

Scott Walker
Governor



Michael Waupoose
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Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

MEETING MINUTES

December 9, 2011

9:30 a.m. – 3:30 p.m.

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

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

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

Members Absent:

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

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

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

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

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

I. Introductions—Michael Waupoose

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

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

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

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

III. Public Input—Michael Waupoose

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

V. Trauma Informed Care presentation—Elizabeth Hudson

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

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

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

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

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

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

VII. State Agency Reports

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

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

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

VIII. Committee Reports

Executive Committee—Michael Waupoose

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

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

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

Diversity Committee—Sandy Hardie

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

ITC—Norman Briggs

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

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

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

Planning and Funding—Joyce O'Donnell

Planning and Funding made the following motion:

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

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

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

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

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

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

Joyce O’Donnell made the following motion:

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

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

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

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

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

Prevention—Scott Stokes

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

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

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

X. Announcements—Sue Gadacz

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

XVII. Adjournment—Michael Waupoose

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

2012 SCAODA Meeting Dates:

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

