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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES

June 8, 2012

9:30 a.m. – 3:30 p.m.

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

Members Present: Sonya Sidky, Allison Malcolm for Craig Harper, Kevin Moore, Steve Fernan, Norman Briggs, Joyce O'Donnell, Tina Virgil, Charlotte Rasmussen, Mark Seidl, , Scott Stokes, Michael Waupoose, Rebecca Wigg-Ninham, Sandy Hardie, Douglas Englebert, Mary Rasmussen,

Members Excused: Sandy Pasch, Garey Bies, Dennis Baskin, Duncan Shrout, Roger Frings

Members Absent:

Ex-Officio Members Present: Raymond Luick, Matthew Sweeney, Robert Williams, Raymond Perez, Anne Hoffmann, Joann Stephens

Ex- Officio Members Excused: Randy Glysch

Ex- Officio Members Absent: Thomas Heffron, Colleen Baird, Linda Preysz,

Staff: Joyce Allen, Sarah Coyle, Michael Quirke, Lou Oppor, Lori Ludwig, Tanya Hiser, Faith Boersma, Arlene Baker, Lila Schmidt, Susan Endres, Christy Niemuth, Lee Ann Cooper, Bernestine Jeffers, Gail Nahwahquaw, Linda Harris

Guests: Don Pirozzoli, Todd Campbell, Dave McMaster, Tami Bahr, Paul Krupski, Emmanuel Scarbrough, Nina Emerson, Jill Gamez, Tami Bahr, Bill McCulley, Sue Gadacz, Leland Wigg-Ninham, Mark Clark, Ari Becker, Kisha Shaw

I. Introductions/ Welcome/ Pledge of Allegiance/Announcement Noise Level – Michael Waupoose

Mr. Waupoose welcomed the group. The group recited the Pledge of Allegiance. Mr. Waupoose began the meeting at 9:30 A.M. Members, staff and guests introduced

themselves. Mr. Waupoose reminded everyone to speak up and be clear so that all can be heard. He welcomed as new members Dr. Anne Hoffmann from UW Stevens Point, representing the UW System and Dr. Raymond Perez from the Department of Veterans Affairs. Representative Garey Bies has been appointed to SCAODA, but was unable to attend today's meeting. Mr. Waupoose pointed out that Allison Malcolm was Craig Harper's designee for today's meeting.

II. Review/Approval of March 2, 2012 Minutes—Michael Waupoose

Joyce O'Donnell made a motion to approve the minutes of March 2, 2012 and Mark Seidl seconded the motion. The minutes were adopted unanimously.

III. Sue Gadacz Recognition—Michael Waupoose

Michael Waupoose presented Sue Gadacz with an award with the engraving of the state seal and the words (which he read): "With thanks and appreciation for your many years of leadership and dedicated service to the State Council on Alcohol and Other Drug Abuse, June 8, 2012." Mr. Waupoose indicated that he had attended Sue's going away party and reported that she had touched many lives and was thankful for all that she had done for the citizens of the State. Ms. Gadacz thanked the Council and expressed gratitude for the opportunity to work for the State. She reported that she has worked with an incredible group of people and was happy to be a part of the team. She expressed thanks in particular to Joyce Allen and Linda Harris and reported that she looks forward to working in partnership with them in the future. The group gave Ms. Gadacz a warm round of applause.

IV. Public Input—Michael Waupoose

Dave Macmaster thanked Sue Gadacz for the work she has done for the WiNTiP Project. He indicated that he was reporting on behalf of WAADAC—Wisconsin Association of Alcohol and Drug Abuse Counselors. He provided the group with a handout from the Substance Use Practitioners Association for Recovery (SUPAR). The new association for alcohol and drug abuse counselors is only \$35 a year for membership, while WAADAC is \$125 per year, SUPAR is more economical. Students can join for just \$15. SUPAR will serve the interests of those in the field. For example we need to have input into the New Scope of Practice recommendations as many of us are non-degreed. Wisconsin needs a workforce and the workforce needs a voice. There will be new recovery coaches and peer specialists. We have no lobbyist like the Mental Health Council and NASW (National Association of Social Workers). This new association should be that voice. He asked the group to get the word out. People with disorders will benefit. He then thanked the State Council.

V. Combined Mental Health and Substance Abuse Needs Assessment Ad-Hoc Committee—Michael Waupoose, Joyce Allen, Rebecca Wigg-Ninham and Don Pirozzoli

Rebecca Wigg-Ninham referred the group to pages 31 through 40 in their packets to view the “Charge” to the Committee, the “Membership” of the Committee, SAMHSA’s “Priorities and Vision,” and a “Summary” of the Ad-hoc Committee on Needs Assessment’s work to date. Joyce Allen read the “Charge” to the Committee, basically to work with the Bureau of Prevention Treatment and Recovery on a Needs Assessment for the State. She continued that SAMHSA has asked states to develop joint needs assessments (mental health and substance use disorders) of behavioral health needs and services in their state. Therefore, both Councils need to work together. Ms. Wigg-Ninham introduced Mr. Don Pirozzoli, the Co-Chair of the Ad-hoc Needs Assessment Committee along with herself. Joyce Allen pointed out that this Ad-hoc Committee sunsets on June 30, 2013. Ms. Wigg-Ninham reported that SCAODA’s Executive Committee approved the “Charge” to the Committee allowing work to proceed prior to the next full Council meeting. She then read from the “Summary” on page 39 of the packet. She reported how supportive state staff have been moving the group along. There have been five general meetings. The Bureau has shared prevalence data and designed a short survey to include consumers’ viewpoints. Consumer satisfaction is very important. Scott Stokes relayed that the Prevention Committee felt that there wasn’t adequate representation of Prevention perspectives on the Ad-hoc Committee and therefore made a motion to include a Prevention representative on the Ad-hoc Committee. He therefore referred the group to page 162 of their packets and read the **motion to appoint a Prevention Committee representative to the Ad-hoc Committee for combined mental health/substance abuse needs assessment. Rebecca Wigg-Ninham seconded the motion** explaining that members were appointed at the last Council meeting and it was after Mr. Stokes had left for the day. The oversight was unintentional. Norman Briggs spoke in support of the motion adding that 20% of the block grant is set-aside for prevention expenditures. Joann Stephens felt that it makes sense for a representative from each SCAODA Committee be appointed to the Ad-hoc because a representative of each of the Committees of the Mental Health Council was represented on the Ad-hoc Committee. At that point, Mr. Waupoose asked for a vote on the motion. **There were all ayes and the motion passed unanimously.** Mr. Don Pirozzoli indicated that he was honored to Co-Chair the Ad-hoc Committee with Ms. Wigg-Ninham and recognized Brad Munger, Tim Connor, Mike Quirke and Amy Owen as state staff who do great work for the Committee. Mr. Waupoose asked that updates of this Committee remain as standard agenda items on the SCAODA agenda going forward.

VI. Youth Risk Behavior Survey (YRBS)—Steve Fernan

Mr. Steve Fernan reported that he started out in his career as a probation officer and then started working in AODA prevention and violence prevention in the Department of Public Instruction. He pointed out that prevention works. He continued that we spend significant time talking about treatment and alternatives to incarceration and now we need to spend significant resources on prevention. Twenty percent of the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) has to be spent on prevention. Mr. Fernan reported with the latest YRBS data there is now a twenty year trend line from 1993 to present and we can look at every two year cycle since 1993. Today, he will focus

on substance abuse indicators only, although the survey does look at other prevention areas as well. The survey design includes its administration on every odd-numbered year. There is a cooperative agreement with the CDC (Centers for Disease Control and Prevention) and the states to administer a common 99-item survey. There are eight priority areas: Developmental Assets; Weapons and Violence; Suicide; Alcohol and Other Drugs; Tobacco; Sexual Behavior; and Nutrition and Exercise. He presented summary graphs showing the following:

- Females comprised 49% of the sample, males 51%
- 25% of the sample were 9th graders; 24% 10th; 25% 11th; 25% 12th graders.
- Hispanic/Latinos comprised 7% of the sample; Black (Non-Hispanic) 9%; White (Non-Hispanic) 78%; All other Races 1%; Multiple Races 3%.
- The percentage of students who ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days fell from 25% in 2001 to 9% in 2011.
- The percentage of students who, in the last 30 days, rode in a car with a driver who had been drinking alcohol or drove a car when they had been drinking alcohol dropped from 39% to 23% and 15% to 9% respectively.
- The percentage of students who had at least one drink of alcohol on one or more of the past 30 days increased from 48% to a high of 54% in 2001 and then fell to a low of 39% in 2011.
- The percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days fell from 29% in 1993 to 24% in 2011.
- The percentage of students who drank before the age of 13, increased from 48% in 1993 to a high of 54% in 2001 and then fell to 39% in 2011.
- The percentage of students who used marijuana one or more times during their life or in the past 30 days rose from 23% and 11% respectively in 1993 to high of 43% and 25% in 2001 and then fell to 37% and 22% in 2011. This is a negative trend.
- Regarding other drugs, there are a small number of students who are using other drugs. Only 8.4% of students indicated that they used inhalants one or more times in their lives (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high). Only 4% of students indicated that they used any form of cocaine, including powder, crack, or freebase one or more times during their life.
- Eighteen percent (18%) indicated that they have taken a prescription drug (such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life.

At this point, Mr. Fernan distributed an Executive Summary of the 2011 YRBS from the Wisconsin Department of Public Instruction. The document includes data on all eight priority areas. Tanya Hiser asked if there was a question on the survey regarding texting and driving. There was not. Mr. Fernan invited her to send an email to him and he would see if he could get it into the next survey. Norm Briggs asked a question about alcohol and marijuana and why the trends were up in 2001. Mr. Fernan could not offer an explanation, however he relayed that in 2010 the Safe and Drug Free Schools funding was lost. Then in 2011, there was a loss of categorical funds for AODA prevention in the state. He suggested that perhaps trends will

increase. Mary Rasmussen asked if you could make a link between the trend and programs. Mr. Fernan replied that he could not. Even if the relationship is statistically significant, we cannot say one event caused the other. Joann Stephens asked why not. If you see an increase in AOD use with a decrease in funds, why can't you say the lack of programming caused an increase in AOD use? Mr. Fernan informed the group that correlations do not mean cause and effect. Paul Krupski asked if there were any questions on the survey on how they access substances. Mr. Fernan indicated that alcohol is most frequently obtained from friends or an adult. Mr. Krupski asked another question about why the state data could not be broken down by county. Mr. Fernan indicated that there are not enough students from each school. Each student would need to be surveyed. That is why an on-line accessible survey would help. Ms. Stephens asked if schools participate on-line, would they be able to pull out local data? Mr. Fernan indicated that the data would go to CDC first. It would probably be too small of a number of students to analyze. Sonya Sidky asked if there were data from neighboring states. Mr. Fernan indicated that there were. Wisconsin's data have been higher than the national average. Emmanuel Scarbrough asked if there were data for Alabama, Mississippi and Florida. Mr. Fernan explained that you can go to the CDC website and see each state. There are some differences but largely the same trends. Raymond Perez felt that this is an exceptionally useful study. Regarding veterans in the state, there has not been a deployment of troops as large since World War II. What is the effect on family members? Mr. Fernan informed him that the survey is administered in Fort McCoy. There is an opportunity to customize local surveys with more questions. He asked Dr. Perez to call him and he would look into it. At that point Mr. Waupoose thanked Mr. Fernan for the good work and the group for good questions.

VII. Adolescent Treatment—Tami Bahr and Jill Gamez

Tami Bahr is the Assistant Director of Connections Counseling and Co-Chair of the Child, Youth and Family Treatment (CYFT) Sub-Committee with Jill Gamez, who is also the Executive Director of Arbor Place. Ms. Bahr and Ms. Gamez presented a power point titled, "Adolescent Treatment in Wisconsin." The first point Ms. Bahr made was that early intervention is key to decreasing costs of substance use disorders. Research has shown that early initiation (age 14 or younger) results in an increased incidence of substance abuse or dependence diagnoses as adults (age 21 or older). There are significant effects on the developing brain of AOD use among adolescents. Nationally, about 3% of children age 12 and 13 and about 12.4% of adolescents age 14 and 15 used alcohol in 2010. There were about three million initiates of other drugs in 2010 age 12 and older. Other drugs include pain relievers, inhalants, tranquilizers, hallucinogens, stimulants and sedatives, cocaine, heroin, and marijuana. The following statistics reflect the number of American youth, aged 12-20 who try substances for the first time, every day, on average:

- 11,318 try alcohol = Baraboo, Little Chute, Suamico
- 6,488 try marijuana = Kimberly, Fox Point, Delafield
- 2,786 try cocaine = Lake Delton, Lodi, Oconto Falls
- 386 try heroin = Kellnersville, Pound, Rock Springs

Ms. Bahr pointed out that alcohol is the leading cause of death among youth, nationally. How does Wisconsin compare?

- 2009 National Survey of Substance Abuse Treatment Services (NSSATS) data
 - Nationally - **7.2%** of AODA clients served are adolescents

- Wisconsin – **7.0%** of AODA clients served are adolescents
- 2009 Treatment Episode Data Set/Human Services Reporting System (TEDS/HSRS) data
 - Nationally about **7.6%** of AODA clients served are adolescents.
 - Wisconsin about **1.8%** of AODA clients served are adolescents.

Ms. Bahr summarized that the divergent statistics from the TEDS/HSRS data set indicate that Wisconsin is either underserving adolescents or undercounting. Jill Gamez pointed out that the Child, Youth and Family Treatment (CYFT) Sub-committee evolved out of the Project Fresh Light Grant. The primary goal of the Sub-committee is to increase access to and capacity of adolescent screening, intervention, treatment, and recovery opportunities. Ms. Gamez indicated that we need to do a better job. In 2009, 241 facilities identified themselves as providing services to adolescents in Wisconsin. As of May 2012, only 70 agencies have indicated that they continue to provide adolescent treatment services. Mr. Waupoose asked if there were any new providers. Ms. Gamez indicated that she didn't know. Ms. Bahr thought that it was still the same providers. Jill Gamez reviewed CYFT's strategies to increase access to and capacity of adolescent screening, intervention, treatment and recovery opportunities:

- Support the Bureau of Prevention Treatment and Recovery (BPTR) partnership with Mental Health America to publish the Project Fresh Light website including an on-line version of Adolescent Treatment Provider Directory (www.projectfreshlight.com)
- Explore collaboration with the WI Council on Mental Health. State Council CYFT Sub-committee to identify ways to strengthen a comprehensive approach to adolescent treatment.
- Review current Sub-committee membership to identify gaps in representation and seek to fill those gaps.
- Increase family involvement and support of families in treatment
- Support ongoing efforts of BPTR in child, youth and family substance abuse treatment

Ms. Gamez pointed out the second goal of the CYFT Sub-committee: To raise awareness of adolescent treatment and treatment standards with insurance companies. They have met with insurance companies' representatives once on best practices and plan to continue a Payers Workgroup and seek representatives from insurance companies to participate in CYFT. The third goal of CYFT is: To educate targeted groups/people within Wisconsin about issues related to adolescent substance abuse treatment. Towards this goal, CYFT plans to hold bi-monthly meetings in all regions of the state to encourage and provide involvement opportunities.

Ms. Gamez pointed out that CYFT's fourth goal is to increase provider capacity to deliver evidence-based intervention and treatment programming. Training opportunities have been offered in implementing the following evidence-based practices: the GAIN – Global Appraisal of Individualized Need, Teen Intervene, Multi-Dimensional Family Therapy, Comprehensive, Continuous, Integrated System of Care (CCISC) Model and Celebrating Families. CYFT's fifth goal is to continue to focus on adolescent opiate treatment. CYFT's sixth goal is to deliver timely reports to the ITC and engage in solution-based discussions about adolescent and family treatment issues.

Ms. Gamez introduced Ari, and his journey to healthy living, Ari's story: Ari is a recovering young man who initiated alcohol and drug use as an adolescent. He shared with the group his

story and answered questions about his experience. Mr. Waupoose thanked Ari for his moving story and reminded everyone that behind all the work that we do, are people like Ari. The group gave Ari a warm round of applause in thanks for his story and his journey.

In conclusion Jill Gamez indicated that the Child, Youth and Family Treatment Sub-committee (CYFT) would like SCAODA to classify adolescents as a priority population in order to effectively identify ways to support prevention, early intervention, treatment and recovery within a sustainable environment.

Norman Briggs asked a question about the facilities being surveyed and the quality of their services. Do the services meet the Adolescent Framework standards? Tami Bahr responded that the survey instrument did not ask about the quality or type of services, only whether or not they provided services by age. Mr. Briggs continued that the age of adolescents as a policy issue should be examined. Younger women, for example aged 19-22 are significantly different from women in their 30's. What age constitutes adolescent treatment? Ms. Bahr thought age 25 and under. We do need to consider how we re-classify things. Traditionally it was those age 18 and up went into the adult system. However, that doesn't work. They bail out of treatment more often. Steve Fernan asked about the distribution of adolescent services by County. He thought each County has to provide adolescent treatment services as a requirement of the block grant. However, adolescent treatment services are voluntary according to Mark Seidl. Kewaunee County provides adolescent services through a contract. Ms. Gamez pointed out that we don't have adolescents coming in the door and asking for treatment. We need systems to screen, identify and refer. Mr. Seidl pointed out that adolescent treatment is a specialty and there are significant differences on how to do it. Joann Stephens suggested utilizing peer run groups. Consumer driven groups give parents support. Ms. Gamez indicated that there are Parents Anonymous groups around the state that are great. They aren't in every County but where they are, they provide great support for parents. Mary Rasmussen agreed that it is rare to find parents who bring their kids into treatment. She asked Ms. Gamez what she would like to see. Ms. Gamez responded that she would like to see screening tools implemented in schools, primary health care settings and other systems that touch adolescents. We need to identify areas of risk and facilitate referrals, involve parents, and deal with resistance. Is it more challenging to work with kids? Ms. Gamez responded in the affirmative. Manny Scarbrough informed the group that for many kids in middle-school, they reside with family members who use. Using AOD has become normalized. What is your experience with that? Ms. Bahr responded that we need systems improvement. Family systems change.

VIII. Mark Seidl Recognition—Michael Waupoose and Joyce O'Donnell

Michael Waupoose presented Mr. Seidl with a plaque and read its inscription. "Your direction and unwavering commitment to the State Council on Alcohol and Other Drug Abuse have been invaluable. We thank-you for your eighteen years of service including three years as Council Chairperson, June 8, 2012." Joyce O'Donnell then explained that she has served with Mark Seidl since the Citizens Council (pre-cursor to SCAODA). We have always known that we need to change the culture of Wisconsin. There was a big conference in 1988. Agencies that were once fractured have come together. Things are better but we still have a long way to go. The

beer tax has not risen since man landed on the moon. The culture in Wisconsin has to change if we want to move forward. Mark Seidl is admirable. Mr. Seidl responded by indicating he had nothing profound to say except that he is retiring in 20 days and it has been an honor to serve these eighteen years. He explained that he has been in the public sector for 40 years. He thinks SCAODA collaborating with the Mental Health Council is fantastic! There was another warm round of applause for Mark Seidl.

IX. Report on Workforce Survey

Mike Quirke thanked the WAADAC (Wisconsin Association of Alcohol and Drug Abuse Counselors) members, Norm Briggs and Dave Macmaster, who participated in the interpretation of findings from the Workforce Survey analysis. Mr. Quirke explained that an electronic survey was sent to Wisconsin SACs (Substance Abuse Counselors) and CSACs, (Clinical Substance Abuse Counselors) identified by the Department of Safety and Professional Services (DSPA) (formerly the Department of Regulation and Licensing). It was not sent to SACITS (Substance Abuse Counselors in Training). About 1900 surveys were sent out and just about 50% responded. He directed the group to pages 41 through 50 in their packets. While there is the possibility of bias due to the response rate (50%), “the 2012 e-survey does show representativeness as evidenced by the proportion of responses received by geographic region and the proportion of responses received from racial/ethnic group counselors in comparison to the general population (U.S. Census Bureau).” A table comparing age distribution of counselors in 1995 compared to 2012 shows that 55% of the counselors in 2012 are in the age group of 51+ (compared to 31% in 1995). The data show how the 2012 counselors are aging out of the profession. Mr. Quirke directed the group to page 45 of their packets. Comparing level of education among respondents, individuals with associates degrees or high school degrees appear under represented. Those with Master’s degrees represented 54% of the sample. Counselor’s level of education by race/ethnicity shows that there may be disparity in the number of Native Americans with Master’s degrees. There are lower numbers of Master degreed counselors among the Native American counselors compared to the other racial/ethnic groups. This information could be relevant for the Minority Training Institute. Medicaid Reimbursable: 66% had Medicaid reimbursement (Master’s) while 44% had less than Master’s degrees and indicated that they too, can bill Medicaid. There were disproportionately fewer Hispanic counselors who are Medicaid reimbursable. The implications of the study were that counselors do want to increase their education, 75% said yes. How? They are opposed to being required to have a Master’s degree to perform substance abuse counseling but if it is required, then current counselors should be grand-fathered in. They indicated they want 1) more financial aid, 2) better wages and reimbursement rates (average wage was \$48,570) and 3) more accessible college programs. Mr. Quirke suggested the following actions that could be taken resulting from the survey:

1. There was strong opposition to the requirement of Masters degrees to be required of substance abuse counselors. If a Master’s degree were to become mandatory, survey respondents favored a provision to “grandfather” current substance abuse counselors that do not possess a Master’s degree.
2. In order to promote higher education in a field where the prevailing wage does not readily support higher education pursuits, it is recommended that financial aid resources be expanded and current and prospective counselors be informed of financial aid

resources. Higher education programs need to be more affordable, accessible, and accommodate the schedules of working counselors. Outreach to Native Americans is recommended.

3. Compared to their presence in the general population, there are fewer Hispanic persons employed as counselors. A disproportionate number do not possess Medicaid approval. Outreach to increase Hispanic counselors is recommended.
4. There are a disproportionate number of substance abuse counselors who are 51 and older in Wisconsin. Within the next 10 to 15 years, up to half of the counselors may age out of the workforce. Outreach to attract younger counselors is critical. Younger counselors also need assistance with obtaining Medicaid approval.
5. Even with the substitution of a degree for supervised experience hours, Wisconsin's hours of experience for substance abuse counselor certification exceed the national scope of practice guidelines discussed previously. It is recommended that the required supervised experience hours be lowered.
6. In order to have more ready access to workforce planning data, it is recommended that Vocational Technical schools, colleges and universities offering substance abuse counselor education degrees submit to the Department of Health Services annually a count of the number of substance abuse counselor degrees conferred.

There were a number of questions pertaining to whether or not the Affordable Care Act requires Master's degrees to be reimbursable. Mr. Waupoose indicated that he is trying to correct that misperception. Joyce Allen reported that it is a state decision not a federal decision. Dave Macmaster offered that two-thirds of substance use disorder counselors are women. There is a sense in the field that livelihoods are being threatened. Rebecca Wigg-Ninham suggested that we need to attract the next generation, if 50% are gone, who will be treating the next generation. Working with colleges and tech schools is imperative. Mr. Briggs offered that younger counselors also need assistance. Mr. Waupoose agreed that the younger counselors don't know how to apply for Medicaid. Rebecca Wigg-Ninham asked that Workforce Issues be placed on our next agenda. Kevin Moore asked who was representing the Department of Safety and Professional Services (DPS) on SCAODA. Mr. Waupoose reported that the seat is currently unfilled. Mr. Moore recommended that the DPS seat get filled as soon as possible. We need to get more information. We need a partnership with the University and DPS. We need to know who to talk to about this. We need a report on this at the next meeting. Mr. Waupoose asked ITC to keep this issue going. We need a strategy, a plan, an idea of how to move this forward. Ray Luick asked if we knew how many counselors we need and how many people will need services? Mr. Quirke indicated that yes we can do that. Who do we need to ask 1) at DPS—question about degree, that is, when substance abuse counselors (SACs and CSACs) apply for recertification we need to find out their academic degree (as is asked of nurses) and 2) what is the number of mental health providers with AOD specialties, that is, LPC (Licensed Professional Counselor), LCSW (Licensed Clinical Social Worker) and LMFT (Licensed Marriage and Family Therapist)—we don't know that either. Raymond Perez suggested working with UW to develop a curriculum designed for that purpose. Charlotte Rasmussen suggested that DPS do the questioning. She felt that we should complement each other. Mr. Waupoose felt that this should be an agenda item at the next meeting or a Committee report.

X. State Agency Reports

Office of Justice Assistance—Ray Luick

Ray Luick reported on the newly formed Criminal Justice Coordinating Council. He distributed two handouts, “Executive Order #65 relating to the creation of the Criminal Justice Coordinating Council” and a press release from Governor Walker’s Press Office dated May 3, 2012, “Governor Walker Appoints Eighteen to Criminal Justice Coordinating Council.” According to Executive Order #65, the Council will have four sub-committees: 1) Data 2) Benchmarks 3) Treatment Alternatives and 4) Outreach. There are two Co-Chairs: Attorney General JB Van Hollen and Secretary Department of Corrections Gary Hamblin. Mr. Luick indicated he is looking forward to the Council and the sub-committees getting up and running. The Council has met three times, once as a full Council. There are exciting aspects to this Council such as access to data and coordination between agencies. This Council and the Department of Workforce Development sharing data is a great opportunity. How do we pull these pieces together? Joann Stephens pointed out that Secretary Gary Hamblin, sits on the Criminal Justice Committee of the Wisconsin Council on Mental Health. Mr. Luick asked that anyone who wants to be on a sub-committee should get their name to him. Mr. Waupoose asked where meetings are held. Mr. Luick suggested going to the website OJA@wisc.gov to find out.

Department of Transportation—Sonya Sidky

Sonya Sidky reported that the Department of Transportation (DOT) has a diversion program, Intensive Supervision. However, she is reporting on the Safe Ride program today. The Safe Ride program was created by statute. DOT administers a grant program and the Tavern League Foundation runs the program. Over the years, DOT has looked at other programs, others could compete for the funds. Currently, the Safe Ride grantee is the Tavern League. She referred the group to data on page 51 of their packets. Each Tavern League (there are 54 of them) is responsible to report the number of rides and cost data to the Tavern League Foundation each year. Some counties have multiple Tavern Leagues. The DOT grant goes to the Tavern League Foundation which in turn disperses funds to the local Tavern Leagues. The grants are up to \$20,000 for safe rides from the tavern to home. Each Tavern League has different ways of operating and different costs. The grant money provides up to 80% of the cost of the rides. Up to \$20,000 is available to each Tavern League. The Tavern League provides name/date/bartender/address and keeps meticulous records. Each Tavern League submits for reimbursement. They provide 20% of the cost. According to the Tavern League Foundation, the 2010-2011 survey indicated that about 68,000 rides were given. Mary Rasmussen asked what accounts for Dunn County giving 758 rides with only 3 taverns. Sonya Sidky suggested that some taverns don’t participate, it is too cumbersome with lots of reporting requirements. Nina Emerson shared that only members of the Tavern League, establishments that belong to the Tavern League, can participate. If not a member of the Tavern League, you can’t participate. Mark Seidl asked about the percentage of taverns that are members of the Tavern League. Ms. Sidky reported that she could check. Don Pirozzoli asked about the Lincoln car that gives rides. Are there other ride programs? Ms. Sidky responded that yes, there were. DOT also funds “Bar Buddies” in Prairie du Sac. Kevin Moore noted that there is a \$2,000 difference between total cost and cost of rides. What did the \$2,000 go for? Ms. Sidky responded that it is match for rides. Mr. Waupoose noted that funds were lapsed from the Intoxicated Driver Program last

year. Why? Ms. Sidky reported that there was more funding from the IDP surcharge than funds needed. A couple of years ago, a statute changed, up to 80% versus up to 50% of the cost of the rides could be grant funded. Participation fell and the match fell and for awhile DOT carried over the funds, but the pile got too big and they returned the money to GPR. Joyce O'Donnell reported that this is a hot issue for the Planning and Funding Committee. The Tavern League is comprised of advocates and lobbyists. They are the only organization in the Intoxicated Driving Program with a designated percentage for funds. The message is that it is ok to go out and (drink too much). It contradicts (our message). It is a glaring example. Elections are coming up. Ms. O'Donnell suggested Council members ask your representative about the set-aside for the Tavern League Safe Driver Program funded by the Intoxicated Driver Program.

UW Updates—Dr. Anne Hoffmann

Dr. Hoffman reported that she was from Iowa. She found it unusual that the church picnics here serve alcohol. The UW system has 180,000 students, 13 universities and 13 colleges. College students drink more than their non-college peers. Regarding intervention and treatment, there is only a .25 FTE for prevention training for 9,000. There is a 1.0 FTE for all the colleges. The goal is to knit the network together. Every two years there is a review of policies and practices. The UW System looks at how the environment/community can focus on harm reduction. Alcohol is a legal product for over half the population. The focus is on protecting individuals and preserving communities. Milwaukee house parties are an example. UW-Milwaukee and the neighboring community have been working together to address large house parties for several years now. Recently, the institution completed a community readiness assessment on the topic and is working with the community on continuous improvement. Their work includes both students and community members to address these house parties. Joyce O'Donnell asked how many of the colleges and universities have Rathskellers. Dr. Hoffman reported that many universities are getting rid of bars. Stevens Point has one. 60% of students are of drinking age. There has been an improvement of sanctions in residence halls.

Department of Health Services—Kevin Moore

Kevin Moore reported that the Department of Health Services is preparing for the budget cycle. Mental health advocates arranged a meeting with DHS in conjunction with staff from the Governor's Office to discuss what is working and what is not working. Mr. Moore felt that SCAODA should also be engaged with the Department and the Governor's Office. And so a similar meeting was set up with SCAODA's Executive Committee and Norm Briggs. Mr. Moore indicated that the Governor's Office needs to be aware. Mr. Moore shared that Michael Waupoose brought up the beer tax issue during the meeting. Mr. Moore indicated that dialogue needs to happen at that level and that he is happy to facilitate.

XI. President's Budget—Joyce Allen

Joyce Allen reported that the President's budget directed SAMHSA to reduce its budget overall by 4%. In particular, a 13% cut was targeted for prevention services and a 4% cut for treatment services in the Substance Abuse Prevention and Treatment block grant. The biggest overall change for the block grant was that prevention services would be split off from treatment

services so that there would be two grants. Funding in the proposed budget for Wisconsin is \$21.9 million (now it is \$27.8 million). The prevention portion is unknown. The Community Mental Health Block Grant is a different smaller grant. It was \$8 million this year. It will be reduced if the President's budget goes through. It will be reduced through a formula reduction. The biggest thing to watch is if the budget bill doesn't pass, there will be across the board cuts. Dave Macmaster asked about the state budget. Ms. Allen replied that we are just entering into the budget cycle. Michael Waupoose asked if there is a reduction in the block grant, how would it play out at the state level? Ms. Allen responded that a plan would be developed by the Bureau and the Division and based on input, for example using the Epi report or other data, we would present a plan for the reduction.

XII. By-Laws Review—Scott Stokes

Mr. Stokes referred the group to the By-laws on pages 52-67 in their packets. He asked members to go through the By-laws and see if there are any changes that they would like to make. The By-laws are four years old. If there are suggestions for change we would address them in September's meeting. Please review the By-laws in your Committees.

XIII. Committee Reports: SCAODA Goals

Executive Committee Report—Michael Waupoose

Mr. Waupoose reported that during December's SCAODA meeting there was a discussion about a bill that passed expanding alcohol establishments' hours of sale. SCAODA opposed that bill and wanted to let counties and municipalities know that their hours of sale could stay the same or more restrictive sales hours could be adopted locally. Instead of writing letters directly to all the counties and municipalities, Kevin Moore suggested we reach out to the League of Municipalities. Therefore, a letter was drafted and sent. Please see page 69 in the packet. Lou Oppor reported that the League has responded and is happy to put the letter in their Newsletter. The letter was drafted by the UW Law School and Nina Emerson. Mr. Waupoose also referred the group to pages 71-2 in their packets to see a sample letter that was sent to legislators in the Assembly and Senate in order to facilitate three legislative appointments to SCAODA. He reported that he and Duncan ShROUT met with Senator Scott Fitzgerald's staff and were advised to contact certain legislative members' staff to find a potential appointee to SCAODA. Michael Waupoose reported that he met with Senator Mark Miller's staff who assured him that the appointment would be made by SCAODA's September meeting. Representative Garey Bies was appointed by the Assembly's majority party. Mr. Waupoose then informed the group that September's meeting would include the election of SCAODA officers, and a Nominating Committee would be needed to draft a slate of officers. He asked for any volunteers. Joyce O'Donnell and Rebecca Wigg-Ninham volunteered. Mr. Stokes indicated he would appoint a representative from each Committee. Mr. Waupoose then asked for a volunteer to participate in "Recovery Service Planning," consisting of two teleconferences and one all-day meeting. This group will be looking at the broad issues regarding recovery service planning, that is, for mental health and substance abuse services, what is needed? Mary Rasmussen volunteered and Joyce Allen indicated that someone would be in touch with her regarding dates and times. Finally Mr. Waupoose indicated that he attended a Motivational Interviewing training session with

Menominee Nations. Gail Nahwahquaw and Scott Caldwell attended. It was an amazing, culturally competent training. Motivational Interviewing was adopted as an intervention strategy. We are fortunate to have staff like Ms. Nahwahquaw and Scott Caldwell. Mr. Waupoose gave a huge thank-you to both.

Intervention and Treatment Committee (ITC)—Norman Briggs

Mr. Briggs updated the group with ITC's Annual Report which focuses on increasing access to care for specific populations, namely women, adolescents, intoxicated drivers, and older adults. The Child Youth and Family Treatment (CYFT) Sub-Committee has defined the Adolescent Treatment Framework. The Wisconsin Women's Educational Network (WWEN) is updating the women's treatment survey. Three members of ITC are working with 3 members of Planning and Funding Committee on SBIRT (Screening, Brief Intervention and Referral to Treatment). Roger Frings (Co-Chair of ITC) revised the way they categorize complaints in the Office of the Insurance Commissioner regarding substance abuse services. Women's Treatment Standards and Core Values have been defined. CYFT has coordinated with the Mental Health CYFT Committee and WINTIP has seen a second hospital go tobacco-free. **Mr. Briggs made the following motion: That the State Council on Alcohol and Other Drug Abuse develop a set of priorities for the 2013 budget and take appropriate steps to inform key decision makers; including State agencies and members of the Legislature about the priorities. Scott Stokes seconded the motion.** Mr. Briggs explained that typically SCAODA reacts to bills proposed with letters. He believes that SCAODA needs the ability to testify about bills before the legislature. This way, the Executive Committee can take a stand with the full support of the Council. He explained he didn't know if it is even necessary or whether current By-laws already cover this situation. Steve Fernan asked how the role of the Planning and Funding Committee would change. Mr. Briggs responded that he didn't know that it would change. Bills are presented and voted on very quickly. Monthly and quarterly meetings do not allow for the responsiveness that is needed. Mark Seidl indicated that he strongly supports the motion because of the process. Mr. Waupoose pointed out that having someone with the ability and means to respond is a big burden. Mr. Briggs thought that Committees could determine their respective areas of influence regarding budget priorities within their scope. **At that point Mr. Waupoose called for the vote. The motion passed unanimously.**

Mr. Briggs then read his second motion: **The State Council on Alcohol and Other Drug Abuse recognizes that the treatment of substance use disorders is a specialty profession requiring specific training and experience. The Department of Safety and Professional Services has delineated the training necessary for certification and licensing. The Council, therefore, opposes any proposal to eliminate or weaken the specialized training requirements necessary for anyone to present themselves as an alcohol and drug counselor, substance abuse counselor or other term which implies that the individual has the training prescribed by the Department of Safety and Professional Services. Mark Seidl seconded the motion.** Raymond Perez agreed that increased standards for AOD counselors were necessary. Mr. Waupoose asked for a vote and **all were in favor except Steve Fernan, Kevin Moore and Tina Virgil who abstained. The motion passed.**

Planning and Funding Committee—Joyce O'Donnell

Joyce O'Donnell began her report by referencing the Annual Report in the packet. She thanked Lori Ludwig for her work on the Annual Report. Ms. O'Donnell informed the group that the Planning and Funding Committee hosted the Public Forum at the WAAODA conference. She thanked the Bureau staff who attended, Joyce Allen and Lou Oppor and SCAODA Chairperson Michael Waupoose for attending as a member of the audience. She explained that the Public Forum is an opportunity for people to get answers to their concerns. Most of the time at the Public Forum was spent on the Scopes of Practice issue. Concerns continue about certification. The Planning and Funding Committee has established an Ad-hoc Sub-committee on SBIRT. Lou Oppor informed the group that Scott Caldwell will be staffing the new Ad-hoc Sub-Committee. Mr. Briggs shared that at the Public Forum one gentleman, a high school level AOD counselor, was concerned about the future. Two women in recovery shared that they each went to school and got their degrees, experience and licensure. They showed that it can be done. Ms. O'Donnell expressed concern that because of aging-out more people will be retired than working. She also thanked Lou Oppor for duplicating and distributing the National Drug Control Strategy Report. Mr. Waupoose commented on Mr. Briggs statement. People in recovery have challenges in obtaining an advanced degree. It's not easy but it can be done.

Diversity Committee—Rebecca Wigg-Ninham and Sandy Hardie

Rebecca Wigg-Ninham informed the group that the Diversity Committee is focusing on the website, making it user friendly with cultural competency assessment tool resources. She reviewed the Diversity Committee's goals and activities. Gail Kinney, Diversity member, is drafting a letter to be sent to treatment agencies statewide encouraging the use of cultural competency self-assessments. A report on the LGBTQ population was presented to the Diversity Committee. It will be shared with SCAODA in the future. Also, there will be a report representing the needs of the Deaf and Hard of Hearing population which Diversity will bring to SCAODA perhaps in December. The largest issue continues to be the Scope of Practice issue. Sue Gadacz came to speak to the group regarding the Scope of Practice issue. Sandy Hardie reported that the Diversity Committee continues to work on increasing membership. They want to include more diverse populations at the table. Raymond Perez indicated he would like to help with that.

Prevention Committee—Scott Stokes

Mr. Stokes referred the group to the Prevention Committee's Annual Report which contains a summary of the work of the Prevention Committee already reported on in previous meetings. There was the ACE Report (the Alcohol, Culture and Environment Report) and the Prescription Drug Report which were printed and widely distributed. The Prevention Committee completed a membership review and as a result new members were added to the Committee. New Prevention Committee members represent minority agencies, law enforcement and the Brighter Futures Initiative. Mary Rasmussen indicated that she wants to be on the Prevention Committee. Mr. Stokes continued that the 911 Good Samaritan Ad-hoc Committee has had two meetings. They will need another four meetings before they can make recommendations regarding opiate overdose. The Parents Who Host Lose the Most billboards are everywhere. Mr. Oppor explained that the campaign needs to be expanded beyond the two events, that is high school

proms and graduations. The message needs to get to a broader audience. Mr. Fernan commented that as the campaign expands, it should retain its link to branding. The Ohio Drug Free Action Alliance owns the branding. Scott Stokes announced that the Prevention Conference is Monday through Wednesday of next week and the Prevention Committee will be hosting the Public Forum on Tuesday. The Prevention Committee will meet again on July 12th.

Michael Waupoose thanked the Committees for the hard work that they do. He asked that each Committee send him 3-4 items from their Annual Reports, the best highlights. He plans to put them together in an Executive Summary.

XIV. Agenda Items for September 7, 2012 Meeting – Michael Waupoose

- Recovery Presentation
- By-laws Review
- Elections
- Budget Priority Discussion
- Update on Workforce Issues

XV. Announcements

- Michael Waupoose announced he will be participating in interviews for Sue Gadacz's replacement
- Joyce O'Donnell announced that Mark Seidl and Blinda Beason will be joining the Planning and Funding Committee

XVI. Adjournment – Michael Waupoose

The meeting adjourned at 3:00 p.m. The next SCAODA meeting is scheduled for September 7, 2012 from 9:30am to 3:30 pm in room A3151 of the American Family Complex.