WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

June 10, 2011
MEETING

Mark Seidl
Chairperson

SCOTT WALKER
Governor

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

PRIMARY OUTCOME GOAL AND MEASURE:

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

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

SCAODA GOALS:

1. SCAODA with its committees
    a. Effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin
    b. Is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues
    c. Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
2. Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
3. There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).
4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:
    a. For effective prevention efforts across multiple target groups including the disproportionately affected
    b. For effective outreach, and effective, accessible treatment and recovery services for all in need[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 2011 Meeting Dates

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

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

EXCEPTION---The September 9th meeting will be held in Building "C"

Room number CL3300B

The meeting dates are:

March 4, 2011

June 10, 2011

September 9, 2011

December 9, 2011

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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

June 10, 2011
MEETING AGENDA
9:30 a.m. – 3:30 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783 Room A3141
American Family General Information: (608) 242-4100 ext. 31555 or ext. 30300

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

9:30 a.m.	I.	Introductions / Welcome/Pledge of Allegiance/Announcement Noise Level / Agenda – Mark Seidl
9:35 a.m.	II.	Review /Approval of March 4, 2011 Minutes – Mark Seidl...pp. 10-23
9:40 a. m	III.	Public Input (maximum 5 minutes per person)—Mark Seidl
9:55 a.m.	IV.	Report from Chairperson—Mark Seidl
10:00 a.m.	V.	Cultural Competence/CLAS presentation—Gail Kinney
11:30 a. m	VI.	Working Lunch
12:15 p.m.	VII.	By-Laws Review—Scott Stokes…pp. 37-8
12:45 p.m.	VIII.	State Agency Reports to SCAODA—Mark Seidl
1:15 p.m.	IX.	Nomination Process for Appointments and Officers—Blinda Beason
1:30 p.m.	X.	Budget Update—John Easterday • Substance Abuse Prevention & Treatment Block Grant Update—Joyce Allen
2:00 p.m.	XI.	Stretch Break
2:15 p.m.	XII.	Committee Reports: SCAODA Goals

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

- ITC—Linda Preysz…pp. 39-59

    - Annual Report…pp. 39-42
    - Children Youth and Families Flier…p. 59
- Planning & Funding—Joyce O'Donnell…pp. 60-80
    - IDP Funding Sub-Committee Report…pp. 60-1
    - Annual Report…pp. 62-4
    - Motion to support AB 57 (the bill makes possession of "synthetic cannabinoids" and/or two other stimulant substances an offense)…p.65
    - Motion 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.)…p.66
    - Motion 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)…p.67
    - Motion requesting 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 professionals….p.68
    - Motion to oppose potential GPR and PR cuts to alcohol and other drug prevention and treatment programs and services…p.69
- Diversity—Michael Waupoose…pp. 81-96
    - Annual Report
    - Motion to reconvene Substance Abuse Advisory Committee at the Department of Regulation and Licensing.…pp. 81-2
- Prevention—Scott Stokes…pp. 97-106
    - Annual Report
    - Motion 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.)…p. 97

3:15 p.m. XIII. Agenda Items for September 9, 2011 meeting—Additional Items?—Mark Seidl

- Election of Officers
- By-Laws Revisions Vote
- FASD Awareness Day
- Women's Treatment Standards
- Update on Drug Trends in Wisconsin

3:25 p.m. XIV. Announcements—Joyce Allen and Sue Gadacz

- Council/Committee Members' Reimbursement Policy

3:30 p.m. XV. Adjourn—Mark Seidl

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

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

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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

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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

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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.

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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?

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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:

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    - 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.

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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

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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

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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:

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- 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**

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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)

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- 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.

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- 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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Jim Doyle
Governor

Mark Seidl, WCHSA
Chairperson

State of Wisconsin

Karen E. Timberlake
Secretary

Scott Stokes
Secretary

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
December 10, 2010
9:30 a.m. – 3:30 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783
Room A3141

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

Members Excused: Douglas Englebert, Scott Stokes, Linda Mayfield

Members Absent: David Spakowicz

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

Ex-Officio Member Excused:

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

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

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

I. Introductions/Welcome/Agenda—Mark Seidl

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

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

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

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

III. Public Input—Mark Seidl

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

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

IV. State Agency Reports to SCAODA—Mark Seidl

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

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

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

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

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

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

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

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

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

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

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

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

Key findings include:

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

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

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

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

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

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

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

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

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

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

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

VII. K-2 Presentation—Lou Oppor

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

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

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

VIII. Committee Reports

Diversity Committee:

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

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

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

Intervention and Treatment Committee:

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

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

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

Planning and Funding Committee

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

Prevention Committee:

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

IX. Healthy Wisconsin 2020—Margaret Schmelzer

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

X. IDP Funding Sub-Committee

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

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

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

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

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

XII. Announcements—Sue Gadacz

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

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

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

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

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

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

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

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

SCAODA 2010 Meeting Dates

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

SCAODA 2011 Meeting Dates

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

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,*[1] ~~(ad hoc committees, workgroups and task forces)~~ as necessary or convenient to conduct its business. Of the standing committees established by the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to interdepartmental coordination, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. *Subcommittees are a subset of a ~~larger~~ standing committee**. S**ubcommittees 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.*

DRAFT

[1] Italics indicates proposed additions.

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 ~~proposed~~ formed by standing committees chairs ~~or subcommittees, and must be granted approval by the executive committee before they can be formed~~. Ad-hoc committees must report their progress at the meeting of their standing committee. ~~or sub-committee.~~ Ad-hoc committees can be granted extensions~~, one month at a time,~~ by ~~unanimous consent of~~ the ~~executive~~ 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*

DRAFT

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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Intervention and Treatment Committee
Annual Report
Goals and Accomplishments
From 2010 – 2014 Strategic Plan
June 10, 2011

Goal	**Plan to Achieve Goal**	**Efforts Accomplished to Achieve Goal**
Increased Access to Care- Specifically for Women, Adolescents/Family, IDP and Older Populations	Work with DHS and substance abuse providers/organizations to identify treatment access challenges and recommendations for improvement	-Bernestine Jeffers, State Women's Treatment Coordinator attended ITC on 10/12/10 & 2/28/11to review women's treatment issues. Significant transportation problems in northern part of the State. -Reviewed DMHSAS data on the number of adolescent treatment providers and available levels of care. - CYF supported BPTR in publishing a treatment gap analysis - NIATx project for increasing adolescent treatment admissions - CYF developed a survey on obstacles, strategies, outcomes, recidivism and messaging. Survey was sent to providers 5/11 -IDP identified issues of access, resources and uniformity of services -LeeAnn Cooper, State Intoxicated Driver Program Coordinator attended ITC

	Outreach to groups/organizations related to the funding of treatment Advocate for and provide linkages for sharing information and resources that increase awareness and address stigma	on 4/12/2011 to report on progress of Advisory Committee -Sue Gadacz, State SA Services Section Chief attended ITC on 5/10/11 to discuss women's treatment standards -Jane Raymond with Bureau of Aging and Disability Resources invited to ITC 7/12/2011 -Made recommendations for gender specific resources in parity -Issued a statement at the Infrastructure Study for gender specific treatment in the Core Benefits -CYF invited HMO and MA reps to meeting with treatment providers on 2/25/2011 -CYF created a private and public payors workgroup -WiNTiP newsletter dedicated to how providers can bill for tobacco services -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 -IDP identified need areas for education, prevention and treatment

Goal	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
Improved Quality of Care – Increase the Awareness of and Use of Evidenced Based Practices specifically for Women, Adolescents/Family, IDP, Older Populations	Support treatment standards based on EBT's Review proposed changes to AODA services and provide recommendations based on EBP's and national standards	-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 -IDP identified strengths and areas for improvement on a grid presented to ITC -Julia Sherman was a guest at IDP committee to present recommendations from the ACE workgroup report, 4/2011
Goal	**Plan to Achieve Goal**	**Efforts Accomplished to Achieve Goal**
Integration of Services – Nicotine Care, Mental Health and Diversity	Formally engage a mental health representative to serve on ITC Promote Nicotine Dependence treatment in the AODA/MH health Care system	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
	Provide and promote training	- WiNTiP made presentations and staffed displays at state wide conferences of providers -WiNTiP sponsored two day long integration trainings to clinicians 5/2011
Goal	**Plan to Achieve Goal**	**Efforts Accomplished to Achieve Goal**
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

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State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, January 11, 2011
10:30 am - 2:30 pm
Department of Corrections
Madison, WI

MINUTES

Present: Norm Briggs, Tami Bahr, Linda Preysz, Sheri Graeber, Dan Nowak, Dave Macmaster, Nina Emerson, Lila Schmidt- staff
Absent: Sheila Weix, Andrea Jacobson

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

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

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

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

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

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

SCAODA and ITC Strategic Planning – Linda Preysz

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

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

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

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

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

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

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

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

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

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

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

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

Adjourn
The meeting was adjourned by Linda.

Next meetings and dates:

1. ITC
   February 8, 2011; 10:30 am – 2:30 pm. Department of Corrections, Madison

2. Children, Youth and Families Treatment Subcommittee
   February 25, 2011; 9:00am – 4:00pm. Dane County Human Services (Room 110), Madison

3. SCAODA
   March 4, 2011 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison.
   For more information, visit the SCAODA web site at:
   http://www.scaoda.state.wi.us/meetings/index.htm

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INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, February 8, 2011
10:30 am - 2:30 pm
Department of Corrections
Madison, WI

MINUTES

Present: Norm Briggs, Tami Bahr, Nina Emerson, Linda Preysz, Sheri Graeber, Shel Gross, Andrea Jacobson, Dan Nowak, Lila Schmidt- staff
Absent: Dave Macmaster, Sheila Weix
Participating by phone: Susan Endres and Bernestine Jeffers

Welcome, Introductions, and Review of Minutes
Linda brought the meeting to order at 10:40. Minutes were reviewed and approved with a revision change identified by Sheri on page three, under the Department of Regulation and Licensing Update section to reflect that Michael Kemp read a letter to the combined board in place of his submitting a letter as it reads in the draft.

Children, Youth and Families Subcommittee Update – Tami Bahr and Susan Endres
Tami distributed a handout of the 2011 Draft Schedule for the Children Youth and Families subcommittee and a copy of an email sent to Amy Anderson at Oakwood Clinical Associates in Kenosha inviting her to their February meeting to discuss their agency's conversion to the electronic health care record system, NextGen. Susan reported on her outreach efforts to Medicaid HMO's for invitation to the February meeting to discuss how providers can prepare to become part of a provider network and enroll youth in Badger Care. The meeting will be helpful for network development for the united behavioral health care unfolding and will be an opportunity to explore how services can be expanded for kids. Susan envisions that this will also be a forum to hear about what the HMO's are concerned about and what questions they may have for the providers. Committee members underscored the importance of finding out who the insurance companies contract with, how to best assist families that are often not provided services and learn more about what door those with co-occurring disorders come through for services to help develop some strategic interventions to work from.

Norm mentions that Bernestine Jeffers has also started to reach out to insurance companies, county by county to address services to women, starting in Dane County. Shel states that Medicaid convenes all their HMO's on a regular basis and is focused on establishing the guidelines for meeting parity requirements. He also reports that there was an analysis of the Wisconsin HMO's some years back on what services were being covered. There is discussion on the criteria by which insurance companies use the term "medical necessity" as a measure to fund services and their unwillingness to disclose their definitions for propriety reasons. If these definitions were known for behavioral health

care, providers would be more successful in obtaining coverage for services. Though UPC/ASAM criteria should work, insurance companies maintain their own. Shel reminds folks that the parity legislation will now require that insurance companies make their determinations known and that the OCI, Office of the Commissioner of Insurance, is a resource if there are concerns with compliance on parity implementation. Given the number of insurance outreach efforts underway, there was some discussion on convening separate groups with insurance companies by unique populations versus a more coordinated effort. Susan states that she will follow up more with Bernestine on her outreach.

Endorsement of Adolescent Treatment Guidelines – Linda Preysz
Linda asked members for feedback on their endorsement of the Adolescent Treatment guidelines. The members offered their full endorsement based on the following points:

- References the latest research
- Consistent with current Federal standards
- References evidence based programs and other useful, accessible instruments, manuals and resources
- Challenges providers to attain reachable goals for an improved system
- Consistent with SCOADA goals and objectives

This discussion lead to a recommendation of reaching out to Governor Walker's wife who is a supporter of Teen Challenge, a faith based program. Suggestions included an invitation to one of SCAODA's meetings or having a couple folks from CYF arrange a meeting with her to discuss the adolescent treatment framework. Linda will follow up with Sue Gadacz about this idea. Providers may be in a better position of doing this outreach then State staff.

Presentation on National/Wisconsin Treatment Standards for Women – Norm Briggs
Norm continues his presentation on the treatment standards for women that began at the January 2011 meeting. He begins by saying that even though WI does not have an established set of standards it is not an indication that things are not being done. Standards had been addressed through the development of core values about ten years ago (2001), so there are some things being addressed but certainly nothing comparable to the Adolescent Treatment Framework. Norm mentions that there is a lack of consistency with the application of standards regarding physicians and methadone standards. He also mentions the figures from a WI Child Protective Services (CPS) study, which reported the percentage of individuals in substance abuse treatment as 40-50% of CPS caseloads, with Dane County reporting only 28%, leaving 70% not in treatment. These rates compare to 60-80% nationally. It was mentioned that the Guardian ad litems are usually the ones more concerned with drug monitoring than are the CPS staff.

The committee discussed the need to provide greater enforcement of core values with providers. Though they are included in the contract with funding sources, there is perhaps a greater need to be more tied to performance indicators and success with a targeted population. There is also the need to incorporate the involved families of the individual in treatment which raises issues around the family chart and billing. Dan Zimmerman was mentioned as a resource in this area. Youth beginning at age 14 require permission to disclose information and unlike the medical model, where there is one body being treated, there are not the challenges of the interface of relationships within families.

Norm suggests that we make recommendations on the missing national standards in Wisconsin.

The need to follow up with Bernestine Jeffers and Sue Gadacz is needed as well as looking to other states for ideas. Norm mentions a training currently underway with CPS folks in Dane County on AODA using a Niatx model including a presentation of resources to CPS workers and finding out more about why those who are identified with substance use concerns are not involved in treatment. The idea of having an on-line self administered screening that can be done with CPS staff is being looked into however implementation is a slow process given competing mandates for the CPS system. The idea of applying this strategy elsewhere might also be worth exploring as well as having national screening days which focus on mental health and substance abuse issues.

Strategic Recommendations to address Women's Treatment Needs – Bernestine Jeffers
Bernestine appeared by phone and a handout was distributed at the meeting per her request which outlined recommendations to address women's treatment needs for 2011, identified treatment initiatives, a philosophy on working with women with substance use disorders, treatment standards for women, family based services continuum and diagrams on clinical treatment services.

Bernestine reviewed her strategic planning recommendations:

- Develop a holistic recovery-oriented system of care for women and their families
- Develop a plan to reduce stigma, increase community awareness regarding women and substance abuse
- Develop a statewide plan to promote the enhancement, expansion of gender/age/culturally responsive, family-centered treatment programs based on the Core Values and Fundamental principles and Treatment Standards for women.
- Develop partnerships and identify shared resources with community and government agencies
- Increase the presence of prevention strategies in current programs

Some specific goals that Bernestine is working on include video conferencing for providing technical assistance, re-establishing the FASD task force for regional providers, assisting providers become Medicaid certified, working on the requirements for the RFP for women services and standards, establishing a set of credentials for women's treatment providers.

IDP committee Update – Nina Emerson/Andrea Jacobson
Andrea reports that the first meeting of the new IDP State advisory committee met on Friday, February 11, 2011. Goals are still being defined and developed. Though many of the members have remained the same, there have been some additions including someone from the DNR, WI courts and citizen members.

Andrea reports that there is an immediate focus on the surcharge funds at this time. 60% of the surcharges collected go to the counties and 40% to state agencies. Surcharges amount to $365 per OWI conviction. The percentage/amount going to treatment has not increased over the past 15 years. The Safe Ride program through DOT is the only state agency that receives surcharge revenues at a fixed percentage (9.75% of the 40% going to state agencies). DHS has been working on projecting the overall financial need or the cost of treatment for the OWI offender. Current projections indicate that $18.5 million is needed. After surcharge revenue and moneys from the Substance Abuse Block grant are applied, there is still about $10 million in costs that the counties need to pick up. There are

certain state agencies that receive surcharges that end up turning back money, so there is an interest in looking into the possibility of having this money redirected to treatment.

Linda recommends that ITC invite LeeAnn Cooper, DHS IDP Coordinator, to the next meeting for an introduction and a chance to talk about the some of the important topics identified from the ITC/IDP subcommittee that were not specific to funding.

SCAODA and ITC Strategic Planning – Linda Preysz
This topic was not covered given time constraints.

Adjourn
The meeting was adjourned by Linda.

Next meetings and dates:

1. ITC
   April 12, 2011; 10:30 am – 2:30 pm. Department of Corrections, Madison

2. Children, Youth and Families Treatment Subcommittee
   February 25, 2011; 9:00am – 4:00pm. Dane County Human Services (Room 110), Madison

3. SCAODA
   March 4, 2011 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison.
   For more information, visit the SCAODA web site at:
   http://www.scaoda.state.wi.us/meetings/index.htm

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, April 12, 2011
10:30 am - 2:30 pm
Department of Corrections
Madison, WI

MINUTES

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

Welcome, Introductions, and Review of Minutes
Linda brought the meeting to order at 10:40. Introductions were made and Charisse Seyki from DOC was introduced as a new member to ITC. Charisse shared that she is Renee Chyba's replacement and is glad to be a part of this committee. She is new to treatment with DOC, but has been with DOC for 3 years as the Education Director with the Milwaukee Secure Detention Facility. Linda noted the importance of having someone from Corrections on the committee given the importance of treatment for persons who are incarcerated as well as for those living in the community.

Linda announced that she has been asked by her boss to step down from her role with ITC, given her need to transition to other work priorities. Though she will continue as a member of SCAODA, this will be her last ITC meeting. Many sentiments were shared by the committee members about the loss of Linda's leadership and involvement in ITC.

The February meeting minutes were reviewed with one correction on page 3, the second line from the bottom to read 18.5 million instead of reading as 18,500 million.

Children, Youth and Families Subcommittee Update – Tami Bahr and Susan Endres
Susan passed her laptop around to share a flyer that Joe Kuehn began working on as an idea that was generated from the last CYF meeting with the HMO's. The idea is to have something in writing that can be shared with others about the goals of the CYF subcommittee. If approved by ITC, the SCAODA letter head can be added as well as Susan's name and contact information on the bottom.

Susan reported that the CYF meeting with the HMO's was a good day. It was an all day event that included representatives from the HMO world, a presentation on MA from Sara Coyle and a presentation on electronic records. Susan plans to capture the content in the meeting minutes and mentioned that some of the folks want to continue to participate with the committee and may send representatives to their meetings. CYF is dividing up into work groups and were able to recruit a few people to the private/public payers work group. Another workgroup is the Opiate work group and the

Adolescent Treatment Framework group which will continue to develop protocols based on evidence-based practice. HMO's have also expressed interest in these workgroups, though none of the groups have started. Susan also commented on the learning that took place between the HMO's and providers and the fact that there are not many opportunities for folks to meet with one another. The HMO's mentioned how good of a group of providers they were. It was also learned that Forward Health, which is the technical assistance arm to MA/Badger Care, is available to do trainings around the State if requested. CYF would like to establish regional trainings to help treatment providers learn how to bill and continue to develop those relationships.

ITC supports the use of the proposed CYF flyer which can be used as an informational handout for the general public at Regional CYF meetings. There is a recommendation made however for CYF to search for a different photo, perhaps one that depicts a family. ITC also recommends that adding the SCAODA logo and including Susan's name and contact information to the bottom. Additionally, ITC endorses the CYF workgroups being formed, but wants to review the topic areas of the groups before giving final approval. Susan will take ITC recommendations to the CYF meeting on Friday and present changes back to ITC for review. Once ITC approves, Susan will pursue Dept approval to add the information to the website.

Susan presented a five question survey that CYF developed with the initial intent of educating Secretary Smith on the treatment/recovery issues for adolescents. Regardless of whether the survey will be used for this purpose, it will serve as a follow up to previous questions and assessments that have been completed, such as the development of the adolescent directory and its update three years later. It will also serve to develop a common language and fits with the goals of CYF to gather and disseminate information, best practices and bridge the communication gaps. The survey will be sent to treatment providers, county staff, and juvenile justice. Questions include:

1. Aside from general finances and funding, what are the three biggest obstacles to adolescent substance abuse recovery in your community?
2. What are the three most successful strategies or methods in your region to support adolescent substance use recovery and how do you define success in treatment?
3. Can you provide us with recent outcome data to support the above?
4. How do you define recidivism? What is your current rate of recidivism and your target goal in your community?
5. What three things would you want to educate the new administration on?

The committee discussed the degree by which outcomes will be reported. Some folks felt that there may be few outcomes, while others disagreed. There will certainly be information available about who is being served. Susan indicated that the survey would be sent through survey monkey so folks won't know who responded. Though the ability to have anonymous reporting is good, ITC did make recommendations to include some information identifiers such as the type of agency, county, part of the state, source of funding. Susan will take back the comments to CYF for incorporation and anticipates having the survey ready to go sometime in April. It was felt that the survey would help make a case for the need and gap analysis and would be important for SCAODA to be aware of.

Tami addressed the workforce issues that came up at the meeting and noted that Connections Counseling's experience has been that the Clinical Substance Abuse counselors, Master level, are not always covered at the same level as the Mental Health Master level staff. LCSW, LPC and the Marriage/Family therapists are covered in both substance abuse and mental health but according to substance abuse certification in WI not all those staff are covered and recognized by insurance companies if they are not dually licensed. Tami states that they are doing well with the clinical

substance abuse counselor but when in comes to the substance abuse counselor or substance abuse counselor in training, this is not a license they recognize and that is a huge workforce issue. This causes a particular concern with outpatient providers who are licensed as individuals compared to IOP, day treatment or residential which are licensed as programs. Given that the field is moving more and more into outpatient level services this is a workforce concern. Susan mentioned that for MA, treatment providers with a Masters who are certified in substance abuse can bill at the higher rate under their Masters. Straight MA will also allow substance abuse counselors to bill for services, but there is inconsistency between insurance companies on this. Linda reminded the group that we have recently supported SCAODA's letter endorsing the additional training requirement. Though it was expressed that it's good to be raising the bar by increasing the standards, we do need to recognize that we are making it more difficult to attract people to the field. Adding to this concern is the field's aging work force and concern for the minority training project. Clearly the minority training project will need to address minorities in the UW system. Linda mentioned that the workforce issue is a very important one for ITC as well as all the SCAODA committees and should be brought up with the four chairs for discussion.

Tami passed out a brochure on the April 29th training provided in partnership with the Recovery Foundation, Connections Counseling and Rosecrance. It will be held at the Lussier Family Heritage Center, with a donation of $40 to include lunch. All proceeds will go to the Recovery Foundation, which is an organization that raises funds for treatment scholarships, and provides education and stigma reduction strategies around the State. Topics for the day include, bullying, meditation/mindfulness and mentoring.

WiNTiP Update – Dave Macmaster

Mac reported that WiNTiP now receives Public Health and DHS, Bureau of Prevention Treatment Recovery money to support is activities in the following areas:

1. Monthly Steering Committee, ongoing for three and a half years and now includes the addition of Sue Gadacz from DHS.
2. Electronic mailings through its thirty some stakeholders and Advisory Group
3. Sends out reports nationally to tobacco treatment specialists in the country

Mac shared information on the upcoming Tobacco Dependence Treatment Training program on April 26th at the Kalahari Resort in the Dells. The training will support 30 people, who will each be paid $99 for attending. The Steering committee decided to spend between $20, 000 and $25,000 to provide this training to help folks in the field have something they can begin working on while waiting for the integration process to get completed. All applicants are being reviewed, to ensure that they are in a position to be able to do something with the information. The day is developed to provide training not increasing awareness. There will be a follow up call with participants 30 days following the training to see what they have done, which will be followed up by a survey sent at a later time to gather additional information.

The training will include four elements that can be taken back to their programs.

1. Lecture on the common characteristics of substance use disorders and how nicotine fits into this. Participants will receive handouts and worksheets that can be used with their clients to help increase their awareness.

2. Tobacco Awareness Groups (TAG). A way to introduce in a group setting or individual the relationship of tobacco use and their use of alcohol or other drugs. This is designed for the pre-contemplation and contemplation stage, which is where most folks are at.
3. Participants will be given sample treatment plans and sample progress notes for use through the stages of change. They will also have access to video tobacco awareness groups. During the training folks will have a chance to practice in small groups.
4. Panel Opportunity for folks to ask question. The Center for Tobacco Research Intervention will be participating.

Mac reported that this training will take place at the WAAODA conference on May 18th and may include modifications based on the experience of the May training event. There will also be training on May 12th for mental health providers that will address how to get people in mental health settings to address tobacco dependence. This group will be given resources since they will not be providing the treatment.

Funding continues for WiNTiP through June 2011 with anticipated budget cuts thereafter. Mac received information through a reliable source that there will be some level of funding available after June 30th. WiNTiP's goal is to get legislation passed before funding runs out, that would require a good faith effort for integration into the State funded programs. New York State requires anyone with a license to do substance abuse treatment to integrate into services and obtained 70% compliance in the first year of integration. They are now up to 90% compliance. There has been some delay in this effort due to waiting to see what is possible with the new administration. Folks have been in communication with Mark Hale to see what already exists in the regulations relative to tobacco in residential programs.

WiNTiP wants to do more political work. Though they can't lobby, they can educate. One idea is to present information on the 78,000 WI residents who have died from tobacco in the last decade to legislators and then go with TV cameras and interview them to see where they stand on the issues.

Intoxicated Driver Program Committee– LeeAnn Cooper

LeeAnn Cooper, Intoxicated Driver Program Coordinator at DHS, introduced herself and shared her background with the group. LeeAnn started as the IDP Coordinator in November 2010, so has spent time learning about the program and all the partners. One of the first things LeeAnn has done is to work with the new IDP funding subcommittee under Planning and Funding to research and obtain information about funding issues, in particular the drivers surcharge and where those funds go and how to get more money for the IDP. In this budget climate it will be very difficult to find additional funding.

LeeAnn also set up an advisory committee to help advise the Dept on the IDP. DHS has oversight but no real authority under the county run IDP system. DHS has authority over 62 and 75 which are the facilities they can refer to for treatment, but has no say in OWI assessments or which programs they refer to. Therefore the role of the advisory group is a way in which to bring together the experts out in the field with the front end knowledge, DOT, the courts, law enforcement to encourage communication, make sure that counties are complying with the administrative rules. The advisory group consists of members from the Dept of Corrections, State Wisconsin Court system, an OWI court judge, DOT, DPI and County assessors, tribal association, Lou Oppor from Prevention, and a public member who is a recipient of services; many of whom participated on the former ITC IDP

subcommittee. The advisory group has been in the process of trying to figure out topics, needs and priorities which are now being categorized and will be prioritized at the next meeting for formulating some work plans to work on those issues. The list of priorities has been condensed to include: Prevention, Assessor training, education and supervision, EBT's, Policy Issues such as DHS 62 and consistency in driver safety plans, Data Collection, Correctional activities like screening tools for determining risk. One unique group identified were the tribes since they are silent in 62 which means they can't do assessments and there is an issue about funding as they are sent back to their tribes for treatment. Some counties will pay for treatment with the tribes at a certain level and others not at all. Wisconsin's drinking culture was also discussed and Lou will be taking the prevention focused recommendations back to the prevention committee to address.

ITC members supported the efforts identified, acknowledging the importance at the State level for coordination of all the counties and systems to provide a forum to help them learn from one another and acknowledge the impact that their policies and practices may have for IDP program. LeeAnn stated that she is hearing a lot around the State about the need for training and education of assessors. There is a need to develop some consistency across counties to ensure that the tool is used appropriately. There is also a heavy focus on prevention with two primary goals to get Wisconsin out of the top of binge drinking and underage drinking. Susan Endres offered the interest of CYF to assist with the younger populations.

Mac discussed the concept of developing model program by offering incentives to counties to develop certain criteria that could be implemented in other counties. Completion of a needs analysis was also thought to be useful way of identifying inequality of service availability and access across the State when it comes to funding distribution. LeeAnn mentioned that there is uncertainty about whether the surcharge fees being collected are indeed going to provide the treatment in those areas. DHS tried to do a survey and only got 15 of 72 counties to respond so the data was questionable, but did identify that some counties not reporting surcharges at all and some counties are reporting large amounts of county levy that are contributing towards their treatment programs. The data available through HSRS is limited in yielding data as there is no requirement that IDP clients be identified. This is a voluntary identification field on HSRS, so it's hard to get a clear picture on what services are being provided or to look at outcomes to see what is working. There are also additional issues related to Act 100. Information is being reported that judges are changing BAC levels or pleading down to reckless driving in order to avoid ignition interlocks. LeeAnn reports that DHS and DOC have been working on funding two OWI courts and that DOT is also interested in funding OWI courts, tough it will be difficult to collect data on these programs as well.

LeeAnn has been meeting with assessor groups in the State. There are two assessor groups which are both in the northern part; however the south and southeast portion are interested in the development of assessors groups in those areas. Currently, LeeAnn's biggest focus has been to get counties and agencies to communicate with one another so that efforts aren't being duplicated. She has been working on setting up a Google work group for IDP assessors and Coordinators to communicate with one another; asking questions and clarifying information. She has learned that there is real inconsistency with how assessments are being done, how referrals are made and how driver safety plans are developed.

There will be funding coming out for October 1st through an RFP for county IDP programs for innovative strategies to implement in their county programs such as use of medication, bio-markers, OWI courts, motivational interviewing, etc. The total grant award will be $500,000 and will likely put a maximum of $100,000 per project.

Linda noted that ITC can still support the IDP as we have a couple of tracks that look at access to treatment issues. The assessor training would also be a part of ITC's priorities as well as the focus on women's treatment including access and stigma. ITC wants to augment what the IDP groups are doing and would welcome LeeAnn coming back again to keep ITC informed. Linda also mentions that ITC has done very little to address the elderly populations on our strategic plan of which some are included in the IDP and driving drugged. LeeAnn agrees to send the list of the IDP advisory group priorities to Lila for distribution to ITC members.

Annual ITC Committee Report out to SCAODA– Linda Preysz
Linda distributed the updated strategic plan and mentioned that ITC does not have any identified strategies for the elderly population, even though we thought this was an important population and should be doing something. We need to start thinking about what we want to do and what we think we can do. Susan recommends reaching out to Jane Raymond, who does elder abuse at the State, as she may be able to help us figure out where to go next. She may have some resources to recommend or ideas on developing something on top of what they have going on, even if its just sharing the information we have from SAMHSA.

Linda also identifies the item on page three which states the goal of increasing the number of qualified agencies and culturally competent counselors. Not sure what we can specifically do to address this, unless it goes back to some of the training issues we identified. This may also be a duplication of the Diversity committee so we may want to get some feedback from them on this.

The Adoption of Treatment Standards by insurance companies and public funded providers has been addressed by the CYF sub group working on adolescent treatment protocols. Norm has also been looking at the Women's treatment standards with ITC.

The annual Report format for the June SCAODA meeting was handed out. The goal of ITC is to identify our strategic goals and our outcomes/accomplishments. Linda suggests that she will work with Lila to begin to cut and paste from our strategic plan to the report document and then have members fill in the blanks with activities or dates and work more on this at our May meeting. Susan agrees to have CYF group fill this out for their work at their upcoming meeting. Linda is willing to do the report out in June if there is not a chair named by that time or perhaps even if there is one.

Women's Treatment Standards– Norm Briggs

Norm provided the background that in 2008 a group from around the country sponsored by NASAD (National Association of Substance Abuse Directors) and Women's Services Network who at the time was chaired by Sue Gadacz, and women from around the country who came up with a document titled Guidance to States on Women's Substance Abuse Treatment Standards. They reviewed the literature and identified the essential components of treatment services to women. This group then came up with a definition of each and asked each state to identify how they addressed each of the 25 elements.

In looking at Wisconsin's response, WI either didn't have a response at all or the response was quite brief or just referred back to the CORE values. Following on the heals of the adolescent treatment

framework, Norm thought it would be nice if WI had something which described the essential elements of a women's treatment program, what it consists of and what a program can do so they can evidence that they are in concert with these various things. In response Norm went through this document and summarized each of the elements definitions and the States unduplicated responses. The idea is to give concrete examples of what each program does, whether they have documents, or can demonstrate through progress notes. The forward to the document, talks about SAMHSA TIP 51, addressing the assessment of women, the elements of women's treatment and the philosophical approach, that needs to be a relational model and underscores the need to look at the elements within that philosophical framework.

WI Women's Educational network puts out a book of women's treatment providers, but it is self reported. We need to be able to know the philosophical approach and not just the fact an agency treats women and/or has a women's group. Providers could look at such a document as a self assessment.

Norm would like ITC to look it over and mentioned that maybe something like this may even find its way to endorsement by SCAODA. Linda suggest that first the committee look it over to get reactions or questions and have it shared with Sue and Bernestine as a draft for their feedback before deciding on any potential next steps. We will then add this onto the May agenda.

SCAODA Invite letter to the Governor –Linda Preysz

ITC recommended to the State council that there should be a invitation to the Governor to let them know who we are. At our last meeting we also discussed the idea of sending a letter to the Governor's wife to inform her about the Adolescent Treatment Framework, given her interest in this area. We wouldn't want her to support any particular program but would like to have her voice in treatment. Susan mentioned that Ms. Walker had done an article in which she spoke about the Faith based program in Milwaukee called Challenges. Susan mentioned that there is a Governor's wives group to keep children alcohol/drug free that Ms. Thompson was a part of though Ms. Doyle chose not to participate. Lila informed folks that there was a group comprised of Julia Sherman, Rebecca Deshane and Chris Wardlow that met with Ms. Walker last Thursday regarding her possible involvement in that group. Julia is aware that our group has been talking about the idea of meeting with her to as well and is open to talking with us about how their meeting went and offer any suggestions as to how best to approach this. Susan will ask Tami to follow up with Julia.

A copy of a draft letter from SCAODA to the Governor and ideas for attachments were distributed for feedback. Recommendations included eliminating the Lewis Black comedian piece since it seemed inappropriate. The need to have some of the department priorities, the Strategic prevention framework, WI drinking culture is good, bars vs. the number of grocery stores, percent of youth and adult binge drinking is all good stuff. This information helps put the issue in perspective. There was some question about why the adolescent piece was pulled out the Governors report for 2009 and a feeling there should be some info on youth as we have a subcommittee for SCAODA as well as a highlight of WiNTiP. Perhaps the gap analysis or the Adolescent Treatment Framework Guidelines would be of value.

Legislation/Miscellaneous Updates – Linda Preysz

Mac suggests that some of these legislative ideas need to come from SCAODA not just randomly thrown in from individual legislators. Recommendation is that we should have a minimum of three improved legislation on our issues every year. One obstacle that was noted is the absence of elected officials on our council, though we are supposed to have four.

The main comment about the legislation was that there is very little to no legislation about treatment; noting that recent legislation has had a primary focus on punitive approaches and criminalization as a solution. The TAP programs were mentioned as an example of how little is done to focus on treatment alternatives. 1988 legislation, created the Treatment Alternative Program which continues to date to be limited to three programs in the state. ITC's recommendation would be that a treatment component be included in the Bill 57 even though it is agreed that legislation to address the K2 is important, especially for our youth. With Bill 76 there is concern about shifting financial responsibility to prisoners in county jail for prescription drugs or device provided while in jail.

Adjourn
The meeting was adjourned by Linda.

Next meetings and dates:

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

2. Children, Youth and Families Treatment Subcommittee
   May 12, 2011; 9:00am – 4:00pm.

3. SCAODA
   June 10, 2011 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at:
   http://www.scaoda.state.wi.us/meetings/index.htm

State Council on Alcohol and Other Drug Abuse

increasing access to recovery

Children, Youth and Family Treatment Subcommittee

http://scaoda.state.wi.us/childyouth.htm

Children Youth and Family Subcommittee reports on these goals to the Intervention and Treatment to assist SCAODA in meeting its goal:

- **Increase access to and capacity** of adolescent screening, intervention, treatment and recovery opportunities
- **Increase family involvement**
- **Raise awareness** of adolescent treatment and treatment standards with insurance companies
- **Promote and implement the Adolescent Treatment Framework and Practice Guidelines**, including:
  —Webinars
  —Education/outreach
  —Support, promote and encourage the implementation of a system of evidence based practice with insurance companies, third party payers and providers.
- **Increase provider capacity** to deliver evidence-based interventions and treatment programming

Committee Members

Tami Bahr - Chair
Susan Endres - Staff

Kathi Cauley
Hugh Davis
Paul Florsheim
John Frederick
Jill Gamez
Cynthia Green
Kimeko Hagen
Elizabeth Heflin
Flo Hilliard
Yvette Hittle
Joe Kuehn
Stacy McNatt
Michael Mercado
Tom Meyer
Tracy Mitchell
Kris Moelter
Jennifer Witkowski
Dr. Michael Witkovsky
Dr. Tom Wright

2011 Meeting Dates

February 25 - Madison
August 12 - Menominee

April 15 - Stevens Point
October 7 - Milwaukee

June 3 - Appleton
December 3 - Madison

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

May 9, 2011

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

Dear GOVERNOR WALKER:

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

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

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

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

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

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

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

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

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

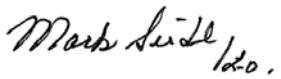
- To ask selected legislators to create legislation through the 2011-2013 budget process that will allow any unspent Driver Improvement Surcharge Fund allocations in any year to revert to the Department of Health Services to be utilized in the Intoxicated Driver Supplemental Grant Program in the next fiscal year.

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

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

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

Respectfully,



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

This letter was also sent to:

Wisconsin State Senate Members
Wisconsin State Assembly Members
Kitty Rhoades, DHS Deputy Secretary
Kevin Moore, DHS Executive Assistant
SCAODA members

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

Planning and Funding Committee
2010 Annual Report
Goals and Accomplishments
From 2010 – 2014 Strategic Plan
June 10, 2011

SCAODA's Goal: Provide leadership and direction on AODA issues in Wisconsin.	**Plan to Achieve Goal**	**Efforts Accomplished to Achieve Goal**
Planning and Funding Goal: Each biennium review and make recommendations regarding the plans, budgets and operations of all state alcohol and other drug abuse programs.	Provide SCAODA with recommendations on how the plans, budgets and operations of all state alcohol and other drug abuse programs should be implemented or changed.	Letters to SCAODA statutory members representing state Departments & Offices requesting a copy of their budget requests that address substance abuse issues were drafted, signed by SCAODA Chair; sent July 2010.
		Responses received from all by November 2010; reviewed by P & F in October and November 2010.
		DPI initiates budget proposal in early November 2010, collapsing 19 categorical grants including $4,361, 800 earmarked for AODA prevention, into a general fund to advance graduation rates in targeted school districts. No action taken. All others report no new AODA initiatives. Cost to continue budgets only.
Planning and Funding Goal: When legislation that relates to AODA policies, programs or services is introduced or offered in the legislature, SCAODA will "provide considered opinion of the effect and desirability as a matter of public policy of the legislation."	Review and analyze AODA related bills as they are introduced into the legislature.	Reviewed, analyzed and opposed SB 368 and AB 554; recommended motion and motion passed at SCAODA to oppose medical marijuana, March 2010.
	Promote legislation that increases a tax on beer and/or alcohol and directs resources to treatment and prevention.	
	Support legislation that prevents adults from taking underage children into bars.	

SCAODA's Goal: Wisconsin has adequate and sustainable infrastructure.	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
Planning and Funding Goal: Identify services that are inadequately funded and create recommendations to increase funding for those services.	Participate in Sub-Committee on financing for Intoxicated Driver Program.	Duncan Shrout Chairs the IDP funding sub-committee and meetings continue into January 2011.
	Support continuation of Medicaid FMAP funds.	Recommended, motioned and motion passed by SCAODA to support continuation of Medicaid FMAP funds, June 2010. Letters to Senators Kohl and Feingold drafted and signed by SCAODA Chair, sent July 6, 2010.
Planning and Funding Goal: Educate providers and potential providers regarding changes in funding systems and structures.	Provide expertise to the Division of Mental Health and Substance Abuse Services' Infrastructure Study regarding public funding for mental health and substance abuse services.	Tom Fuchs facilitated study group of County Infra Structure Study; P & F promoted statewide discussion of Infra Structure Study through discussions at SCAODA Public Forum (WAAODA conference, Prevention conference, Bureau conference and Rural conference all held throughout 2010).

SCAODA's Goal: Create equity within the AODA system by remedying historical, racial/ethnic disparities and inequities toward any group of people.	Plan to Achieve Goal	Efforts Accomplished to Achieve Goal
Planning and Funding Goal: Reduce and eliminate racial and ethnic disparities among drug offenders' arrest, charging and sentencing rates.	Present motions to SCAODA that will state a series of specific efforts that would when implemented, work toward the reduction and elimination of these disparities.	Reviewed, analyzed and supported AB 732; recommended motion and motion passed at March, 2010 SCAODA meeting to remove 17 year-olds from the adult criminal justice system and return them to the juvenile court.
		Review of preliminary DOC data in May, 2010.
		Presentation to P& F by Wisconsin Council on Children and Families (WCCF), October 2010. WCCF will build coalition in Legislature during 2011.
	Review evidence-based programming.	
	Educate politicians.	

Additional activities:

- January-March 2010 Chaired Strategic Planning Sub-Committee; drafted SCAODA's 2010-2014 Strategic Plan; Plan approved at SCAODA's June 2010 meeting.
- Public Forum Chaired and staffed at WAAODA's May 11, 2010 conference.
- Public Forum Chaired and staffed at the Bureau's conference October 26, 2010.
- Presentation from the Wisconsin Council on Children and Families October 15, 2010.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee moves that SCAODA support AB 57 (SB 54).
Related SCAODA Goal: Provide leadership and direction on AODA issues in Wisconsin.
Background: In December of 2010 SCAODA passed a motion requesting that a letter be sent to leaders of the Wisconsin Legislature calling for a ban on synthetic compounds, with no medical usage, that mimic the effects of marijuana and other illicit drugs. These synthetic cannabinoids are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. Letters to legislators were sent in January 2011. AB 57 was introduced in March of 2011. The bill identifies several nonnarcotic, hallucinogenic substances that are commonly known as "synthetic cannabinoids" and classifies those substances as Schedule I controlled substances. The bill also identifies two stimulant substances and classifies those as Schedule I controlled substances. Under the bill, possession of these substances is an offense, which includes fines, incarceration or both. • Positive impact: Making these substances illegal will prevent access to and use of the substances. • Potential Opposition: Penalizing individuals for choices that they make does not address the fundamental issues. The bill has no treatment or intervention included in it, only increasing penalties and jail time.
Rationale for Supporting Motion: The health concerns and risks that these substances pose to Wisconsin citizens such as seizures, tremors, acute anxiety, panic, elevated blood pressure, vomiting, hallucinations, rapid heart rate, rapid respiration and loss of consciousness warrants support of the bill.

SCAODA Motion Introduction

Committee Introducing Motion: The Planning and Funding Committee
Motion: The Planning and Funding Committee moves that SCAODA oppose AB 63 (SB44).
Related SCAODA Goal: Provide leadership and direction on AODA issues in Wisconsin.
Background: Under current law a retailer selling alcohol beverages under a "Class A" license may not sell beer between midnight and 8:00 a.m., although a municipality may, by ordinance, impose more restrictive "closing hours" than these. "Class A" retail premises may not remain open for the sale of intoxicating liquor between the hours of 9:00 p.m. and 8:00 a.m. This bill changes the morning closing hours from 8:00 a.m. to 6:00 a.m. so that Class "A" retailers 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. • Positive impact: none • Potential Opposition: Businesses may increase profits by benefitting from increased hours open for sales.
Rationale for Supporting Motion: While the bill may help businesses, the public will not benefit. It increases access to alcohol.

SCAODA Motion Introduction

Committee Introducing Motion: The Planning and Funding Committee
Motion: The Planning and Funding Committee moves that SCAODA oppose AB 76.
Related SCAODA Goal: Provide leadership and direction on AODA issues in Wisconsin.
Background: This 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. • Positive impact: none • Potential Opposition: Those who wish to raise state revenues by transferring costs of care for those who are incarcerated from the state to the incarcerated individuals.
Rationale for Supporting Motion: For people with mental health and/or substance abuse problems, it is a foolish policy to discontinue medications because of a potential payment problem. If someone thinks twice about taking their medications because of payment, they would not ask for help. Those with mental health and/or substance abuse problems who take prescribed medications and are deprived of those medications will experience a recurence of the debilitating symptoms that warranted the use of the medications in the first place.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee recommends that the Chair of SCAODA appoint an ad-hoc committee to study State Agencies' and Organizations' continued ability to plan and sponsor statewide conferences and professional development for ATODA professionals.
Related SCAODA Goal: Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
Background: State agencies have experienced problems in justifying the cost of sponsoring professional development and training conferences in the face of decreasing budgets for services. Perhaps there is a way to organize and deliver these conferences and trainings more efficiently through collaboration among state agencies and organizations. • Positive impact: Relieve some of the stress on agencies' budgets by reducing costs of conferences and trainings through collaboration. • Potential Opposition: none known
Rationale for Supporting Motion: Exploring new ways of sponsoring and delivering professional development and training conferences for AOD professionals may help to maintain the state's AOD workforce's professional standards.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee does not agree with the Governor's budget which potentially would decrease state funding for alcohol and other drug prevention and treatment programs and services (annual state funding of $800,000). These services have been shown to be effective and reductions would increase other public costs such as law enforcement and court time, incarcerations, increased social welfare costs, and medical costs. Additionally, future funding may be at risk based on these GPR and PR cuts and maintenance of effort requirements. The Planning and Funding Committee therefore recommends SCAODA oppose these potential reductions in the Governor's Proposed Budget Bill.
Related SCAODA Goal: 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.
Background: The Planning and Funding Committee received a budget analysis of proposed cuts in the Governor's Budget Bill in state funds supporting alcohol and other drug prevention treatment and recovery programs and services. While final decisions have not been made on exactly how much would be reduced from exactly which agencies, it was clear that at least some alcohol and other drug agencies and counties will be affected if proposed state fund reductions occur as a result of passage of the Governor's Budget Bill. • Positive impact: none • Potential Opposition: Unknown
Rationale for Supporting Motion: These proposed cuts will negatively affect the health and well-being of Wisconsin's citizens and place future funding at risk due to maintenance of effort requirements.

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

STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE
Planning and Funding Committee Meeting Minutes February 18, 2011
ARC Center for Women and Children
Madison, WI

MEMBERS PRESENT: Duncan Shrout, Joyce O'Donnell, Norm Briggs, Manny Scarbrough, Sally Tess, and Steve Fernan

EXCUSED: Karen Kinsey, Tom Fuchs and Bill McCulley

GUESTS: David Riemer from Community Advocates, Milwaukee, and Lee Wipfli from La Casa de Esperanza Clinic, Milwaukee

STAFF: Lori Ludwig

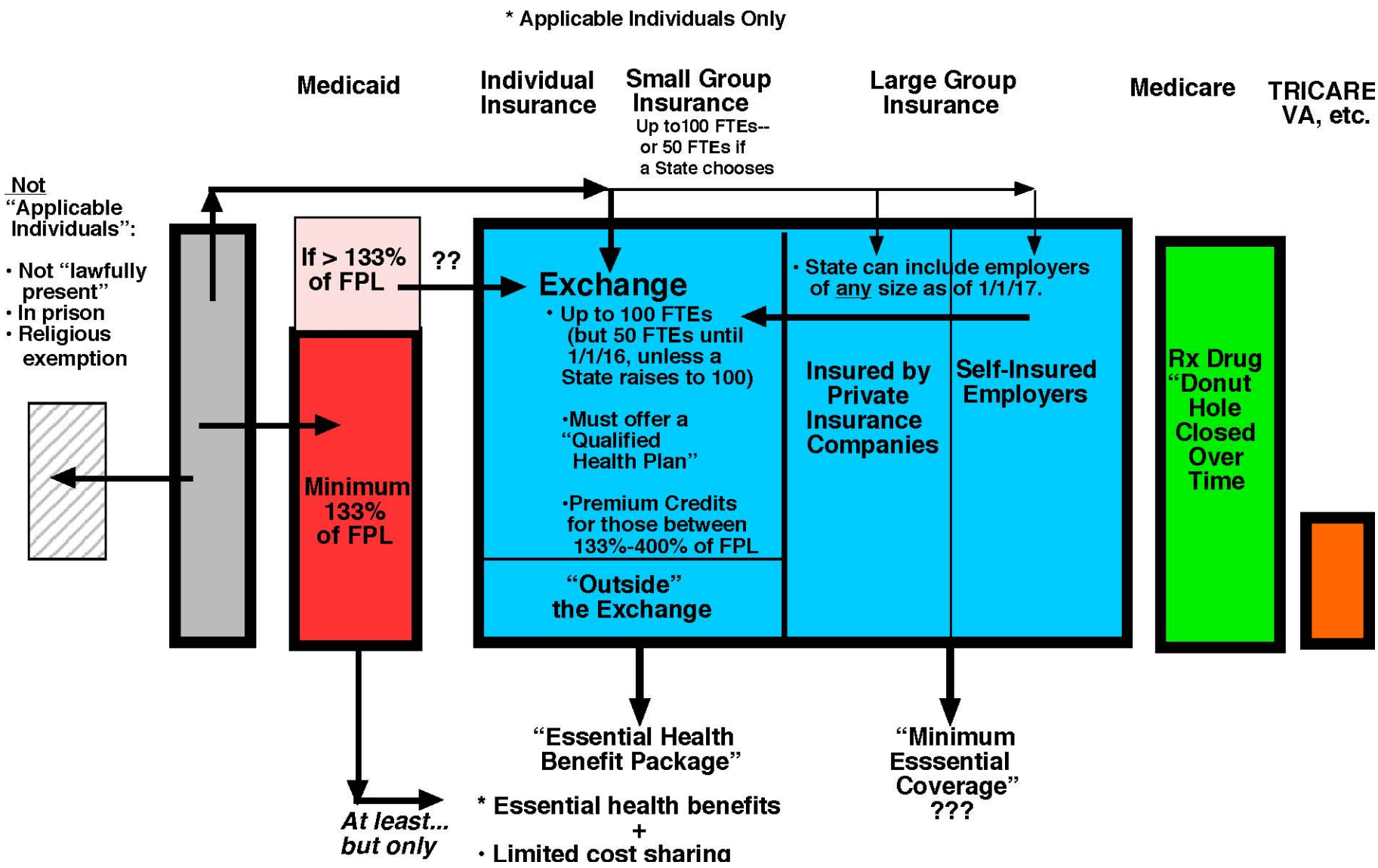
I. Call to Order – Joyce O'Donnell:

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

II. Health Care Reform Presentation—David Riemer

David Riemer from Community Advocates in Milwaukee described their services which are provided both directly and through referral. For indigent clients, they provide pre-trial justice services; for the homeless they provide transitional living services. They also provide women's specialized services, health care services and services for those with mental health and substance use disorders. They are an advocacy organization, a counseling organization and also a poverty institute. He worked with Representative Sandy Pasch and Senator David Hansen on the Parity legislation that was passed last year. He directed the group to the public policy institute's website at http://ca-ppi.org for updates on the Parity legislation and Badger Care. He reported that mental health and substance use disorders are major causes of poverty, illness and school problems. How do you balance society's need for protections from crime; and at the same time recognize that affected persons are not themselves? Mr. Riemer then began his presentation on the Affordable Care Act (ACA). Will it survive? It has been ruled constitutional by two Courts, ruled invalid in Virginia based on the individual mandate, but that decision has been stayed. The Florida decision has also been stayed and the matter will be determined by the Supreme Court.

Mr. Riemer referred to the attached chart which graphically displays eligibility for health care under the ACA, by groups of individuals, how the health exchange works in relation to Medicaid, employer group size for participation in the exchange and how the health exchange works.


* Applicable Individuals Only
Medicaid
Individual Insurance
Small Group Insurance
Up to100 FTEs-- or 50 FTEs if a State chooses
Large Group Insurance
Medicare
TRICARE VA, etc.
Not "Applicable Individuals":
• Not "lawfully present"
• In prison
• Religious exemption
If > 133% of FPL
??
Exchange
• Up to 100 FTEs (but 50 FTEs until 1/1/16, unless a State raises to 100)
•Must offer a "Qualified Health Plan"
•Premium Credits for those between 133%-400% of FPL
"Outside" the Exchange
• State can include employers of any size as of 1/1/17.
Insured by Private Insurance Companies
Self-Insured Employers
Rx Drug "Donut Hole Closed Over Time
Minimum 133% of FPL
At least... but only
"Essential Health Benefit Package"
* Essential health benefits
+
• Limited cost sharing
"Minimum Esssential Coverage" ???

Mr. Riemer discussed the existing group of uninsured people. The group of uninsured people is comprised of the young (invincibles), the unemployed and low wage workers and their families. In addition there are "not applicable" individuals who are not eligible to apply for health care because they are "not lawfully present," meaning aliens, people in prison, and those with religious exemptions. However, regarding the existing group of uninsured people, the Affordable Care Act (ACA) accepts this group, like the Wisconsin Core plan, only without a cap on enrollment. The question becomes, will they stay in Medicaid (Badger Care) or move to the exchange under the ACA. There is a huge cost savings if they move from Medicaid to the exchange. In the exchange participants must pay part of their premium, and there is limited cost sharing. Their benefits are defined as "essential health benefits" at a minimum level, including at least doctor visits, hospitalization, drug coverage and mental health and substance abuse services at parity.

Norm Briggs pointed out that the Core plan only covers appointments with psychiatrists for those with mental health problems. However, those with substance use disorders are not covered. He asked if that would change. Mr. Riemer said that it was uncertain and the Center for Medicaid and Medicare Services is defining covered services. We as a state, he added, can weigh in. Wisconsin can establish a level. Manny Scarbrough shared that he is compelled by law to pay car insurance, why not health insurance. Mr. Riemer pointed out that the legal argument is about whether congress has the authority versus states to impose the individual mandate. The case is not argued on the merit of the law, just whether it is constitutional. Mr. Riemer reported that the law has indicated that people are free to be uninsured under the Affordable Care Act (ACA), however, the ACA imposes a fine for choosing not to be insured.

Regarding the "essential health benefits," there are four different "buckets" available to choose from: 1) bronze (60%) 2) silver (70%) 3) gold (80%) and 4) platinum (90%). On average insurance would pick up these percentages of cost. The percentages are related to deductibles, and "average" refers to the group.

http://search.naic.org/search?q=cache:Z1CDJo7FaA4J:www.ksinsurance.org/hbexplan/files/20110221_gpid1_Designing_an_Exchange.pdf+study+panel&site=All_Content&client=default_frontend&output=xml_no_dtd&proxystylesheet=default_frontend&ie=UTF-8&access=p&oe=UTF-8

The above link is to a report of a study panel convened by the National Association of Insurance commissioners and the National Academy of Social Insurance. This study panel was comprised of national experts and was assembled in order to assist states with the implementation of the ACA. To this end they developed legislative language that describes the elements of a state Exchange required by federal law. The report is really a toolkit for states and represents a range of divergent viewpoints and options for states. Mr. Riemer referred to the document's sections on rating and ranking of qualified health plans and navigator programs to carry out education, enrollment and information dissemination activities. "Exchanges would have a duty to ensure that a sufficient number of Navigators are available to assist disadvantaged, hard-to-reach and/or culturally isolated populations as referenced in the ACA. Navigators would also be expected to counsel Exchange-eligible individuals about their options, including those related to potential transitions between Medicaid or CHIP and the Exchange."

http://legis.wisconsin.gov/lc/committees/study/2010/REFORM/files/proposedamdts_reimer.pdf

Mr. Riemer has made recommendations as to the Wisconsin exchange. His proposal can be seen by following the above link. The following is the link to the Legislative Council Study Committee of the Legislature which is the body looking into developing an exchange in Wisconsin.

http://legis.wisconsin.gov/lc/committees/study/2010/REFORM/index.html

Compared to other states, Mr. Riemer informed the group that Wisconsin is not a leader and we need to get going. Massachusetts, California and Utah already have exchange laws. Wisconsin is considering how to set up the authority for the exchange. The Legislative Study Committee of the Legislature has considered three options: 1) not-for-profit organization 2) Government agency and 3) Health Insurance Risk-Sharing Plan (HIRSP) or Wisconsin Housing and Economic Development Authority (WEDA).

Joyce O'Donnell reported that it had been announced in the February 17th Milwaukee Journal Sentinel that "Wisconsin will receive a $37.7 million federal grant to help design the online marketplaces that could make it easier for individual and small businesses to shop for health insurance under health care reform."

Duncan Shrout reported that there are 5.5 million people in Wisconsin, he asked how many will be involved? Mr. Riemer responded that in 2014, the exchange is assumed to be available to employers with up to either 50 or 100 FTEs (full-time employees)—state's option. In 2017 all government workers could be pooled as one group and merged with all other groups. Currently there are 800,000 in Medicaid. Those above 133% of the poverty level could be merged into the exchange. The exchange increases choices for employers. Employers pick how much they can spend per employee and the exchange offers different plans, different providers and choices for employees and family members.

Joyce O'Donnell asked what model was used in the development of the exchanges under health care reform. Mr. Riemer responded that none were used; however the model resembles health care in Switzerland or even the Massachusetts model. Ms. O'Donnell pointed out that currently there are fewer young people to support older people. Mr. Riemer offered that younger people must pay more to support the older people. Mr. Shrout pointed out that this model is about younger people, not about Medicare. Mr. Riemer added that this plan closes the Medicare donut hole and that is the only Medicare effect. He continued that the press reports about death panels were just nonsense. The donut hole refers to Medicare Part D, the prescription drug plan that covers participants' drug charges up to a certain point, then coverage stops for awhile, and then it begins again. The ACA closes the donut hole over time.

Concerning alcohol and drug use, Mr. Riemer continued to explain that we need to define essential health benefits and qualified providers to have top notch addiction counselors in place and geographically accessible. As the number of people in the exchange increases there will be pressure put on providers to meet quality criteria. Mr. Briggs indicated that it is problematic to change the current system. For example, his agency struggles to contract with a local HMO. His agency has qualified providers and managed care but the HMO won't contract with them. Mr. Riemer suggested that advocates can push for influence in identifying contractors and defining what a qualified health plan is. With contracts in place for specialized services, if the need is not met

internally the provider is free to refer outside. Mr. Riemer defined "accountable care organizations" as HMOs meant to manage care and also to be accountable for improved health outcomes. Mr. Briggs indicated that he anticipates dramatic cuts in the substance abuse block grant. Mr. Riemer agreed. Mr. Briggs offered that his agency is in the middle and 2014 is not that far away. Mr. Riemer felt that we need guidance from Washington regarding the definition of essential services. President Obama has increased resources for federally qualified health centers (FQHC). However, there are unanswered questions. Ms. O'Donnell asked if legislation needs to be developed to promote this. Mr. Riemer responded that if interested go to the Legislative Council website and sign up for their mailing list.

Mr. Briggs asked if Medicaid was exempt from Parity. Mr. Riemer responded that if managed care has mental health and substance abuse coverage then Medicaid must include parity. Badger Care, yes there is mental health and substance abuse in the standard plan. This is the plan that most participants use. The benchmark plan, the provider covers mental health and substance abuse under parity. The core plan only covers psychiatrists for mental health. The Committee and Secretary agreed to cover addiction and mental health services, though there is a limit on the number of benefits. The plan for this is sitting at the Center for Medicaid and Medicare waiting for approval. Mr. Riemer didn't know if the current administration will draw it. It is fiscally neutral. Mr. Riemer concluded by informing the group that if the law is upheld in 2014, federal law supersedes state benefit plans. This is relevant only if our benefits are higher. Does the state plan trump the federal plan? We still don't know because we don't know specifics of the federal plan. Ms. O'Donnell thanked him for his presentation.

III. Review /Approval January 21, 2011 Committee Minutes—Joyce O'Donnell

Duncan Shrout pointed out that on page 3 of the January 21st minutes, Stephanie White Eagle had not attended the IDP Funding Sub-Committee on 12-15-10. She is planning to attend the next meeting. With that correction Mr. Shrout motioned to approve the minutes, Steve Fernan seconded the motion and there was unanimous approval of the minutes.

IV. Process for the Appointment (Reappointment) of Citizen Members—Joyce O'Donnell

Ms. O'Donnell and Lori Ludwig reported that three SCAODA citizen members' terms would expire July 1st. The three are Duncan Shrout, Linda Mayfield and Sandy Hardie. Ms. Ludwig referenced the new gubernatorial appointment application that was distributed to Planning and Funding members earlier. This is the application to be used. It is posted on SCAODA's website. Steve Fernan had a question about who makes the Committee appointments. Is it the Secretary of DHS? Both Mr. Fernan and Mr. Shrout felt that the appointment process to Committees should be firmed up. Appointment letters should come from either the Governor or the Secretary of DHS. Mr. Briggs and Mr. Shrout pointed out that in the past, appointment letters were received. Mr. Fernan pointed out that there used to be a vetting process with an application and an appointment letter. Ms. O'Donnell pointed out that Planning and Funding hasn't done that. Mr. Fernan argued that it provides for stability, more formality and structure. Mr. Shrout felt that this should be a Council issue. **Mr. Shrout made a motion that the by-laws committee should be reactivated so that the by-laws could be amended to include appointment of committee members and their terms. Steve Fernan seconded the motion. All were in agreement and the motion passed unanimously.**

Mr. Shrout felt that the by-laws needed to be amended to reflect changes in the attendance rules. He felt that if members miss two meetings they should be removed. It isn't practical to contact people. Lori Ludwig pointed out that staff have been discussing re-activating the by-laws workgroup to address another issue, that is, the definition of standing committees, standing sub-committees and ad-hoc workgroups. Suggested by-laws changes should be presented to the Council in June and then voted on in September.

V. Follow-up Discussion Health Care Reform Presentation—Joyce O'Donnell

Mr. Shrout observed that there will be a significant impact on services. The Administration will be looking to decrease health costs. They will be looking to keep enrollment as small as possible. Ms. O'Donnell felt that there is a concern about the assumption that the federal government will pay for all services. It is complicated.

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

Mr. Shrout reported that he will be presenting information to the State Council at the meeting March 4th. He distributed a handout, which would most likely be modified prior to the March 4th meeting. The first slide is the number of annual (Operating While Intoxicated) OWI convictions, which has been trending down. The second slide shows the growth in the state share of the surcharge between 2000 and 2010. The surcharge itself has increased from $250 in 1994 to $365 today. The vast majority of these surcharges are paid (93%). Counties were to keep 60% of the surcharge collections while the state receives 40%.

Mr. Shrout asked that a Legislative Fiscal Bureau Report link be included in these minutes (please see below). He felt that it is a wealth of information and is a great resource.

http://legis.wisconsin.gov/lfb/Informationalpapers/59_Intoxicated%20Driver%20Laws.pdf

The third slide displays the seven agencies which share in the state share of the IDP surcharge collections. IDP Supplemental Grants account for only 19.5 % of the state share of the surcharge. The rest goes to crime victim compensation (1%), Driver Education (5%), the state lab of hygiene testing (32%), breath screening instruments (6%), chemical testing training (26.5 %), and the safe driver program (10%). The next slide is titled, "Unspent Funds." There are about $60,000 of unspent funds returned to the Driver Surcharge Account each year. The next slide is titled "Requests for Assistance." Last year the Bureau of Prevention Treatment and Recovery received requests from 32 counties for supplemental IDP grants. The requests amounted to $3,000,000 to help indigent IDP clients. $850,000 were awarded to the counties, which is 28% of the amount requested. Mr. Shrout reported that he will make the following three motions at the March 4th SCAODA meeting. **Mr. Shrout made a motion 1) to request through the Joint Legislative Committee on Audit, an audit of the Driver Improvement Surcharge Fund current allocations; 2) to 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 (DHS) to be utilized in the Intoxicated Driver Supplemental Grant Program in the next fiscal year; and 3) to ask selected legislators to request the introduction of legislation in the 2011-2013 budget process that would produce an additional annual allocation of $2.5 Million Dollars of general purpose revenue funding to the DHS. The $2.5 Million Dollar allocation will be added to the existing Driver Improvement**

Surcharge allocated funding for the purpose of substantially increasing available funds for the Intoxicated Driver Supplemental Grant process. Unspent funds from the Intoxicated Driver Supplemental Grant process in any year would revert to this program in the next fiscal year. Steve Fernan seconded all three motions and all three were passed unanimously.

Mr. Briggs asked what an audit would produce. Mr. Shrout responded that it would produce the first report of the implementation of Act 100. Mr. Shrout concluded by saying that there is to be just one more meeting planned for the IDP-Funding Sub-Committee on March 14th.

VII. Draft SCAODA Agenda—Lori Ludwig

The group looked over the draft SCAODA agenda. There was a discussion about Public Input and the Procedural Process for Dissent. How do people voice dissent? Mr. Fernan and Mr. Shrout felt that "Public Input" should be passively received; it is not a time for give and take. The rules of civility apply and no individual, Council member or otherwise should be attacked. Mr. Briggs pointed out that people have a right to be heard. The Chair can cut off debate, however under Roberts Rules of Order. Ms. O'Donnell pointed out that there can be serious consequences to the larger group resulting from public attacks. Ms. Ludwig shared with the group that staff have discussed re-activating the by-laws workgroup to define standing committees, sub-committees and ad-hoc work groups. Mr. Fernan suggested including this in the Planning and Funding motion regarding re-activating the by-laws ad-hoc workgroup. All were in agreement.

VIII. Committee Reports—Group

Joyce O'Donnell suggested inviting the Governor to June's meeting.

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

Mr. Briggs reported that the new Women's Treatment Coordinator at the Bureau of Prevention Treatment and Recovery, Bernestine Jeffers has asked for an annual report, including NOMS from providers. In Dane County, there is an initiative to improve communication and transition for women in the methadone and suboxone programs.

X. Agenda Items for next meeting—Joyce O'Donnell

Mr. Fernan would like to give an update at the next meeting on the Safe and Supportive Schools program. He will identify interventions and strategies.

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

PLANNING AND FUNDING COMMITTEE MEETING
April 15, 2011
9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET
MADISON, WI
608/283-6426

Scott Walker
Governor

Mark Seidl, WCHSA
Chairperson

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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 & OTHER DRUG ABUSE
Planning and Funding Committee Meeting Minutes April 15, 2011
ARC Center for Women and Children
Madison, WI

MEMBERS PRESENT: Duncan Shrout, Joyce O'Donnell, Norm Briggs, Sally Tess, Todd Campbell, Tom Fuchs, Pam Bean

EXCUSED: Karen Kinsey, Bill McCulley, Manny Scarbrough and Steve Fernan

STAFF: Lori Ludwig

I. Call to Order – Joyce O'Donnell:

Joyce O'Donnell called the meeting to order at 10:40 A.M. The meeting was late in starting due to a massive traffic back-up affecting five participants.

II. Review /Approval February 18, 2011 Committee Minutes—Joyce O'Donnell

Duncan Shrout motioned to approve the minutes, Norm Briggs seconded the motion and there was unanimous approval of the minutes.

III. Legislation—Group Discussion

AB 57 (SB 54 Companion bill)—known as the synthetic marijuana bill. This bill classifies several hallucinogenic substances commonly known as "synthetic cannabinoids" and classifies them as Schedule I controlled substances. **Tom Fuchs made a motion to support AB 57. Sally Tess seconded the motion. Without further discussion the motion was passed unanimously.**

AB 63 (SB 44 Companion bill)—This bill increases the hours that an establishment selling beer and/or intoxicating liquor may be open; allowing "Class A" retailers to open for business at 6 a.m. instead of 8 a.m. **Duncan Shrout made a motion to oppose AB 63. Tom Fuchs seconded the motion.** Discussion: Tom Fuchs pointed out that one of the state's health plan goals is to reduce binge drinking and heavy use of alcohol. Mr. Shrout felt that this was poor public policy. While the bill may help businesses, the public will not benefit. **Without further discussion the motion was passed unanimously.**

AB 76—This 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. Mr. Fuchs indicated that for the people with mental health and/or substance abuse problems, it is a foolish policy to discontinue medications because of a potential payment problem. Ms. Tess echoed the sentiment pointing out that if someone thinks twice about taking their medications because of payment, they would not ask for help. Mr. Briggs informed the group that Medicaid does not pay for medications when (consumers) are in jail. **Tom Fuchs made a motion to oppose AB 76. Duncan Shrout seconded the motion. Without further discussion, with the exception of one abstention, the group voted to oppose the motion.**

IV. WAAODA Spring Conference—Joyce O'Donnell

Joyce O'Donnell announced that the Public Forum will be held on May 16th from 5:30 to 7:30 p.m. Duncan Shrout, Tom Fuchs, Todd Campbell and Norm Briggs all indicated that they would be attending. The group discussed agenda items for the Public Forum, and what materials they would like on hand. Tom Fuchs felt that the "Scope of Practice Final Rule" would be an important topic. There is nothing about grand-fathering in the rule. He felt there could be advocacy for providers and clients' interests. Perhaps they could create some grand-fathering language. In 2014 providers will be hit with a tsunami of need. Mr. Shrout felt that the many current practitioners would not be able to stay in their jobs. He indicated that either support or opposition to what is going on should be garnered. Mr. Briggs thought that most people are not aware of the "final rule." Mr. Shrout suggested that we have a one-page handout available. Mr. Fuchs pointed out that educational institutions need to develop programs so that students can graduate having met the requirements for licensure and certification. Mr. Fuchs and Mr. Briggs agreed to work on a one-page description of the final rule.

V. Draft Letter to Governor Walker—Group Suggestions

Joyce O'Donnell and Duncan Shrout wanted to have a letter ready in June. Tom Fuchs felt that the letter should be tied into the "Open for Business" slogan. He felt that the expenditures in Wisconsin to address the excessive use of alcohol need to run parallel to the expansion of business. Substance abuse treatment is a good investment. Mr. Campbell and Mr. Shrout agreed. Mr. Fuchs continued that we should highlight Wisconsin versus the rest of the nation, as a good way to go. Look at the economic burden of alcohol and other drug use on the workplace. Mr. Shrout suggested adding after the reference to the Strategic Plan, a sentence that states the Strategic Plan is in line with creating a healthy workforce in order to be open for business. Mr. Shrout suggested searching the "Ensuring solutions" website. Joyce O'Donnell identified the "Bars vs. Grocery Store" visual depiction as well as two graphs and prevention data to include on a separate "data sheet." Lori Ludwig agreed to revise the letter and data sheet to reflect these suggestions for change.

VI. Follow-up Intoxicated Driver Program (IDP) Sub-Committee on Financing recommendations—Duncan Shrout

Mr. Shrout reviewed for the group the three motions the IDP Sub-Committee on Financing was able to pass at the March SCAODA meeting. First there was a motion requesting an audit of the IDP Program; secondly, there was a motion that would return unspent surcharge funds to the Department of Health Services (DHS); and thirdly there was a request that the Legislature

increase funding to DHS for the IDP Program by 2.5 Million dollars. The group will meet again April 29th. Mr. Shrout reported that the Governor is asking for an across the board reduction of GPR funds by 10%. That would reduce the current annual funding of $990,000 to $890,000. Mr. Shrout plans to pursue the motions with the legislators on the Sub-Committee.

Pam Bean reported that she had a meeting with Representative Parisi about the beer tax and there are only two legislators supporting the beer tax legislation. She reported that Representative Parisi felt that there was a bad connotation of the work "tax," and that it should be presented differently.

Tom Fuchs pointed out that people go through the IDP Program numerous times. He asked if there was a reason why this happens structurally? Mr. Shrout responded that of the 232,000 referred to the IDP, 16,000 were referred to out-patient treatment and a small percentage to a higher level of care. The Department of Corrections has $5.5 to 6 Million for second and 3rd offenders. Mr. Fuchs expressed concern about the number of repeaters. Mr. Shrout pointed out that there has been a steady decline in multiple OWI offenders in Wisconsin, and a steady increase in first time offenders in Wisconsin. There has been an overall decline in convictions between 2006 and 2010. Mr.
Fuchs felt that there needs to be a constitutional amendment tying dollars to the problem. We need a guarantee to tie the use of the funds to the problem. Mr. Shrout agreed to bring the idea to the IDP Funding Sub-Committee. Mr. Briggs wondered about the use of 9.75% of the IDP surcharge funds for the "Safe Ride Program." Mr. Shrout responded that there are seven program areas that receive surcharge funding. He will report again in May. Pam Bean asked how realistic asking for and receiving $2.5 Million was given all the budget cuts. Mr. Shrout indicated that he hadn't yet approached any legislators. Dr. Bean suggested that we need to find a way to present the problem that outlines evidence-based solutions in a way that saves money in the long run. Mr. Shrout responded that when a strategy is agreed upon, the information will be presented concisely.

VII. Annual Report and Review of 2010 Goals—Joyce O'Donnell and Lori Ludwig

Lori Ludwig provided the group with two documents. The first was an outline of the Planning and Funding Committee's goals, objectives, strategies and work plan. It outlined the Committee's goals in relation to SCAODA's goals. The second document was a document that summarized the Committee's activities during 2010 in relation to these goals, objectives, and plans. Highlights of the Committee's 2010 activities included:

- a review of SCAODA members' Departments and Offices budget requests for 2011-13 that address substance abuse issues;
- motion opposing medical marijuana passed at SCAODA March 2010;
- leadership in the IDP Sub-Committee on financing;
- motion to support continuation of Medicaid FMAP funds passed at SCAODA June 2010;
- leadership in the Division of Mental Health and Substance Abuse Service's Infra-Structure Study;
- review of data on crimes committed by incarcerated juveniles in the adult criminal justice system;
- presentation from the Wisconsin Council on Children and Families, October 2010; and

- motion to support AB732 which would remove 17 year-olds from the adult criminal justice system and return them to juvenile court passed at SCAODA March 2010.

Duncan Shrout made a motion to submit the 2010 Planning and Funding Annual Report to the State Council on Alcohol and Other Drug Abuse. Tom Fuchs seconded the motion. The motion passed unanimously.

VIII. Committee Reports—Group

Sally Tess reported that she has not yet seen any of the budget cuts that have been reported to be imminent. Norm Briggs reported that women's issues have been discussed at the Intervention and Treatment Committee's (ITC) February meeting. There are twenty-five elements of comprehensive treatment for women as summarized. Mr. Briggs has extracted the most significant elements for the group to review as a way to develop a way to provide evidence of adherence to these elements. Eventually Mr. Briggs would like SCAODA's endorsement for this method for agencies to assess the extent to which they are meeting these standards. Mr. Briggs also reported that ITC has a very active Children Youth and Family Sub-Committee that is holding meetings around the state. The HMO's came to the last meeting and spoke to how to get on a provider panel and "scope of practice" issues.

IX. Agenda Items for the next meeting—Joyce O'Donnell

- Analysis of the state budget—implications regarding AODA programs (10% reductions); other reductions (IDP, shared revenue, DHS services). Lori Ludwig will invite Budget Analyst Rob Sommerfeld to the next meeting.

X. Norm Briggs made a motion to adjourn the meeting. Sally Tess seconded the motion. The motion passed unanimously. The meeting was adjourned at 2:45 p.m. The next meeting is listed below:

PLANNING AND FUNDING COMMITTEE MEETING
MAY 16, 2011
12:00 P.M. – 4:00 P.M.
LEE SHERMAN DREYFUS STATE OFFICE BUILDING
141 NW BARSTOW STREET
ROOM 308
WAUKESHA, WI
262-521-5157

SCAODA Motion Introduction

Committee Introducing Motion: Diversity Committee
Motion: The Diversity Committee moves that SCAODA recommend that the Department of Regulation and Licensing (DRL) reconvene the Substance Abuse Counselors Advisory Committee and empower them to address pertinent substance abuse counselor workforce standards, rules, and educational requirements for licensure. Further, SCAODA is asked to request a response to their recommendation, indicating DRL's intent.
Related SCAODA Goal: 4.Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity: a) for effective prevention efforts across multiple target groups including the disproportionately affected b) for effective outreach, and effective, accessible treatment and recovery services for all in need.
Background: Per the February 2, 2006 meeting minutes, the Substance Abuse Counselors Advisory committee was first convened to facilitate the "transfer of the regulation of substance abuse providers from the Department of Health and Family Services to the Department of Regulation and Licensing as per 2005 Wisconsin Act 25 Assembly Bill 100." In that meeting, "Dennis Schuh, Legal Counsel, discussed various issues and problematic areas" …and…"provided an outline of DRL Tasks to be completed over the next few months…until DRL takes over responsibilities in full." They were as follows: DRL Tasks 1) Adopting rules setting standards for initial certification 2) Adopting rules setting standards for recertification (i.e. renewal) 3) Adopt rules setting standards for endorsement/reciprocity 4) Adopting rules setting standards of conduct 5) Address the issue of adopting rules regarding continuing education 6) Address the continuation of the WCB certification process during the interim In February 2011, SAMHSA published a Model Scopes of Practice & Career Ladder for Substance Use Disorder Counseling as a result of potential changes to service delivery systems influenced by the Patient Protection and Affordable Care Act as well as the Mental Health Parity and Addiction Equity Act. SAMHSA's model notes "This document provides a framework and a guide for States to develop their own Substance Use Disorder Scopes of Practice and Career Ladders to meet the needs of their specific juridiction." Large segments of the stakeholders groups in Wisconsin have not yet been included in such discussions. • Positive impact: When decisions and processes are driven by the representatives of a profession rather than outside forces, changing demands will reflect the workforce expectations more realisitically, those in the workforce will be more prepared to meet such demands, those in middle of educational or other professional preparation and training will be better able to identify and move toward goals, and institutions that prepare them will be better able to make decisions about effective education and training practices leading to workforce competency. • Potential Opposition: Concerns may arise due to fiscal costs related to meeting expenses and

personnel assignments through DRL.
Rationale for Supporting Motion: The issues identified in that first meeting are on-going. As suggested changes in standards for the substance abuse counselor workforce have been discussed at a national level, it is imperative that Substance Abuse Counselor stakeholders be involved in discerning how the suggested changes might impact the Wisconsin workforce and how standards set by WI DRL can be adjusted (if needed) or committed to no changes (if appropriate). The committee as a whole last met in May of 2008. Committee members have requested to reconvene many times since then to address workforce issues and standards. Instead of reconvening the committee, Substance Abuse Counselor workforce issues have been presented to and discussed at meetings of the Social Worker Section, Marriage and Family Therapy, Professional Counseling and Social Work Joint Examining Board. It is most appropriate that workforce issues and standards for substance abuse service providers be addressed by the Substance Abuse Counselor Advisory committee, which cannot be done unless the committee reflects stakeholder concerns and remains active. Potential costs of reconvening the committee can be minimized through practices such as teleconferencing or videoconferencing, almost eliminating travel or meal costs for committee representatives.

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

Diversity Committee Meeting
Monday, February 7, 2011 (Approved)
1PM-3PM
Department of Health Services
1 W. Wilson St. Room 850A

Attendees:

1. Michael Waupoose
2. Gail Kinney-Teleconference
3. Steve Dakai-Teleconference
4. Denise Johnson-Teleconference
5. Interpreters X2-Teleconference
6. Jerry Kaye
7. Angela McAlister

Excused Absent:

1. Harold Gates

Unexcused Absent:

1. Sandy Hardie
2. Angela Rivera

State Staff:

Gail M. Nahwahquaw

Diversity Committee Meeting Minutes:

I. Call to Order:
Meeting was called to order at 1:09PM. Members reviewed the January minutes. Corrections noted in Section 4; bi-laws should read by-laws and in Section V. Encase, should be INCASE. Steve made a motion to approve the minutes as amended. Minutes approved as amended.

II. Joint MFT Board:
Committee reviewed the response letter from Division of Regulation and Licensing (DRL) Secretary Ross. Angela McAlister (WAAODA) reported she along with Sheri Grabor (WAADAC), Michael Kemp (WAADAC, WAADPA) and Dave McMasters all testified at the January 2011 board meeting in opposition to the Joint Board's scope statement to revise Wis. Adm. Code s. MPSW 1.09. Representatives of the 3 W's authored and submitted a letter collaboratively stating their opposition to the action. She also reported that members of their respective organizations were encouraged to attend

the January meeting to no avail. Angela M. is aware members of the Dane County Chemical Consortium have voiced opposition to the Joint Board's action, but there was not a representative at the meeting in January. Along with the SCAODA letter and the Board's own members voicing concern about the proposed changes the opposition efforts were successful in delaying this action and the Joint Board has agreed to schedule further discussion on this issue at future meetings. Representatives are invited to the July Joint Board meeting. Gail N. learned from Sue G., who also attended the Joint Board meeting that state representatives Mark Hale and Dan Zimmerman shared that the Joint Board rarely responds to this type of testimony by reconsidering the action. They believe it was the collaborative voice from the various representatives that prompted this response. Gail K. is interested in helping to educate members from within the treatment field of this next Joint Board meeting and formulating a strongly organized argument against the Joint Board's scope statement. It stands to reason that the Joint Board may be preparing to support this original scope statement and the treatment filed in opposition should also be prepared.

Michael suggests the 3 W's leaders update their membership about this issue and encourage attendance at the July (26th) Joint Board meeting. Also to get testimony from members with both therapist training (social work, professional counselor, marriage and family therapists) and substance abuse counselor specialty to demonstrate the lapses in substance abuse education and training from within the Joint Board represented professions.

If the Joint Board successfully accomplishes the proposed action, the effect overall and specifically for diverse and underserved communities will be a workforce inadequately trained to provide specific substance abuse treatment. This action will further increase the service gap that will disproportionately affect ethnically diverse and other underserved communities.

SCAODA has identified in the 2010-2014 Strategic Plan;

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].

This issue will continue as a Diversity committee agenda item for ongoing discussion.

III. <u>Motion:</u>

During the January meeting committee members discussed potentially presenting a motion to SCAODA recommending DMHSAS funded conferences host at least one workshop on culturally competent care. Gail N. offered a draft motion for discussion and edits. Gail K. agreed to rework the motion language to meet Diversity Committee expectation with a focus on skills building affecting the "system" and not necessarily provider specific. Michael asked that a final draft and feedback be back to Gail N. by

February 11 so it's available to include in the SCAODA agenda and meeting materials packet.

IV. Workforce:

Sue Gadacz attended to provide an update on the Scope of Practice activities. Sue gave a quick overview of previous presentations and or meetings regarding this issue, i.e. the stakeholders meeting and bureau conference. Sue also reminded members of Wisconsin joining the lawsuit challenging the constitutionality of the Healthcare Reform's (HCR) mandated insurance. Four separate judges have ruled on the issue, with 2 judges ruling the law is constitutional and 2 others ruling the law is unconstitutional. The federal government is moving toward HCR, and has provisions for workforce development in education and loan repayment plans. Wisconsin's Governor has requested flexibility in certain provisions of the HCR. The BPTR will continue to work on workforce development tasks and preparations so agencies have the opportunity to draw down 3rd party Medicaid reimbursement.

The current state Medicaid rule is that treatment providers need a bachelor's degree or higher as criteria for Medicaid reimbursement.

There is a place for everyone on the substance abuse counselor career ladder, but the reality is a move of the field to align with other professions with regard to the academic training. The drivers in this move are HCR and Mental Health Parity. BPTR will move to help providers and agencies prepare to offer care within MH Parity. And the Scope of Practice recommendations are not far off from Wisconsin's current licensing requirements.

The Division of Healthcare Access and Accountability (DHCAA) recognize a service gap exists with a lack of providers. The Mental Health treatment eligible providers are master's level trained or higher to get MA reimbursement.

Treatment managers looking for technical assistance can look up NiaTx out of UW-Madison. NiaTx uses quality assurance/quality improvement indicators utilizing initiatives that have come out of manufacturing and applying these initiatives to the substance abuse field. NiaTx participants undergo change projects at either micro or macro systems level. The change initiatives within NiaTx are to look at creating a better behavioral health agency, by maximizing reimbursement and MA billing. Mike Quirke, Michael.Quirke@wisconsin.gov, 608-266-7584 is the bureau contact person.

Gail K. reported attending a webinar by the South Coast Addiction Technology Transfer Center, presenting on the implication of HCR. And read sections of the presentation she found most interesting. Especially the piece describing that states set Medicaid standards and criteria for provider eligibility. Question-so who helped set the fundamental structure for MA at the state? Sue G.-The MA Handbook was written in 1998 and when there are proposed changes to MA, stakeholder groups are invited, state representatives from the DHCAA, The Division of Mental Health and Substance Abuse Services, DRL,

treatment provider representatives, certified substance abuse counselors, WAAODA, SCAODA.

Reimbursement rates are negotiated and the state uses actuarial information and these rates are sent to the Office of Insurance Commissioner (OIC).

Denise had to leave the meeting (2:30pm).

Gail K.-Do both licensed and certified substance abuse counselors get MA reimbursement? Licensed counselors do, because their education is at a master's level. Certified counselors may but it depends on DRL. The MA Handbook supports payment for counselors with a bachelor's degree or higher.

(Information that the Bureau is using to continue the educational push for substance abuse counselors) Sue G.-SAMHSA is a significant contributor to treatment services. The state has been told the substance abuse block grant will shrink. The state also learned by the Infrastructure Study that 78% of treatment service is funded by county tax levy the SABG or other federal state revenue source, and 22% by MA reimbursement. These statistics may flip in ~three years with HCR. Currently the SABG is a $28 million allocation and the state received $5 million for prevention. Federal project officers are suggesting in the future states use the SABG dollars to "book-end" treatment.

Gail K-Back to the substance abuse MA reimbursement question. Sue G-An individual will not qualify for Medicaid with an AODA diagnosis only. Currently MA eligibility is based on income at 133% federal poverty level (FPL) or has a co-occurring mental health diagnosis. Sue is aware that certified substance abuse counselors have received MA reimbursement in the past.

One goal of the Parity Act legislation is to increase the reimbursement rates for providers placing treatment providers on par with other health professions.

Potentially 76 thousand more Wisconsin residents may require treatment services because of parity and HCR. The Committee agrees Wisconsin doesn't have the workforce now to meet this projected increase. Gail K. so what's deterring the state from recognizing people already in the field? It's unlikely Medicaid will allow reimbursement to providers with only a high school diploma. Many advocated for the Parity Act, which now is affecting the push for a professionalization of the field on par with other heath fields. Gail K.-I'm not arguing against higher degrees in the substance abuse field. Many people in the field with membership in WAAODA or WAADPA are commenting that HCR is not going to happen therefore this move to higher education standards and meeting Medicaid eligibility criteria is not necessary.

Sue G.-given the information from the Infrastructure Study that counties are primarily using tax levy dollars to pay for treatment services, it's possible a county will forego meeting Medicaid reimbursement criteria and continue to just use county levy, but unlikely. All the Area AODA Coordinators around the state have received the message

about reimbursement revenue potential. Milwaukee County will be a big concern because it has not moved toward meeting academic standards or becoming MA credentialed. Most small counties around the state have no other choice but to have their providers credentialed as MA providers.

Michael-Is not surprised by some people not believing these changes will happen, but if the Diversity Committee has influence to help people and agencies make the changes, he supports the effort. If the "sky doesn't fall" the profession benefits from this push toward more education. Agencies and programs that rely on the SABG now have not utilized Medicaid as a source for reimbursement. These programs will need to make changes to realize funding alternatives and one means is by Medicaid reimbursement

Jerry-Everyone needs to consider a longer term plan in that the current substance abuse counselor workforce will most likely be the trainers for new counselors coming into the field. There need to be provisions for them to share their expertise, knowledge and training to help make the transition. Sue G agrees mentoring will be critical moving forward.

Angela M-If the field does get the "grandfathering" allowance how will this affect reimbursement eligibility? It will be a state decision as to who will be eligible to collect Medicaid reimbursement. When the DRL took on the certification role people with a CADC-III designation grandfathered in as SAC and could move onto CSAC by completing some continuing education classes.

There is also a move by treatment agencies to become accredited by such organizations as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Council on Accreditation (COA). All the methadone clinics in the state hold a national accreditation, and clinicians are required to be licensed. (NOTE: Gail N. is aware that some tribal health clinics have undergone or are pursuing accreditation by the Accreditation Association for Ambulatory Healthcare (AAAHC))

Gail K. What is the difference between licensed and certification? Licensed clinicians are nationally recognized. Michael-there are practice protection and title protection differences between the two also. Sue G. also informed Gail K. that someone at the Joint Board meeting suggested getting the Substance Abuse Advisory Committee back together.

Next steps on this issue is that the Joint Board is taking information about the various opposition statements to all its chapters (LCSW, LMFT, LPC) in April and representatives from the W organizations and others are invited to the July Joint Board meeting for further discussion. Steve D. asked if anyone from the state was going to the MH Transformation Meeting in Washington DC. Sue G. no, the invitation to apply for the policy summit involved bringing a delegation of up to seven members including the Governor's office so Wisconsin will not apply. Sue G. left.

Committee discussion-Gail K.-I'm still uncertain about this issue because of the conflicting responses heard from various people. Several students (Chippewa Valley Technical College) have been hired at methadone clinics but are not licensed clinicians. Raising educational standards will limit the number of providers. Michael-Gateway has the capacity to absorb a large influx of new clients, but not every agency has the workforce for more clients. Steve-How many providers will stick around? We will not be able to meet the demand with the current workforce. Gail K. If states define the qualifications for providers, isn't there a chance to meet all the workforce needs discussed. Gail K. knows of substance abuse counselors with less than a bachelor's degree receiving Medicaid reimbursement.

V. Diversity Workplan:
Tabled to next meeting

VI. Announcements:
Gail N. passed out the State Cultural and Linguistic Competence Coordinator's Network, Concept Paper and Massachusett's Action Plan. Gail N. has learned of other state's planning and implementing Cultural & Linguistic Competence Action Plans and asked Bureau leadership about suggested ideas to move the Bureau toward developing a similar plan. One opportunity is to create a joint committee made up of this Diversity Committee and members of the Mental Health Council to help work on this issue.

Steve D.-The February Tribal State Collaborative Meeting was cancelled but he will work on getting an invitation for Michael to attend the April meeting. Also Steve participated in the IDP Advisory Committee hosted by the Bureau.

The 3 W's met and are taking steps to become one organization. Angela invited a person from Wagner & Associates to this joint meeting to talk about Board of Director make-up and issues with merging the groups. There was unanimous support for this merger by members at the meeting.

Agenda:
Angela-suggests the committee discuss accessibility questions from a person in a wheelchair. This topic is covered in the ADA and there are assessment tools available.

Meeting Adjourned at 3:01PM

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

Diversity Committee Meeting
Thursday, April 14, 2011 (Approved)
10AM-12:00PM
Chippewa Valley Technical College
620 W. Clairemont Ave. Business Ed. Center, Room 100
Eau Claire, WI

Attendees:

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

Excused Absent:

1. Sandy Hardie

Unexcused Absent:

1. Jerry Kaye
2. Angela McAlister

State Staff:

Gail M. Nahwahquaw

Diversity Committee Meeting Minutes:

I. Call to Order:
Meeting was called to order at 10:05AM. Members reviewed the February minutes. Corrections noted in Section II, spelling of Greabor should be Grabor. Steve made a motion to approve the minutes as amended. Minutes approved as amended.

II. SCAODA Update:
Rita Vandivort, SAMHSA Public Health Advisor, CSAT presented on SAMHSA's Good and Modern Behavioral Health System. There are anticipated changes with the Affordable Care Act(ACA) and Mental Health Parity Act, moving toward more integration of Mental Health, AODA and Primary Health Care. Wisconsin DHS conducted the Infrastructure Study last year and have released Requests for Proposals, for projects moving toward this type of integration. One major outcome of these anticipated changes will be the Scope of Practice for Substance Abuse Counselors and the ability to draw down 3rd party billing, including Medicaid reimbursement. Currently Medicare

requires a masters level trained counselor for reimbursement and Medicaid requires at least a bachelors level, although there is some question about the actual terminology, with one statement in the MA Handbook recognizing "up to a bachelors level" as a qualifier for reimbursement. Another anticipated change will be a decrease in the Substance Abuse Block Grant (SABG) award. Healthcare Reform if implemented as planned will mean health insurance access to thousands of people without insurance now. Currently the SABG is used for treatment which will be disallowed in the future as people will have health insurance. The SABG will instead be used to "bookend" treatment with prevention and recovery services. The Screening and Brief Intervention to Treatment (SBIRT) framework now has MA billable codes and is a reimbursable service.

Steve talked with Linda Copeland in February 2011. Linda is the SAMHSA "Career Ladder" author. Linda indicated to Steve that SAMHSA is moving forward with the recommended changes to the Scopes of Practice. He wonders what Wisconsin DRL will do with the "grandfathering" clause for current SAC. Steve learned that states will have the authority to allow for grandfathering of SACs into any changes in certification and/or licensure.

Michael-Does the Diversity Committee want to sponsor another motion recommending the DRL-Substance Abuse Advisory Committee be reconvened to help guide potential policy recommendations as a result of healthcare reform changes? Gail K. will help to write the motion. Gail K. also suggested the motion include language to expand the representation of the Substance Abuse Advisory Committee, currently the members listed on the DRL website are Lori Goeser and Sherie Grabor. Motions are to be linked to current SCAODA-Diversity Goals. Committee members suggest linking how the Scope of Practice/Workforce issue will affect under-represented communities, by limiting access to treatment service and potential increase in barriers to care if more thoughtful planning doesn't occur.

Gail K. knows of substance abuse counselors with less than a bachelor's degree drawing down Medicaid reimbursement. Other members know of counselors doing this same practice. Some diversity members share that counselors and agencies will be hurt by this initiative to change the Scope of Practice. And more clarification on the MA language is necessary.

Steve D. reports that the College of Menominee Nation (CMN) will stop the Substance Abuse Counselor program. Given the anticipated requirements for substance abuse counselors to hold bachelors level degree, the deans decided not to develop bachelor level programs and therefore will discontinue the program. Gail K.-Are the Deans discussing with students how to transfer into other programs and having that be a seamless process that happens pretty quickly? Steve D. for the students that are close to graduating the college has helped offer transfer information. Gail K. this just verifies that Educational Institutions have not been engaged in the necessary discussions about the Substance Abuse Counselors, Scopes of Practice issue. Gail N. we at the Bureau have not hosted any follow-up meetings regarding this issue.

Michael is aware that WADTPA met with the Department of Workforce Development (DWD) about the workforce issue for AODA professionals. How does SCAODA take a more active role in this discussion or encourage these workforce discussions? Michael will talk with Linda Preyz about convening a meeting with DWD and the Diversity and ITC Committees. Topic areas will include DWD engaging colleges, technical schools and universities in discussions about articulation strategies from associates to bachelors. Committee members are also suggesting a summit be convened of all the partners around the workforce issue.

Gail K.-Technical schools enroll more students from marginalized communities and if the Scope of Practice issue discussed here are not asked of substance abuse counselor program staff a large segment of the population will be left out of the conversation.

Gail K.-Let's explore the possibility to slow this process down. When Minnesota (MN) moved toward requiring licensure for substance abuse counselors they created a big mess and the DRL equivalent agency staff needed to reconsider some of the changes. MN requires a bachelors degree for substance abuse counselors, but have also made room for other education level practitioners.

Michael shares with the class the Scope of Practice and levels of work by education level a student can expect.

Michael-back to the Best and Modern presentation, the reimbursement roles may grow. SAMHSA has identified Recovery efforts as a major piece in a person's continuum of care. This may potentially be a role for the substance abuse counselor who has been in the field for a number of years and is not interested in going back to school to get a bachelor's degree.

Gail K.-The recovery coach idea sounds great, and there is a whole community who does this work now, their called sponsors. There is potential to introduce ethics issues once you introduce payment for Recovery Coaches. Again more reason to engage counselors in this discussion. Counselors need to become better self advocates.
Michael-The 3 W's continue to talk about merging. 3W's represent different arms of the substance abuse field; 1-Consumer representatives, 2-Treatment, 3-Counselor advocacy. The group potentially will be more powerful together. Sometimes their interests are in conflict.

Michael will make the Scope of Practice in the field issue an agenda item during the next 4 Chairs meeting and ask what role SCAODA will play?

Michael-Online claims will be the standard and evidence based practice will lead the charge for reimbursement. Providers will need to be aware of this standard and utilize EBP.

Evidence Based Practice- has been a recurring issue mentioned in Public Forums, specifically by tribal providers but there seems to be some fear of EBP. There is

confusion by providers about the continuum of utilizing EBP. Gail K. shared that students in the CVTC substance abuse program will learn that evidence will be the standard and documenting the support for such interventions will be the expectation. Steve-The confusion lies with fitting a western based practice which EBP often is, into a tradition based setting.

Michael-the clinic where he works received a grant to start gathering data on the efficacy of the Mindfulness Based Relapse Prevention (MBRP) framework. The focus of the project is recovery, they're using the Kentucky Inventory of ? and Skills as an evaluation measure. Those receiving the MBRP will be compared to the relapse prevention group. By the projects end staff will have evidence as to whether or not the MBRP is more effective than the interventions implemented by the relapse prevention group.

Gail K-Practitioners need to be intentional in their practice. Students at the CVTC are taught about their responsibility to be accountable, demonstrating the need for EBP and documenting this need. Michael agrees and emphasizes that clinical supervision needs to be a primary component of treatment agencies.

Michael-Mental Health Parity small employer group (defined as 100 employees or less) don't have to offer care at parity. Larger employers, if AODA services are included in the insurance plan then have to be offered at parity with other physical health levels.

Gail K. has concern that many companies will drop substance abuse services if master's level practitioners are the only reimbursement level providers as this will increase the cost of care.

The SCAODA Planning and Funding Committee made a motion to audit the Intoxicated Driver's Program (IDP) funding. The issue of sun-setting the ITC's- IDP subcommittee is still not fully resolved. Mark Seidl is setting up a 4 Chairs meeting to talk about this issue. The By-Laws committee is going to reform and work on writing language to address ad hoc committee roles, timelines, and appointments. Michael is asking for a volunteer to represent the Diversity Committee on the by-laws committee. Linda Preyz, ITC Chair has resigned as chair. She will still attend SCAODA as the DWD representative.

The 2010 state Epi-Report on Alcohol and Other Drug Abuse was released. This report has been published with Strategic Prevention Framework-State Incentive Grant (SPF-SIG) funds. Wisconsin has 1.5X the nation in arrests for alcohol related incidence, 3X other liquor use/misuse which is the highest in the nation drug related deaths are 2X the national average since the 2008 report.

III. <u>Joint MFT Board:</u>

Michael reviewed the history of the Joint Boards action for the students. Diversity member's primary concern is that this issue to drop specialty certification of substance

abuse education of various licensed professions will create a lapse in appropriately trained counselors in diverse communities. The Joint Board has pulled back from approving their initial proposal and will take up the issue during its July 26th meeting. WADPA plans to attend the July meeting to continue to advocate for the specialty certification requirement.

Gail K.-pulled up January minutes of the Joint Board meeting. The minutes report that the Joint Board was sought out for feedback *on* the SAMHSA Career Ladder model, but a meeting of the Substance Abuse Counselors Advisory committee was not convened. The DRL website lists Lori Goeser and Sheri Gabor as the Substance Abuse Advisory committee at this point. Gail K. suggests an invitation go to the DRL administrator or Bureau Director to the next SCAODA meeting. Dan Williams is listed on the DRL website.

IV. AODA Services for LGBT:

Patrick K. a student asked about AODA services for the LGBT community. He has been in the state for 16 years and traveled across Wisconsin but has not known of these services for his community. It seems services are more available in larger communities. Gail N. reports the DHS has compiled information with regard to the disparate health issue LGBT face. The webpage is provided here. http://www.dhs.wisconsin.gov/lgbthealth/index.htm Gail N. is not certain of the specific Wisconsin substance abuse service listings this resource information. It's an issue that will need follow-up.

Michael-the state DHS and partners worked on and submitted the 2020 Healthiest Wisconsin State Health Plan. Every state is charged with creating a ten year plan and DHS-Public Health lead staff took particular care to have the plan address health disparity issues overall and the objectives to meet 2020 goals for these health disparity issues include the LGBT community. The issue of a lack of services is pervasive throughout the state. Often the expectations for action fall on people with the least power. Providers who represent various communities need to be strong voices for their community. When positions are posted for hiring Michael's staff demand ads in publications for various populations groups, ethnic minority and LGBT. The publications created out of the clinic are culturally appropriate and represent diverse communities. Michael's advice for students is to follow Gail K. direction to be intentional in your practice. Create the expectation and start to develop the skills necessary to provide culturally appropriate services. If the policy is to gather demographic data, ask the questions of all the clients, not just the ones suspected to fall within a certain demographic area. Build the database. Become a member of a professional organization. Demand the needs of various communities/populations get met. And understand that it's not just up to the under represented communities to make changes happen, it's everyone's responsibility. Committee members agree; as providers you will need to remain committed to your community. The need for advocacy will be different for various communities but the goal to advocate for the good of the community will continue to be a focus of the substance abuse counselor. Work toward correcting

injustices. And be honest with your self, make the necessary referral if you know you're not the right counselor.

V. Diversity Workplan:
Tabled to next meeting

VI. Announcements:
The SCAODA needs feedback on a letter to the Governor requesting a meeting. Gail K.-question the intent of paragraph two when the Governor has acknowledged he doesn't support early release programs and a local Board is anticipating funds for such programs could be cut with the Governor's budget. Gail N. we will need to develop a one page fact sheet, similar to the Prevention sheet provided. Committee members suggest including any cost savings data for the jail diversion programs. Also suggest including the challenges confronting the workforce issue and again suggest the Substance Abuse Advisory Committee be reconvened as one forum to advise on the crucial issues affecting substance abuse counselors. Much of the information on the Prevention factsheet is from the Gannette News series on alcohol that maybe a resource for treatment information as well.

Steve D.-Michael is invited to the May 4th Tribal State Collaborative for Positive Change Meeting.

The Department of Health Services-Tribal Consultation Meeting is set to occur on May 26th in Wisconsin Dells. The TSCPC will report on the IDP issue as it relates to tribes and offer some recommendations for next steps.

The Diversity Committee will need to identify a public forum setting as the Tribal Conference will not happen this year. Members suggest hosting the WAAODA Conference, the Planning and Funding committee currently host that public forum as well as the forum at the annual bureau conference.

The June SCAODA Meeting is set for Friday, June 10th. Cultural Competency is an agenda item and Gail K. is a suggested presenter on this topic, presenting the CLAS standards.

Meeting Adjourned at 12:03PM.

HEALTHIEST WISCONSIN 2020 IMPLEMENTATION PLAN ENDORSEMENT

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

Instructions: To endorse the *Healthiest Wisconsin 2020* Implementation Plan, you have two options: (1) save this form as a WORD document, fill it out and email it as an attachment to: **DHSHW2020@dhs.wisconsin.gov**, or (2) print out this form, fill it out and fax it to Margaret Schmelzer at (608) 264-7720. You may also access this form online *at* ***http://www.dhs.wisconsin.gov/hw2020/***

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

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

☐ Individual ☒ Organization

2. Your full name or name of organization / group:
State Council on Alcohol and Other Drug Abuse

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

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

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

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

Contact Information

Contact Name: Susan Gadacz Credentials if applicable):

Organization (if applicable): WI Dept. Health Services, Bureau Prevention Treatment and Recovery

Position/Title: Substance Abuse Section Chief

Mailing Address: 1 West Wilson St., Room 850, Madison, WI 53707

Telephone No. (608) -2677704 Fax No. (608) -2661533

E-mail: Susan.Gadacz@wisconsin.gov

Website: http://scaoda.state.wi.us/

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

Health

- ☐ Adequate, Appropriate and Safe Food and Nutrition
- ☒ Alcohol and Other Drug Use
- ☐ Chronic Disease Prevention and Management
- ☐ Communicable Disease Prevention and Control
- ☐ Environmental and Occupational Health
- ☐ Healthy Growth and Development
- ☐ Injury and Violence
- ☐ Mental Health
- ☐ Oral Health
- ☐ Physical Activity
- ☐ Reproductive and Sexual Health
- ☒ Tobacco Use and Exposure

Infrastructure

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

Overarching Health Focus Areas

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

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

Overarching Pillar Objectives

- ☒ Comprehensive Data to Track Health Disparities
- ☒ Resources to Eliminate Health Disparities
- ☐ Resources to Reduce Discrimination and Increase Social Cohesion
- ☐ Policies to Reduce Poverty
- ☐ Policies to Improve Education

Pillar Objectives from Recurring Themes in the Focus Areas

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

SCAODA Motion Introduction

Committee Introducing: Prevention Committee
Motion: Requesting the State Council on Alcohol and Other Drug Abuse express concern and disapproval of Assembly Bill 63 and its companion bill, Senate Bill 44, with the justification that these Bills expands access to alcohol and forces communities to take action in order to maintain the status quo.
Related SCAODA Goal: Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
Background: Under current law, with limited exceptions, no person may sell alcohol beverages to a consumer unless the seller possesses a license or permit authorizing the sale. A Class "A" license authorizes the retail sale of fermented malt beverages (beer), in original packages, for consumption off the licensed premises. A "Class A" license authorizes the retail sale of intoxicating liquor, including wine, in original packages, for consumption off the licensed premises. A retailer operating under a Class "A" license may not sell beer between midnight and 8:00 a.m., although a municipality may, by ordinance, impose more restrictive "closing hours" than these. "Class A" retail premises may not remain open for the sale of intoxicating liquor between the hours of 9:00 p.m. and 8:00 a.m. 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.
Rational for Supporting: Wisconsin currently ranks number-one in the nation for adult binge drinking. Any Bill that increases access to alcohol also increased the potential for alcohol abuse. In addition, Bill may also force communities to take action in order to maintain the status quo.

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

Meeting Minutes
Prevention Committee
February 17, 2011
9:30 am – 1:30 pm

LaQuinta Inn & Suites
5217 East Terrace Dr.
Madison, WI

Members Present: Scott Stokes, Julia Sherman, Phil Collins, Lee Wipfli, Nancy Kendall, Steve Fernan, Jane Larson, Francie McGuire Winkler, Judie Herman, Racquel Bell, Rick Peterson, Alan Iverson.

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

Welcome and Introductions: The meeting was called to order at 9:40 am. Scott Stokes (Chairman) welcomed those in attendance and asked members and guests to introduce themselves.

Review of Minutes: Scott Stokes asked Committee members to review the minutes from the December 1, 2010 and he would entertain a motion to approve or change.

Francie McGuire Winkler moved to approve and Phil Collins seconded the motion. The motion passed unanimously.

Fatal Opiate Overdose and The Good Samaritan Legislation: Scott Stokes introduced this topic to the Committee and was looking forward to further discussion and possible action at a future meeting. Mr. Stokes indicted that deaths resulting from accidental drug overdoses increased more than 400 percent nationally between 1980 and 1999. Mr. Stokes indicted that Good Samaritan Legislation would allow active drug users to be trained as first responders in identifying symptoms of overdose and administering Naloxone or Narcan. This is a life saving tool used to reverse opiate-based drug overdoses. Naloxone has been FDA approved since 1971, and presents no potential for abuse as it has no pharmacological effect; it also has no effect if it is taken by a person that does not have opiates in their system. However, it still needs to be made more readily available to those who may be in a position to respond to an overdose. Drugs that can be reversed include heroin, Oxycontin, methadone, vicodin, percocet, fentanyl, and morphine. Naloxone takes as little as two minutes to start working, and proves the brief 30-90 minute window to call medical assistance during an overdose. Rescue methods buy time and save lives. Training people, including those at-risk of an

overdoes, those who reside with, interact with or care for people at-risk for a drug overdose – such as a family members, health care providers, spouses, law enforcement officers and correctional officers – will greatly increase the likelihood that a drug overdose won't become fatal.

A pilot program to train active drug users has begun in Wisconsin with 600 individuals trained. Training includes how to call 911 safely to increase the use of paramedic responses as opposed to just law enforcement responses, administering CPR, administer Naloxone. As a result of this training, it is estimated that over 100 lives have been saved. There has been a 40% increase in needle exchanges in 2010 with the largest age group being those 16-21 years of age. Mr. Stokes also indicated there has been a huge increase in hepatitis C. Francie McGuire Winkler indicated they have seen an increase in Heroin use in Western Racine County.

Mr. Stokes indicated that a 911 Good Samaritan Law would encourage people to call 911 by creating an exemption from arrest, charge or prosecution for possession of small amounts of drugs or alcohol when needing or calling for medical assistance in the event of an overdoes. The policy prioritizes saving lives over arrest for drug or alcohol possession.

Distribution of Epidemiological Report Profiling Wisconsin's Alcohol and Drug Use: Louis Oppor distributed copies of the most recent Epidemiological Profile on Alcohol and Drug Use in Wisconsin published in November 2010. This report is used to help develop prevention priorities. The Report was published by the Department of Health Services. Although the publication date was November 2010, the Report actually did not get printed and delivered to the Department until the first week of January 2011. As the Report was developed under the previous administration, no press release was developed by that administration as the Reports were not available until after the new administration took office. As the current administration did not have an opportunity to weigh in on the development of this report, they did not feel comfortable developing a press release for its broad distribution.

For this reason, Mr. Oppor requested that the Prevention Committee consider a motion to the full SCAODA to develop a cover letter that could be used in the dissemination of this Report. SCAODA could commend the Department for the development of this report and encouraging policy makers, key stakeholders, community leaders and others to review the report to help determine local prevention, treatment and recovery service needs within the State and Wisconsin communities.

The Prevention Committee did review the Report and commended the Department of Health Services and UW-Population Health for the completion of the report. The Committee would like input towards the development of the next report as they recognize some gaps. They would also like to see a greater discussion of culture and use of alcohol and other drugs.

Steve Fernan moved and seconded by Francie McGuire Winker to recommend to the State Council on Alcohol and Other Drug Abuse that they compose a letter that can accompany the distribution of the Epidemiological Profile on Alcohol and Drug Use in Wisconsin that commends the Department of Health Services and UW Population Health Institute for preparing the report and that SCAODA takes an active role in releasing the report broadly. The motion passed unanimously.

Louis Oppor indicated he would draft a cover letter that could be reviewed by SCAODA at their upcoming March 4, 2011 meeting.

SCAODA Action Regarding K-2 Spice: At a previous meeting of the Prevention Committee, a motion was made requesting SCAODA to draft letter to key Wisconsin Legislators and the Federal Food and Drug Administration to ban the use of K-2 or active chemicals used in the manufacture of K-2. Mr. Oppor shared letters that were sent by SCAODA to the following individuals:

- Margaret Hamburg, M.D., Commissioner, U.S. Food and Drug Administration
- Representative Jeff Fitzgerald, Assembly Speaker
- Representative Jeff Stone, Chairperson, Assembly Committee on Health
- Representative Garey Bies, Chairperson, Assembly Committee on Public Health and Safety
- Senator Mark Miller, Senate Minority Leader
- Representative Peter Barca, Assembly Minority Leader
- Senator Scott Fitzgerald, Senate Majority Leader
- Representative Scott Suder, Assembly Majority Leader
- Senator Leah Vukmir, Chairperson, Senate Committee on Health

Discussion and Action regarding 4-Loco, Whipahol and Bath Salts: Mr. Oppor indicated there has been much national and state discussion concerning banning the use of such products as 4-Loco, Whipahol (alcohol infused whipping cream) and Bath Salts (synthetic drugs that affect the body in ways similar to cocaine and methamphetamines).

At a previous meeting of the Prevention Committee, there was discussion and concern regarding the proliferation of alcohol and alcohol infused products which promote underage and binge drinking. As a result of this previous discussion, Ms. Julia Sherman was asked to investigate the use of these products and draft a letter that could be distributed through the State Council.

Ms. Sherman did draft a letter for the Prevention Committee to consider. The letter is as follows:

> Dear XXXXXX
>
> Recent events have revealed troubling gaps in Wisconsin's alcohol policy framework posing a significant health and safety risk to the general population and a special risk to our youth. While the proliferation of alcohol and alcohol infused products was unforeseeable, the presence of these products in Wisconsin and our apparent inability to appropriately regulate them must be addressed. Two situations illustrate the practical consequences of these gaps and the ongoing risk to the public.

Late last year, Four Loko, a fermented malt beverage containing herbal ingredients and caffeine, was ruled a dangerous product by the Federal Food and Drug Administration and removed from stores shelves by agreement with the manufacturer. Because Four Loko did not fall within the definition of "intoxicating liquor", but is a fermented malt beverage, the remedies outlines in 125.68(9)(c) and 125.68(11) were not applicable.

While other states enjoyed an orderly removal of Four Loko from store shelves, the so-called "black out in a can" remained widely available in Wisconsin long after the agreed upon date for removal. The Madison Police Department found one distributor still stocking the product for retail sales a full month after other states had removed the product from shelves.

The only remedy available to concerned citizens was a written complaint to the local clerk or licensing body asking that the failure to comply be reviewed during the license renewal process. The lack of effective options caused frustration for local law enforcement as consumers demanded this dangerous product be removed and watched as other states removed a dangerous product from retailer shelves while it remained available in Wisconsin.

A second, related problem has recently developed; Cream, a 30 proof alcohol infused whipped cream, is completely unregulated because it has been classified as a food and not as an alcohol beverage.

The Wisconsin Department of Revenue has taken the position that only alcohol beverages are regulated in Wisconsin and this product is not a beverage. In addition to lost tax revenue, failure to regulate Cream stets a dangerous precedent. It suggests Wisconsin will fail to regulate or register intoxicating alcohol products in the future. Consumer products containing alcohol represent a growing product line for the alcohol industry and label approved by Federal Alcohol and Tobacco Tax and Trade Bureau (TTB) indicates these products fall within the category of alcohol products that states are expected to regulate. In addition to the appeal of a flavored whipped cream to children, failure to regulate this product poses a risk to pregnant women and other who, for medical reasons, should not consume alcohol in any form. If Wisconsin refuses to register these products and require their sale at licenses outlets a significant portion of the alcohol market will be unregulated posing a serious health and safety threat to the public.

The Marin Institute has identified errors in Wisconsin's rational in the attached letter and appealed to the Departments of Revenue and Agriculture, Trade and Consumer Protection to reverse their position on this product. We hope you find their rational persuasive and will encourage the Governor's Office to take prompt action to regulate Cream and similar alcohol products appropriately.

Public safety is the most basic government responsibility. The identified gaps prevent state or municipal government from meeting that responsibility. The failure to regulate alcohol infused products recognized as alcohol by the Federal Government is an unacceptable gap in state government. Wisconsin relies largely on local alcohol control, but failure to identify these products as alcohol results in no control and local governments can not remedy this failure on the local level without legislative action.

In 2010, the Work Group on Alcohol Culture and Environment recommended that municipalities be given the ability to ban specific alcohol products. Granting municipalities the ability to ban specific products is consistent with Wisconsin's commitment to local alcohol control. Such authority would have allowed communities to proactively ban and then remove Four Loko before or after FDA action and later consider the appropriateness of Cream and similar products to their community.

Therefore, we respectfully the Wisconsin Department of Revenue to adopt a more inclusive definition of "alcohol beverages" that allows all products the federal government labels as alcohol to be treated as alcohol beverages within the state. An anachronistic title should not allow state government to abrogate its responsibility to regulate alcohol sales. We further request legislation granting municipalities the ability to ban specific alcohol products from their community as recommendation in the April 2010 Report, *Changing Wisconsin's Alcohol Enforcement to Promote Safe and Healthy Lives*.

Wisconsin's alcohol related problems are well known. Public safety requires changes in departmental practice and public policy to meet the challenges posed by new alcohol products entering the market. The Wisconsin State Council on Alcohol and Other Drug Abuse stands ready to assist any state agency with this issue. We appreciate your willingness to consider these issues and appreciate your commitment to the health and safety of Wisconsin residents.

Sincerely,

A Motion was made by Jane Larson and seconded by Francie McGuire Winkler 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. The motion passed unanimously.

Further discussion followed concerning "Bath Salts". Committee members who represent law enforcement and other community members have not seen evidence that the so-called "Bath Salts" were being distributed in Wisconsin. As a result, no action was taken but the Committee will continue to watch for this product in Wisconsin.

Department/Agency/Organization Updates:

Judie Herman, Department of Children and Families reported:

- A Drug Endangered Children Conference will be held at the Radisson Hotel in LaCrosse, July 27 & 28, 2011. More information can be found at: http://wisconsindec.org/cms/
- A Department of Children and Families, Home Visiting joint grant, with the Department of Health Services has been approved. Eighteen communities will be funded. Grant funds were provided through the US Department of Health and Human Services, under the affordable Care Act, to support evidence-based home visiting programs focused on improving the wellbeing of families with young children. Through the Maternal, Infant, and Early Childhood Home Visiting Program, nurses, social workers, or other professionals meet with at-risk families in their homes, evaluate the families' circumstances, and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn - such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.

Steve Fernan, Department of Public Instruction reported:

- The Department of Public Instruction is proposing a biennial that would include:
  - Creating a new program titled: Every Child a Graduate Program
  - This program would combine 10 categorical program areas.

- The program would be implemented during the 2012 school year.
- Program funds would be distributed under a competitive grant.
- The Program would have a one-year grant cycle.

- School Prevention Program Funding:
  - Funds proved to schools under the Federal Safe and Drug Free School and Communities Act have not been reauthorized. Schools are currently spending down the remaining portion of their funds.
  - Tobacco funds have not been reauthorized and are no longer available to school districts.
- Safe and Supportive Schools:
  - Wisconsin is among 11 states winning a competitive federal grant to improve learning conditions for students through the Safe and Supportive Schools Grant Program.
  - This is a five-year $14 million grant program.
  - The Department of Public Instruction will use the first-year funds to expand the on-line youth risk behavior survey to include school climate data, develop a school safety score formula, support school districts' selection of evidence-based intervention, and provide training and technical assistance to participating school districts. The program requires states to select a small number of school districts to participate in the project based on high needs, such as large numbers or high rates of students expelled or suspended for drug or weapon-related incidents.
  - At this point in the grant, high-risk schools have been identified and between now and April, the Department of Public Instruction will be determining their selection of schools who will be funded.
  - Those funded will implement interventions that are intended to improve student achievement by creating a healthier school environment through reduced violence and alcohol and drug use.

Louis Oppor, Department of Health Services reported on:

- New Prevention Block Grant Programs proposed by the Federal Substance Abuse and Mental Health Services Administration.
  - In FY 2012, SAMHSA is requesting funding that creates three new behavioral health programs specifically focused on States and Territories, and Tribes. The purpose of these new programs is to help States/Territories and Tribes develop and implement effective practices, strategies, and policies to prevent substance abuse and mental illness and to promote emotional health. These programs are based on the latest prevention science that has demonstrated the benefits of building emotional health in helping to prevent substance abuse and mental illnesses. The Substance Abuse – State Prevention Grants, Behavioral Health – Tribal Prevention Grants, and Mental Health – State Prevention Grants will encourage States/Territories and Tribes to both strengthen substance abuse prevention activities and make promotion of emotional health a priority. The President and the Congress have both emphasized the critical role of disease prevention and health promotion in the overall health and wellness of the American people. These efforts directly support that priority.

    A Substance Abuse Prevention Block Grant would be created combining the current 20% prevention set-aside from the Substance Prevention and Treatment Block Grant

and also include funding currently set aside that supports the Strategic Prevention Framework State Incentive Grant Program. A total of $395 M will become available as a prevention block grant to states. Awards would range from $23,355 - $50,331,821 annually. Wisconsin currently receives $7,693,000 annually in combined Block Grant and SPF SIG funding annually. SPF SIG funding in the amount of $2,093,000 annually is scheduled to end September 29, 2010.

A second Behavioral Health – Tribal Prevention Grant would be established with funds from the Affordable Care Act. SAMHSA proposes to introduce a new Behavioral Health – Tribal Prevention Grant (BH-TPG) starting in FY 2012, focusing exclusively on promoting overall behavioral health by preventing alcohol and substance abuse and by preventing suicides in the 565 Federally-recognized Tribes. $50 M would be available to support a minimum of $50,000 per Tribe.

A third Mental Health – State Prevention Grant would be made available from SAMHSA discretionary grant programs. Funding in the amount of $90 M annually would be made available to states to support efforts such as Project LAUNCH. In FY 2008, Congress provided funding to implement the Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) Wellness Initiative. Project LAUNCH promotes and enhances the wellness of young children by increasing grantees' capacity to develop infrastructure and implement prevention/promotion strategies necessary to promote wellness for young children. LAUNCH has been focused on children aged zero through eight. The FY 2012 Budget proposes expanding this program construct into State Prevention Grants which will promote the wellness of children, youth and young adults up to age 25 building on the findings and recommendations of the 2009 IOM report on *Preventing Mental, Emotional, and Behavioral Disorders Among Youth People*. The overall purpose of this new discretionary grant program is to provide support to States and Territories in their efforts to implement State-wide comprehensive prevention strategies to address the prevention of mental illnesses and reduce the impact of mental illness on America's communities. The FY 2012 President's Budget request is $90 million, including $25 million to continue grants funded under the current Project LAUNCH and $65 million available for new Mental Health- State Prevention Grants (MH-SPG). As grants reach their natural end, funding will be recycled from LAUNCH into the new MH-SPGs to expand and enlarge the LAUNCH construct Nationwide. No breakdown was provided on the amounts that may be available to States.

- Milwaukee County Prevention Initiative
  - Milwaukee County recently awarded Jewish Family Services: Fighting Back with a $600,000 prevention grant.
  - Milwaukee County is interested in moving their prevention services to evidence based environmental strategies.
  - Milwaukee County is investigating county-wide training initiatives and creation of a county-wide consortium to work towards developing evidence based environmental strategies.
- SPF SIG Grant
  - The SPF SIG Grant is in its fifth and final year of implementation. The fifth year ends September 29, 2011. The Department of Health Services recently submitted a request to carry-over all un-used funds from the first four years to this grant. It

is anticipated this carry-over request will be approved at which point, the Department will request a 12 month no-cost-extension allowing an additional year for close-out activities.

Nancy Kendall, Director of the Wisconsin Clearinghouse for Prevention Resources reported:

- The 2010 Wisconsin Prevention Conference
  - Scheduled to be held at the Chula Vista Resort in Wisconsin Dells June 13 – 15, 2010. A planning committee has been established and received about 180 suggestions to fill some 52 slots. Staff are currently going though these suggestions and will make recommendations. A couple of themes have emerged including workshops on alcohol policy, technology and obesity. Two keynote speakers have also been identified including Fran Butterfoss, who is the president of Coalition Works, Virginia, which is a consulting group formed in 2008 to help coalitions and partnerships worldwide build and sustain community change efforts to promote health and prevent disease.
  - Parents Who Host Lose the Most - Some 60 coalitions will be participating in the 2010 Parents Who Host Lose the Most Campaign during the months of April - June. Campaign materials have been ordered and received. Billboards will be going up in April around the State. Other resource materials are available at the Parents Who Host Lose the Most State Website, including radio PSA's. Mr. Oppor has drafted a Governor's Proclamation and this is currently being reviewed by the Department for transmission to the Governor's Office for approval.
  - Mr. Oppor discussed the possibility of expanding this campaign to include all adults and not limiting the campaign to the months of April – June. More to come regarding this.

By-Laws Review:
Mr. Oppor indicated the full State Council was interested in clarifying the role of standing committees in the creation of Ad-Hoc Committee's. After review of the current By-Laws, the following motion was made:

A motion was made by Julia Sherman and seconded by Rick Peterson that the SCAODA By-Laws should adopt the following language:

- ***Any Ad-Hoc Committee of a standing committee should be time limited to a period of one year. Extensions may be granted by the Committee Chairperson.***
- ***If an Ad-Hoc Committee of a standing committee is formed, the Ad-Hoc Committee should establish a clear charge, mission and scope of work.***
- ***Standing Committee are responsible for disabling or extending the work of an Ad-Hoc Committee.***
- ***Ad-Hoc Committee membership should include representative from the standing committee from which they were established.***

The motion passed unanimously.

There was also some discussion regarding term limits for Prevention Committee members. Currently are no term limits or size capacity. Approximately one year ago, the

Prevention Committee Chair did review current membership and did recommend that additional individuals be invited to become members. The Prevention Committee did not make a motion to adopt new By-Laws regarding term limits for standing committee members.

Future Meeting Dates: Meeting dates for the remainder of 2011 have been established. All future meetings are planned to be held at the State Patrol Headquarters, DeForst Post, 911 W. North Street, DeForest, WI. Meetings are from 9:30 am – 1:30 pm. Meeting dates are:

- April 21, 2011
- June 23, 2011
- August 18, 2011
- October 20, 2011
- December 15, 2011
- February 16, 2012

Other Business:
Mr. Stokes asked if other Committee members had any updates or announcements. Ms. Lee Wipfli indicated her community; Waukesha County School District, was looking at the implementation of a program titled "Teen Intervene". Teen Intervene is an evidence-based early intervention program targeting 12- to 19-year-olds who display the early stages of alcohol or drug use problems (e.g., using or possessing drugs during school) but do not use these substances daily or demonstrate substance dependence. Integrating stages of change theory, motivational enhancement, and cognitive-behavioral therapy, this intervention aims to help teens reduce and ultimately eliminate their alcohol and other drug use.

The program is administered in a school setting by a trained professional in two or three 1-hour sessions conducted 10 days apart. During session 1, an individual session with the adolescent, the therapist elicits information about the adolescent's substance use and related consequences, examines the benefits and costs of behavior change, and helps the adolescent set goals. In session 2, the therapist assesses the adolescent's progress, discusses strategies for overcoming barriers, and negotiates the adolescent's continued work toward meeting goals. Session 3, an optional individual counseling session with the teenager's parent (or guardian), addresses the adolescent's substance use and the need for the parent to demonstrate healthy attitudes and behaviors related to substance use and to monitor and supervise the adolescent. This session also includes a brief wrap-up conversation with both the parent and the adolescent.

Jane Larson also indicated this program has been implemented in Douglas County, Superior School District.

Meeting Adjourned: The meeting was adjourned at 1:00 pm. The next meeting will be held at the State Patrol Headquarters in DeForest, WI on April 21, 2011.

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, (ad hoc committees, workgroups and task forces) as necessary or convenient to conduct its business. Of the standing committees established by the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to interdepartmental coordination, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. These committees may make recommendations to the council and perform such other duties as designated by the council. These committees may not act on behalf of the council except when given such authority with respect to a specific matter and within specific limitations designated by the full council.

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

Section 2. Composition of Committees

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

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

2.3 Committees may designate other officers and subcommittees including ad hoc committees, workgroups or task forces, as necessary or convenient subject to limitation by the full council.

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

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

Section 3. Requirements for all Committees

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

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

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

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

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

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

Section 4. Requirements for Committee Chairpersons

The chairperson of each committee is responsible for:

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

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

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

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

Section 5. Executive Committee

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

5.2 The executive committee will have the following responsibilities:

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

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

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

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

e. Other duties designated by the council.

5.3 Rapid Response

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

a. When specifically authorized by the council;

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

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

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

ARTICLE V

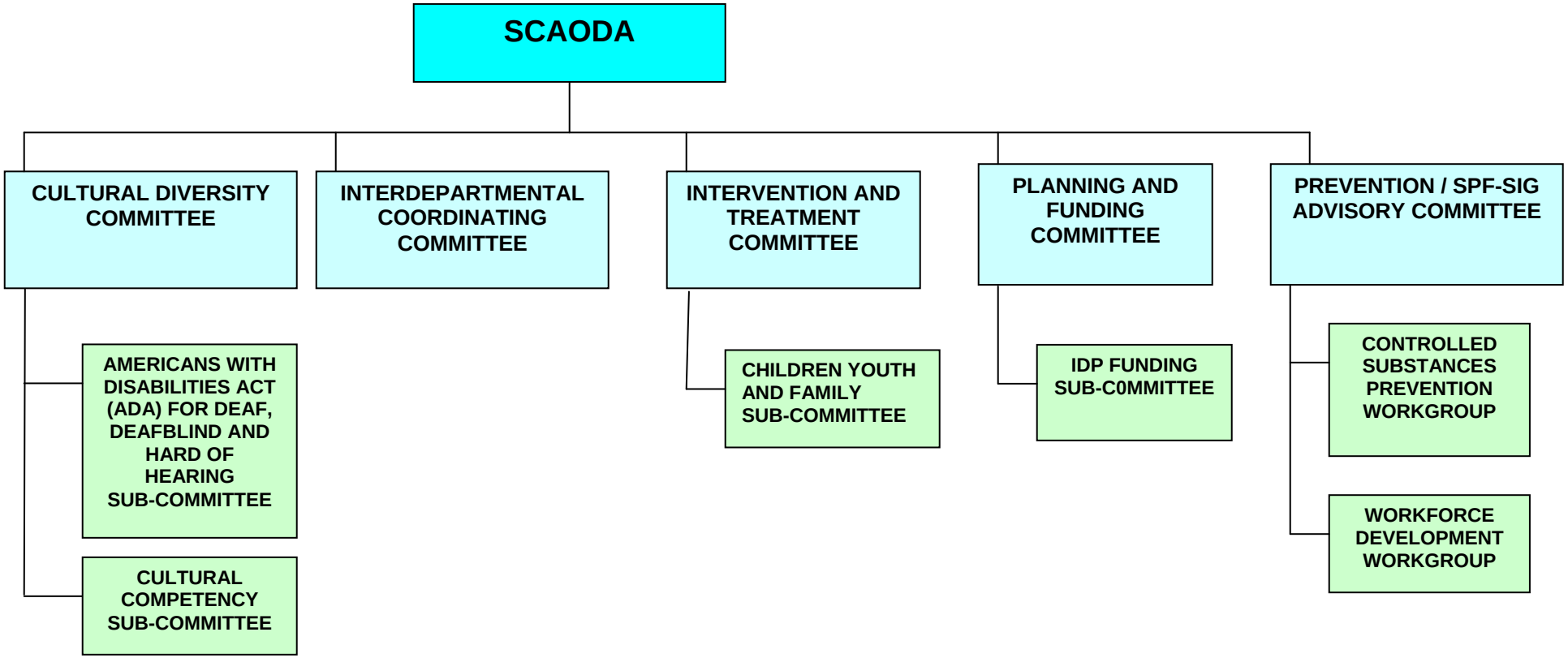
Amendments

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

SCAODA Organization Chart

November 2010

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

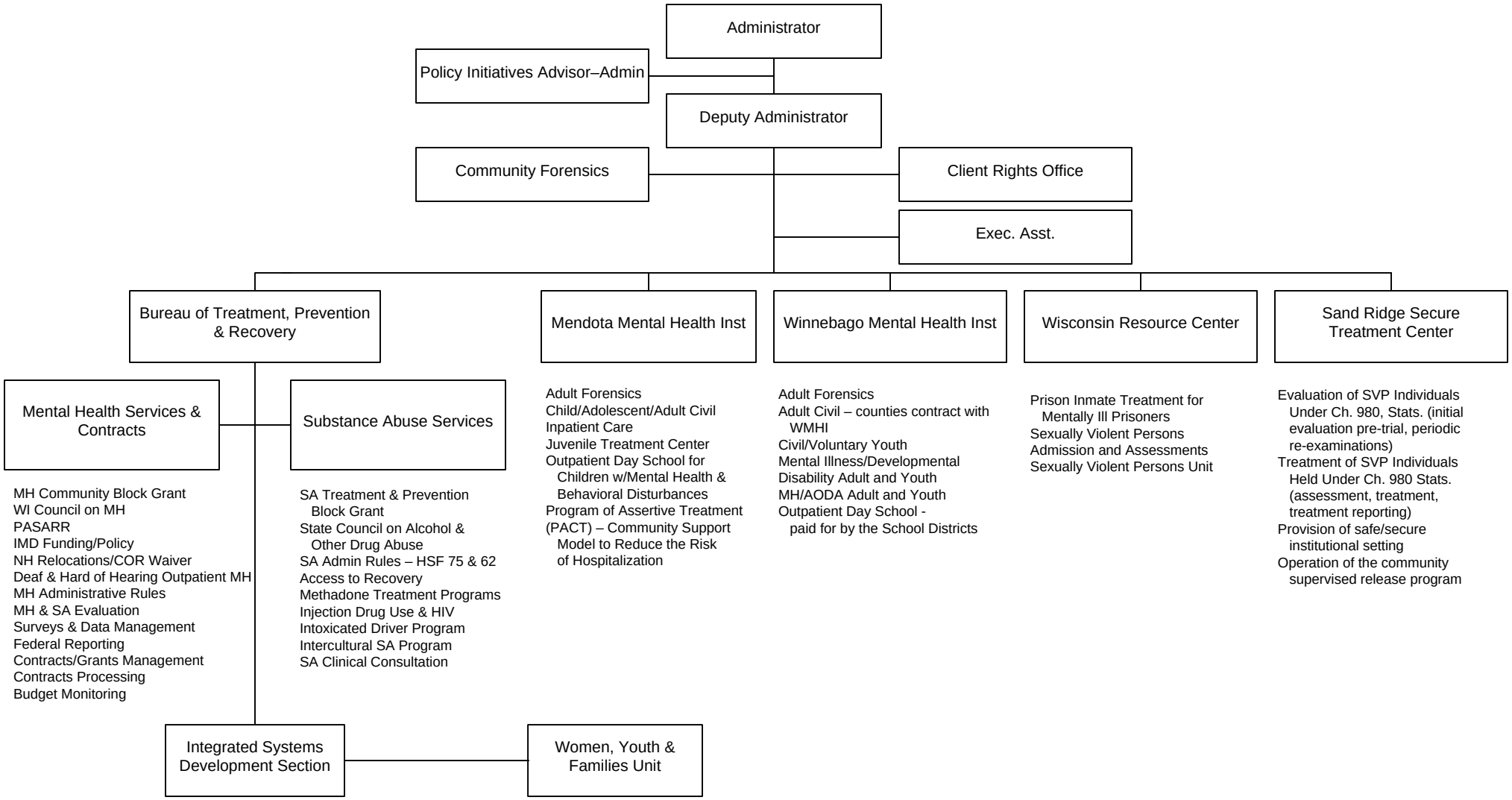


Department of Health Services

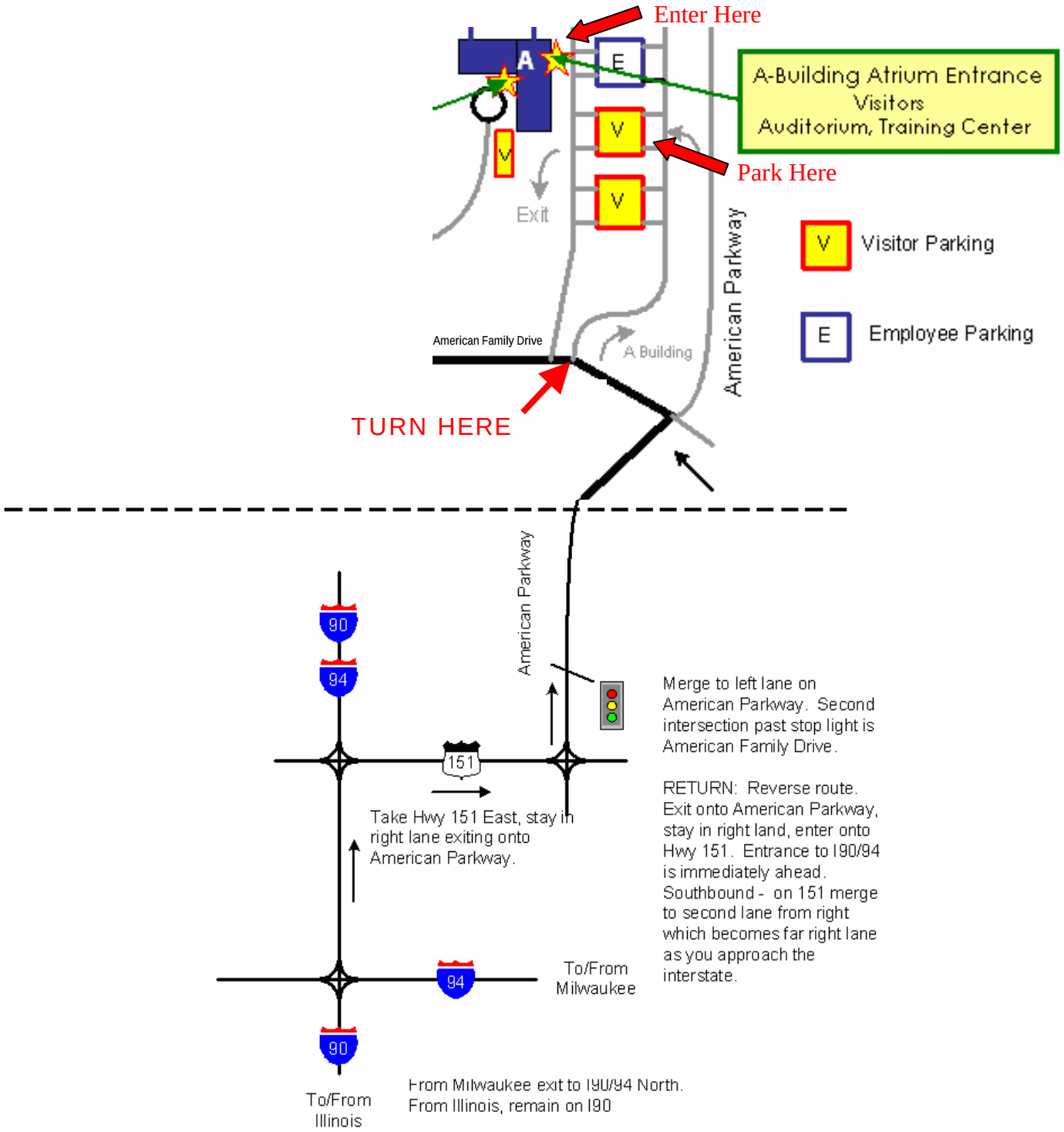
August 2008

Division of Mental Health and Substance Abuse Services

Functions



Directions to American Family's Training Center and Auditorium



Highway Directions to AF-NHQ Campus