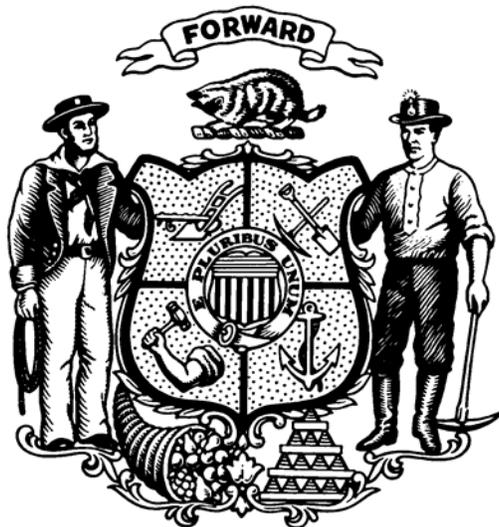


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



June 6, 2008
MEETING

SENATOR CAROL ROESSLER
Chairperson, SCAODA

JIM DOYLE
Governor



STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

MISSION STATEMENT

To enhance the quality of life of Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

SCAODA FOUR-YEAR STRATEGIC PLAN GOALS 2002 – 2010

Adopted by SCAODA June 2, 2006

GOAL 1:

Support, promote and encourage the implementation of a system of substance abuse services that are evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access.

GOAL 2:

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

GOAL 3:

Support and encourage recovery in communities by reducing stigma, discrimination, barriers and promoting healthy lifestyles.

SCAODA 2008 Meeting Dates

**American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783
Room A3151**

~~**March 7, 2008** ————— **9:30am to 12:30pm**~~

June 6, 2008 **9:30am to 3:30pm**

September 12, 2008 **9:30am to 12:30pm**

December 5, 2008 **9:30am to 12:30pm**

A map to American Family has been provided on the last page of the SCAODA meeting packet.

SCAODA Organization Chart

March 4, 2008

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



CULTURAL DIVERSITY COMMITTEE

AMERICANS WITH DISABILITIES ACT (ADA) FOR DEAF, DEAFBLIND AND HARD OF HEARING SUB-COMMITTEE

CULTURAL COMPETENCY SUB-COMMITTEE

VOICES OF YOUTH SUB-COMMITTEE

INTERDEPARTMENTAL COORDINATING COMMITTEE

INTERVENTION AND TREATMENT COMMITTEE

INTOXICATED DRIVER PROGRAM SUB-COMMITTEE

CHILD AND YOUTH TREATMENT SUB-COMMITTEE

PLANNING AND FUNDING COMMITTEE

PREVENTION / SPF-SIG ADVISORY COMMITTEE

UNDERAGE DRINKING SUB-COMMITTEE

WORKFORCE DEVELOPMENT SUB-COMMITTEE

EPI WORKGROUP SUB-COMMITTEE

Jim Doyle
Governor



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Sen. Carol Roessler
Chairperson

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

June 6, 2008

MEETING AGENDA

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783 Room A3151
American Family contact: Stephanie M. Byrd
608) 242-4100 ext. 30230

- 9:30 a.m. I. Introductions / Welcome / Agenda - Chairperson, Sen. Carol Roessler
- 9:35 a.m. II. Review /Approval of March 7, 2008 Minutes – Chairperson, Sen. Carol Roessler, SCAODA Members
- 9:40 a.m. III. DHFS Legislative Updates – Katie Plona
• Motions Update document—Greg Levenick
- 10:20 a.m. IV. Public Input - Sen. Carol Roessler
- 10:35 a.m. V. Drunken Driver Surcharge Audit request—Senator Carol Roessler and Mark Seidl
- 10:45 a.m. VI. STAR – SI—Michael Quirke
- 11:15 a.m. VII. SYNAR--Kyle Pfister
- 11:45 a.m. VIII. Lunch

- Con't next page -

- 12:45 p.m. IX. Committee Reports:
- Diversity- Michael Waupoose
 - Intervention and Treatment – Linda Preysz
 - Joint Statement - Lorie Goeser
 - Motion: Endorse/support the Joint Statement
 - Motion: Encourage increase in adult educational program’s substance use disorder counseling curricula.
 - Planning and Funding- Joyce O’Donnell
 - Information from Public Forum at WAAODA Conference (DRL certification)
 - Trauma Fact sheets in packet/for use in your work
 - Proclamation
 - Motion: Request Legislative Representatives on SCAODA to introduce legislation to increase the membership of SCAODA as per motion passed by SCAODA on 3-7-08
 - Prevention
- 1:45 p.m. X. Project Fresh Light—Susan Endres
- 2:15 p.m. XI. By-Laws
- Motion: Accept SCAODA By-laws—Blinda Beason
 - Nominating Committee—Linda Mayfield (“...the vice-chairperson shall convene a nominating committee and appoint a chairperson of that committee ... (SCAODA By-laws pg. 7)”
- 3:15 p.m. XII. Agenda Items for September 2008 Meeting - Chairperson, Sen. Carol Roessler
- 3:30 p.m. XII. Adjourn - Chairperson, Sen. Carol Roessler

Jim Doyle
Governor



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Sen. Carol Roessler
Chairperson

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

**STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
December 7, 2007
9:30 a.m. – 12:30 p.m.**

**Howard Johnson Hotel
3841 E. Washington Ave.
Madison, Wisconsin**

Members Present: Senator Carol Roessler (Chair), Sandy Hardie, Mary Rasmussen, Mark Seidl, Scott Stokes, Michael Waupoose, Minnette Lawrence (representing Representative John Townsend), John Easterday (representing Secretary Kevin Hayden), Sally Tess (representing Secretary Rick Raemisch), Bill McCulley (representing Joyce O'Donnell), Blinda Beason (representing Secretary Frank Busalacchi), Gregory Phillips (representing Michael Myszewski)

Members Excused:

Members Absent: Angela Russell, Gary Sunnicht, Tim Carpenter, Eileen Mallow, Douglas Englebert, Linda Mayfield, Joe Parisi, Dr. Pamela Phillips, Mark Strosahl, Judith Wilcox

Ad-Hoc Members Present: Linda Preysz, Peggy Wichmann

Ad-Hoc Member Excused:

Ad-Hoc Member Absent: Susan Crowley, Roger Johnson, Thomas Heffron, Larry Kleinsteinber, Ray Luick

Staff: Rebecca Cohen, Sue Gadacz, Lori Goeser, Beryl Gribbon Fago, Greg Levenick, Lori Ludwig, Lou Oppor, Gail Nahwaquaw, Rita Schraepfer-Derke

Guests: Mia Croyle, Amanda Jovaag, Lily Irvin-Vitela, Rebecca Steval, Cathy Connolly, Diane Carlson, Ann Goth, Jerry Kaye, David MacMaster, Peggy Helmquist, Jeff Scanlon

Introductions/Welcome/Agenda

Sen. Carol Roessler called the meeting to order at 9:45 am. Sen. Roessler asked for any new attendees at the meeting to be introduced. Lori Ludwig, the newly hired State Council on Alcohol and Other Drug Abuse (SCAODA) Committee Coordinator introduced herself, and Renee Chyba, Ms. Sally Tess's replacement, representing the Department of Correction, introduced herself. She is in a newly created

Treatment Director position at the Department of Corrections (DOC). The group warmly welcomed the newcomers.

Approval of Minutes

Sally Tess moved to approve the minutes of the SCAODA meeting of September 14, 2007. Michael Waupoose seconded the motion. The motion was carried unanimously.

Public Input

Lily Irvin-Vitela distributed a document titled, "The Need for SBIRT Services for WI Women." The document is an estimate of the number of Wisconsin children likely to be born per year with alcohol-related anomalies as a result of pregnant women using alcohol and/or other drugs.

Cultural Competency Presentation – Mr. Harold Gates

Mr. Harold Gates from the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) and the Midwest Center for Cultural Competence provided a presentation on cultural competency. The presentation included a PowerPoint presentation. The presentation provided an overview to the Council on understanding diversity and culture and how it affects us in all spheres of life. Mr. Gates encouraged the Council to adopt the National Standards on Culturally and Linguistically Appropriate Services (CLAS) standards. Michael Waupoose, Chair of the SCAODA Diversity Committee, indicated there would be a motion to adopt the CLAS standards at the March 7, 2008 SCAODA meeting.

David MacMaster indicated he was on the planning committee for the Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA) conference in 2008 and wanted to include this topic in the conference. Mr. Gates indicated there is a website he should investigate (www.wiphl.org). Michael Waupoose felt it was a challenge for large groups to talk about this topic. He shared his belief that we fool ourselves into thinking this applies to someone else, until we hear stories from people we know. Mr. Gates agreed that perhaps this topic is better discussed in small group settings. Sally Tess indicated it was imperative that we deal with this topic. We must ask ourselves: "What are we doing to impede this person's integration?" Mr. Gates recommended we all should be studying other cultures, other languages. Mary Rasmussen agreed as a citizen representative from a small town in Northern Wisconsin, our children desperately need to hear this presentation, otherwise they will be doomed to be culturally incompetent. The Chair thanked Mr. Gates for giving the committee much to think about.

Committee Reports

Planning and Funding Committee: Bill McCulley reported in the absence of Joyce O'Donnell. Bill spoke to the Council's endorsement of a "Joint Statement" regarding the integration of physical health services with mental health and substance abuse services. The Joint Statement is part of the Healthiest Wisconsin 2010 initiative and the statement has been endorsed by the Wisconsin Medical Society. Council members received an attachment to the minutes with the full "Joint Statement." In addition, there were two more related attachments: 1) "Action Guide Table," a six-page document outlining specific recommendations toward actions to be taken to integrate services. 2) A "Partner Endorsement and Guide to Action," a document/questionnaire seeking endorsements to the "Action Guide" and "Joint Statement" from specific agencies. Bill McCulley asked the Council members to review all three

documents prior to the next meeting. The Planning and Funding Committee will do a short presentation and then ask the Council for its endorsement. In general the group appeared to agree that this was an important and well-researched policy to endorse and implement. A couple of suggestions emerged: Can references to substance abuse services be increased? Could domestic violence be included?

Bill McCulley asked the Council to include a representative from the Division of Public Health on the Planning and Funding Committee. Greg Levenick indicated the need for a motion. **Bill McCulley moved that a representative from the Division of Health be included on the Planning and Funding Committee. John Easterday seconded the motion. The Motion passed unanimously.**

Bill McCulley also asked for a Department Organizational Chart in next meeting's packet, due to the many changes occurring. He also reported that Norman Briggs and Mike Quirke's study of women-specific treatment capacity will be included in next month's packet as well.

Bill McCulley reported on the Public Forum in Stevens Point on October 23, 2007.

Bill McCulley indicated that the Planning and Funding Committee would like to send a thank-you note to the Governor for passing the Tobacco Act. Senator Roessler requested that Senator Judy Robson and Representative Mike Huebsch also be thanked. The Chair asked for a motion. **Bill McCulley moved that the Planning and Funding Committee send a thank-you note to the Governor, Senator Judy Robson, and Representative Huebsch for passage of the Tobacco Act.** There was general agreement.

Mr. McCulley also suggested that the Division of Mental Health and Substance Abuse Services send out a Newsletter twice a year. On behalf of the Planning and Funding Committee, Bill McCulley publicly thanked the Bureau of Mental Health and Substance Abuse Services (BMHSAS) staff for their efforts in submitting this year's Substance Abuse Prevention and Treatment Block Grant. Finally, he mentioned, that in a presentation at the SCAODA meeting last September, the University of Wisconsin's Population Health Institute presented its published report, "Impact of Alcohol and Illicit Drug Use in Wisconsin." The Planning and Funding Committee felt that one analysis, "Consequences of Alcohol and Illicit Drug Use-Economic Effects" (p. 9) which reported the number of people served and dollars spent on services (1996-2005) failed to take into account the intermediary effect of inflation. Instead of a 34% increase funding, when taking inflation into account, it is a 9% increase.

Intervention and Treatment Committee (ITC): Sally Tess indicated the ITC would like to bring three action items to the Council's attention: 1) Action on ACT 292; 2) Action on AB 463; and, 3) Action on the Tobacco Resolution.

With reference to the document, "Recommendations on Ameliorating the Impact of Act 292 on SBIRT", Sally Tess pointed out that two alternative recommendations to amend Act 292, Chapter 48 are presented. The ITC is endorsing the first. Cathy Conolly from the Division of Children and Family Services (DCFS) reported that her Division was unaware of this concern prior to just two weeks ago. She indicated the Division has not completed an analysis of these proposed changes to be made in the Children's Code. DCFS does have 2005 data and will soon have 2006 data. From the data it appears that reports from the medical system are decreasing, however, this needs further study. Senator Roessler asked what kind of timeframe the Division of Children and Family Services needs because if new legislation is needed, the Senator emphasized the need to be done now because the Legislative session

will be ending soon. John Easterday reported the Department of Health and Family Services (DHFS) will not take action on this issue; rather it will take a position. The law also has implications for Child Protection, which may have a different perspective about changing the law. There are differences of legal opinion regarding the type of reporting the law requires; mandatory or optional. Sue Gadacz encouraged the group to read the law in its entirety. She indicated that SBIRT is allowed to proceed under the law. The reporting requirement that the ITC is referencing, is not intended to apply to women showing up for a screen. It is for extreme cases when a person has exhibited a lack of control and has already rejected treatment. The Chair asked for a recommendation. John Easterday indicated concern that amending the language of Act 292 is seeking a legislative solution to a legal interpretation. Legal counsel to the Department of Health and Family Services has advised that we make clear that the law is permissive. Georgiana Wilton pointed out that it comes down to “shall vs. may,” and because of the permissive nature of the legislation, clinics may not make the reports, physicians may not make the reports, but anyone who sees the chart, perhaps a zealot, has a mechanism to report. Anyone could report it. Sue Gadacz explained that HIPAA regulations apply in that situation and that would be a violation of confidentiality. Senator Roessler encouraged Sue Gadacz and Georgiana Wilton to work out a protocol jointly. John Easterday pointed out that regarding the ITC’s first recommended amendment, DHFS would not want to exclude health care personnel from reporting. He agreed to work with Sue Gadacz and Georgiana Wilton.

Action on AB 463 Regarding Vendorship. Sally Tess reported the intent of this legislation is to provide insurance reimbursement to licensed therapists, social workers and counselors for substance abuse counseling services. ITC recommends not supporting this legislation “as written”. The reasons cited were: it would result in a lack of oversight, erode standards of care, and adversely effect consumer protection and provider training standards. Jeff Scanlon, from the Department of Regulation and Licensing added that from the perspective of his Department, there is a conflict with Chapter 457 regarding licensing and certification of Substance Abuse counselors and confusion with respect to the Insurance Code. In addition there is no grievance procedure for clients. He informed the Council that the National Association of Social Workers (NASW), Wisconsin Chapter, is providing an amendment to define a Substance Abuse Counselor with respect to licensure. **Sally Tess moved that the Council recommends opposing AB463 as brought forward to the Committee and opposed it as written. John Easterday seconded the motion. The motion carried unanimously.**

The Tobacco resolution: Council members received a copy of the proposed resolution as part of their packets. It reads: “The Intervention and Treatment committee makes a Resolution to recommend the full State Council on Alcohol and Other Drug Abuse support the resolution of supporting integrated Evidence Based Practices (EBP) for tobacco cessation into mental health and substance abuse services.” Senator Roessler asked for unanimous support. There was unanimous support.

Dave MacMaster from Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA) was asked to describe three poster boards that were on display in the meeting room. One said “I didn’t recover from alcohol and drugs to die from emphysema.”

Sally Tess indicated to the Council that she is resigning from her duties as Intervention and Treatment Committee Chair. Lorie Goeser thanked Sally Tess publicly for her work and dedication and presented her with a gift of appreciation from the Council.

Diversity Committee: Michael Waupoose gave the Council an update. He thanked the Council for bringing Harold Gates' presentation to the Council and State Staff's attention. The Youth Group subcommittee is exploring options to working with other youth groups. The Disability Subcommittee is looking at tools to assess how accessibility within a facility is defined. There are no standard set of tools for an agency to evaluate how they are doing. These tools would also help define a facility's language for cultural and physical accessibility. The Diversity Committee is working with WAAODA on increasing the number of minority counselors certified in the state. Finally, the Diversity Committee is in need of new membership. If anyone knows of interested persons, please contact Michael Waupoose or Gail Nahwahquaw.

Prevention Committee: Scott Stokes reported that the Prevention Committee met twice; once in September and once in November, 2007. Regarding the Strategic Prevention Framework State Incentive Grant (SPF SIG), there have been two priorities identified: 1) underage drinking and young adult binge drinking, and 2) underage alcohol related traffic fatalities, injuries and crashes. Entities applying for SPF SIG funding must select which priority they intend to address. Funding will be used to support planning and implementation grants. The Great Lakes Intertribal Council (GLITC) also has a SPF SIG grant and the Prevention Committee is planning to meet with them to discuss ways to collaborate. Amanda Jovaag from the Population Health Institute at UW-Madison was present to address questions regarding the publication of the previously mentioned report: "Impact of Alcohol and Illicit Drug Use in Wisconsin." She explained there has been a lot of media attention given the report. Most of the attention was around young adult binge drinking. She reported that a new report will be published in May 2008 and will include local data. Georgiana Wilton pointed out the report will be used as a planning document by many throughout the state yet it omitted the important subject of drinking of alcohol during pregnancy. She reported that Wisconsin leads the nation in the number of women reporting alcohol use during pregnancy. Amanda Jovaag responded that they will be including such data in the next report.

Senator Roessler asked for the website address of the report. It is: www.pophealth.wisc.edu/uwphi. William McCulley reported that on page 9 of the report, there is a reported 34% increase in funding that does not take into account inflation. Amanda Jovaag indicated that, though she hasn't had time to look at that, the analysis William McCulley is suggesting seems reasonable.

Julia Sherman then reported on the status of the Underage Drinking Subcommittee of the Prevention Committee. She argued that the success of efforts to reduce youth access to alcohol requires an accurate assessment of youth preferences. The underage drinking subcommittee therefore adopted the following resolution at its meeting of September 10, 2007.

"The Subcommittee on Underage Drinking of the Prevention Committee of the Wisconsin State Council on Alcohol and Other Drug Abuse recommends the Wisconsin Youth Risk Behavior Survey or other appropriate public health surveillance surveys include questions as soon as practicable which assess youth alcohol use by category, distilled spirits, beer, wine and fermented malt beverages, using the questions developed for the Youth Risk Behavior Survey as a model."

In a letter to Senator Fred Risser, Chairman of the Joint Legislative Council Committee, the Subcommittee requested a study of underage alcohol use and the appropriate state and local steps to prevent and reduce underage drinking.

Scott Stokes made a motion that requires the legislature to study the problem of underage drinking in 2008. Mary Rasmussen seconded the motion. It carried unanimously. A letter from Senator Roessler will be drafted for her signature and transmittal to the Legislative Council.

ATR Grant Statistics - Milwaukee Representative, Mike Nunley

Mr. Nunley distributed a document titled “Milwaukee Wiser Choice ATR-1 Statistics.” Access to Recovery is a grant administered by BMHSAS to provide treatment services to offenders in Milwaukee County who are likely to have their probation revoked. The document he distributed is a preliminary report; the full report will be scheduled for completion mid-2008. The statistics presented seemed to indicate that providing Alcohol and Other Drug Abuse (AODA) treatment to offenders at risk of re-entering prison is a cost-effective way to prevent recidivism.

SCAODA Survey Results – Greg Levenick

This agenda item was tabled until the next meeting

Mr. Levenick did provide an update on other issues. Mr. Levenick announced state staff are looking for a more cost-effective meeting location. Mr. Levenick also announced that state staff will be distributing nomination forms by email for SCAODA elections and that Jan Viste’s last day will be December 14, 2007.

Agenda Items for March 2008 Meeting – Senator Carol Roessler

The agenda for March 7, 2008 would include Secretary Kevin Hayden. John Easterday suggested topics such as 1) how AODA services are integrated with BadgerCare Plus and other Wisconsin Health Care Insurances and/or 2) integrated health information.

Senator Roessler announced she will be looking into alcohol consequences law to evaluate whether sanctions are graduated as the number of offenses a person commits increases.

Adjournment

The meeting was adjourned. The next meeting is scheduled for March 7th, 2008 at 9:30 am to 12:30 pm at a location to be decided.

SCOADA 2008 Meeting Dates

March 7, 2008	9:30 am - 12:30 pm
June 6, 2008	9:30 am - 3:30 pm
September 12, 2008	9:30 am - 12:30 pm
December 5, 2008	9:30 am - 12:30 pm

Jim Doyle
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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
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**STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES**

March 7, 2008

9:30 a.m. – 12:30 p.m.

**American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783
Room A3151**

Members Present: Mark Seidl, Sandy Hardie, Mary Rasmussen, Scott Stokes, Michael Waupoose, Minnette Lawrence (representing Representative John Townsend), Renee Chyba (representing Secretary Rick Raemisch), Bill McCulley, Joyce O'Donnell, Blinda Beason and Janet Nordorft (representing Secretary Frank Busalacchi), Greg Phillips (for Michael Myszewski), Eileen Mallow (representing Sean Dilweg), Dr. Pamela Phillips, Sen. Tim Carpenter, Gary Sumnicht.

Members Excused: Linda Mayfield, David Collins.

Members Absent:

Ad-Hoc Members Present: Linda Preysz, Peggy Wichmann, Ray Luick, Larry Kleinsteiber,

Ad-Hoc Member Excused:

Ad-Hoc Member Absent:

Staff: Rebecca Cohen, Lori Goeser, Gerald Livings, Greg Levenick, Lori Ludwig, Lou Oppor, Gail Nahwahquaw, Kathy Thomas, Rita Schraepfer-Derke, Mary Raina Zwadzich, Susan Endres, Lilly Radivojevich,

Guests: Peggy Helmquist, Jeff Scanlon, Katie Plona, Norm Briggs

Introductions/Welcome/Agenda

Mark Seidl called the meeting to order at 9:35 am. He announced that Senator Roessler was out ill and that Linda Mayfield was unavailable. He welcomed the group and led the pledge of allegiance.

Approval of Minutes

Dr. Pamela Phillips motioned to approve the minutes of December 7, 2007 as written. Michael Waupoose seconded the motion. The motion passed unanimously.

Public Input

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

Alcohol Awareness Month Activities

Greg Levenick announced that the Bureau is in the process of requesting a Governor's Proclamation that April is Alcohol Awareness Month. April 5th is National Alcohol Screening Day. There are approximately 44 Town Hall meetings being held around Wisconsin for the public to address ways to decrease the availability of alcohol to adolescents. The National Fetal Alcohol Spectrum Disorders Conference is being held in Madison April 3rd and 4th. The Department of Public Instruction is partnering with the Bureau to make evidence based screening instruments for adolescents available to the schools and County Juvenile Justice Units statewide. The Bureau is making available to the public "A Parent's Guide for Treatment." Other conferences are posted on the new SCAODA website, as well as the Bureau's website.

Joint Statement

Rebecca Cohen and Peggy Helmquist (from the Department of Children and Families) distributed two documents. One was a copy of the working draft of the "Joint Statement." The other was an update that listed accomplishments and plans for finalizing the document and obtaining support and approval. Ms. Cohen summarized by informing the group that they have worked with all DHFS Divisions and received their endorsements. They are now prepared to move forward in hope that Secretary Hayden will endorse it and then agencies and organizations can endorse it on-line. Peggy Helmquist explained that the purpose of the "Joint Statement" is to create a collaborative, integrated framework for different partnerships to come together to look at the individual as a whole. Instead of silos for people to go to in order to receive services, the concept would enable collaboration to occur and people to build on each others programs. The "Action Guide" for organizations is yet to be finalized which will instruct agencies and organizations on how they can partner with others. This "Joint Statement" is a work in progress. Continued work within the Intervention and Treatment Committee of the Council will focus on final edits and definitions. Ms. Cohen and Ms. Helmquist asked for input into finalizing the definitions. Clarity is needed to move forward. Linda Preysz indicated that there would be no motion to approve the "Joint Statement" until the document was finalized. Marc Seidl commended the group on their work.

Committee Reports

Diversity Committee: Michael Waupoose prefaced the motion to approve the document "National Standards on Culturally and Linguistically Appropriate Services" (CLAS), by informing the group that cultural competency is not something you accomplish overnight or even tomorrow. He suggested that organizations would not be expected to attain all the goals listed in the document at once. Perhaps a better strategy would be to pick one and move toward it. It is something designed to help organizations and agencies (including DHFS) to move forward. Joyce O'Donnell reported that the Planning and

Funding Committee had listened to Mr. Waupoose's presentation on CLAS and had a few concerns: 1) What other organizations has Mr. Waupoose gone to and whether he has obtained their support. 2) The Impact on Certification and, 3) it's important that CLAS be understood as standards and not mandates. Mark Seidl asked for any further discussion. No further discussion was raised. **Mark Seidl moved that the State Council endorse the CLAS standards for organizations to move forward in their models of care. The Motion passed unanimously.** Greg Levenick asked if there were any assessment tools to help agencies. Mr. Waupoose indicated that there were several and that the Diversity Committee was looking at a number of them to evaluate their strengths so that agencies could choose from among them.

Intervention and Treatment Committee (ITC): Linda Preysz reported some updated findings from the tobacco cessation project. The 1-800 QUIT line experienced a significant increase in the number of calls due to the increased tobacco tax as of January 1st. Also, regarding the "Joint Statement," the ITC will wait until the June meeting to make a motion to adopt the "Joint Statement."

Regarding SB 375, the parity bill, in which mental health and substance abuse disorders would be covered under insurance policies the same as physical disabilities are, the ITC believes it is a good bill. **Scott Stokes made a motion on behalf of the ITC that SCAODA write a letter to Senator Dave Hansen and Representative Sheryl Albers in support of SB 375. Joyce O'Donnell seconded the motion. The motion passed unanimously.** Mark Seidl reported that the Assembly passed this bill yesterday. He suggested that it's important for all to contact their legislators.

Dave MacMaster informed the group that he has received a \$75,000 grant to fund Project Wintip, a project designed to advance nicotine treatment into health services. He invited all who are interested in participating in the development of a plan to implement the project to attend a planning session.

Planning and Funding: **Joyce O'Donnell made the following motion: The Planning and Funding Committee recommends the number of statutory members expand to 27; an additional five new members added to represent the substance abuse prevention and treatment field, both culturally and geographically, in the state of Wisconsin. Dr. Pamela Phillips seconded the motion.**

Joyce O'Donnell asked Senator Carpenter if he would be willing to promote the change through the legislature. Senator Carpenter agreed. Norm Briggs explained that SCAODA needs more representation from the field of prevention and treatment providers. He acknowledged that Michael Waupoose does a wonderful job but we need wider representation, for example, from publicly funded programs. The additional expertise would be an enhancement to the Council. Linda Preysz informed the group that in the By-Laws Workgroup—there had been discussion about adding in more agency representatives. Greg Levenick noted that Ex-Officio members do not have the right to vote, that is, representatives from Workforce Development, Department of Regulation and Licensing, Department of Revenue, Veterans Affairs, Office of Justice Assistance, University Health Services, and the Technical College System were added to the Council as Ex-Officio members but are non-voting members and cannot Chair Committees or bring forth motions. To be able to do that would require a statutory change. This is a different motion. This motion would add more community representation, more providers rather than state employees. Lou Oppor pointed out to the group a document "Membership of the State Council..." which displays statutory members and Ex-Officio members by name and designee's name. Mark Seidl pointed out that Ex-Officio members' agencies were not in existence in 1993 when

SCAODA legislation was adopted. Minette Lawrence pointed out that on the ‘Membership...’ chart, Senator Carpenter should be designated as from the Majority party, and Senator Roessler as from the Minority party. There was a lengthy discussion about whether or not to include the Ex-Officios as an addendum to the current motion or not. The salient points were that Planning and Funding wanted the five new voting members to be prevention and treatment representatives and Ex-Officios should remain non-voting members. There were suggestions made to table the discussion until next January but Joyce O’Donnell explained that she would like to keep the matter on the front burner and pass this motion. We can come back and amend with the Ex-Officios in September or December. Mark Seidl asked for further discussion and Michael Waupoose pointed out that his term is up in May, as is Sandy Hardie’s. Further discussion is needed regarding that. Mr. Waupoose also indicated that Sandy Hardie is a provider and Scott Stokes is also a provider. They are Citizen Members, but they are also providers. There shouldn’t be the perception that he is the only provider. Greg Levenick indicated that the By-Laws workgroup would continue to deal with membership issues. **Mark Seidl then brought forth the original motion: The Planning and Funding Committee recommends the number of statutory members expand to 27; an additional five new members added to represent the substance abuse prevention and treatment field, both culturally and geographically, in the state of Wisconsin.” The motion passed unanimously.**

Joyce O’Donnell continued with Planning and Funding motions. She will hold on the motion that the Planning and Funding Committee develop criteria for the selection of five new members through recommendations from the other SCAODA Committees.

Ms. O’Donnell made a motion that the Council support Assembly Bill 474; related to increasing the tax on fermented malt beverages to fund law enforcement grants and alcohol and drug abuse treatment and prevention programs. Michael Waupoose seconded the motion. Senator Carpenter reported that the Bill has been referred to the Committee on State Affairs. Minette Lawrence indicated that it has been sitting in that Committee since August 2, 2008 and will continue to sit there until the session ends. **Senator Carpenter indicated that the motion should include language such as, “...support AB 474 and any bill identical to it next legislative session.” This was seconded by Dr. Pamela Phillips. The motion passed unanimously.**

Ms. O’Donnell made a motion to support AB 54 and SB 116 related to repeat drunken driving offenders and providing a penalty. Dr. Pamela Phillips seconded the motion. Michael Waupoose expressed a concern that increasing the penalty according to the number of offenses is one thing but these Bills should have an attachment or addendum that addresses the underlying treatment needs of repeat offenders. He continued that we already know that punishing doesn’t make them get well. While acknowledging support for the public safety aspect, punishing offenders even more won’t help them to get better. Gary Sumnicht pointed out that after the 2nd offense now, there is a referral to assessment and after the third offense they are referred to treatment. Sandy Hardy informed the group that the assessments are not done appropriately. The assessments length is 5-10 minutes. She felt that is a very important issue. Michael Waupoose raised a related concern that people doing assessments are not always certified to do so. It is apparent from the referrals sent to Gateway. There is a range of results and a great deal of variability between assessors. He argued for consistent standards. Mr. Sumnicht agreed, but pointed out that this motion won’t affect that. Blinda Beason asked the group to come up with a plan to address inconsistencies between assessors, so we don’t get to this point. Senator Carpenter informed the group that he believes that these bills passed both houses the previous day,

Mark Seidl agreed, but indicated that was a separate issue. Given Senator Carpenter's information, **Ms. O'Donnell withdrew the motion.**

Ms. O'Donnell read the following motion: **"The Planning and Funding Committee recommends the Council support SB 150; related to prohibiting smoking in places of employment, restaurants, taverns, and other indoor areas and providing a penalty."** Gary Sumnicht seconded the motion. Senator Carpenter reported that SB 150 has passed out of Committee and is sitting waiting to go to the floor. The Tavern League is blocking it. Mark Seidl asked for a vote. **The motion passed unanimously.**

Ms. O'Donnell made a motion that the Council support SB 193; related to drunken driving and providing a penalty. Dr. Pam Phillips seconded the motion. Ms. O'Donnell pointed out that this Bill is related to a fine based on Blood Alcohol Content, not the number of convictions. Greg Levenick raised the concern that none of the fine money goes to treatment. Mark Seidl agreed. This is a critical issue to counties. Based on these concerns, **Ms. O'Donnell withdrew the motion** and suggested that Planning and Funding could reintroduce the Bill at a later date. Mark Seidl added that with regard to the motion about SB 193, the penalties were not as important as the surcharge so that money goes back to the counties for treatment. Mr. Seidl asked to add to the motion regarding SB 193 the recommendation that the entire surcharge be returned to the Counties. All were in agreement.

Joyce O'Donnell made a motion that the Council support Senate Bill 27; relating to releasing persons arrested for certain offenses related to operating a vehicle while intoxicated or similar legislation next session. The motion passed unanimously. Katie Plona reported that this Bill has been sent back to Committee and there has been no action on it. Linda Preysz raised an issue about the offenders' losing their vehicles. Greg Phillips reported that the vehicles would not be held. They can be released after a certain amount of time. Ray Luick raised issues about housing these offenders. There is a significant impact on where and how people would be held and how much law enforcement is involved in the process. He believed that Law Enforcement needed to look at this Bill. Minette Lawrence reported that the Bill is out of Senate Judiciary and sitting in the Assembly Judiciary Committee. Joyce O'Donnell indicated that she would like a vote on the motion to support the bill and have the Council be on record. Then perhaps Senator Carpenter and Representative Townsend can draft legislation next January. Ms. O'Donnell suggested adding language to the motion: "... or similar legislation next session." Senator Carpenter agreed to get this Bill to hearing with all the Bills the Council supported today perhaps at the same time, so there could be organized testimony. He agreed to work with Senator Roessler on this. Mark Seidl asked for further discussion and hearing none, asked for a vote on the motion. All responded "Aye."

Ms. O'Donnell made a motion that the Council support AB 498; related to costs of administering tests for intoxication. Mary Rasmussen seconded the motion. The motion passed unanimously. Minette Lawrence reported that the Bill is out of the Assembly and sitting in the Senate Judiciary Committee. Senator Carpenter indicated that he believed he could get the bill out of committee.

Ms. O'Donnell moved that the Council oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP underage Drinking program. Mary Rasmussen seconded the motion. The motion passed unanimously. The discussion focused on forwarding the motion to the Governor and legislators at the federal level to address the impact the cut

would have on organizations here and at the state level. Larry Kleinsteiber asked Ms. O'Donnell if she was looking for budget restoration. She responded in the affirmative.

Joyce O'Donnell referred to a booklet Ask The Candidates, regarding advertising directed at Youth. She would like the booklet to be distributed to statutory members. She also shared a lengthy article in the Phoenix Sunday paper on Underage Drinking among Youth. Mark Seidl thanked Ms. O'Donnell and the Planning and Funding Committee for their hard work.

Prevention Committee: Scott Stokes reported that the Prevention Committee met just once in late February. State staff are working on RFP's for the SPF SIG project. They should be issued in May of 2008. They should be annual awards for 3 years; fourteen awards. He also announced that the Prevention Conference will be held in July. Registration should occur through the Clearinghouse. He also reported that: 1) the letter requesting a Legislative Council study of underage drinking was signed by Senator Roessler and sent to the Joint Legislative Council Committee, where the request is being considered. 2) There is a need for more statewide training for Substance Abuse Prevention specialists. Scott Stokes and Jeff Scanlon discussed certification for Prevention specialists. There is only a small number of them statewide, (fourteen). There was a discussion about the rules that are preventing interested individuals from being certified. There was also discussion about who needs certification and why. Mr. Stokes suggested Mr. Scanlon meet with the Workforce Sub Committee on Prevention. He agreed to follow-up. 3) There is to be a new AODA Epidemiological study available May 2008.

Legislative Updates

AB 246/ SB 463: Katie Plona, the legislative liaison for DHFS spoke to AB 246/ SB 463, the "Vendorship" bill in which licensed social work AODA counselors and marriage and family counselors could bill for drug treatment services outside of a clinic setting. DRL licenses them and allows that to occur. The bill has passed the Senate and Assembly. The original bill took out a grievance process through DHFS. That has been worked out. Jeff Scanlon reported that the amendment requires licensed mental health professionals to handle a grievance procedure or provide information to clients. The code of conduct indicates that a violation occurs if the clinician doesn't include this information. We need to get that information out there. Katie Plona added that clients can also go through NASW. Clients have several different options for recourse.

Bill 246: Passed the Senate this week and was sent to the Assembly. The grievance process with DHFS was removed but clients can still pursue grievances as before. Fiscal note on this bill: The effective date on the bill is still 18 months out but this does not change the fiscal note. Marriage counselors will not have to be associated with a clinic. This tips the scales towards clinics to provide the funds necessary to maintain certification.

Katie Plona continued the discussion about MA coverage. The provider needs to be a medically certified provider (in order to receive MA reimbursement), but they do not have to obtain a physician's referral or signature. Peggy Wichmann indicated that that will make the service much more accessible. Michael Waupoose reported that there are many prescribed requirements under HSF 75 that these newly authorized clinics won't have to meet. Ms Plona agreed that this legislation does take people out from HFS 75.

SB 150/ AB 834: Ms. Plona continued to report on SB 150/ AB 834 related to prohibiting smoking in places of employment, restaurants, taverns, and other indoor areas and providing a penalty. Both bills have passed their respective Committees. Both bills are waiting for scheduling on the floor. Right now there is lots of debate about procedure and who it should go to. There is a meeting today with the Tavern League and Smoke-Free Wisconsin (Cancer Society). If the Bill passes, there will be delayed implementation. It will not be passed as is. Senator Carpenter agreed. Dave MacMaster reported that advocates won't compromise. It will be a clean bill or it won't be supported. Advocates will not yield. There won't be a compromise to implement over 2-3 years. Katie Plona indicated that on the previous Wednesday there were lots of people at the Capitol. There was a Governor's even and Lance Armstrong was there. Lots of people were talking to the legislators. It looks like delay is necessary. Senator Carpenter indicated that Governor Doyle has gone out on a limb to get the bill passed. He felt the Governor deserves a lot of credit.

Women's Capacity Study Report

Norm Briggs gave a comprehensive report to the Council on the extent of specialized AODA treatment services for women statewide. He presented a power point slide show. Why women-specialized services? Women-focused treatment has higher success rates than mixed-gender treatment (Blume 1998). Trauma, co-occurring disorders, parenting training needs, job training needs, medical care and need for domestic violence intervention services are common in substance abusing women (Finkelstein 1993). Women who are allowed to retain custody of their children during treatment are more successful (Drug Strategies 1998, Coletti et al. 1997).

Only 10% of treatment facilities statewide offer women's specific treatment (N=36). Thirty-five of the 36 agencies responded to Mr. Brigg's survey, indicating that of those 35, only 23 report that they accept publicly funded clients. He presented data on the prevalence of males and females needing publicly funded AODA treatment annually, the numbers and percentages admitted annually, the distribution of women-specific treatment providers statewide, the number and percentage of beds or treatment slots by level of care available for women-specific treatment (including children's beds) in both corrections and non-corrections facilities, treatment completion rates for women's specific treatment compared to all others, a description of what makes women's -specific treatment so effective, completion rates, core values, and 4-6 month post discharge outcomes. In sum, 1) Publicly-funded women-specific treatment facilities can accommodate 46.5% of the total number of women admitted annually for publicly-subsidized treatment. 2) Urban/Rural grant women-specific treatment facilities can accommodate 11.1% of the total number of women admitted annually for publicly-subsidized treatment. 3) Women-specific treatment facilities report successful completions at a statistically significant higher rate than women completing treatment in other facilities. Additionally, 3 of the 13 residential facilities offer childcare beds; 3 of the 8 day treatment facilities offer childcare and 4 of the 10 outpatient facilities offer childcare.

Jeff Scanlon noted that the number of beds may need to be increased but also adequately licensed staff must also be obtained. Peggy Wichmann asked if Corrections facilities meet standards for women-specific treatment. Mr. Briggs indicated that yes, their CBRF's do, however DOC beds are not available to the general public. Mr. Briggs also pointed out to the group that SAMHSA's protocol for women-specific treatment is virtually a photocopy of Wisconsin's standards and core values. Wisconsin is a model for the rest of the Country.

SCAODA Participant Survey Results

Greg Levenick referred the group to the Summary of Findings from the Participant Survey in their packets. He pointed out that SCAODA staff have implemented the main findings from the survey. They are: 1) Adding “Public Input” to each meeting. 2) Increasing the amount of time for Committee Reports. 2) Providing more “Legislative Alerts” to the group 3) Including “Action Items” on the agenda. 4) Initiating a process to formalize By-laws for the Council.

By-laws

Lou Oppor explained that the Council has operated 20 years without By-laws. He spoke to the process adopted to draft SCAODA By-laws. BMHSAS staff convened a workgroup consisting of Harold Gates, Blinda Beason, Linda Preysz, Gail Nahwahquaw, Lorie Goeser, Lou Oppor, Kathy Thomas, Lilly Radivojevich, Raina Zwadzich, Jamie McCarville, Susan Endres, Lori Ludwig, Greg Levenick, Michael Myszewski, Jerry Livings, Rebecca Cohen, Gregory Phillips, and Karen Kinsey. This workgroup met 3-4 times over the last 3 months and using the Mental Health Council’s By-laws as a template and drawing from the statutes guiding SCAODA, the workgroup was able to pull together a rough draft. He referred the Council to the draft By-laws included in their packets and explained that there will be another draft forthcoming as there was a recent meeting and further revisions are to be made. As soon as the new draft is available, it will be distributed to the group. The process for review includes the DMHSAS Administrator, the Secretary of DHFS, the Governor’s Office and the SCAODA. We hope to have the By-laws voted on at the June meeting. Lou Oppor reported that there is a meeting scheduled for April 21st, that anyone can attend (1 W. Wilson, Room 630, from 1:00 pm to 4:00 pm). SCAODA Committees should review the By-laws prior to April 21st, 2008 and forward their feedback and suggested revisions to Lori Ludwig, or attend the meeting.

Agenda Items for June Meeting

Joint Statement - Peggy Helmquist, Claude Gilmore, Rebecca Cohen
John Easterday re: the Governor's report
DRL for Diversity (SACIT changes)
Project Fresh Light
STAR – SI
By-Laws
SYNAR

Announcements and Other Business:

Joyce O’Donnell suggested that it would be good if the Governor could stop in to our June meeting.

Michael Waupoose wondered what to do once his term was up in May. Greg Levenick asked him to continue until the By-laws were in place. Mr. Waupoose agreed.

Mr. Levenick announced that there will be a Public Input at the WAAODA conference, May 5th at the Sheraton.

Mr. Levenick distributed a flyer on the Psychopharmacology Workshop scheduled for April 14-18 and May 12-16, 2008.

Adjournment

The meeting was adjourned. The next meeting is scheduled for June 6th, 2008 at 9:30 am to 3:00 pm at American Family Insurance Conference Center.

SCOADA 2008 Meeting Dates

March 7, 2008	9:30 am - 12:30 pm
June 6, 2008	9:30 am - 3:30 pm
September 12, 2008	9:30 am - 12:30 pm
December 5, 2008	9:30 am - 12:30 pm

DRAFT

SCAODA
Legislative /Motions Updates
June 6, 2008

Legislation

SB 375—the “Parity” bill

Motion: On March 7, 2008 at the SCAODA meeting, Scott Stokes made a motion on behalf of the ITC that SCAODA write a letter to Senator Dave Hansen and Representative Sheryl Albers in support of SB 375. Joyce O’Donnell seconded the motion. The motion passed unanimously.

Update: The bill failed to pass prior to the end of the legislative session. On March 11, 2008 Representative Sheryl Albers introduced AB 922, relating to health insurance coverage of nervous and mental disorders, alcoholism, and other drug abuse problems. On 3-21-08 the bill “failed to pass prior to the end of the legislative session”, however fiscal estimates were received on 3-28, 4-14, 4-16 and 5-01.

AB 474—related to increasing the tax on fermented malt beverages to fund law enforcement grants and alcohol and drug abuse treatment and prevention programs.

Motion: On March 7, 2008 at the SCAODA meeting, Ms. O’Donnell made a motion that the Council support AB 474. Sen. Carpenter reported that the Bill has been referred to the Committee on State Affairs. Minette Lawrence indicated that it has been sitting in that committee since August 2, 2007 and will continue to sit there until the session ends. Michael Wapoose seconded the motion. Senator Carpenter indicated that the motion should include language such as “..support AB 474 and any bill identical to it next legislative session. The motion passed unanimously.

Update: 4-15-08. Legislative Notification Service indicates that the bill failed to pass prior to the end of the legislative session. It will have to be reintroduced next January for follow-up to occur.

AB 54/ SB 116 related to repeat drunken driving offenders and providing a penalty.

Motion: On March 7, 2008 at the SCAODA meeting, Ms. O’Donnell made a motion that the Council support SB 116/AB 54. Senator Carpenter reported at the 3-7-08 SCAODA meeting that he believed that these bills passed both houses the previous day. Ms. O’Donnell withdrew the motion.

Update: 4-15-08. Legislative Notification Services indicates that the Senate bill passed, but the Assembly bill did not. SB116 approved by the Governor on 3-18-2008. 2007 Wisconsin Act 111.

SB 150—related to prohibiting smoking in places of employment, restaurants, taverns, and other indoor areas and providing a penalty.

Motion: Ms. O’Donnell made a motion at the SCAODA meeting of 3-7-08 to support SB 150 and Gary Sumnicht seconded the motion. Senator Carpenter reported that SB 150 has passed out of committee and is sitting waiting to go to the floor. The tavern league is blocking it. The motion passed unanimously.

Update: The Legislative Notification Service indicates that the bill failed to pass prior to the end of the legislative session. It will have to be reintroduced next January for follow-up to occur.

SB 193—related to drunken driving and providing a penalty. This bill is related to a fine based on Blood Alcohol Content, not the number of convictions.

Motion: At the SCAODA meeting on 3-7-08, Greg Levenick expressed concerns because none of the fine money goes to treatment. Mark Seidl agreed. Based on these concerns, Ms. O’Donnell withdrew the motion she made earlier to support the bill and suggested that the Planning and Funding Committee reintroduce the bill at a later date. Mr. Seidl asked to add to the motion the recommendation that the entire surcharge be returned to the Counties. All were in agreement.

Update: 3-21-08: Legislative Notification Service indicates bill failed to pass. It will have to be reintroduced next January for follow-up to occur.

3-21-08. SB 27—relating to releasing persons arrested for certain offenses related to operating a vehicle while intoxicated

Motion: Ms. O’Donnell made a motion to support the bill at the 3-7-08 SCAODA meeting. Katie Plona reported at the same meeting that the bill has been sent back to Committee and there has been no action on it. Ms. O’Donnell suggested adding language to the motion, “...or similar legislation next session.” Senator Carpenter agreed to get this Bill to hearing. All were in favor, the motion passed.

Update: The bill failed to pass prior to the end of the legislative session. It will have to be reintroduced next January for follow-up to occur.

AB 498—related to costs of administering tests for intoxication.

Motion: Ms. O'Donnell made a motion that the council support AB 498 at the 3-7-08 SCAODA meeting. The motion passed unanimously.

Update: 4-15-08: Legislative Notification Service indicates the bill failed to get out of Committee. The bill failed to pass prior to the end of the legislative session. It will have to be reintroduced next January for follow-up to occur.

SB 246/AB 463—the “Vendorship” bill

Update: SB 246/AB 463 failed to pass prior to the end of the legislative session. It will have to be reintroduced next January for follow-up to occur.

Motions

Motion: The Planning and Funding Committee recommended at the March 7, 2008 SCAODA meeting that the number of statutory members expand to 27; an additional five new members added to represent the substance abuse prevention and treatment field, both culturally and geographically, in the state of Wisconsin. The motion passed unanimously.

Action: Motion brought to meeting of the By-laws workgroup 4-21-08 on behalf of the Planning and Funding Committee to try to attach it to the By-laws. It was determined at that meeting that it cannot be part of the By-laws as it is not part of the statutes, yet. Suggestion was made by BMHSAS staff to draft a letter on behalf of SCAODA to the Governor apprising him of the intent to introduce legislation.

Update: 5-6-08: Letter signed by Sen. Roessler and sent to Governor Doyle.

Motion: At the March 7, 2008 SCAODA meeting, Joyce O'Donnell moved that SCAODA oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Support Programs and the STOP underage Drinking Program. The motion passed unanimously.

Action: Letters to Governor Doyle, Senators Feingold and Kohl, and the whole Wisconsin Congressional delegation were drafted, signed by Sen. Roessler and sent 4-25-08.

Update: Response from Tammy Baldwin received 5-20-08

Motion: At the March 7, 2008 SCAODA meeting, Mark Seidl made a motion that the State Council endorse the “National Standards for Culturally and Linguistically Appropriate Services” (CLAS Standards), to enable organizations to move forward in their models of care. The Motion passed unanimously.

Action: In order to increase access to the CLAS Standards, the document was posted to SCAODA's website. Additionally, SCAODA staff have scheduled a meeting with the Department of Health and Family Service's Affirmative Action Officer in order to discuss how to put the CLAS standards into motion.

Update: Meeting with Affirmative Action Officer is pending.

Website for Legislative Notification Service:

<http://notify.legis.state.wi.us/Home.aspx>

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Jim Doyle
Governor

Sen. Carol Roessler
Chairperson

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Governor Jim Doyle
PO Box 7863
Madison, WI 53707

Dear Governor Doyle:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

As you know, alcohol and drug use and abuse are serious problems in Wisconsin. According to a recent University of Wisconsin publication, "Impact of Alcohol and Illicit Drug Use in Wisconsin", UW-Madison, School of Medicine and Public Health, UW Population Health Institute, Department of Population Health Sciences" (September, 2007), based on the most recent data available, alcohol and illicit drug use and misuse in Wisconsin resulted in the following consequences:

- 2, 082 deaths (annual number from 2004 and 2005 data)
- 5,992 motor vehicle injuries (2005)
- 16, 677 hospitalizations (2005)
- 126, 207 arrests (2004)
- 528, 000 people suffering with dependence or abuse (2004-2005)
- \$189, 741, 774 in public funds spent on hospitalizations and treatment (2005)

Wisconsin has the highest rates in the nation of:

- Current drinking among high school students (49%)
- Current underage drinking (39%)
- Current drinking among adults (68%)
- Binge drinking among adults (22%)
- Chronic, heavy drinking among adults (8%)
- Oxycontin use in the past month among people ages 12 and older (1%)

As you know, Wisconsin was recently declared to have the worst drunken driving rate in the country. The impact of the cut would have enormous ramifications at the state level. We are requesting that you, as our state and federal government representatives please work to restore SAMHSA's budget. This funding is needed to implement the effective evidence-based programming slated for reduction or extinction that provides such crucial services to our communities.

Sincerely,

A handwritten signature in black ink that reads "Carol Roessler". The signature is written in a cursive, slightly slanted style.

Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Greg Levenick, SCAODA Staff
Lori Ludwig, SCAODA Staff
Wisconsin Congressional Delegation



Jim Doyle
Governor

Sen. Carol Roessler
Chairperson

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Senator Russell D. Feingold
506 Hart Senate Office Building
Washington DC 20510

Dear Senator Feingold:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Greg Levenick, SCAODA Staff
Lori Ludwig, SCAODA Staff
Wisconsin Congressional Delegation



Jim Doyle
Governor

Sen. Carol Roessler
Chairperson

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Senator Herb Kohl
330 Hart Senate Office Building
Washington DC 20510

Dear Senator Kohl:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Greg Levenick, SCAODA Staff
Lori Ludwig, SCAODA Staff
Wisconsin Congressional Delegation



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

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Congresswoman Tammy Baldwin
10 East Doty Street, Suite 405
Madison, Wisconsin 53703

Dear Congresswoman Baldwin:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Greg Levenick, SCAODA Staff
Lori Ludwig, SCAODA Staff
Wisconsin Congressional Delegation



Jim Doyle
Governor

Sen. Carol Roessler
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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

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Congressman Steve Kagen
1232 Longworth House Office Building
Washington DC 20515

Dear Congressman Kagen:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

As you know, alcohol and drug use and abuse are serious problems in Wisconsin. According to a recent University of Wisconsin publication, "Impact of Alcohol and Illicit Drug Use in Wisconsin", UW-Madison, School of Medicine and Public Health, UW Population Health Institute, Department of Population Health Sciences" (September, 2007), based on the most recent data available, alcohol and illicit drug use and misuse in Wisconsin resulted in the following consequences:

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Sincerely,

A handwritten signature in black ink that reads "Carol Roessler". The signature is written in a cursive, slightly slanted style.

Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Greg Levenick, SCAODA Staff
Lori Ludwig, SCAODA Staff
Wisconsin Congressional Delegation



Jim Doyle
Governor

Sen. Carol Roessler
Chairperson

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Congressman Ron Kind
1406 Longworth House Office Building
Washington DC 20515

Dear Congressman Kind:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
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Jim Doyle
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Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Congresswoman Gwendolynne Moore
1239 Longworth House Office Building
Washington DC 20515

Dear Congresswoman Moore:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Greg Levenick, SCAODA Staff
Lori Ludwig, SCAODA Staff
Wisconsin Congressional Delegation



Jim Doyle
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Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Congressman David Obey
2314 Rayburn House Office Building
Washington DC 20515

Dear Congressman Obey:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

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Jim Doyle
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State of Wisconsin

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Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Congressman Tom Petri
2462 Rayburn House Office Building
Washington DC 20515

Dear Congressman Petri:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Congressman Paul Ryan
1113 Longworth House Office Building
Washington DC 20515

Dear Congressman Ryan:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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Wisconsin Congressional Delegation



Jim Doyle
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State Council on Alcohol and Other Drug Abuse

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Madison, Wisconsin 53707-7851

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

April 25, 2008

Congressman James Sensenbrenner
2449 Rayburn House Office Building
Washington DC 20515

Dear Congressman Sensenbrenner:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council that on March 7, 2007 the SCAODA unanimously approved a motion to oppose the proposed cuts in President Bush's FY 2009 budget plan, which slashes \$198 million from SAMHSA and calls for the elimination of the Recovery Community Support Programs and the STOP Underage Drinking Program.

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State Council on Alcohol and Other Drug Abuse

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Greg Levenick, SCAODA Staff
Lori Ludwig, SCAODA Staff
Wisconsin Congressional Delegation

TAMMY BALDWIN
2ND DISTRICT, WISCONSIN

Website: tammybaldwin.house.gov

COMMITTEE ON
ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON
ENERGY AND AIR QUALITY
SUBCOMMITTEE ON ENVIRONMENT
AND HAZARDOUS MATERIALS

COMMITTEE ON
JUDICIARY
SUBCOMMITTEE ON CRIME,
TERRORISM, AND HOMELAND SECURITY

Congress of the United States
House of Representatives
Washington, DC 20515

2446 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TEL.: (202) 225-2906
FAX: (202) 225-6942

10 EAST DOTY STREET, SUITE 405
MADISON, WI 53703
TEL.: (608) 258-9800
FAX: (608) 258-9808

400 EAST GRAND AVENUE, SUITE 402
BELOIT, WI 53511
TEL.: (608) 362-2800
FAX: (608) 362-2838

May 15, 2008

The Honorable Carol A. Roessler
WI State Senate
PO Box 7882
Madison, Wisconsin 53707

Dear Senator Roessler:

Thank you for contacting me about funding for the Substance Abuse and Mental Health Services Administration (SAMHSA). It is good to hear from you, and I apologize for the delay in my response.

Like you, I recognize the substantial problems associated with substance abuse in Wisconsin, and I support federal efforts aimed at addressing substance abuse within our state and nationwide. As you are aware, SAMHSA is the federal agency, located within the Department of Health and Human Services (HHS), that funds mental health and substance abuse treatment and prevention services through a series of grants. I strongly support SAMHSA.

I was deeply disappointed that when President Bush released his fiscal year budget proposal on February 4, 2008, he sought to reduce funding for SAMHSA by 5.9 percent below its fiscal year 2008 level of funding - to only \$3.158 billion. I am opposed to these cuts.

The 110th Congress is just beginning its fiscal year 2009 appropriations process. Please know that I will keep your views in mind as the House of Representatives moves forward with the appropriations process and considers measures that will impact SAMHSA.

Again, thank you for sharing your views. Your opinion matters to me. If I can be of service to you in any other way, please do not hesitate to let me know. As a security precaution, all mail sent to Congress is first irradiated. This process causes significant delays. To ensure the fastest response, I encourage all constituents who have access to the internet to contact me through my website at <http://tammybaldwin.house.gov>.

Sincerely,



Tammy Baldwin
Member of Congress

P.S. I regularly send out email updates on federal issues and opportunities. These reports also include regular surveys through which you can express your opinion. If you would like to receive these email updates, you may sign up by visiting my website at: http://www.house.gov/formbaldwin/IMA/get_address_news.htm

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Jim Doyle
Governor



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Sen. Carol Roessler
Chairperson

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

May 6, 2008

Governor Jim Doyle
PO Box 7863
Madison, WI 53707

Dear Governor Doyle:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council. On March 7, 2007 the Council unanimously approved a motion to increase the number of statutory members from 22 to 27 in order to increase the number of substance abuse prevention and treatment representatives on the Council.

The membership of SCAODA felt that there needs to be more representation on the Council from professionals working in the field of alcohol and other drug abuse prevention and treatment. They felt that additional perspectives from the community would enrich the Council's understanding of current trends and how the system is working. The Council felt that additional expertise would be an enhancement to the Council, and also felt that this strategy would increase representation of diverse populations.

This request would require statutory changes to sections 14.017 (2) and 14.24 of the Wisconsin Statutes. I am writing on behalf of SCAODA to inform you that the Council has taken this position and we ask for your support as it is introduced into legislation, next session.

Sincerely,

A handwritten signature in blue ink that reads 'Carol Roessler'.

Senator Carol Roessler
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Greg Levenick, SCAODA Staff
Lori Ludwig, SCAODA Staff
Planning and Funding Committee

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STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

Diversity Committee Meeting Minutes (Amended) Thursday, February 7, 2008

Location:

DHFS

1 W. Wilson St., Room 950B

Madison, WI 53703

Attendees:

1. Dakai, Steven – via conference call
2. Gates, Harold
3. Hardie, Sandy
4. Kaye, Jerry
5. Kinney, Gail – via conference call
6. Johnson, Denise
7. Waupoose, Michael
8. White, Fayann – via conference call

Excused Members:

1. Andrews, Lissa
2. Berlinger, Alvita
3. Decoteau, Fredericka – Excused
4. del S. Ryan, Astrith
5. Crawford, James
6. McAlister, Angela
7. McAlister, Dara

Sign Language Interpreters:

1 interpreter attended to assist Denise Johnson.

State Staff:

Nahwahquaw, Gail - Committee Staff Person

Diversity Committee Meeting Minutes

I. Call to Order, Committee Issues and Review of Committee Meeting Minutes

Mr. Waupoose called the Diversity Committee Meeting to order at 1:03 PM. Total membership of the Committee is fifteen individuals, eight members present including three members via conference call, seven members excused. Discussion of 2008 meeting

schedule occurred. The 2008 meeting schedule is as follows: Meetings are from 1-3pm unless otherwise stated

Thursday, **January 3, 2008**, DHFS 1 W. Wilson St, Room

Thursday, **February 7, 2008**, 1 WW, Room 950B

Thursday, **April 3, 2008** – 12pm-3pm, Maehnowesekiyah Wellness Center,
Menominee Nation (lunch provided)

Thursday, **May 1, 2008**, TBD

Thursday, **July 10, 2008**, This meeting has been changed due to the holiday

Thursday, **August 7, 2008** – St. Agnes Hospital, Fond du Lac, WI

Thursday, **October 2, 2008**, TBD

Thursday, **November 6, 2008**, TBD

Committee members reviewed the minutes of the December 7, 2007- Motion to accept- Steve Dakai, seconded-Jerry Kayes. Motion carried.

II. Committee Issues-Meeting Dates/Membership

A memo was sent to the inactive committee members, asking about their ongoing interest in serving as a member of the Diversity Committee. Four members have voiced interest in continuing on the committee.

Committee decided a thank you letter will be created and sent to members who have not responded regarding their interest in remaining on the committee. Also a letter of invitation will be created and mailed to new members, ie. Angela McAlister

Michael will actively recruit for members in particular representatives from the Latino and Hmong communities.

Georgiana Wilton called to state that she will resign from the Diversity Committee and sit on the Intervention and Treatment Committee (ITC), on the youth subcommittee.

III. ADA Workgroup

Denise reported that she has started a petition to request that the DRL work more actively on better defining the training requirements for SAC certification to meet training for disability groups and that a section of this training be applied to the Deaf and Hard of Hearing community specifically.

Michael suggests inviting the DRL to the SCAODA meeting (March) to give an update regarding the issues of certification. Gail Kinney is currently working on an issue to help Chippewa Valley Technical College (CVTC) students meet all the aspects of becoming certified SAC. In past years CVTC submitted the students' applications and fees for the ICRC written exam and students could take the test before graduation. CVTC, in advance, billed students through the college billing process for the application costs, so that financial aid funds could be used by students to meet the cost(s) of this process.

The DRL now is requiring students graduate first before taking these certification tests. This has created a barrier for students who now have to pay out of pocket for the test and the application processing. CVTC has always substantiated the training hours met by students through transcripts as the program exceeds the current 360 training hours required for application for the IC&RC exam. At this point in time, the DRL is not accepting this argument.

The DRL is suggesting that the current CVTC Associate Degree program apply to become an approved “program” within their current program which is redundant since the program is already approved per the system already in place. Harold suggests discussion with Barb Schueller (WI Technical Programs) and Lynn, the person at MATC who interacts with the DRL on any questions of criteria, etc.

Some of the frustration felt by Gail K. is that the ICRC applications are due the week of February 11th and there hasn't yet been resolution to this issue from the DRL.

Discussion ensued about the specific needs of the Deaf and Hard of Hearing Community.

- SAC Training-to meet the needs of the DHH community
- SAC Training programs- inviting the DHH community to become certified trainers.

Denise stated the Office of DHH is willing to provide targeted training for working with the DHH. DRL's oppositional argument in the past has been they can not mandate criteria to meet all the possible requests for “diversity” training. Instead leaving this criteria development to the training institutes.

For some committee members this is an “out” for the DRL, this agency is already making criteria mandates why not add diversity to this list. Suggestions to help answer these questions for the Diversity Committee include

- invite the DRL-Advisory Group(Jeff Scanlon) to present to the Diversity Committee at an upcoming meeting (May).-Gail N, will follow-up
- Learn of and inform the Diversity Committee of the DRL-Advisory Committee meetings. Gail N. will follow-up

IV. Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) Update:

Harold presented the update and provided hand-outs for the committee.

- Staff at WIPHL are writing grants partnering with UW Dept of Psychiatry and the Mental Health Association of Wisconsin-seeking funds to assess whether the WIPHL infrastructure can support systematic screening, intervention and referral for depression. Another preliminary grant application went to the Collaborative Health Sciences Program of UW-School of Medicine and Public Health's Medical Education and Research Committee. This proposal seeks to add a primary care track to the health educator bachelor of sciences program.
- WIPHL staff have trained four waves of health educators, ensuring they receive training in the three primary principals of SBIRT and meet the funder's requirements.

- The WIPHL lists continuing education credit opportunities for cultural competency training. Page 3 in the *WIPHL Word*.
- Announced the *Public Health Approach to Mental Health* dialogue-occurring on Wednesday, February 6th. A national listening session.
- Working with other members of the Governor’s Policy Steering Committee, namely Stephanie Harris of the Wisconsin Primary Health Care Association
 - i. to increase patient access to SBIRT
 - ii. tailor services to adolescents
 - iii. billing and reimbursement(MA and Medicare)
 1. change in billing coeds is still in process

V. CLAS Standards

Michael will submit a motion at the March SCAODA meeting suggesting the council endorse the CLAS standards. Michael has presented to each of the SCAODA committees, more than once to answer questions and or concerns. Committee concerns primarily have included; will an endorsement of the CLAS standards become a contractual licensing mandate (for agencies)? Michael has tried to assuage the questions by helping committee members think of ways to incorporate the standards into agency practice that enables positive outcomes. Michael will suggest that the standards be used as a springboard for committees to begin working on actionable adjustments to current activities. Helping to make cultural competency an issue across all the committees, and making agencies more aware of this issue and that of diversity as well.

Members suggest the CLAS be included in the SCAODA packet that goes out prior to the meeting. Michael will make pointed suggestions as to how the CLAS can be incorporated such as making technical assistance tools available for agencies on the Bureau of Mental Health and Substance Abuse (BMHSAS) website. Emphasizing that cultural competence is on a continuum and agency directors or other staff can assess where the agencies are and make adjustments over time.

The ITC committee has expressed its support, but will add that as long as the endorsement does not lead to clinic certification without appropriate funding or resources attached.

Potential task for this committee as a result of the CLAS may be to help create links to technical assistance tools to list on the BMHSAS website, assess current agency “forms” standardize on some level and get materials translated, making available for download. This may help agencies with smaller budgets in their ability to incorporate the CLAS.

Motion:

The State Council endorse the use of the National Standards on Culturally and Linguistically Appropriate Services (CLAS) by organizations in their efforts to move toward a more culturally competent model of care.

Suggested Assessment Tools from December meeting-Cultural competency assessment out of the Portland State University and was created by James Mason University ultimately. It measures knowledge, skills and attitudes and both the organization and administration can be assessed. Upon completion of the survey or assessment the tool assigns a numeric score for strategic planning and self assessment. It has been tested for validity and reliability which lends credibility. Its limitation is that the cultural competency measured is of racial-ethnic competencies only.

Harold stated that the Georgetown University, National Center for Cultural Competency also has an assessment. www.wiphl.org has a link to this site.

A motion to adjourn-Gail K- Meeting adjourned

Next meeting Thursday, April 3, 2008 12-3pm, Maehnowesaykiyah Wellness Center Keshena, WI.

Follow-up items from December meeting:

- Harold asked if Angela can get a position description to the committee so members can help with these recruitment efforts. Angela will send it to Gail to send out the committee.
- Questions: Is there statistical information available about the MCTI trainees who entered and the number of trainee who become certified counselors? Angela can get this information for the committee, Gail will follow-up.
- Harold reminded the committee if you have the opportunity to participate in Georgetown University trainings, July 12-16, 2008 in Nashville, TN it is a wonderful experience. Harold will get the information to share with the committee.

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STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

Diversity Committee Meeting Minutes Thursday, April 3, 2008

Location:

Maehnowesekiyah Wellness Center

Menominee Nation

HWY 47 N, ~5 miles north of Keshena on HWY 47

(715) 799-3835

Attendees:

1. Dakai, Steven
2. Hardie, Sandy
3. Kaye, Jerry
4. Kinney, Gail
5. Johnson, Denise
6. Waupoose, Michael

Excused Members:

1. Berlinger, Alvita
2. Decoteau, Fredericka – Excused
3. Crawford, James - Excused
4. McAlister, Angela - Excused
5. White, FayeAnn – Excused
6. Gates, Harold

Guest:

1. Kemp, Michael, Winnebago Mental Health Inst.

Sign Language Interpreters:

2 interpreters attended to assist Denise Johnson.

State Staff:

Nahwahquaw, Gail - Committee Staff Person

Diversity Committee Meeting Minutes

I. Call to Order

Mr. Waupoose called the Diversity Committee Meeting to order at 1:00 PM.

Committee members reviewed the minutes of the February 7, 2008- Edits are necessary and will be emailed to Gail N directly. Minutes will be reviewed at the May 1 meeting.

Diversity committee members and visitors received a tour of the agency upon arrival to the meeting. Dr. Dakai-provided handouts and an overview of the services offered at the Maehnowesekiyah Wellness Center. The community and tribal legislature support the wellness center within the community. The program started with two trailer homes and has grown significantly to include;

- Youth Run Away Program, with 24/7 Hotline-coordinated with Menominee Co.
- Wellness Court-Outreach
 - 27 graduates since ?, with 2 reentering the legal system with non-treatment related incidences.
- Currently working on a DOJ grant: Mentoring Program.

Programming at the Wellness Center is all geared toward the unique cultural needs of the Menominee community. Any best practices implemented are first filtered through the cultural lens of the community for a more appropriate receipt of the programming offered. Age of clients served are 9-17 for adolescents, and depending on the individual a 17 year old can enter the adult programming-upon appropriate assessment findings. Adults 17-60. Family involvement is an important component of the services offered, and can take place at school, a family therapist now is at the wellness center 2X/month and the goal is to get these services increased to 4x/month. Staff is currently working on a family drum night, which is anticipated to have huge benefits for the participants involved. Unique cultural events include;

- Teaching lodge-with invitations to elders, community leaders, veterans and former clients to share stories and education. Food is central to nearly all events, drumming, dancing and teaching all take place in the teaching lodge. Clients receive credit for aftercare when they attend the “teaching lodge” events.
- Medicine Wheel teaching-a holistic treatment approach which encompasses mind, body, and spirit.
- Native 12-step program
- The Cultural Coordinator at the Wellness Center takes clients to the maple sugar camp and wild rice harvesting events to learn about traditional food gathering and the importance of these practices to ones identity.

Challenges of a treatment program in a small community include;

- Confidentiality-Community and family expectations about what can and should be shared sometimes differs from the practice of appropriate treatment etiquette. Management take extra care to provide ongoing training to staff regarding confidentiality.
- Indigenous providers may also experience pressure to always “be on”, and are never quite away from the job.
- Cultural norms in some situations run counter to western treatment model practices such as gift-giving. Maehnowesekiyah staff have chosen to accept gifts-by communal receipt and the gift becomes part of the program overall and is prominently displayed for all to enjoy.

The e-Health state assembly bill may have an effect on the current patient consent standards currently in practice. Some medical providers are lobbying for the loosening of current Mental Health/AODA medical record standards for increased access to patient records for coordinated care needs. Particularly in medical facilities with multiple patient services. Information to be shared in the Mental Health /Substance Abuse record is the diagnosis, medications and date of service.

Discussion: UWHC and UWMF need to work on this issue together and have regard for all perspectives. Despite who is behind the suggested medical records change, CFR42 is overriding.

In previous work situations, IHS could not guarantee a firewall protection so the Behavior Health program in Alaska maintained separate records. At UW-“EpicCare” is the electronic medical record (EMH) software. The system is secure. An automatic process of review or audit is triggered and an investigation ensues once a provider outside the patient provider stream opens a patient’s medical record. The investigation is to understand if the record was opened for legitimate reasons.

Other considerations in relation to the electronic medical record proposed changes will be to train MH/AODA providers in appropriate documentation practice. Re-train or provide ongoing training with the understanding that potentially more than the MH/AODA provider will see the record.

The stringency of separate MH/AODA records is the result of patient’s experiencing stigma and discrimination related to their diagnosis as well as to help alleviate or pacify an legal consequences as a result of substance use. Questions for MH/AODA providers to consider include how do I perpetuate any “special stigma” as a result of keeping such a tight hold on patient records.

II. Committee Issues-Meeting Dates/Membership

Current member list include;

- Alvita Berlinger*
- James Crawford*
- Steve Dakai
- Frederika Decoteau*
- Harold Gates
- Sandy Hardie
- Jerry Kaye
- Gail Kinney
- Denise Johnson
- Angela McAlister
- Michael Waupoose, Chairperson
- FayeAnn White
- Gail Nahwauquaw, BMHSAS staff

*Members have not actively participated since July 2007 but have responded via telephone or email correspondence regarding their continued interest in the committee.

Committee decided a thank you letter will be created and sent to members who have not responded regarding their interest in remaining on the committee. Also a letter of invitation will be created and mailed to new members.

III. SCAODA Bi-Laws Review

To standardize attendance Diversity will suggest the subcommittees adhere to the bi-laws with regard to attendance to meetings. Subcommittee members will have not more than 2 unexcused absences in a twelve month period beginning in January.

This committee will recommend that each subcommittee define membership numbers and quorum standards. As each committee will look different.

During the March 2008 SCAODA Meeting-the Planning and Funding Committee recommended that 5 new (provider) members be included on the SCAODA membership count. This committee (Diversity) is recommending that a SCAODA membership committee be created to thoroughly review the SCAODA membership make-up. This membership ad-hoc committee charge will include a review to ensure fair representation from all the AODA key-stakeholders(patients, providers, prevention and treatment included) and not create an unfair advantage in any particular AODA area of interest. This ad-hoc committee should conduct a survey of current SCAODA members to learn which services are currently represented, which areas are underrepresented and adjust the council based on the survey findings. The inclusion of 5 new provider representatives may potentially shift the balance of the council toward AODA providers (unknown if this is prevention or treatment) and not in an effective way.

Diversity Chairperson will submit a letter to the SCAODA Chair informing of the recommendation and follow-up at the next SCAODA meeting in the committee report portion.

BMHSAS staff will follow- up on the status of expired members ie Michael Waupoose and Sandy Hardie's appointments both expire ?. What's the process for reinstatement?

IV. ADA Workgroup

Denise is following a workplan created a few years ago and asked if she should continue or does the workplan need to be updated? The workplan review will be an agenda item for the May 2008 Diversity Committee meeting. The Diversity committee will review the goals, and the progress on workplan tasks. And make necessary adjustments.

Denise has collected ADA information from a number of agencies and has identified two individuals to review this material with an emphasis on services rendered to the Deaf and Hard of Hearing community.

It has been suggested that Denise look for treatment information in the Addiction Technical Transfer Centers (ATTC)-(Texas) Regional website for any specific DHH information.

Jerry will look for any information that was out of Koinania's previous DHH Programming and share this with Denise.

V. Cultural Competency Workgroup:

During the March SCAODA meeting Michael presented the motion for SCAODA to accept the national standards on Culturally and Linguistically Appropriate Services (CLAS) and the motion passed unanimously.

Motion:

The State Council endorse the use of the National Standards on Culturally and Linguistically Appropriate Services (CLAS) by organizations in their efforts to move toward a more culturally competent model of care.

Council voiced concern that by passing the standards the council will place undue financial burden on small agencies. The recommendation from the Diversity Committee to SCAODA is that the state BMHSAS website serve as a resource for agencies; hosting necessary translated forms and or documents for small agencies to download and not incurring the cost of translation for every document needed to provide appropriate treatment services.

Committee member (Dakai) voiced concern that the definition of cultural diversity is still not housed on the SCAODA website demonstrating the commitment by SCAODA to ensure culturally competent programs.

Concern is voiced (Dakai) that the Minority Counselor Training Institute (MCTI) does not maintain an updated website, making training announcements and curriculum updates more timely. It is thought that MCTI can serve as a valuable resource for providers in the state serving the minority and Native American Indian populations.

There is a need for Clinical Supervisor Training in Cultural Diversity/Competency one for 1) Treatment Directors and another for 2) Frontline Staff.

One member suggests that the Diversity Committee design a cultural competency self assessment tool. While another member suggests that committee members may not have the time to invest in designing the tool, but instead the committee search out current assessment tools and review them and eventually endorsing or recommending use on the SCAODA website or BMHSAS website. Tools up for committee review include;

- Midwest Center for Cultural competency
- Terry Cross'-Organization Questionnaire
- Portland State University-Assessment Tool

The Diversity Committee will review these tools discuss pros/cons of the tool and make recommendations for use during the next meeting in May.

Suggested Assessment Tools from December meeting-Cultural competency assessment out of the Portland State University and was created by James Mason University ultimately. It measures knowledge, skills and attitudes and both the organization and administration can be assessed. Upon completion of the survey or assessment the tool assigns a numeric score for strategic planning and self assessment. It has been tested for validity and reliability which lends credibility. It limitation is that the cultural competency measured is of racial-ethnic competencies only.

Harold stated that the Georgetown University, National Center for Cultural Competency also has an assessment. www.wiphl.org has a link to this site.

The Diversity Committee recinds its request for a DRL representative to attend an upcoming SCAODA or Diversity Committee meeting, given the Emergency rules Change status for SAC, SAC-IT requirements. DRL will not open the whole Regulations and Lisencing for substance Abuse counselors and those associated with this area of care.

DRL will or has pursued an Emergency rules Change with regard to the ICRC-Oral Exams portion of the regs and licensing. As the ICRC is no longer supporting the oral exam. However there is still some complication with the regulations and licensing apparently because the oral portion is somehow going to be incorporated within the written section of the testing.

A motion to adjourn-Gail K- 2nd0Jerry Meeting adjourned

Next meeting Thursday, May 1, 2008 1-3pm, Sun Prairie Public Library, Sun Prairie, WI.

Jim Doyle
Governor



State of Wisconsin

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

Sen. Carol Roessler
Chairperson

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

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

Tuesday February 12th, 2008

10:30am-3pm

Department of Corrections
Region 1 Offices (ground floor)
3099 E. Washington Ave.
Madison, WI

Committee Members Present: Norman Briggs, David Macmaster, Linda Preysz, Lorie Goeser-BMHSAS staff

Excused members: Mark Stroshal, Scott Stokes, Francine Feinberg, Marica Larson, Renee Chyba, Michael Waupoose

Guests: Shel Gross, Susan Endres-BMHSAS staff

Call To Order: Meeting called to order by Chairperson Linda Preysz.

Minutes Reviewed: January 8th meeting minutes presented by Lorie Goeser, changes to be made regarding spelling and abbreviations for CLAS. Motion made by David Macmaster to approve the minutes and it was seconded by Norman Briggs.

Strategic Plan for ITC Review: Discussion on the need to review the Strategic Plan for ITC and to clarify definitions and update goals of the plan. Linda Preysz asked to look at the use of language regarding Evidence Based Practices and what that meant as well as how to identify resources with this. Due to the inclement weather there were a limited number of committee members present. Decision was made to forward this topic to the April committee meeting.

Update on Child & Youth Subcommittee: Susan Endres BMHSAS staff person for this subcommittee shared information from the subcommittee's first mtgs. Discussion about the increased support for using the Gain Short Screen tool for screening Child and Youth through out the state, Dept. of Public Instruction is also incorporating this screening tool, and it will be available April 1st via WI Family Ties Website. A resource was shared from WI Family Ties- a Parent Guide- "What to do next, my kid's in trouble." Ms. Endres reviewed the subcommittee's meeting minutes. Plan for next subcommittee meeting to meet on March 7th in the afternoon after the full SCAODA Council Meeting and the members have been invited to attend the SCAODA meeting. Upcoming training/conference dates for Child/Adolescent providers are July 28th & 29th- Boys & Girls At Risk Conference to be held in Madison, Adolescent Treatment Clinical Institute is tentatively planned for June 9-13, details are still pending. Clarification on ending of federal grant for Project Freshlight is June 2008, but there will be follow -up on the status of sustainability of change in the Adolescent Treatment Network by federal staff to be sure ongoing goals of this grant were met. Ongoing issue of treatment gap for adolescents completing treatment and the transition into the school setting is one of the issues being addressed. Another growing resource identified was the use of Coordinated Care Services thru the counties are

available to children with Medical Assistance to assist with psycho-social rehabilitation similar to a wrap-around service.

Request was made by the committee to have Dr. Georgina Wilton-chairperson of this subcommittee to attend the ITC meetings if possible to be sure the efforts of this subcommittee are shared and reviewed as a part of the ITC committee and to assist with any motions that would need to be made to the full council by ITC for this subcommittee. Request was also made for a copy of the GAIN Short Screen, Parent Guide and link to Project FreshLight for ITC members.

Joint Statement: Review of the Joint Statement was made consensus of the inclusion of “appropriate to the gender, culture and language of the individuals” be included in this part of the document. The Action Guide was not reviewed per the request of the developers the format of this component will be changing to better reflect what each department is doing to address this issue and how. Committee members are supportive of this effort. Motion made by Norman Briggs to bring a motion to the full SCAODA council in March to support the Joint Statement, motion seconded by Dave Macmaster. The motion carried with no dissent. Note was made to the committee that is a living document and updates will be forwarded to ITC. The Joint statement once finalized and signed by the Secretary of the Department of Health and Family Services it will be represented on how and what the ITC committee can do to assist in ensuring this concept and plan of action is incorporated into screening, treatment practices.

Update on Bylaws from the SCAODA Workgroup- Ms. Preysz reported this committee has been meeting, plan to have Bylaws completed for vote by full SCAODA council at June 6th mtg. Ms. Preysz shared there will be a nomination for officers of SCAODA tentatively planned for September’s meeting and then a vote at the December SCAODA meeting. Clarification that a statue change would be needed in order to add the Department of Children & Families, and Division of Public Health as statutory members of the council whom than could vote and change the status of Division of Workforce Development also to a statutory member so they could vote as well. This would have to be done through a budget bill item and could not be looked at till the next budget bill year. The BMHSAS is looking into this, and will continue to obtain input from SCAODA prior to making a final recommendation for a statutory change. Workgroup will continue to meet in April and May to complete the draft for June meeting.

Tobacco Prevention/Treatment Update: Dave Macmaster presented information on the WIN-TIP/UWCTRI will be working on a coordinated effort for the integration of tobacco treatment with substance abuse and mental health treatment services. The initial process will have two phases. Phase I will consist of a meeting of stakeholders in the Spring of 2008 to identify the barriers to integrating this treatment. Mr. Macmaster will be sending out e-mails and invites to stakeholders to participate in this phase. Phase II will consist of developing strategies of how to address the identified barriers, how to established an Evidence Based Practice that is approved for integration into MH/SA treatment. Concerns will be taken into consideration with treatment with co-occurring disorders especially certain mental health diagnosis. This phase will look at what other states such as New York, New Jersey, and Ohio to see if what they have done can be used in Wisconsin, with the hope of using some of the language for treatment guidelines and implementation here. Mr. Macmaster stated this effort is a combination of a SAMHSA and Robert Wood Johnson Grant whom is funding the mandates, looking at budget expectations and what challenges would be encountered with the integration of tobacco treatment services within the Substance Abuse Treatment Sector. Mr. Macmaster will continue to give updates at the ITC meetings.

Senate Bill #375-Mental Health Parity Bill: Shel Gross was the guest speaker. Mr. Gross presented information on the current status of this bill. Mr. Gross shared the Lt. Governor's Associated has adopted the Mental Health activities supporting the Mental Health Parity Bill and asked for ITC's support for bill and at the February 20th Action Day for Mental Health Parity to be held at the Capital. There was discussion about concerns that the fiscal cost estimate just presented for this bill are at a higher cost to the State than anticipated. Some questions about how this fiscal cost estimate was determined. Mr. Gross shared there was anticipation that it was unlikely to be movement with this bill this session and it would need to be re-introduced in the next legislative session, but the support and attention it gets this session will assist with ongoing support for the next session. There also is an Assembly Bill not yet introduced by Representative Sheryl Albers that may not get introduced this session due to political climate and running out of time to complete the legislative tasks at hand this session. SB #/375 states an insurance policy/employer has to provide parity type of coverage the same as it would for a medical condition if that policy/employer offers mental health/substance abuse treatment coverage. There was a motion introduced by Norman Briggs to send a letter in support of SB # 375 and AB to both Senator Hanson and Representative Albers from the ITC Committee. This motion was seconded by Linda Preysz. The motion carried with no dissent.

Medicaid Benefits Update: Lorie Goeser presented that coverage was now available under Medical Assistance and Badgercare for Substance Abuse and Mental Health Screenings. More information to follow once the published newsletter is available.

Miscellaneous Announcements: Lorie Goeser announced there was a hiring freeze @ BMHSAS and the IDP coordinator position would not currently be filled and Greg Levenick was covering those duties. The WAAODA conference May 5-7, 2008 will have an advanced Clinical Supervision Track, the Rural Institute is scheduled for June 1-5th. Reminder the March Full Council meeting is in a new location at the American Family Insurance Training Center directions will be included with the meeting minutes and agenda packets once sent out for the meeting.

Motion was made by Dave Macmaster to adjourn the meeting, seconded by Linda Preysz. Meeting adjourned.

Items forwarded to Next meeting on April 8th:

Update from Child/Youth Subcommittee
Joint Action Guide
Strategic Plan Review and Update for ITC

Next Meeting Dates:

Full SCAODA Meeting on Friday March 7th @ American Family Training Ctr. 9am-12pm.
ITC meeting on April 8th @ 10:30-3pm @ DOC Administrative Building

The Integration of Physical Health, Mental Health, Substance Use, and Addiction

JOINT STATEMENT

We aspire to become a society that optimizes the mental, physical, social, emotional, and spiritual health of all persons. Prevention, screening, intervention, and treatment will be person and family-centered, accessible, and appropriate to the gender, culture, and language of all individuals. These principles build resiliency, facilitate recovery, and eliminate stigma.

The Joint Statement serves as a tool to build bridges of shared responsibility for support of optimum mental, physical, social, emotional, and spiritual health for children, youth, adults, older adults, and families in our state.

To enhance collaboration our Divisions are working within a common framework; sharing values, principles, and priorities; and strengthening organizational efforts as a commitment to change. The framework includes Healthy People 2010, Healthiest Wisconsin 2010. Transforming Mental Health Care in America, the Federal Action Agenda, and the Department of Health and Family Services Strategic Plan.

This information will promote system changes needed to improve health outcomes for individuals, children, families, and communities in Wisconsin.

Public Health, Mental Health, Substance Use, and Addiction will work together to:

- Optimize and enhance Public Health, Mental Health, Substance Use, and Addiction workforce competencies and capacity through education, recruitment, retention;
- Assure screening, recognition, early intervention, referral, and treatment for co-morbid existence of mental illnesses, alcohol, tobacco, and other substance use and addictions with physical illnesses across systems for mental health, substance use, addiction, and trauma;
- Enhance individual, family, extended family, and community protective factors; build strengths and assets;
- Prioritize maternal mental health, infant and early childhood mental health, children/youth mental health, and family mental health;
- Identify, braid, and maximize funding opportunities to support desired outcomes;
- Develop a comprehensive population-based methodology based upon needs assessment. Share technology, provide easily accessed health resource information, assure data at all levels (local, state, national), track health outcomes, and improve a cross-system services (capacity and delivery); and
- Promote and provide factual data to the general public and state legislature about the economic and population health benefits of adequate and equitable insurance coverage for mental illnesses, substance use and addiction services, with coverages which are on par with coverages for physical illnesses. Such health insurance parity offers the health benefits of preventive care, as well as accessible and quality treatment services to all citizens.

Background

The key words that embody the underpinnings of this Joint Statement document are addiction, culture, family-centered, insurance parity, integration, person-centered, recovery, resiliency, spiritual health, stigma, and substance use.

- **Addiction** is a health condition in which an individual manifests a pathological pattern of use of alcohol, tobacco or other drugs that interact with brain systems of reward. Genetic, psychological, environmental, and cultural factors influence its onset and progression. Persons with addiction have altered motivational hierarchies so that they are preoccupied with procuring supplies of using substances that early in the illness can produce euphoria, and substance use persists despite a range of medical, family, occupational, legal, and other consequences. Individuals, families, and communities suffer when addiction is prevalent and not adequately treated. (Adapted from definitions of the American Society of Addiction Medicine)
- **Culture** refers to the values, beliefs, and lessons that mold and shape us as unique individuals, groups, and communities. This concept is not limited to clients or patients but also to professionals. Our current and future demographics reflect an endless range of individual cultural variations that have a profound impact on those who are served in clinical settings. (Surgeon General's Supplemental Report on Mental Health, 2001)
- **Family-Centered** denotes the recognition that the family is the principal caregiver and the center of strength and support for children. (Federal Maternal and Child Health Bureau)
- **Insurance Parity** refers to federal and state laws requiring mental health and alcohol and other substance use and addiction coverage which is no more restrictive than coverage for other illnesses, that is, making coverage equivalent to the coverage for all other disorders.
- **Integration** is the creation of linkages between traditionally separate systems, services, resources, people, or processes; making connections. For the purposes of this Joint Statement, integration refers to the full acceptance and incorporation of all individuals as equals within a social and community fabric with respect to employment, housing, health insurance coverage, rights, and other opportunities accorded to all citizens.
- **Person-Centered** denotes the recognition that there are multiple pathways to recovery based upon an individual's unique strengths and resiliencies, as well as his/her own needs, preferences, experiences, and cultural background, and that services exist for the persons and families receiving them. The needs and preferences of the recipients of services should receive primary emphasis.
- **Recovery** refers to the process through which people are able to live, work, learn, and participate fully in their communities and attain the highest level of functioning possible for them. For some, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Hope plays an integral role in recovery. (The President's New Freedom Commission on Mental Health, 2003)
- **Resiliency** encompasses the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses and to go on with life with a sense of mastery, competence, and hope. (The President's New Freedom Commission on Mental Health, 2003)
- **Spiritual Health** is a positive perception of meaning and purpose of life. (Paraphrased as defined by the World Health Organization [WHO])

- **Substance Use** refers to the risky, chronic, problematic or harmful use of alcohol, tobacco, prescription drugs, and controlled substances. (Healthiest Wisconsin 2010)
- **Stigma** refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness (Corrigan and Penn, 1999) p.29. (Cite: Mental Health: Culture, Race, and Ethnicity, 2001 A Supplement to Mental Health: A Report of the Surgeon General U.S. Dept. of Health and Human Service)

SUPPORTING FACTS

Mental Illness, Substance Use, Addiction, and Chronic Disease (Health Conditions)

- According to the 2003 President's New Freedom Commission on Mental Health, mental illness ranked first among illnesses that cause disability in the United States, Canada, and Western Europe. This serious public health challenge is under-recognized as a public health burden.
- Burden of Alcohol and Illicit Drug Use in Wisconsin: 2,082 deaths, 5,992 motor vehicle injuries, 16,677 hospitalizations, 126,207 arrests, 528,000 people suffering with dependence or abuse. (SEOW-WI 2006 Epidemiological Profile)
- Excessive alcohol consumption is the third leading preventable cause of death in the United States it is associated with multiple adverse health consequences, including liver cirrhosis, various cancers, unintentional injuries, and violence. Alcohol-attributable deaths (ADD) is approximately 75,766, and 2.3 million years of potential life lost. (CDC, 2001)
- Suicide is a pressing problem for Wisconsin communities. According to the CDC, Wisconsin has the 16th highest youth (ages 10-24) suicide rate in the U.S. and suicide in Wisconsin is the second highest cause of death for youth (behind unintentional injury) for children age 10-24 and well beyond all other illness combined. (CDC WISQARS Data for 2003-2005)
- Completed suicides were more often male (79%), in the 35-54 age group (51%) and used non-firearm methods (55%). (DHFS WISH Data, 2006).
- Of the nearly 7,800 annual Wisconsin deaths from tobacco, 3,400 (44%) are believed to be state residents with mental illness and substance-use disorders. These preventable deaths, and related diseases such as cancer, emphysema, and heart disease, mean that people lose up to 25 years of their expected life spans. (The University of WI Center For Tobacco Research and Intervention (UW-CTRI) 4.08)
- The rates of co-occurrence of mental health and substance use conditions are high, estimated at 15% to 40%. (National Epidemiologic Survey on Alcohol and Related Conditions, 2004) They also accompany a substantial number of chronic illnesses, such as cancer, diabetes, and heart disease. (Biological Psychiatry Journal, 2003)
- Forty percent to 56% of individuals who have mental illness have a clinically significant general medical condition. (Psychiatric Clinics of North America, 2008)
- Mental/substance use illnesses significantly compromise the treatment outcomes for general health conditions. For example, 20% of heart attack patients suffer from depression, tripling their risk of death. (Psychiatric Clinics of North America, 2008)

- Overall, adults with current depression or a lifetime diagnosis of depression or anxiety were significantly more likely than those without each diagnosis to smoke, to be obese, to be physically inactive, to binge drink and drink heavily. (General Hospital Psychiatry, 2008)
- There was a dose-response relationship between depression severity and the prevalence of smoking, obesity and physical inactivity and between history of depression (never depressed, previously depressed, currently depressed) and the prevalence of smoking, obesity, physical inactivity, binge drinking, and heavy drinking. (General Hospital Psychiatry 30, 2008)
- Anxiety and depression are associated with poor adherence to self care regimens (diet, exercise, cessation of smoking, medication regimens) and increased medical complications in patients with chronic medical illness, which should lead to increased symptom burden. (Biological Psychiatry Journal, 2003) (The Journal of Clinical and Applied Research and Education-Diabetes Care, 2004)

Costs

- In a recent Mental Health America publication entitled “Mind Your Health”, it was noted that untreated and mistreated mental illness costs the U.S. \$150 billion in lost productivity and \$8 billion in crime and welfare expenditures each year. (CHP, NMHA, 2001)
- The total health care costs for workers who receive treatment for depression and have complete remission of symptoms are two-thirds less than the medical costs of untreated individuals. (JOEM, 2005) A positive work environment can decrease stress, improve overall health, and boost productivity. (NMHA, 2006)
- For every dollar invested in drug treatment, \$7.46 dollars are saved in health and social costs. (WHO-2006). According to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12:1. (National Institute on Drug Addiction, U.S. DHHS, NIH 1999)
- One in five American families has at least one member who lacks health insurance coverage; this situation can place the entire family at risk for financial ruin and poor health. (USCB, 2004)
- Mental health conditions are the second leading cause of workplace absenteeism (the leading cause is musculoskeletal conditions). (APF, 2005)
- Alcohol and other drug use and addictions are the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke, and the fourth leading cause for hospitalization behind mental illness, heart disease, and cancer.
- Researchers supported by the National Institute of Mental Health (NIMH) have found that half of all lifetime cases of mental illness begin by age 14 and that despite effective treatments, there are long delays- sometimes decades, between first onset of symptoms and when people seek and receive treatment. The study also reveals that an untreated mental disorder can lead to a more severe, more difficult to treat illness, and to the development of co-occurring mental illnesses. (National Institute of Mental Health, 2006)

Population Affected

- Morbidity of Alcohol and Illicit Drug Use in WI- From 2002 to 2005, the prevalence of alcohol dependence or abuse was 10%-11% among the Wisconsin population ages 12 and older, compared to a steady 8% nationally. Young adults ages 18-25 had a notably higher rate of dependence or abuse than did other ages. From 2002 to 2005, the rate of dependence on or abuse of illicit drugs was the same (3%) for WI and the United States. (SEOW-WI 2006 Epidemiological Profile)
- Women experience depression at twice the rate as men. Major depressive disorders (MDD) during the postpartum period is a significant health problem and is estimated to occur in 10-15% of new mothers (O'Hara, 1997) and prevalence rates for new mothers living in poverty as high as 30%. (Lt. Governor's Task Force on Women and Depression Report, 2006)
- The co-occurrence of maternal depression with other adverse conditions appears to have a more pronounced negative effect on the social and emotional development of children than maternal depression alone. Whether the depression occurs simultaneously with psychological conditions such as eating disorders or substance abuse – or with concurrent environmental conditions such as poverty often result in poor attachment between infants and their mothers and less optimal mother-child interactions. (ZeroToThree Publication, 2005)
- Maternal depression is a risk factor for childhood anxiety, depression, and disruptive behaviors. Research shows that vigorous treatment of a mother's depression can reduce symptoms of depression in her child. This 2006 study found 33% remission among children with a baseline diagnosis for depression whose mothers' depression remitted, compared to 12% remission among children whose mothers' depression did not remit. (Weissman, et al., 2006: Remissions in Maternal Depression and Child Psychopathology: A STAR*D-Child report. Journal of the American Medical Association, March 2006; 295 (12):1389-1398)
- Depression is common among American Indians in Wisconsin. American Indian women have the highest rates of hospitalization for depression in WI - 1.8 times greater than the rate for White women (WI DHFS, 2005b) (Lt. Governor's Task Force on Women and Depression Report, 2006)
- Children of Hispanic/Latino origin are 2.6 times less likely to have their mental health needs met than white or African-American children. (NCCIP, 2006)
- Nearly 90,000 school-age children in Wisconsin have a mental illness that substantially impacts their functioning at home, at school, and in the community. Only 15.6% of these children with serious mental health disorders received any public mental health services in 2005.
- Each year in Wisconsin, there are over 2,160 deaths, 2,400 substantiated cases of child abuse, 8,500 traffic crashes resulting in 6,800 traffic injuries and 90,000 arrests, and economic costs totaling \$4.6 billion, all attributed to alcohol and other drug use and addiction.
- Thirty-two percent of offenders booked into jail and nearly 65% of persons entering prison have substance use and addiction problems.
- There are an estimated 403,000 adults and 40,300 adolescents in need of treatment for substance use disorders, and yet surveys indicate that only 21% of those in need of treatment receive it.

- In 2005, 5,992 people were injured and 330 died in alcohol-related motor vehicle crashes. Approximately 41% of all motor vehicle fatalities were alcohol-related. (Alcohol Facts, WI Department of Transportation)
- A national 2005 study found that pre-kindergarten children are expelled at a higher rate than those in kindergarten through 12th grade combined. The specific Wisconsin data noted that nearly one in a hundred children is expelled from early care and education settings. The children who are at highest risk for expulsion are often the children who exhibit challenging behaviors. (Gilliam, 2005)
- Although they comprise only 12% of the U.S. population, people age 65+ accounted for 16% of suicide deaths in 2004. (NIMH 2004)
- Only about half of older adults who acknowledge that they may have mental health problems receive treatment from any health care provider and only a fraction of those receive (3%), the lowest rate among any adult age group. (AAGP,2004)
- Wisconsin ranks high among states on indicators of substance use and addiction:
 - ◆ Acute, Episodic, or Binge Drinking **rank #1** - 24.2% of those surveyed reported having five or more drinks on at least one occasion in the past month (Behavior Risk Factor Survey-BRFS). Wisconsin is the highest state in the country on this indicator.
 - ◆ Alcohol Use During Pregnancy **rank #1** - Wisconsin leads the nation in drinking by women of childbearing age (18-44 year olds). Thirty-two percent of pregnant women in the state report drinking alcohol during pregnancy. (BRFS)
 - ◆ Binge Drinking and High School Students - In 2005, 31% of Wisconsin high school students reported binge use of alcohol. While the prevalence of binge drinking declined among high school students nationally from 1997 to 2005 (33% vs. 26%), there was no parallel decline in Wisconsin. (WI State Epidemiological Outcomes Workgroup, March 2007)
 - ◆ Current Use - The prevalence of current alcohol use among adults and high school students in Wisconsin was consistently high between 1999 and 2005. In 2005, 68% of adults and 49% of high school students reported current alcohol use. (SEOW 2006)
 - ◆ Heavy or Chronic Drinking - WI ranks **#1** with 8.6% of those surveyed reported having 60 or more drinks in the past month (BRFS). Wisconsin is the highest state in the country on this indicator. (SEOW 2007)
 - ◆ Intoxicated Driving rank **#2** - Five percent of those surveyed reported driving after having too much to drink in the past month (BRFS). Wisconsin ranked second highest in the nation on this indicator.
 - ◆ Students in 2007 reported alcohol consumption levels comparable to 1993 levels. One out of two students reported drinking alcohol in the past 30 days and 32% of students reported binge drinking (5 or more drinks of alcohol in a row) in the past 30 days. (2007 WI Youth Risk Behavior Survey)
 - ◆ The prevalence of marijuana use has increased significantly over the last 14 years. Students who reported using marijuana at least once in their life has increased from 23% in 1993 to 37% in 2007 and current marijuana use (past 30 days) increased from 11% in 1993 to 20% in 2007. (2007-WI YRBS)

Cost Benefits

- Wisconsin Household Survey - 89% of a survey agreed that a person with an addiction should be viewed as someone with a health problem who should receive treatment. (Wisconsin Behavior Risk Factor Survey, 2005)
- The U.S. Senate passed the Mental Health Parity Act on 9/27/07 by unanimous consent requiring group health insurance plans that offer mental health coverage to apply financial requirements to mental health benefits that are not more restrictive than the requirements pertaining to medical/surgical benefits. S. 558 required full parity between mental health benefits for all aspects of plan coverage, including day/visit limits, coinsurance, co-payments, deductibles, and maximums.
- In April 2008, the House approved legislation requiring that the majority of group health plans provide more comprehensive coverage for mental illnesses, similar to what the group plans would provide for physical illnesses. The bill passed 286 to 148, and marks a significant stride following over a decade of debate over mental health parity. The Senate has also passed a bill similar in nature, which requires the same level of coverage for mental illness as is provided for physical illness. Currently Federal law does not prohibit insurance companies from providing varying degrees of coverage for physical and mental health ailments. Many insurers and employers have supported the Senate version, while opposing the House version of the measure.
- Both S. 558 and HR 1424 contain requirements for group health plans to cover mental illness treatment at parity when it is offered (i.e., equal treatment limits and financial limitations. However, the House bill goes further in mandating coverage of the broadest list of conditions if mental health benefits are offered. (NAMI 2008)
- Presently 41 states have enacted some form of parity legislation providing MH/SA coverages that are more comparable to other medical conditions. PricewaterhouseCoopers, LLP and others have found that these laws have not led to significant increase in costs or in the uninsured and often premiums have decreased as a result. (Coalition for Fairness, www.DAWN.org) Fiscal analyses show that such a policy is cost effective in states (like Wisconsin) that rely heavily on managed care. (Lt. Governors' Task Force on Women and Depression in WI Report, 2006)
- Minnesota has had comprehensive parity since 1995. Medica, an independent consulting organization found that costs rose just \$.26 per member per month. (The National Conference of State Legislatures, 2002). Additionally, Minnesota Blue Cross/Blue Shield reduced its insurance premiums by 5% to 6% after one year's experience under the state's comprehensive parity law. (Levin et al., The Louis de la Parte Florida Mental Health Institute). (March 1998)
- A survey conducted from 10/12/06 - 11/01/06 reported nearly all Americans (96%) think health insurance should include coverage of mental health care. The survey also reported a large majority (74%) believe that insurance plans should cover substance abuse treatments at the same levels as treatments for general health issues. Twenty-three percent feel that they should not be covered equitably. (Mental Health America, January 2007)

Sources

The Joint Statement and the supporting facts include key concepts derived from the following sources:

- American Association for Geriatric Psychiatry www.aagp.org

- American Psychiatric Association and the American Psychiatric Foundation, *Mental HealthWorks* Publication
- American Society of Addiction Medicine-definitions, p.2
- BadgerCare+ Report, Health insurance for all kids, 2006
- Behavioral Risk Factor Survey (BRFS) www.cdc.gov/brfss
- Coalition for Fairness in Mental Health and Substance Abuse Insurance www.dawninfo.org/ea/index.cfm
- Congressional Quarterly Today (CQ), July 18, 2007 www.cq.com
- Federal Centers for Disease Control and Prevention (CDC)
- Federal Maternal and Child Health Bureau (MCHB) Five Guiding Principles
- Gilliam, W. S. (May 2005) *Pre-kindergarteners Left Behind: Expulsion Rates in State Pre-kindergarten Systems*. New Haven, CT: Yale University Child Study Center.
- Global Burden of Disease study. Reported in *Mental Health: A Report of the Surgeon General 1999*, p.3
- Healthiest Wisconsin 2010, p.2, p.3
- Journal of the American Medical Association
- Lieutenant Governor's Task Force on Women and Depression in Wisconsin Report, May 2006 www.womenstudies.wisc.edu/wsrc/final%20report.pdf
- The Maternal and Child Health (MCH) Program Advisory Committee
- Mental Health America Attitudinal Survey 2006, (Mental Health America) www.nmha.org
- The National Center for Children in Poverty, Columbia University: Mailman School of Public Health, Challenges and Opportunities in Children's Mental Health, July 2006
- The National Survey on Drug Use and Health (NSDUH) <https://nsduhweb.rti.org/>
- The President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, 2003
- The Substance Abuse Mental Health Services Administration (SAMHSA)
- U.S. Department of Health and Human Services, Transforming Mental Health Care in America, The Federal Action Agenda: First Steps, July 2005
- World Health Organization-Burden of Disease Statistics 2001, p.3
- World Health Organization-2006, p.3
- WI Department of Health and Family Services (DHFS)
 - ◆ Division of Mental Health and Substance Abuse Services (DMHSAS)
 - ◆ Division of Public Health (DPH), Bureau of Community Health Promotion (BCHP)
- WI Department of Health and Family Services, Division of Mental Health and Substance Abuse Services, WI State Epidemiological Outcomes Workgroup (SEOW), March 2007
- WI Department of Transportation (DOT)
- WI Violent Injuries and Deaths Annual Report, Summer 2006
- Youth Risk Behavior Survey (YRBS) www.dpi.state.wi.us/sspw/yrbsindx.html
- Zero To Three Policy Center, Improving Maternal and Infant Mental Health: Focus on Maternal Depression, July 2005 www.zerotothree.org/site/docserver/maternaldep.pdf

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Date: 5/13/08 ITC Motions

Following Motions for 6/6/08 SCAODA:

Motion #1: The ITC committee recommends the SCAODA council go on record as supporting the Joint Statement from DHFS and to be acknowledged as an endorser of this statement and its action plan, with the knowledge it is a living document with ongoing additions and adjustments being made.

Please see the Joint Statement included in this packet it is watermarked draft due ongoing living document and awaiting DHFS Secretary Timberlake's signature and endorsement. This is the same document with some revisions that was presented at the March 2008 mtg.

Motion #2: The ITC committee makes a motion for the SCAODA council to send a letter to the governor requesting support to increase the number of State of Wisconsin Adult Teaching Institutions (i.e Technical colleges, and Universities) to offer Substance Abuse Counseling competencies classes and concentrations in order to address the current and predicted future workforce shortage in this area. Recommend a focus to have this type of curriculum offered at UW-Madison, UW-Platteville, UW-Milwaukee, and UW-Oshkosh in particular given these institutions offer a variety of master's degree programs for a variety of counseling and psychotherapy but do not include/ or offer as an option the basic Substance Abuse Counseling educational requirements.

Background information on this motion:

As part of the Strategic plan is to address the workforce issue for Substance Abuse Counselors. The plan would be to develop a letter from the Council to be sent to the Governor to encourage an increase in the number of institutions offering such education and the locations in particular given the reach a large number of new counselors/therapists whom are entering the MH/SA field in the state.

Approved Minutes SCAODA Sub committee on Children and Youth March 7th, 2008

Present: John Frederick, Pam Haukeness, Jill Gamez, Peggy Spiewak, Stacey Balousek, Judy Adrian, Hugh Davis, Carol Lobes, Tami Bahr, Jim Webb, Kimeko Hagen

Staff: Susan Endres, Jamie McCarville

Absent: Angela McAlister, Mike Kemp, Cynthia Green, Jennifer Witkowski, Jerry Koepel, Scott Caldwell, Mark Mertens, Cleon Suggs, Michael Witkovsky.

Minutes of January 30, 08 approved with the addition of Jill Gamez at JMATE (Joint Meeting on Adolescent Treatment presentation).

Several committee members attended the SCAODA (State Council on Alcohol and Other Drug Abuse) meeting in the morning, enjoyed meeting people and commented that it was important to keep current on pending legislation. Attendees are encouraged to register for e-mail notification at <http://notify.legis.state.wi.us>

Committee members reviewed the committee description and flow chart. Edits were suggested and these should be sent to Susan Endres for the revised document including making the language consistent and including family involvement. These changes will be attached in a separate document(s) to the minutes when completed. Members decided to continue to review these for the next meeting. Recommendations will be shared with Intervention and Treatment committee for presentation at SCAODA.

Committee members discussed logic model development. Members discussed the lack of data on adolescent issues. This leads to a lack of attention on adolescent issues. Suggestions were made for inclusion into a logic model format and these will be included in a separate logic model document.

Stacy Balousek gave an overview of the parent listening sessions and distributed a summary document attached to these minutes dated (03 08). Send comments on the parent listening sessions to Stacy Balousek Approximately 80-100 families across the state participated. Major problem is the need vs. the lack of treatment availability. Insurance determines what service you will have and self pay determines how long you will stay. What's new – evidenced based practice and this is a new reason for treatment.

Next committee meeting possibly after the Boys and Girls conference July 21 & 22, 2008

**Children and Youth Substance Treatment Committee
Advocacy and Systemic Development Group**

Statement of the problem: Throughout the State of Wisconsin, our families and youth are experiencing the anguish of adolescents use and addiction of substances. On August 7, 2007, I had to share with my son that I had just found out a High School Classmate of his, age 18 years old, had died from an overdose of heroin. Her story is one that we may have heard many times with different faces. An older brother had introduced her to drugs and alcohol at an early age. Her parents have an ongoing relationship of their own with drugs and alcohol. In June, at High School Graduation, she had received the loudest applause for her accomplishment. Her classmates were aware of her struggles and that she may not graduate. They supported her with their applause and now with their grief.

We can do better. We can do better identification of treatment gaps. We can do better in supporting access to good treatment when it is needed. We can do better with our aftercare supports and transitions from treatment to communities. This is what the work of the Adolescent Treatment Grant has started. As Project Coordinator, I am asking for your support in approving an ongoing youth and adolescent Substance Abuse Sub Committee of the Intervention and Treatment Committee.

Even though we are in the 2nd year of the grant data is difficult to gather that can effectively demonstrate the treatment gap or need for increase to access to effective treatment when it is needed. Estimates of the prevalence of substance abuse disorders in adolescents range from 6.4%, according to the National Household Survey, to 8.3%, according to the 1997 Household Survey State Treatment Needs Assessment Program. There are approximately 700,000 children between the ages of 12 and 17 in the state. This means that over 40,000 are likely to be experiencing substance abuse and related disorders. Support for this estimate comes from the Wisconsin Department of Public Instruction High School Level Youth Behavior Risk Survey (YBRS). The YBRS found that 25% of students reported experimenting with alcohol before the age of 13. Of the students surveyed, 13.5% reported drinking alcohol within the 30 days prior to completing the survey, 28% reported a binge drinking (5 or more drinks in a row) and 22% reported using marijuana in the past 30 days. 50% of youth responding indicated they started drinking before the age of 15. Early use of alcohol has a high correlation with later development of substance dependency (CASA, 2004).

Mission:

To review and make recommendations that enhance the outcomes of Project Fresh Light, this includes policy and data analysis, evidence based practice dissemination, adolescent treatment framework, workforce issues and gap analysis.

To make recommendations to the Department, State Council, and Legislature for changes needed to improve and enhance our existing adolescent treatment services infrastructure.

To provide a forum for ongoing efforts in support of Adolescent Treatment that will continue when the grant funding ends.

Motivation: The Center for Substance Abuse Treatment has made the investment in Wisconsin to offer us the opportunity to develop a sustainable infrastructure. A youth and adolescent treatment sub committee of the Interventions and Treatment committee of SCAODA would demonstrate our State's commitment and provide a structure to continue the efforts of the grant.

Goals and Objectives The multitude of stakeholders, agencies, and treatment champions involved provides us with unique perspectives. By bringing these views together, informed and creative solutions can be formed to address problems.

Outcomes:

The group will need to set standards for each indicator developed by the group that will demonstrate group work progress and measure the effectiveness of the work we will be doing together.

Implementation process: This group would be established as a sub section of the Intervention Treatment Committee. The work that is completed would be reviewed by the ITC and forwarded through SCAODA.

Possible participants:

A member of this group will be assigned as a member of the SCAODA, Intervention and Treatment Committee, representing the interests of the group.

The sub committee will give the opportunity for our current stakeholders to continue the work after the grant. Some potential group members are listed on the attached list.

Children and Youth Substance Treatment Sub Committee Structure

State Council on Alcohol and other Drug Abuse (SCAODA)

**DRAFT
DRAFT
DRAFT**

Intervention and Treatment Committee

Staff: I orie Goeser

Children and Youth Substance Treatment Sub Committee

Staff Leads : Susan Endres and Jamie McCarville

Finance Work Group

Team leads: Stacey Balousek
Mike Witkovsky

Memberships: Tamara Feest, Yvette Hittle, Dottie Moffet, Pat Ryan, Jim Webb, Sandie Hardie

Approaches to date:

The group has developed an initial approach for exploration
See attached

Staff Leads: Susan Endres
Jamie McCarville

Best Practice and Evidence Based Work Group

Team Leads: Mike Witkovsky
Flo Hilliard

Memberships: Scott Caldwell, Mark Mertens, Steve Sawyer, Yvette Hittle, Pam Haukeness.

Approaches to date:

The group has developed an initial approach for exploration.
See attached

Staff Leads: Susan Endres
Jamie McCarville

Gender Studies Work Group

Team Leads: Flo Hilliard

Boys at Risk Memberships: Fred Garcia, Jason Witt, Scott Caldwell, Mike Witkovsky, Flo Hilliard, Chris Dunleavy, Mary Unmuth

Accomplishments to date : Convene four meetings, developed beginning boys-evidence based treatment approach, held second annual conference and presented.

ACTION STEPS:

Five regional training and White paper

Girls at Risk Memberships: Vanessa Key, Wendy Schneider, Gen Reed, Mary Unmuth, Lisa Jackson, Beverly Johnson, Vanessa Jones, Rebecca Wigg-Ninhman, Delinda Ernsting, Yvette Hittle, Sandy Hardie, Kathy Malone, Toni House, Chris Dunleavy

Approaches to date: Identified cultural contexts that have changed in the last 20 years and how developing identity plays out differently for girls: next meeting will be identifying a framework for a treatment and operationalism.

Staff Leads: Susan Endres & Jamie McCarville

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Project Fresh Light & Wisconsin Family Ties

PARENT LISTENING SESSIONS OVERVIEW

Wisconsin parents reported the following major concerns regarding substance abuse and co-occurring mental health treatment during listening sessions held throughout the state.

Length of treatment insufficient to have a lasting impact

- Over 90% of parents felt that their children were not ready to return to their homes or their communities.

Lack of continuing care dramatically decreases probability of sustaining good outcomes

- Parents felt that supports in the community need to be set up prior to release from treatment.
- Youth leaving inpatient or residential treatment are often not ready to return to communities or families, but there are no services / supports available to help them transition back into these environments.

Lack of insurance coverage decreases access to services and leads to financial crises in families

- Families are frequently financially devastated, taking out second mortgages and going deeply into debt trying to help their children deal with addiction issues.
- Getting adequate treatment for uninsured young adults (who are no longer covered by their parents' insurance) is problematic. Parents noted that emotionally / developmentally, their young adult children may function at less than their chronological age.
- Timely access is an issue - over 50% of parents reported difficulty in accessing treatment, stating they "didn't know where to start". More than 60% took over a month to begin treatment due to insurance issues or waiting lists.

Treatment options are limited

- Developmentally appropriate treatment was cited as being crucial to the success of programming. Parents noted that teens don't think like adults, and treatment needs to be geared toward their needs.
- Coed programming was seen as detrimental by many parents.
- In general, outpatient treatment was reported not to be very successful.
- Families felt the treatment experience and outcomes were more dependent on the individual characteristics of the counselor rather than method employed.

Confidentiality laws undermine effective treatment

- Agency-to-agency and treatment provider-to-parent confidentiality laws hamper treatment providers and keep parents from hearing information regarding their child's treatment that they feel would help them heal and move forward as families. Despite these laws, some providers help families feel more involved and work to improve communication between teens/parents.

Schools roundly criticized for their actions or inaction

- Universally viewed as not understanding and not helpful. Drugs are too easily available in school, zero tolerance policies are viewed as detrimental (can't get an expelled student accepted in any other public school), and there is no or very poor reintegration into school post-treatment.
- A few alternative and recovery schools appear to be quite helpful.

Societal views are a major impediment to effective treatment

- Addiction is viewed as a choice, not a disorder.
- Relapse is viewed as abject failure and few second chances are given. Conversely, parents recognize that multiple iterations of treatment build on each other, ultimately improving the likelihood of good long-term outcomes.

Parents feel their views are often discounted or ignored by friends, clergy, schools, courts, public agencies and treatment providers

- Parents not typically provided educational information by providers that would help them understand actions they could take.
- Parents too often viewed as a cause of problems rather than a part of the solution.
- One participant said, "People should listen when parents say there's something wrong, even if they don't know what it is."

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STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE
Planning and Funding Committee Meeting Minutes
April 17, 2008
ARC Center for Women and Children
Madison, WI

MEMBERS PRESENT: Joyce O'Donnell, Sally Tess, William McCulley, Karen Kinsey, Emanuel Scarbrough, Gary Sunnicht,

EXCUSED: Francine Feinberg, Duncan Shrout, Deb Lieber, Susan Crowley

STAFF: Lori Ludwig, Lillian Radivojevich

- I. Call to Order – Joyce O'Donnell:
Joyce O'Donnell called the meeting to order at 10:15 A.M.

- II. Review of March 3, 2008 Meeting Minutes – Joyce O'Donnell:
Motion: The Planning and Funding Committee moved to approve the minutes of the March 3, 2008 meeting; moved by Ms. Tess, seconded by Mr. McCulley.
Motion carried.

- III. Public Notice–Lillian Radivojevich and Lori Ludwig: Ms. Radivojevich and Ms. Ludwig referred the group to the “Wisconsin Open Meetings Law” document available on the Division’s website. DMHSAS staff have been reminded by supervisors that all SCAODA Council and Committee meetings are open to the public and therefore public notifications have to be made, that is, all meeting agendas have to be posted in local and area newspapers as well as in the Capitol Building and on the first floor of 1 West Wilson Street, preferably 5 business days prior to the meeting. They explained that the law dictates that after the agenda of the meetings are posted, any additional agenda items cannot be added or discussed until the following meeting.

- IV. SCAODA By-laws–Lillian Radivojevich, Karen Kinsey and Lori Ludwig: The Planning and Funding Committee reviewed the motion brought forth at the last Council meeting as a result of the Planning and Funding Committee’s recommendation: “The Planning and Funding Committee recommends the number of statutory members expand to 27; an additional five new members added to represent the substance abuse prevention and treatment field, both culturally and geographically, in the state of Wisconsin.” There was general consensus that the motion should be advanced through the By-laws. Ms. Ludwig and Ms. Radivojevich agreed to bring the Planning and Funding Committee’s concerns to the By-laws workgroup scheduled for April 21st. Regarding the motion adding new members, Planning and Funding would like to take a lead role in the selection process, including defining the professions/organizations the new members should represent.

Mr. Scarborough contacted the Governor's Office to invite his designee to the next SCAODA meeting. Chris Patton called back indicating he was the interim-designee as Angela Russell was no longer the designee. Ms. Ludwig agreed to follow-up and contact Mr. Patton with meeting dates and information.

- V. Discussion Pending Legislation—Lori Ludwig: Ms. Ludwig distributed copies of a letter received from the Joint Legislative Council regarding a SCAODA request for an underage alcohol use study. The letter indicated that they had received our request and would take it under consideration. However, their website reported on April 9, 2008 that the topic was not chosen for their study.

Ms. Ludwig distributed a document titled Legislative Updates 4-17-2008. It was a chart that summarized identified legislation of interest (by Senate and Assembly bill numbers and a short description) with any SCAODA motion that occurred and an updated of the status of the bill and/or motion and a brief description of any action planned or undertaken. The Planning and Funding Committee discussed the importance of making sure motions are acted upon and felt that there should be in the By-laws a statement that it is the duty of the officers to draft letters resulting from motions and to send them to the Governor. Ms. Radivojevich and Ms. Ludwig agreed to take this concern to the By-laws workgroup meeting. Further, the Planning and Funding Committee felt that there should be a permanent agenda item at each SCAODA meeting reporting on motions that have gone forth. **Motion:** Mr. McCulley moved that motion items be reported on at subsequent SCAODA meetings and that this would be a permanent agenda item. Karen Kinsey seconded the motion. The motion was passed unanimously.

Ms. O'Donnell brought forth another legislative item of importance to the Committee; expunging previous violations that occurred early in a person's life.

- VI. Women's Capacity Study—Norm Briggs: Mr. Briggs was unable to attend. He will present on this topic at the next Planning and Funding Committee meeting on May 15, 2008.
- VII. Fiscal Summary—Lillian Radivojevich: Ms. Radivojevich reported that the amount of the allocation of Community Aids has not kept up with inflation and that the overall impact is a loss in value. Mr. McCulley added that there are five determinants in the calculation of each County's allocation. Karen Kinsey agreed to work with Ms. Radivojevich and report on the Community Aids formula at a future meeting.
- VIII. Discussion—Planning and Funding Strategic Plan Goals and Objectives: Mr. Sumnicht indicated that there are cuts in schools counseling budgets that directly affect the schools ability to respond to students who suffer from the effects of trauma. The schools have made progress in terms of implementing Bullying programs. The discussion around the goal of addressing trauma elicited the facts that trauma can result in substance abuse and substance abuse can result in

trauma. Ms. O'Donnell asked if the State Superintendents' meeting in August would be a good time to present information on trauma? Mr. Sumnicht pointed out that there is awareness there, but there are no resources except the money spent on bullying. He added that teachers do get "code conduct" training. Ms. Tess suggested that the new Trauma Coordinator, Elizabeth Hudson, be invited to our next meeting. We could explore how her job links up to Planning and Funding goals. Lori Ludwig agreed to ask Elizabeth to our next meeting. Ms. O'Donnell suggested that Planning and Funding get out additional information on trauma: She suggested that 1) trauma fact sheets be a part of the SCAODA packets and ask what impact does this have on your work and 2) make the trauma facts available at the WAAODA conference. Mr. McCulley asked if there was a coordinating organization to work with. Mr. Scarbrough suggested that the Clearinghouse conducts trainings on alcohol coalitions. Kathy Wolf was the suggested contact person. Ms. O'Donnell suggested perhaps they could attend a SCAODA meeting and present on what they do and what they could provide. Are they a vehicle to tie organizations together in the state and address our issues?

- IX. Proclamation—Lori Ludwig: Ms. Ludwig distributed copies of the signed Governor's Proclamation that April was Alcohol Awareness month. The Proclamation and websites to obtain information regarding activities associated with Alcohol Awareness Month was distributed to DMHSAS staff, WAAODA, the Clearinghouse, Regional and County AOD Coordinators and Town Hall meeting Coordinators across Wisconsin.
- X. Trauma Summit: Members requested that the document "Report from the Trauma Summit, May 31, 2007" be mailed to them. Discussion on this topic was postponed until the next meeting. Karen Kinsey asked if there were any unfunded mandates in state or county contracts regarding trauma informed programs. Ms. Radivojevich agreed to check into what the intention is regarding trauma informed programs.
- XI. Public Forum—WAAODA Conference: Ms. O'Donnell identified the type of information she wanted to give out the audience at the Public Forum:
- 1) Proclamation as handout
 - 2) Trauma Fact sheet
 - 3) Concern about beer tax—use of revenue; lowest rate in nation on taxing beer
 - 4) Tobacco tax—positive effect on health of the community
 - 5) Key SCAODA issues—have Strategic Plan and Healthy Wisconsin 2010 available
 - 6) Testimony from the public
- Ms. O'Donnell requested that Greg Levenick, Joyce Allen, John Easterday, Linda Harris and Secretary Karen Timberlake be invited to attend the Public Forum. Ms. Ludwig agreed to invite them.
- XII. Adjourn: The meeting adjourned at 2:40 P.M. The next meeting is scheduled for the following:

PLANNING AND FUNDING COMMITTEE MEETING
THURSDAY, May 15, 2008
10:00 A.M. – 3:00 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET
MADISON, WI
608/283-6426

Summary
Public Forum May 5, 2008
WAAODA Conference
Sheraton Hotel
Madison, WI

Attendance: There were 19 people who signed in, representing health care and social service agencies, the Veterans Administration, the Department of Corrections, UW Platteville, prevention and treatment organizations, a recovering person, the WAAODA Board, the Division of Mental Health and Substance Abuse Services and a citizen.

Issues:

- 1) "Parity," insurance limitations
- 2) Increasing the beer tax
- 3) Lack of public funding for treatment
- 4) Federal funds expiring for Waukesha's Drug/OWI Court
- 5) College-level AOD counselor "let go" for lack of funding
- 6) Increased standards for education in our own professions, perhaps that would lead to increased salaries (AOD counselor)
- 7) Getting information to WAAODA constituents about pending legislation and any organized activity to support the legislation
- 8) Insurance companies refusing to authorize treatment based on provider's status; based on prior authorization policies; based on AOD use within certain number of days of treatment, causing relapse
- 9) AOD Counselor positions going vacant for years. Recruitment is more and more difficult. Applicants have to be qualified---not "in training." Lack of clinical supervisors. There is so much misunderstanding about DRL regulations and the hoops one has to go through. Need to bridge the gap between AOD counselors and supervision. We're running up against brick walls. Why should this be so difficult? We need to address these barriers very strongly. Not a lot of young people coming into the field.
- 10) Very few programs are available that offer the courses necessary to meet AOD Counselor certification credentials. This is a HUGE problem effecting treatment agencies and programs including those DOC administers. 30 positions are vacant through DOC's early release program, and have been vacant for over a year. People can't find training programs here in Wisconsin and are going to Chicago to get the training.

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A Few Facts about Trauma

In mental health and substance abuse service settings

- As many as 80% of men and women in psychiatric hospitals have experienced physical or sexual abuse, most of them as children.
- The majority of adults diagnosed with Borderline Personality Disorder (81%) or Dissociative Identity Disorder (90%) were abused as children.
- Up to two-thirds of both men and women in substance abuse treatment report childhood abuse or neglect.
- Nearly 90% of alcoholic women were sexually abused as children or suffered severe violence at the hands of a parent.

In childhood and adolescence

- 82% of young people in inpatient and residential treatment programs have histories of trauma.
- Violence is a significant causal factor in 10-25% of all developmental disabilities.

In the criminal justice and juvenile justice systems

- 80% of women in prison and jail have been victims of sexual and physical abuse.
- In one study, 92% of incarcerated girls reported sexual, physical or severe emotional abuse.
- Boys who experience or witness violence are 1,000 times more likely to commit violence than those who do not.

From *The Damaging Consequences of Violence and Trauma*, 2004, compiled by Ann ~Jennings, PhD.

In the individuals returning from war and in the armed forces

- About 30 percent of the men and women who have spent time in war zones experience a post-traumatic stress disorder (PTSD).
- 20 to 25 percent have had partial PTSD at some point in their lives.
- More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced "clinically serious stress reaction symptoms."
- The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

From US Department of Veteran Affairs, *National Center for PTSD Post-Traumatic Stress Disorders*, February 2006.

Helpful Websites for Further Information:

<http://www.nationaltraumaconsortium.org/>

<http://www.ncptsd.va.gov/>

<http://www.seekingsafety.org/>

<http://www.sidran.org/>

<http://www.nctsnet.org>

<http://www.healthrecovery.org/>

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TRAUMA ISSUES

Trauma Defined

The word "trauma" can have a very broad connotation. There are many types of trauma that have powerful effects on people, including the effects of natural disaster, war, the loss of loved ones, the witnessing of a violent event, medical catastrophes or the loss of physical abilities. Some studies and policies that focus in on trauma more narrowly define trauma to mean sexual abuse or assault, physical abuse or assault, domestic, intimate, or family violence, child abuse or neglect or the witnessing of any of these acts towards a significant person in one's life.

Most importantly, trauma is defined by the *experience of the survivor*.

Trauma Informed, Trauma Sensitive, Trauma Responsive

Trauma Informed: Knowledge of the prevalence of trauma histories as co-existing conditions in the individuals that we work with and its recognition that this is an issue that must be dealt with as a therapeutic strategy. It is also the knowledge of available community resources and an established means for referral.

Trauma Sensitive: A trauma sensitive environment (culture) is one in which all members feel physically, psychologically, socially, and morally safe; where members of the community manage their emotions appropriately; acknowledge and deal with loss and grief; and focus on creating a positive future.

Trauma Responsive: Our behavior towards our clients (and colleagues) as that we behave in ways that are not re-traumatizing. Re-traumatizing occurs through shaming, forcing participant/survivors to take a "searching and fearless moral inventory", confrontational vs. motivation interviewing, intrusive monitoring.

- Increase in symptoms
- Increase in management problems
- Increase in recidivism rate

Risking Connections: Connections involve taking risks. Forming relationships with survivors of abuse in any form for the purposes of healing involves risks for both the clients and their treaters. Connection requires hope, and hope always carries the risk of disappointment. Risking Connection was developed by Karen Saakvitne, Ph.D., from the Sidran Institute in Baltimore, MD.

Trauma Framework - Seven Basic Assumptions

1. Symptoms are adaptations.
2. Trauma shapes the survivor's basic beliefs about identity, worldview, and spirituality.
3. Using a trauma framework, the effects of trauma can be addressed within mental health and substance abuse treatment systems.
4. When the treaters and the client can share a perspective, they can collaborate.
5. The four most important things a treater has to offer a survivor are:
 - Respect*
 - Information*
 - Connection*
 - Hope (R.I.C.H.)*
6. Treaters need support from one another, including respect, information, connection, and hope

(R.I.C.H.)

7. Working with survivor clients affects the person of the helper too - vicarious traumatization.

Trauma Treatment Models

- Eye Movement Desensitization and Reprocessing (EMDR): During EMDR the client attends to past and present experiences in brief sequential doses while simultaneously focusing on an external stimulus. Then the client is instructed to let new material become the focus of the next set of dual attention (i.e. eye movement.) This sequence of dual attention and personal association is repeated many times in the session.
 1. Eye movements are the most commonly used external stimulus, therapists often use auditory tones, tapping, or other types of tactile stimulation.
- Seeking Safety: Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. The treatment is available as a book, providing both client handouts and guidance for clinicians. The treatment was designed for flexible use. It has been conducted in-group and individual format; for women, men, and mixed-gender; using all topics or fewer topics; in a variety of settings (outpatient, inpatient, residential); and for both substance abuse and dependence. It has also been used with people who have a trauma history, but do not meet criteria for PTSD. Seeking Safety was developed by Lisa M. Najavits, Ph.D., at Harvard Medical School/McLean Hospital.
- Trauma Recovery and Empowerment Model (TREM or M-TREM for males): Is a comprehensive group intervention designed to help women (M-TREM for males) who have suffered from sexual, physical, and/or emotional abuse and who have not been able to overcome this trauma with traditional recovery work. This approach emphasizes survivor empowerment and peer support, teaches techniques for self-soothing and recognizing social boundaries, and helps women learn to focus on manageable steps of problem solving. Developed by trauma survivors and further developed by Community Connections in Washington, DC.
- Addictions and Trauma Recovery Integrated Model (ATRIUM): ATRIUM is a manualized model for groups, individuals, and couples, blending psycho-educational, process, and expressive activities. Based on both cognitive behavioral and relational theories, ATRIUM addresses the impact of trauma and addiction on mental, physical, and spiritual health. The curriculum includes building skills for self-care, self-soothing, and self-expression. ATRIUM was developed by Dusty Miller, Ed.D, at Department of Clinical Psychology at Antioch/New England Graduate School.



OFFICE OF THE GOVERNOR

A PROCLAMATION

WHEREAS, alcohol abuse is a major public health problem that affects all Wisconsin residents; and

WHEREAS, Wisconsin has the highest rates in the nation of high school students who drink (49 percent); underage drinking (39 percent), drinking among adults (68 percent), and binge drinking among adults (22 percent); and

WHEREAS, this abuse of alcohol in 2005 resulted in 2,082 deaths, 5,992 vehicle injuries, 16,677 hospitalizations, more than 126,000 arrests, and expenditures of more than \$1.89 million on hospitalizations and treatment in Wisconsin; and

WHEREAS, community norms that foster alcohol abuse are a major factor; and

WHEREAS, stigma and discrimination present obstacles to treatment for citizens with an alcohol use disorder; and

WHEREAS, parental support, monitoring, and communication can significantly reduce drinking among adolescents; and

WHEREAS, treatment of alcohol abuse is as successful as the treatment of other chronic diseases; and

WHEREAS, during the month of April, the Wisconsin Division of Mental Health and Substance Abuse Services and the State Council on Alcohol and Other Drug Abuse will sponsor Town Hall meetings; provide adolescent screening tools to all high schools and interested County Juvenile Justice units; and distribute "A Parent's Guide to Treatment" to the public;

NOW, THEREFORE, I, Jim Doyle, Governor of the State of Wisconsin, do hereby proclaim the month of **April 2008** as

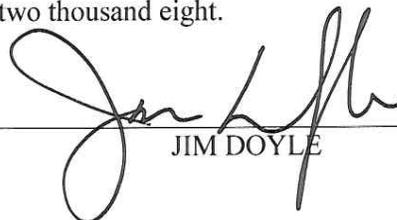
ALCOHOL AWARENESS MONTH

In the State of Wisconsin, and call upon the people of Wisconsin to:

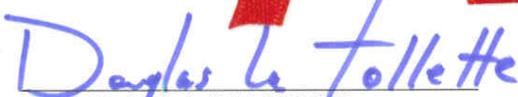
- Increase awareness of alcohol use disorders and the success of prevention and treatment
- Increase screenings for potential alcohol use disorders as part of regular health exams
- Support and encourage referrals for treatment for individuals when an alcohol use disorder is suspected or is present



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this eighteenth day of March in the year two thousand eight.


JIM DOYLE

By the Governor:


DOUGLAS LA FOLLETTE
Secretary of State

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Motion from Planning and Funding Chair Joyce O'Donnell:

Motion to request SCAODA's legislative members to introduce legislation that would increase the number of statutory members from 22 to 27; an additional five new members added to represent the substance abuse prevention and treatment fields, both culturally and geographically, in the state of Wisconsin.

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Jim Doyle
Governor



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Sen. Carol Roessler
Chairperson

Linda Mayfield
Vice-Chairperson

Mark Seidl, WCHSA
Secretary

Prevention/SPF SIG Advisory Committee Meeting Minutes

February 28, 2008

9:30 – 2:30

Training Room

Department of Corrections

3099 East Washington Avenue

Madison, Wisconsin 53707

Members Present Chair Scott Stokes, Phil Collins, Susan Crowley, Carol Hanneman-Garuz Tracy Herlitzke, Ronda Kopelke, Jane Larson, Rick Peterson, Emanuel Scabrough, Julia Sherman, Gary Sunnicht, Francie McGuire Winkler, Chris Wardlow, Kathy Wolf, Greg Levenick (Ex Officio);

Members Absent: Blinda Beason; Al Castro; Heidi Foster; Claude Gilmore; Tonia Gray; Tracy Herlitzke; Gerald Huber; Molli Huling; Brenda Jennings; Kathleen Marty; Carlos Morales (Ex Officio), Mary Miceli-Wink; Candace Peterson; and Mark Warpness

Others Present: Amanda Jovaag, UW Population Health Institute
Kathy Thomas, Staff, BMHSAS
Lou Oppor, Staff, BMHSAS
Raina Zwadzich, Prevention Fellow, BMHSAS
Sarah Linnan, UW Population Health Institute
Robin Lecoanet, UW Population Health Institute
Christy Niemuth, BMHSAS/UW Population Health Institute
Paul Moberg, UW Population Health Institute
Chris Hill-Sampson, Division of Public Health

Call to Order, Welcome, and Review of Agenda

Chair Stokes called the meeting to order at 10:00 a.m. and reviewed the meeting agenda. Members and attendees introduced themselves.

Approval of Minutes

The minutes of November 7th were considered. The following corrections were proposed: Bea Moore Reas was removed from the attendance list as she is no longer a member of the Committee; Christy Niemuth was moved from "Others Present;" and on page 3, first paragraph, "Claude removing" was changed to read "Claude agreed to remove." **Motion by Jane Larson to approve the November 7th, 2007 minutes with the aforementioned corrections. Motion was seconded by Carol Hanneman-Garuz and passed unanimously.**

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**Prevention/SPF SIG Advisory Committee Meeting Minutes
February 28, 2008**

Subcommittee Reports

Workforce Development Subcommittee - Kathy Wolf reported on the activities of the Subcommittee and provided a handout summarizing their activities since the last meeting.

- The Committee has continued to review available prevention curricula and trainings for Wisconsin through close collaboration with the Alliance Regional Centers, the WCH via its work on the WI State Prevention Conference, statewide and regional trainings, and through CSAP's Central Center for the Application of Prevention Technologies (CAPT)'s work with the Substance Abuse Prevention Specialist Training (SAPST). SAPST forms the "CORE Components" training for the Prevention Specialist Certification.
- Capacity building with the SAPST has been facilitated by the WCH and Northwoods Coalition through the provision of a TOF in SAPST last year. Funding to support this was provided by DHFS/CYF, the Alliance, Northwoods Coalition, and Central CAPT.
- The WI Clearinghouse, in its role as the State Prevention Resource Center, also collaborated with Central CAPT and Great Lakes Intertribal in offering the Native American version of the SAPST which is continuing to be refined.
- Northwoods Coalition has researched and developed a comprehensive comparison matrix that compares and contrasts the training models that this committee has reviewed.
- The Committee will also be reviewing the DPI Data Collection Project.

After completion of this comprehensive review of prevention trainings, the Committee will compile an electronic booklet of recommended trainings.

The Committee also discussed SAPST, National Outcome Measures, HFS Administrative Rule 75.04, the Prevention Specialist Certification (and interface with DRL and the WI State Prevention Conference), and the Cultural and Linguistically Appropriate Services (CLAS) was revisited as well. The following motions were made and recommended to the Prevention Committee for consideration:

- 1) The Subcommittee passed a motion that the WI Clearinghouse PRC, as an existing infrastructure resource, provide the prevention training booklet on the "training calendar" on their prevention website. (Existing contracts can cover this work.)
- 2) Motion to approve the usage of CLAS in prevention programming.
- 3) Motion to recommend curriculum enhancements for the SAPST to include more information on environmental strategies, alcohol and alcohol policy basics, cultural competency, and National Outcome Measures (NOMS)
- 4) Motion that HFS Administrative Rule HFS 75.04 (b) require certified Prevention Specialist staff through the DRL process.

Lou Oppor suggested that the Prevention Committee have a broader discussion on these at their next committee meeting. **Kathy Wolf moved item 1: That the WI Clearinghouse PRC, as an existing infrastructure resource provide the prevention training booklet on the "training calendar" on its prevention website. Motion was seconded by Manny Scarbrough and unanimously approved.** Item 2 has already been discussed and approved. Discussion on item 3 will take place at a future

meeting. Item 4 will need DHFS to provide background and is a long term goal that needs additional discussion at a future meeting.

Underage Drinking Committee has not been meeting because their projects have been completed.

- The recommendation for a legislative council study committee has been approved by SCAODA and will be forwarded to the legislature.
- The EPI Study Summary was distributed statewide and received a lot of media attention. A new EPI study with more county data will be completed in May and ready for release in June.
- Lou Oppor asked if the Prevention Committee has any assignments they would like this subcommittee to work on education, etc.
- Manny Scarbrough mentioned he would like to see the data broken out by ethnicity. Paul Moberg responded that this information is available in the larger report, but not in the “glossy” that was just distributed.

Updates

- Regional Centers - The regional centers held a retreat which was facilitated by Kathy Aspar and the role and responsibilities of the regional centers was clarified. Their main focus is to provide training and technical assistance to Alliance coalitions.
- SAPIS – The state data collection tool has been developed and training of users will take place in the spring.
- Prevention Conference – June 30-July 2 in Stevens Point. The conference will include CADA training and attendance certificates to be used for prevention specialist training requirements will be provided as appropriate.

Lunch Break

SPF SIG Evaluation – Robin Lecoanet, UW Population Health Institute, who is the team leader for the SPF SIG evaluation provided information on evaluation requirements. The federal government is very prescriptive about the evaluation. There are specific forms that are to be used. The Population Health Institute will work with all grantees and provide training and technical assistance on evaluation requirements (All grantees are required by the state to use the Population Health Institute for their evaluation). There is a state evaluation, grantee evaluation and a participant level instrument to be used only if a program lasts longer than 30 days.

SPF SIG Need Factors – Amanda Jovaag, UW Population Health Institute is the epidemiologist who worked on the need matrix to be used in awarding SPF SIG local grants. The SPF SIG requires that states use need, based on state priorities, to award local grants. In Wisconsin, risk accounted for 70% of the need determination and population (demand) accounted for 30%. A matrix was then established which provides a score for each Wisconsin county based on the aforementioned formula. This matrix will be used in the scoring of the proposals submitted in response to the Wisconsin SPF SIG RFP.

SPF SIG Plan/RFP – Lou Oppor and Kathy Thomas provided a handout of the decision points for the SPF SIG RFP. In summary

- The grants will be in two phases... a 3 month planning phase and renewable 12 month implementation
- The grants are buying results and plans must include a budget with numbers served, cost bands and expected results.
- No government agency can be a lead agency, but they can be fiscal agents

- Only coalitions can apply and if they are no already an Alliance member, they need to become a member of the Alliance for Wisconsin Youth
- There will need to be a focus on environmental strategies
- A bidders' conference will be provided for interested applicants.

(A copy of the SPF SIG Sub Recipients Decision Point Document is attached)

Future Agenda Items

- HFS 75
- Other parts of prevention infrastructure (non-SPF SIG)
- State Plan – Prevention Committee Direction for coming year
- State Updates – DHFS and other state agencies

Meeting adjourned at 2:30.

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SPF SIG Subrecipient Grants Decision Points

A Project Design

1. Up to 14 grants will be awarded
2. Two-phase process. –
 - Phase 1 is a three-month contract/planning process. During that timeframe grantees are expected to begin local assessment, capacity building, evaluation methodology, and depending on the state of readiness of the grantee, a community SPF SIG plan and budget.
 - Phase 2
For those grantees that have submitted a community SPF SIG plan and budget and have received approval of their plan by review team, a twelve month contract for implementation will be issued. Additional funding is available to grantees for this phase of the community SPF SIG.

The grantees which are not ready to submit a local SPF SIG plan and budget, are required to submit a work plan and budget for the completion of their community SPF SIG plan. They will also receive a twelve-month contract with funding, but they can only spend at the Phase I level until they have submitted a plan and received state approval of their plan.

B Funding –

1. Anticipated award date: July, 2008
 - Phase I funding will consist of 1/12 per month of a \$90,000 grant.

The grant is to fund:

*\$62,500 for grantee assessment, planning, etc (\$5,208 per month)

*\$22,500 for federal required evaluation (to be contracted with the University of Wisconsin Population Health Institute ((\$1875 per month)

*\$5,000 for training and technical assistance (to be contracted with the Wisconsin Alliance Regional Resource Centers) (\$416 per month)

2. Annual implementation grants will be up to \$138,000, based approved plan and budget request. In reviewing budget requests, population to be served, cost bands and results will be considered. The implementation grant award will include \$22,500 for the Population Health Institute for evaluation and \$5,000 for Regional Resource Centers for training and technical assistance.

C Project Goals

The Wisconsin SPF SIG has three goals:

1. To prevent the onset and reduce the progression of substance abuse
2. To reduce substance abuse related problems in communities
3. To build prevention capacity/infrastructure in the state/communities/tribes

D Project Priorities

The Wisconsin SPF SIG has two priorities:

1. Risky Drinking among ages 12-25(underage drinking and young adult binge drinking)
2. Alcohol related motor vehicle fatalities, injuries and crashes for individuals between the ages of 16-34.

F Eligible Applicants – Non-governmental Coalitions

1. The coalition must be a legally eligible entity.

The coalition must be an organization legally eligible to apply for a grant or must make arrangements with an organization that will apply for the grant on behalf of the coalition and serve as the legal and fiscal agent for the grant. That is, a single organization (i.e., the coalition or its fiscal) must be the legal applicant, the recipient of

the award, and the entity legally responsible for satisfying the grant requirements. Legal/fiscal agents acting on behalf of a coalition may be domestic public or private non-profit entities, such as State, or local governments; public or private universities and colleges; professional associations; voluntary organizations, self-help groups; consumer and provider services-oriented constituency groups; community and faith based organizations.

2. The coalition must have as part of its principal mission the goal of reducing substance abuse.
3. The coalition must demonstrate that its members have worked together on substance abuse prevention for a period of not less than six months before submitting their application
4. The coalition must have representation from its targeted community and include a minimum of one member/representative from each of the following twelve sectors:
 - Youth (an individual 18 or under;
 - Parents;
 - Business community;
 - Media;
 - School;
 - Youth-serving organization;
 - Law enforcement agency
 - Religious or fraternal organizations;
 - Civic and volunteer groups;
 - Healthcare professionals;
 - State, local or tribal government agencies authority with expertise in the field of substance (if applicable, the State authority with primary authority substance abuse; and
 - Other organizations involved in reducing substance abuse

A coalition member is defined as a representative of the community if he/she participates in regularly scheduled coalition management and planning meetings and is an active participant and contributor to the coalition's activities, events, and strategic planning. A sponsor/supporter is not necessarily the same as an active coalition member. For purposes of the application, an individual coalition member may not represent more than one of the above categories.

5. The coalition must demonstrate that it has substantial participation from volunteer leaders in the community.
6. The coalition must demonstrate that it responds to substance abuse prevention in the community in a comprehensive and long-term fashion and works to develop consensus regarding the priorities of the community to combat substance abuse among youth.
7. Applicant/fiscal agents may submit only one application . Two coalitions may not serve the same geographic area unless both coalitions have clearly described their plan for collaboration in their applications and each coalition has independently met the eligibility requirements.

G Special Program Requirements

1. Cooperative Agreements
2. Letters of Collaboration and Commitment

H Selection Criteria

1. **Need** **40%**

Need will be determined by DHFS provided data elements. Because the state does not have adequate data by county for underage drinking, in determining need, the state-wide average was used for that element of the need determination. (If the rate of underage drinking is greater than the state average in an applicant's community, applicants will be given the opportunity to provide epidemiologically acceptable data and their "need" score will be recalculated.)
2. **Capacity/Readiness** **30%**
 - Coalition

- Alliance Membership
- Evidence Based Practices
- Drug Free Community Grantee
- Letters of Commitment
- Sustainability

3. **Community Description** **20%**

- Geographic, demographic information
- Cultural Competence
- Local data to support community need
- Community Goals
- Community Risk Factors—availability of alcohol, laws and norms, social/economic data, additional special circumstances (college town, etc.)

4. **Application** **10%**

- Staffing
- Organization
- Experience
- Budget

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

<Insert date when approved>

<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 for cause 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.

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.

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By-Laws

Motion from By-laws Workgroup member Blinda Beason:

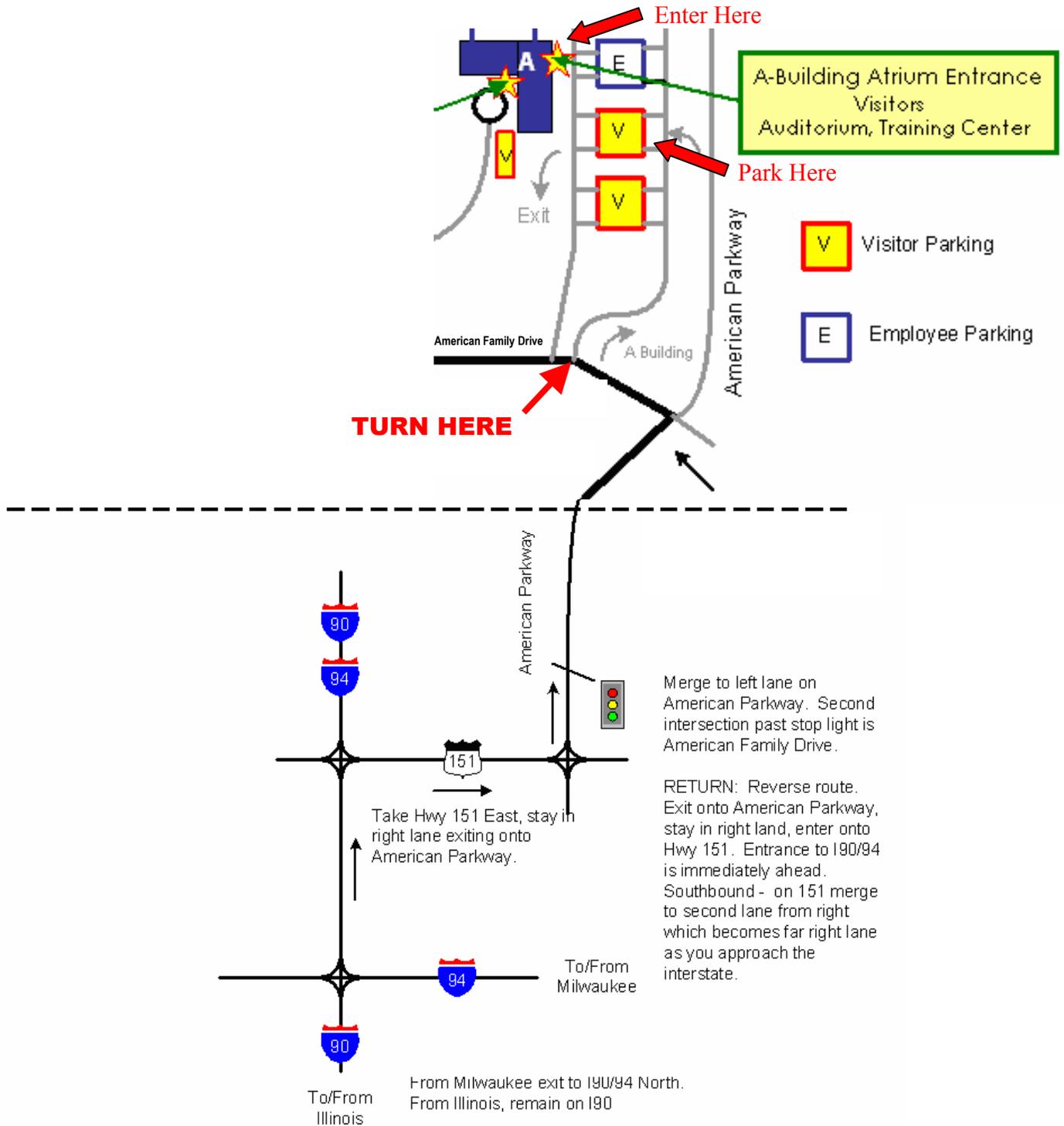
Motion to approve and accept the SCAODA By-laws as written.

The SCAODA By-laws can be found and downloaded from the following link:

<http://www.scaoda.state.wi.us/>

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Directions to American Family's Training Center and Auditorium



Highway Directions to AF-NHQ Campus