wisconsin grown programs as best

practices. The most robust section focuses on health care policy and practice. The CSW relied heavily on key stakeholders and medical professionals when crafting this section.

Prevention Committee members reviewed the report and discussed the scope and problems related to the prescription drug abuse epidemic in Wisconsin and nationally.

One area of concern is proposed regulation changes that could take effect in November. If this happens, the DEA, which currently hosts drop-off events and takes care of the safe destruction of collected pharmaceuticals, would no longer take on this role. This would result in a greater burden being placed on communities to find safe and environmentally sound means of disposal, as well as additional costs for sorting and transport. Currently, there is one location in Green Bay that can incinerate up to 300 lbs/month as well as a couple other locations that could begin incinerating if they receive changes to their operating license.

Another concern was how to share this information with health care professionals in order to get there buy-in. There was agreement that to change health care policies and practices it has to come from within the health care system. Chaney highlighted a pilot project in Forest, Vilas and Oneida Counties (also highlighted in the report) that is bringing all five area health care providers together to develop a consistent policy on prescribing. Dr. Michael Miller from Rogers Memorial Hospital was an active member of the CSW and is bringing the issue to Wisconsin Medical Society.

There were questions regarding the status of the development of a Wisconsin Prescription Drug Monitoring Program (PDMP). Chaney reported that DRL has written for a planning grant and are waiting to hear back regarding funding.

The Prevention committee suggested the following revisions/edits to the draft report:

- Any graphics added should include people from around the state in order to keep it Wisconsin focused.
- Add information on the evidence-base for each recommendation

The Prevention committee identified the following action items related to the CSW report:

- Obtain endorsements from the heavily populated southeastern region of the state, the WI Medical Society, Tribal Health Directors, and other related boards once the report is published.
- Develop a three-year plan that would follow through on the recommendations.

Moving forward, the CSW seeks the Prevention Committee's endorsement of the recommendation report (with suggested edits) and would like to present it to SCAODA meeting on Sept 9, 2011. Printing and editing could take another eight weeks after that meeting at a cost of around $6,000. The report would then be distributed broadly across the state.

Peterson made a motion to: A*ccept this document (with edits) and present to SCAODA at the Sept 9, 2011 meeting.* Larson seconded. Motion carried.

Review Comments from the SCAODA Public Forum on June 14, 2011 (Prevention Conference)

Stokes introduced the minutes from the state prevention conference public forum on June 14, 2011 and asked members to review for any actionable items. Oppor reported that the forum discussion centered on proposed changes to the SAPTBG coming from SAMHSA. The proposed changes would affect the way state prevention funds are distributed. Currently, the state distributes SAPTBG funds to county human service agencies and tribal nations through legislative mandate. If Congress approves the SAMHSA changes, then the state would no longer have to distribute funds through county agencies and would be able to put the funds out for competitive bid. During the public forum, concerns from human service agencies were raised about the loss of this prevention funding.

The funds are supposed to be distributed on needs basis for substance abuse prevention and behavioral health promotion. Organizations like CADCA and NASDAD have been opposed to the SAMHSA proposal feeling that it makes prevention funds more vulnerable to cuts.

The committee discussed prevention funding in general.

Wardlow made a motion to: *ask SCAODA to draft a letter to the Governor and Secretary of DHS, encouraging them to apply, accept and support all available federal funds for substance abuse prevention.* Seconded by Peterson. Motion carried.

The committee discussed the Life of an Athlete Program which has been used in many Wisconsin communities to develop consistent athletic codes. Annie Short has been working closely with the developer of this program and has had success in her community developing consistent codes. They are currently moving beyond Life of an Athlete to "Peer Performance" which expands the program beyond athletics. Short is meeting with WATODAN about moving this program forward. There has been interest in developing a state-wide initiative around this program. Members felt that is important to have a consistent message similar to "Parents Who Host".

Short would like to report back to the committee after her meeting with WATODEN and may bring a motion at that time to present the Life of an Athlete program to SCAODA in order to get support for a state-wide initiative.

Legislative Summary – motions to support, modify or oppose

DHS maintains a summary of any drug/alcohol related bills that are being proposed in the senate and assembly. This summary was presented to the members for comments and motions:

- There was a motion from the prevention committee to SCAODA on Assembly Bill 63. SCAODA was unable to act on this motion because they were without a quorum at their last meeting. Stokes will re-introduce the motion at the Sept 9, 2011 SCAODA meeting.

- Assembly bill 95: No action from this committee
- Assembly Bill 200: Sherman reported that there is controversy between the distillers, vintners and craft brewers surrounding this bill. Due to this, she does not foresee action on this bill in the near future. Sherman agreed to speak with Nina Emerson at the UW Law School and bring this back as a discussion topic for the Prevention Committee's October meeting.
- Senate Bill 159 is not a companion bill to any of the assembly bills. Wardlow made a motion to: *Recommend that SCAODA supports Senate Bill 159,* seconded by Larson. Motion carried.

SPF SIG Updates

State SPF SIG:

- Christy Niemuth has been hired to replace Kathy Thomas as the WI SPF SIG Coordinator.
- There is about a year left of the grant (with a no-cost extension to extend the program through Sept. 2012). The primary activities in the last year will be close-out and evaluation activities.
- DHS is providing a community readiness survey training on August 25th in Appleton.
- The Epidemiological study will be re-published in July or Aug of 2012. Currently working on re-establishing the epidemiological workgroup and may be calling on some citizen members and provider input about what data would be useful locally. Wright requested that Jacob Melson from GLITC sit on this committee.

Tribal SPF SIG:

- Grant will continue through January 2012 through a four month no-cost extension for evaluation and closeout. Programming will likely end in mid Sept. 2011.
- Tribes have repeated the community readiness assessment as well other follow-up data in order to develop aggregate and individual tribal reports
- GLITC applied for a Strategic Prevention Enhancement (SPE) grant (one-year planning grant to develop a comprehensive strategic prevention plan). They are optimistic that it will be funded.

The committee discussed the problem of getting letters of support from state entities when seeking federal grants.

McGuire-Winkler made a motion to: *Ask SCAODA to write a letter to Wisconsin's U.S. Congressional Leaders requesting they consider broadening eligible applicant criteria to allow grants which are currently only available to Single State Agencies, such that if the state refuses application, other qualified non-state entities could apply without state support or endorsement,* seconded by Kopelke. Motion carried.

Kendall made a motion to: *Ask SCAODA to write a letter to Federal Agencies (SAMHSA, CDC, etc…) urging them to consider modifying their requirements regarding eligible applicants to allow qualified non-state entities to apply for federal funding when state support is withheld*, seconded by Wright. Motion carried.

Substance Abuse Prevention and Treatment Block Grant Update
DHS is currently processing the 2012 Block Grant re-application and are applying for the same amount as applied for in 2011 ($28 million). The application will most likely be approved, but the final funding amount will not be known until after congress approves the budget.

Departmental Updates
DHS: Discussions continue about revising Parents Who Host Lose the Most beyond parents. DHS will pursue developing a campaign expansion. DHS has also, have been working closely with Health First Wisconsin and AWY regional centers to look at broad state policy issues that could use state-wide support, advocacy and branded messaging.

DCF: Have been working on collaboration with other agencies and given out contracts for Affordable Care Act funds to Empowering Milwaukee, Green County, Lac Courte Oreilles, Racine County and Forest, Vials Oneida counties to provide services to pregnant women. There is an upcoming national conference called "Putting the Pieces Together for Children and Families" Sept 14-16, 2011.

DOJ: Work is moving forward on concealed weapons licensure laws. Persons with concealed carry licenses can have the weapon on a licensed premise as long as they are not consuming alcohol and can also possess within 1,000 feet of a school, but not on school grounds. Clarification was made that an alcohol licensed establishment may still prohibit firearms on their property. Municipalities would also be able to disallow firearms alcohol licensure, although they would not be able to change the distance from schools. Collins provided an update to a question raised previously about where and how methamphetamines are being produced in WI. Narcotics officers report that producers are using a "one pot" method. Producers make the methamphetamine in a 2-liter soda bottle, which is highly volatile and combustible. It produces less meth at less quality but anyone can do it. Last year, approximately 22% was made using this method, and is up to about 33% this year.

DPI: Currently in the second year of the Safe and Stable schools grant. The grant started with 72 schools that have been narrowed down to 59 individual schools and school districts. More information is available on the DPI website.

WCH: The Prevention conference had its highest turnout (400) since its re-inception. Planning for next year is beginning. There will be a change in venue and looking to present some more broad-based prevention practices (not specific to one substance) that can be used in multiple disciplines. Oppor noted that there has been some discussion of supporting a state legislative advocacy day in conjunction with the conference, which would mean a possible move to Madison and changing the timing of the conference to coincide with legislative sessions. Kendall look into this for the future.

Others: Sherman announced the Second annual Alcohol policy seminar on Sept 21, which will be video taped and available for streaming for the next 6 months. The seminar will include training of trainer for alcohol age compliance checks. There is no cost to

police departments for this training, however, there are only spots for 24 officers. Let Julia know if there is an officer in your community who would be interested.

Adjourn - Stokes adjourned the meeting at 12:50 p.m.

Next meeting date: October20, 2011 at the Deforest State Patrol Headquarters
Agenda items:

- Annie Short report on discussion of Life of an Athlete with WATODEN
- Julia Sherman report on Senate Bill 159

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

October 10, 2011

The Honorable Karl Van Roy
Chair, Committee on Homeland
Security and State Affairs
Room 204 North
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Representative Van Roy:

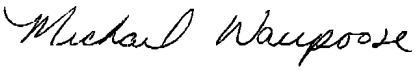
At the September 9, 2011 meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA), there was a motion passed to oppose Assembly Bill 200. As you know, current law generally prohibits a winery holding a winery permit from having a direct or indirect interest in a "Class B" retail license or establishment. However, a winery may hold one "Class B" retail license, authorizing the sale of wine only, issued for the winery premises or for real estate owned or leased by the winery. Assembly Bill 200 authorizes a winery to make retail sales and provide taste samples of wine on fairgrounds, under the "Class B" 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.

Opposing this bill means SCAODA opposes increasing the accessibility of wine at fairs. Because Wisconsin's rates of alcohol use and misuse are among the highest[1]--if not the highest--in the nation, opposing an increase in the accessibility of alcohol is a positive step.

[1] Behavioral Risk Factor Surveillance System, Prevalence and Trends Data, Centers for Disease Control and Prevention. http://apps.nccd.cdc.gov/brfss/ from Wisconsin Department of Health Services, Division of Public Health and Division of Mental Health and Substance Abuse Services (DMHSAS). Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010 (P-45718-10), prepared by the Population Health Information Section, Division of Public Health, in consultation with DMHSAS and the University of Wisconsin Population Health Institute. November 2010. Note: this report is available online at http://dhs.wisconsin.gov/stats/aoda.htm.

Given the high level of alcohol use and related problems in Wisconsin such as higher than national averages of alcohol mortality, morbidity, dangerous criminal behavior, and alcohol dependence and abuse, 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[2].

Sincerely,



Michael Waupoose, Chairperson
Michael.Waupoose@UWMF.WISC.EDU

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

[2] "Alcohol Use in Wisconsin: Costs Consequences and Potential Policy Solutions," presentation to the Wisconsin State Legislature by D. Paul Moberg, University of Wisconsin Population Health Institute, Evidence Based Policy Program, May 6, 2008.

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

October 10, 2011

The Honorable Jerry Petrowski
Chair, Committee on Transportation
Room 11 North
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Representative Petrowski:

At the September 9, 2011 meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA), there was a motion passed to support Assembly Bill 208 with the caveat that 100% of the fines over $600 are designated to the Intoxicated Driver Supplemental Fund within the Department of Health Services. Currently, a person who commits a fourth OWI offense 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. There is the general perception that penalties deter drunk driving, that prison penalties are effective and that 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. While AB 208 increases penalties for drunk drivers it 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. The bill requires a treatment component to address the underlying addiction issues.

Sincerely,

Michael Waupoose

Michael Waupoose, Chairperson
Michael.Waupoose@UWMF.WISC.EDU

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

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Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

September 28, 2011

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

Dear Senator Fitzgerald:

At the September 9, 2011 meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA), there was much discussion regarding the need to strengthen the relationship between SCAODA and the Wisconsin Legislature. The purpose of the State Council is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. SCAODA is also charged with reviewing legislation related to alcohol and other drug abuse

The purpose of this letter is to let you know that SCAODA can be a resource for legislative members. The link between substance abuse and crime is not only well established; the repetitive nature of substance abuse, crime and incarceration is also well known. However, the Council is concerned that the most effective approaches to end this type of crime are not always reflected in legislation. In order to reduce this type of cyclical drug and/or alcohol driven crime, a balanced approach consisting of both punishment and treatment is necessary. This balance ensures public safety and personal accountability, while addressing underlying addiction, thereby significantly reducing the likelihood that individuals will continue to commit crimes. SCAODA, consisting of providers, citizens, and a variety of experts can provide the expertise necessary to assist you in crafting the kind of effective legislation so needed in this area.

In January 2011, a letter was sent to you requesting the appointment of a legislative member to sit on the State Council. To this date a vacancy for the Senate majority member remains unfilled. I would like to re-extend that invitation to you and I am asking for your assistance in filling the vacancy on SCAODA for a legislative member from the majority party of the Senate. The role of the legislators on SCAODA is to provide a conduit from the Council to the Legislature regarding emerging and on-going AODA issues, and to provide the Council with a means to seek legislative recourse to identified alcohol and drug issues pertaining to statewide programming, funding, or regulatory policies. SCAODA meets quarterly at the American

Family Insurance Company Conference Center in Madison and the next meeting will be held on December 9, 2011 from 9:30 AM – 3:30 PM.

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

Sincerely,

Michael Waupoose, Chairperson
Michael.Waupoose@UWMF.WISC.EDU

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

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

September 28, 2011

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

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Michael Waupoose, Chairperson
Michael.Waupoose@UWMF.WISC.EDU

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

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

September 28, 2011

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

Dear Representative Suder:

At the September 9, 2011 meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA), there was much discussion regarding the need to strengthen the relationship between SCAODA and the Wisconsin Legislature. The purpose of the State Council is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities. SCAODA is also charged with reviewing legislation related to alcohol and other drug abuse

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Sincerely,

Michael Waupoose, Chairperson
Michael.Waupoose@UWMF.WISC.EDU

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

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

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

ARTICLE I

Purpose and Responsibilities

Section 1. Authority

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

Section 2. Purpose

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

a. Supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;

b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and

c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

Section 3. Responsibilities

The state council on alcohol and other drug abuse shall:

a. Provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state.

b. Meet at least once every 3 months.

c. By June 30, 1994, and by June 30 every 4 years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs. The state plan shall include all of the following:

   i. Goals, for the time period covered by the plan, for the state alcohol and other drug abuse services system.

   ii. To achieve the goals in par. (a), a delineation of objectives, which the council shall review annually and, if necessary, revise.

   iii. An analysis of how currently existing alcohol and other drug abuse programs will further the goals and objectives of the state plan and which programs should be created, revised or eliminated to achieve the goals and objectives of the state plan.

d. Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, review and make recommendations to the governor, the legislature and state agencies, as defined in s. 20.001 (1), regarding the plans, budgets and operations of all state alcohol and other drug abuse programs.

e. Provide the legislature with a considered opinion under s. 13.098.

f. Coordinate and review efforts and expenditures by state agencies to prevent and control alcohol and other drug abuse and make recommendations to the agencies that are consistent with policy priorities established in the state plan developed under sub. (3).

g. Clarify responsibility among state agencies for various alcohol and other drug abuse prevention and control programs, and direct cooperation between state agencies.

h. Each biennium, select alcohol and other drug abuse programs to be evaluated for their effectiveness, direct agencies to complete the evaluations, review and comment on the proposed

evaluations and analyze the results for incorporation into new or improved alcohol and other drug abuse programming.

i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse.

j. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.

k. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.

l. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages to address alcohol, tobacco and other drug abuse problems.

ARTICLE II

Membership

Section 1. Authority

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

Section 2. Members

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

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

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

2.3 Selection of Members

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

2.4 Ex-Officio Members

a. Ex-officio members may be appointed by a majority vote of the council to serve on the council, special task forces, technical subcommittees and standing committees. Other agencies may be included but the following agencies shall be represented through ex-officio membership: The Wisconsin Departments of: Revenue, Work Force Development, Regulation and Licensing,

Veteran Affairs and Children and Families, and the Office of Justice Assistance, the Wisconsin Technical Colleges System and the University of Wisconsin System.

b. Ex-officio members of the council may participate in the discussions of the council, special task forces, technical subcommittees, and standing committees except that the chairperson may limit their participation as necessary to allow full participation by appointed members of the council subject to the appeal of the ruling of the chairperson.

c. Ex-officio members will serve four-year terms.

d. An ex-officio member shall be allowed to sit with the council and participate in discussions of agenda items, but shall not be allowed to vote on any matter coming before the council or any committee of the council, or to make any motion regarding any matter before the council.

e. An ex-officio member may not be elected as an officer of the council.

f. An ex-officio member shall observe all rules, regulations and policies applicable to statutory members of the council, and any other conditions, restrictions or requirements established or directed by vote of a majority of the statutory members of the council

2.5 Selection of Officers

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

2.6 Terms of Voting Members

a. Voting members shall remain on the council until the effective date of their resignation, term limit or removal by the governor,

or until their successors are named and appointed by the governor.

b. Letter of resignation shall be sent to the governor and council chairperson.

c. Each voting member or designee of the council is entitled to one vote.

2.7 Code of Ethics

All members of the council are bound by the codes of ethics for public officials, Chapter 19, Wis. Stats., except that they are not required to file a statement of economic interest. Ex-officio members are not required to file an oath of office. As soon as reasonably possible after appointment or commencement of a conflicting interest and before voting on any grant, members shall reveal any actual or potential conflict of interest. Chapter 19.46 of Wisconsin State Statutes states that no state public official may take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest or use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.

2.8 Nondiscrimination

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

2.9 Nomination Process for Appointed Members and Officers

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

a. The council, along with the office of the governor and department staff, will monitor when council terms will expire. It will also monitor the composition of the council with respect to the factors specified in Article II, Section 2.1.

b. The vice-chairperson of the council shall convene a nominating committee and appoint a chairperson of that committee as needed to coordinate the process for all appointments to the council as outlined in Article II, Section 2 and annually put forth a slate of officers as identified in Article II Sections 3.1, 3.2 and 3.3. The Council Chairperson may ask for nominations from the floor to bring forth nominations in addition to the slate of officers brought forth by the nominating committee. The nominating committee shall make recommendations to the council regarding nominations and appointments prior to the September council meeting and have such other duties as assigned by the council.

c. The nominating committee of the council, with support of bureau staff, will publicize upcoming vacancies, ensuring that publicity includes interested and underrepresented groups, including alcohol, tobacco and other drug abuse agencies, alcohol, tobacco and other drug abuse stakeholder groups, consumers, and providers. Publicity materials will clearly state that council appointments are made by the governor. Materials will also state that the governor normally considers the council's recommendations in making council appointments.

d. While any person may apply directly to the governor according to the procedures of that office, all applicants will be asked to provide application materials to the council as well. Bureau staff will make contact with the office of the governor as necessary to keep the committee informed regarding applicants, including those that may have failed to inform the committee of their application.

e. Applicants shall provide a letter of interest or cover letter, along with a resume and any other materials requested by the office of the governor. The nominating committee, in consultation with department staff, may request additional materials. The nominating committee, with support of bureau staff, will collect application materials from nominees, including nominees applying directly to the governor. The nominating committee or staff will acknowledge each application, advising the applicant regarding any missing materials requested by the nominating committee. The nominating committee or staff will review each

application to ensure that all required nomination papers have been completed.

f. The nominating committee may establish questions to identify barriers to attendance and other factors related to ability to perform the function of a member of the state council on alcohol and other drug abuse and to identify any accommodations necessary to overcome potential barriers to full participation by applicants. The nominating committee may interview applicants or designate members and/or staff to call applicants. Each applicant shall be asked the standard questions established by the committee.

g. The nominating committee shall report to the full council regarding its review of application materials and interviews. The report shall include the full roster of applicants as well as the committee's recommendations for appointment.

h. The council shall promptly act upon the report of the nominating committee. Council action shall be in the form of its recommendation to the governor. Department staff shall convey the council's recommendation to the office of the governor.

2.10 Removal from Office

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

Section 3. Officers

3.1 Chairperson

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

agenda is the responsibility of the chairperson, who may consult with the executive committee or other council members as necessary.

3.2 Vice-Chairperson

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

3.3 Secretary

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

3.4 Past Chairperson

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

3.5 Vacancies

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

ARTICLE III

Council Meetings

Section 1. Council Year

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

Section 2. Meetings

2.1 Regular and special meetings

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

2.3 Notice of meetings

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

2.3 Quorum

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

Section 3. Public Participation

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

Section 4. Conduct of Meetings

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

Section 5. Agendas

5.1 Agendas shall include approval of minutes from prior meetings, any action items recommended by a committee, an opportunity for public comment, and other appropriate matters.

5.2 Requests for items to be included on the agenda shall be submitted to the chairperson two weeks prior to the meeting.

Section 6. Attendance Requirements

6.1 All council members are expected to attend all meetings of the council. Attendance means presence in the room for more than half of the meeting.

6.2 Council members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.

6.3 Any member of the council who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council to discuss the reasons for absence and whether the member will be able to continue serving. Appointed members who do not believe that they can continue should tender their resignation in writing to the secretary of the council. Any resignations will be announced to the council and forwarded to the appointing authority.

6.4 At any time the secretary of the council, after consultation with the appointed member, believes that a member will not be able to fulfill the duties of membership, he or she should bring the matter to the chairperson. When the chairperson confirms that recommendation, he or she shall place the matter on the next council agenda. The chairperson shall ensure that the member at issue is given notice that the council will consider a recommendation to the appointing authority regarding the membership. When the council, after the member at issue is given the opportunity to be heard, agrees with the recommendation, it shall recommend to the appointing authority that the member be removed from the council and a replacement appointed to fulfill the member's term.

6.5 If a statutory member or their designee are absent from two meetings within a year, they will be contacted by the secretary of the council to discuss the reasons for absence and whether the member will be able to continue serving. In the event that a statutory member believes they are unable to continue, the secretary of the council shall inform

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

Section 7. Staff Services

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

Section 8. Reimbursement of Council and Committee Members

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

ARTICLE IV

Committees

Section 1. Committee Structure

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

1.2 The council may establish other standing committees 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 committee chairs. Ad-hoc committees must report their progress at the meeting of their standing committee. Ad-hoc committees can be granted extensions by the standing committee chair.

It is the intent of this section that:

- There should be periodic review of the structure and progress of the work of the committees, subcommittees and ad-hoc committees.
- If the officers have concerns about the work of the standing committees, subcommittees or ad-hoc committees, they could convene an executive committee meeting to discuss options, "for the good of the order."
- The intent of this group is to recommend that ad-hoc committees be time-limited (recommend one year) and the committee chair determines if the work should go forward beyond the original charge.
- The charge should be well-defined and linked to SCAODA's strategic plan.
- The committee chairs should be primarily responsible for creating and disbanding ad-hoc groups.
- The committee chairs should be responsible for monitoring the work and duration of the work in coordination with SCAODA.

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

Section 2. Composition of Committees

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

2.2 The council chairperson may appoint a chairperson who must be a member of the council, for each committee. The council chairperson, with the advice of the committee chairperson may appoint other committee members.

2.3 Committees may designate subcommittees including ad hoc committees, as necessary or convenient subject to limitation by the full council.

2.4 A council member shall not chair more than one committee.

2.5 A committee chairperson's term shall not exceed the length of their appointment or four years whichever comes first. With the majority vote of the council, a chairperson may be reappointed.

Section 3. Requirements for all Committees

3.1 A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.

3.2 All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.

3.3 Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.

3.4 Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.

3.5 Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.

3.6 The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

Section 4. Requirements for Committee Chairpersons

The chairperson of each committee is responsible for:

a. Ensuring that the by-laws and every applicable directive of the council are followed by the committee as indicated in Chapters 15.09, 14.017 and 14.24 of Wisconsin Statutes;

b. Ensuring that recommendations of the committee are conveyed to the full council;

c. Submitting meeting minutes in the approved format to the council; and

d. Coordinating work with other committees where items could be of mutual interest.

Section 5. Executive Committee

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

5.2 The executive committee will have the following responsibilities:

a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.

b. Meet at the request of the chairperson as needed;

c. Provide for an annual review of the by-laws;

d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and

e. Other duties designated by the council.

5.3 Rapid Response

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

a. When specifically authorized by the council;

b. When action is needed to implement a position already taken by the council;

c. Except when limited by the council, the executive committee may act upon the recommendation of a committee, other than the executive committee, if such action is necessary before a council meeting may reasonably be convened, provided that if more than one committee has made differing recommendations concerning the subject, the executive committee may not act except to request further study of the subject; or

d. Except when limited by the council, the executive committee, by unanimous consent, may take such other action as it deems necessary before a council meeting may reasonably be convened.

ARTICLE V

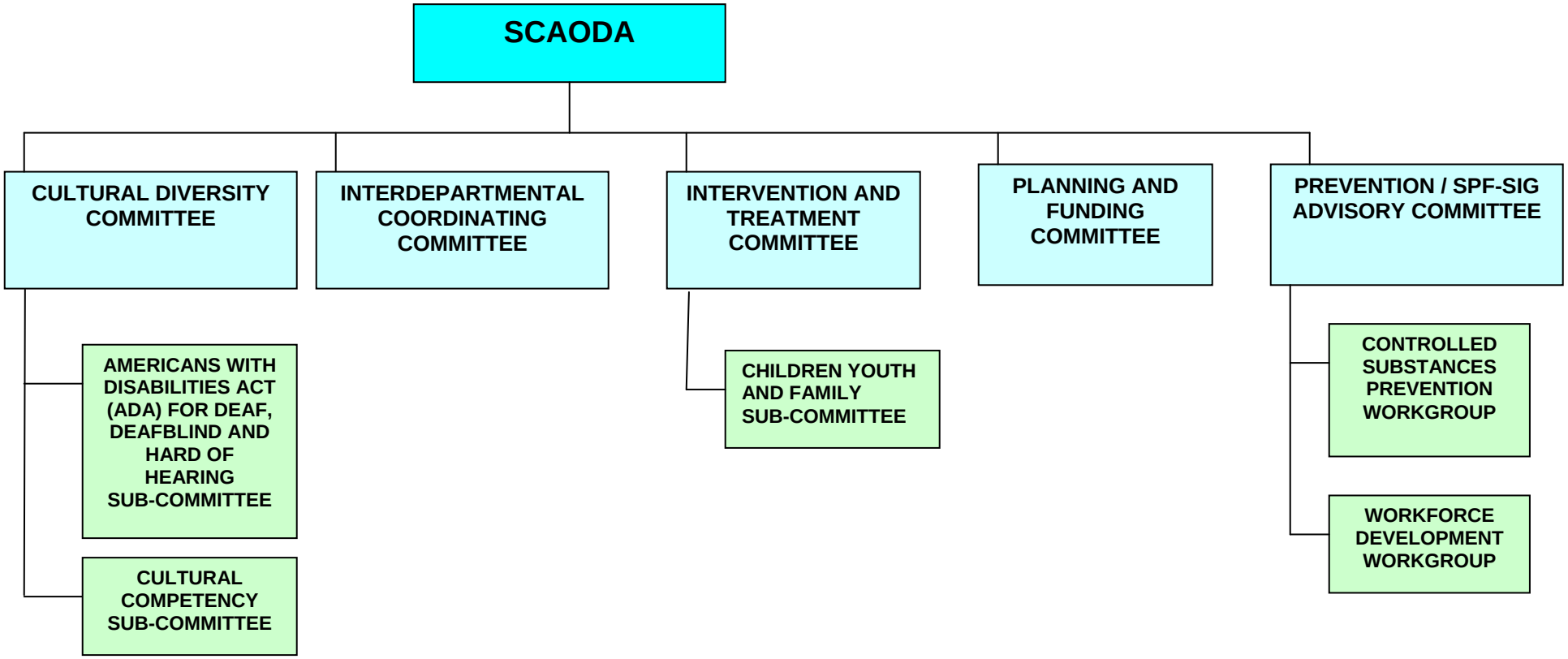
Amendments

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

SCAODA Organization Chart

October 2011

1. **Cultural Diversity Committee**
    a. **Americans with Disabilities Act (ADA) For Deaf, Deafblind and Hard of Hearing Sub-Committee**
    b. **Cultural Competency Sub-Committee**
2. **Interdepartmental Coordinating Committee**
3. **Intervention and Treatment Committee**
    a. **Children Youth and Family Sub-Committee**
4. **Planning and Funding Committee**
5. **Prevention / SPF-SIG Advisory Committee**
    a. **Controlled Substances Prevention Workgroup**
    b. **Workforce Development Workgroup**

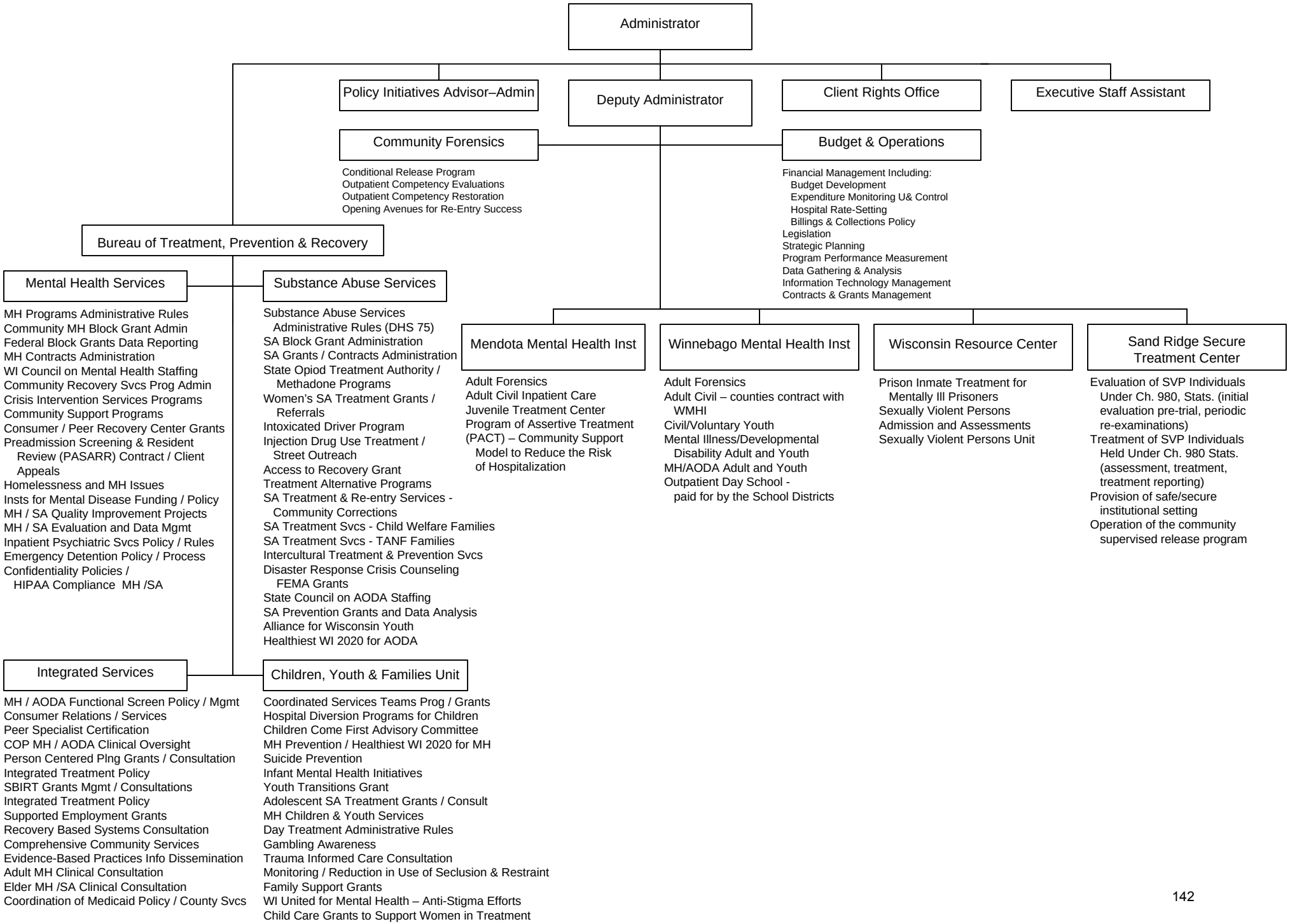


Department of Health Services

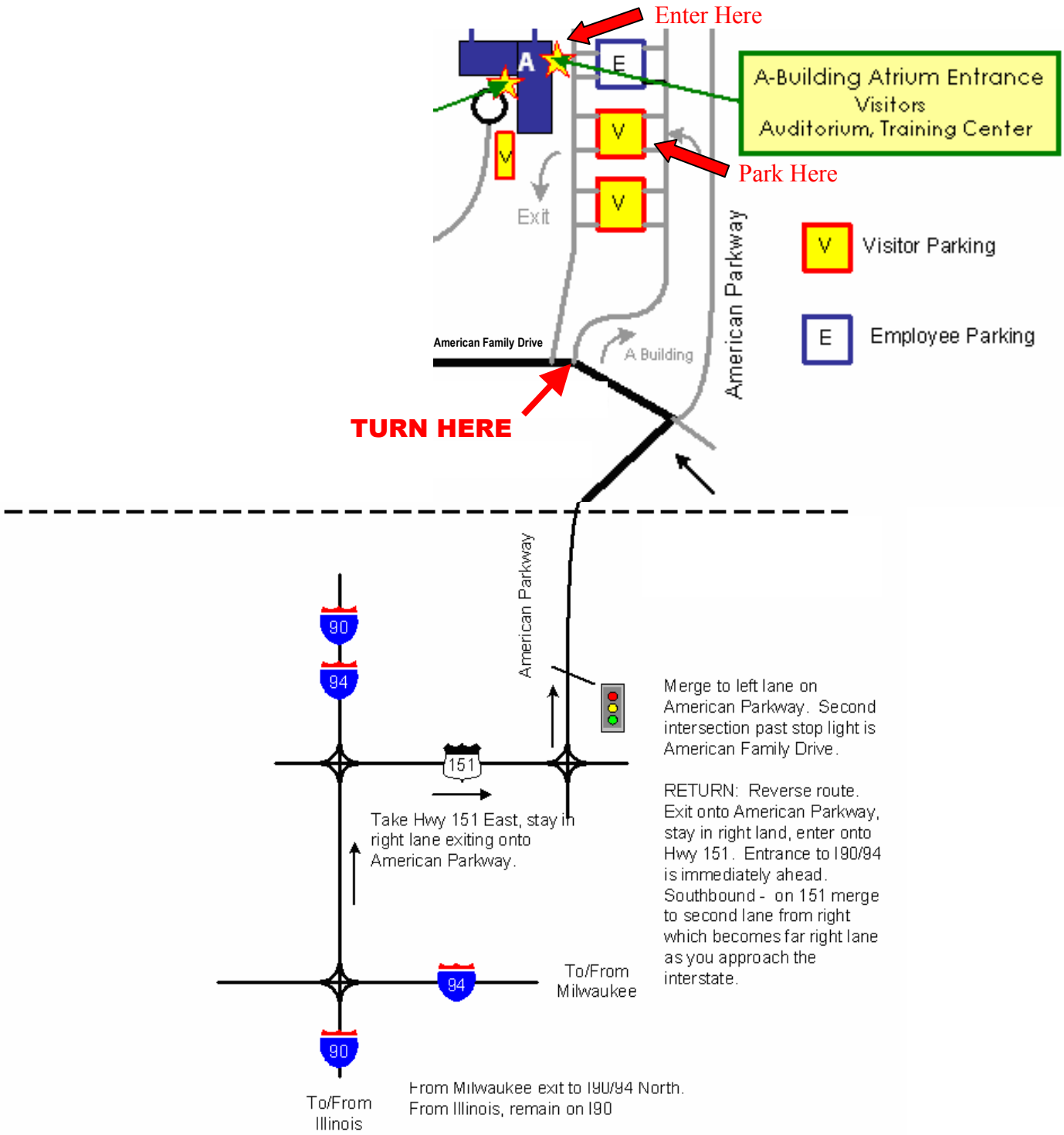
April 2011

Division of Mental Health and Substance Abuse Services

Functions



Directions to American Family's Training Center and Auditorium



Highway Directions to AF-NHQ Campus