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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**

March 5, 2010

9:30 a.m. – 3:30 p.m.

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

Members Present: Mark Seidl, Joyce O'Donnell, Minette Lawrence, Sandy Hardie, Greg Phillips, Duncan Shrouf, Michael Waupoose, Blinda Beason, Gary Sumnicht, Joyce Allen, Janet Nodorft, Scott Stokes, Coral Butson, Rebecca Wigg-Ninham, Renee Chyba and Darold Treffert for Douglas Englebert

Members Excused: Douglas Englebert, Pamela Phillips, Linda Mayfield and Mary Rasmussen

Members Absent: Eileen Mallow

Ex-Officio Members Present: Linda Preysz, Ray Luick and Susan Pastor (representing UW System for Matt Vogel)

Ex-Officio Member Excused: Larry Kleinsteiber

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

Staff: Sue Gadacz, Lori Ludwig, Kate Johnson, Jerry Livings, Gail Nahwahquaw, Susan Endres, Kathy Thomas, Leah Watson, Christy Niemuth and Lou Oppor

Guests: Julia Sherman, Dave Macmaster, Norm Briggs, Chris Wardlow, Barry Busby, Nina Emerson, Alan Iverson, Angela Rivera, Steve Dakai, Angela Rivera, Andrea Jacobson and Kim Ethan-Harshner

I. Introductions/Welcome/Agenda—Mark Seidl

The meeting was called to order at 9:20. Mark Seidl welcomed the group and following the Pledge of Allegiance asked the group to introduce themselves. Mr. Seidl reminded the group about the noise level.

II. Review/Approval of Minutes—Mark Seidl

Mr. Seidl asked for approval of the January 8, 2010 meeting minutes. **Joyce O'Donnell moved for approval of the minutes, Coral Butson seconded the motion. The motion passed unanimously without discussion.**

III. Public Input—Mark Seidl

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

IV. Alcohol Culture and Environment (ACE) Sub-Committee Report—Julia Sherman, Chris Wardlow, Barry Busby, Nina Emerson and Alan Iverson

Julia Sherman referred the group to the ACE Report included in their informational packet. She reported that there were 49 recommendations in the report. The report focuses on a vision for creating a healthy environment with regard to alcohol use in Wisconsin. Recommendations to achieve a healthy environment are included for state government, municipalities, schools, businesses, churches and civic groups. Strategies to achieve these recommendations focus on the promotion of environmental strategies that have an impact on: alcohol access, affordability, attractiveness and acceptance. The recommendations are consistent with national and international groups. Ms. Sherman stressed the importance of local control and the importance of availability.

Nina Emerson highlighted recommendations requiring legislative or state action. Most concerning were 1) Alcohol control handled at the local level is a Wisconsin tradition. Localities should be given the authority to ban certain beverages like caffeine and alcohol drinks. 2) The recommended age for alcohol servers should be consistent with the minimum age for purchasing alcohol, i.e., 21 or older. The state should require this and if not, municipalities should have the authority. 3) Law that allows children to be served alcohol when accompanied by parents should stipulate no one under the age of 21 will be served. 4) Act 100 just passed, but it did not go far enough for OWI recommendations, e.g., first offense OWI should be a misdemeanor, 2nd offense OWI should be a misdemeanor with increased fines, 3rd offense should be a felony. Incarcerated felony offenders should have access to AODA treatment. 5) Absolute sobriety should be the policy for underage drinking violations. Officers don't have incentives for penalties. Usually underage drinking tickets are written. There is a need to write violations. 6) Occupancy tax rates should increase to raise money for law enforcement, treatment and prevention.

Al Iverson, a police officer and alcohol control enforcement officer from La Crosse found that in general the community upheld enforcement activities but were light on educating officers for alcohol enforcement and education. The following are what officers can do to reduce alcohol consequences in their communities: 1) compliance checks 2) responsible beverage service 3) freshman orientation for college kids 4) public intoxication training 5) underage drinking offenses from the first offense on, there should be a total count of the number of underage offenses until the age of 21. 6) occupancy tax is a funding issue 7) accessibility at gas stations—people get gas and then drink 8) municipalities should require programs informing and educating potential sellers about the responsibilities in obtaining a license to sell alcohol 9) social host fines

should be increased 10) there should be sober server ordinances 11) games such as beer pong should be banned in establishments 12) keg registration should be enforced in order to follow-up where the alcohol goes.

Chris Wardlow summarized recommendations for educators or educational institutions. He referred the group to page 43 of the information packet. 1) Unified code of conduct for WIAA. It takes heat off school districts and coaches. Violations should be put on students' permanent records. 2) School-based, evidence-based prevention programs should be required in all schools. Community, civic and faith-based groups should adopt alcohol policies meeting the same standards recommended for Class "B" Temporary permits: 1) Create secure perimeter around licensed area with a double fence, a single entrance and photo id check. 2) Use wrist bands and hand stamps in rotating patterns to identify age 21 and older customers for alcohol purchase. 3) Age 21 is age 21, no exceptions. 4) Servers have responsible beverage training and do not drink while serving. Employers should organize a workgroup charged with making formal alcohol in the workplace policy. Consequences of alcohol use should be made clearly to workers.

Barry Busby is the Coroner in the Oshkosh area, now retired from law enforcement. He has seen the effects on families when a youngster has died as a result of alcohol. Alcohol contributes to lots of deaths, divorce and sex assaults. Consider deaths from binge drinking, cirrhosis and cardiac death. Other negative consequences include injuries in the workplace. For example, someone who is at .15 BAC at 2:00 a.m., at 7:00 a.m. they are at .08 BAC. It takes 10 hours to get the alcohol out of their system. Mr. Busby suggested testing for alcohol use in the workplace in conjunction with education and training. He reported that 37% of all deaths on Wisconsin County highways or 15,000 deaths involve alcohol. Compared to other states, Wisconsin is number one for alcohol-involved crashes resulting in injuries and death, he reported.

Linda Preysz thanked the group for their presentation. As Chairperson for the Intervention and Treatment Committee, she reported that they always push for treatment and prevention—not just punishment—as part of recommendations. She suggested that consideration of diversity issues should be a part of all recommendations. Julia Sherman acknowledged that the report did not talk about messages. One major problem is that we don't know what people think about alcohol use and consequences. There are no surveys. We do know from research, however, that poorly structured information campaigns can actually increase drinking. Greg Phillips pointed out that often the message becomes, "Do as I say, not as I do." Mr. Busby summed up by pointing out that we all bear responsibility. Be a responsible drinker. Have a designated driver and know your limit. Sue Pastor shared that it is important to bring forward education. For example, the liver processes only so much alcohol per hour and one drink per hour isn't safe.

Scott Stokes thanked the group for their work on the ACE Report. **Mr. Stokes made a motion to endorse and adopt the Alcohol Culture and Environment final report and disseminate it. Duncan Shrout seconded the motion. There was unanimous consent to approve the motion.** Joyce O'Donnell asked where the group planned to disseminate the report. Mr. Stokes reported that there was no plan yet, but it should go to all counties and follow-up with the legislature and municipalities. This will be an on-going agenda for the Prevention Committee. Julia Sherman reported that through her work at the UW-Madison Law School, she recommends

reaching out to professional organizations. Joyce O'Donnell pointed out college rathskellers as an example of a double message being given students. Michael Waupoose suggested that the report be disseminated to Tribes as well. Mark Seidl thanked the group for its report.

V. Medical Marijuana—Senator Jon Erpenbach and Dr. Mike Miller

Senator Erpenbach reported on the history of the introduction of the medical marijuana bill. For ten years two of his constituents who use marijuana medically have been asking for legislation on medical marijuana. He promised his constituents that he would if the Chair of the Public Health Committee would hold a hearing. For the first time this year, a hearing was held and there is a co-sponsor in the Senate. Law-abiding citizens with cancer, glaucoma, and HIV testified that especially with cancer medicines, marijuana is helpful to sleep at night. The Medical Society doesn't support it and the US FDA (Food and Drug Administration) doesn't approve it. Still it can help you. However, it is still illegal and even though street marijuana and medical marijuana are different, the bill will probably not pass this session. The grow your own provision is unpopular with legislators. In California, marijuana shops are very prevalent. That wouldn't go over here. He doesn't support that. A doctor would have to ok use. Thirteen to fourteen states have laws on the books. Many support the use of medical marijuana, according to surveys, but not legalization. Someone with cancer or AIDS is looking for relief. Legislation is behind the curve about what people will support. Law enforcement cannot support grow your own. Eventually, this will pass in the state. Pharmaceuticals do not want this legalized. Nasal spray is available in Canada, but not here. Whether legal or not, patients will do this. This situation shouldn't be. The bill will not pass this session, but it will go through eventually, and the governor will sign the bill into law. This may happen at the national level. President Obama has backed off medical marijuana prosecution. Dr. Treffert interjected that the nasal spray will probably be available within a year. The FDA will look at it. We have been down this road three times. Dr. Treffert pointed out his concern is that marijuana is not harmless. Youth see it as giving marijuana a pass. That is his fundamental concern. Michigan gets 1,000 applicants a day. New Hampshire passed a law. They threw out the grow your own provision and went to state dispensaries. Senator Erpenbach indicated that the only difference between our bill and New Hampshire's is the grow your own provision. The bill identifies very specific diseases which are specified in the bill, it is not left open. DHS would set up a panel which would review studies. Regarding kids using marijuana, Senator Erpenbach remarked that he has two kids. He is responsible to his kids as a parent. He is not trying to legalize marijuana. That is not the case. Parental involvement is huge. This is a matter of the right thing to do.

Dr. Treffert asked about why patients don't go the usual route, obtaining marinol from the pharmacy. Senator Erpenbach responded that there are certain situations where marinol works and certain situations where only smoked marijuana will work. Dr. Treffert raised concern about the long list of conditions in the bill that would be appropriate for treatment with marijuana, asking what evidence indicates that marijuana is effective for all those conditions. Senator Erpenbach sited the lack of research as a problem. Greg Phillips asked how we keep medical marijuana from being diverted. He continued that it appears oftentimes children are taking their parents medicines from the medicine cabinet. How do we know what is an optimal dosage? These are issues for law enforcement. Senator Erpenbach countered that one cannot legislate common sense for parents. The purpose of medical marijuana should be addressed at some

point. There is a purpose for medical marijuana for some people at some time. It works for some.

Dr. Michael Miller began his presentation by acknowledging Senator Erpenbach as a friend to addiction treatment, and that they agree on some points. However, there are disagreements as well. He indicated that he was delighted that the bill won't go anywhere this session. He reported that he doesn't use the term medical marijuana because it legitimizes its use. He cautioned not to assume that marijuana is safe and non-addictive, or that compassionate centers are necessarily compassionate. He explained that in order to say that marijuana works like a drug, you must go through the US FDA (Food and Drug Administration). The FDA establishes dosage, routes of administration and risks. They have established criteria. NIDA and NIAAA do the research. In the bill currently introduced, the WI Department of Health Services (DHS) has the authority to expand approved indications. That is beyond their scope. Dr. Miller explained that cannabinoids work (THC is one of them). Pharmacological companies are waiting to make a fortune. He predicted that medications will be available in five years. This legislation, he pointed out is not about the terminally ill. This legislation does not address persons determined to be terminally ill and then sanctioning marijuana as appropriate for those persons. Most of the users are not terminally ill, they are young people. The bill provides immunity from prosecution for use based on condition. Finally, this bill is not about legalization of marijuana, but it is part of a broader process to reduce opposition. Proponents of the bill want to create a medical legitimacy argument. To contend that this is not part of a broader strategy is folly, he warned. Dr. Miller reported that marijuana is a dangerous drug—far less dangerous than oxycodone, alcohol or tobacco, but still dangerous. It can produce addictions and there is a problem with developing adolescent brains. Dr. Miller felt that public referenda and legislators should take their hands off the issue of providing marijuana for a medical purpose.

Duncan Shroul reviewed that marijuana should be taken off Schedule 1 and moved to Schedules 2-5. Dr. Miller agreed that it needs to be non-one, non-two. Mr. Shroul continued, that the goal would be to allow research. Dr. Miller reported that research can be done now, but moving the drug off Schedule 1 would facilitate the research. Dr. Treffert offered that just yesterday he spoke about hemp at the Controlled Substance Board. He felt that the organization NORML was behind the hemp discussion and cautioned about the larger agenda. Joyce O'Donnell agreed and reminded the group that SCAODA addressed this issue years ago. This Council's reputation would be effected if we endorsed marijuana, she cautioned. Greg Phillips had a question about marijuana smoke being carcinogenic. Dr. Miller indicated that there was conflicting evidence on that matter.

VI. Follow-up Brighter Futures Initiative—Kim Eithun-Harshner

Kim Eithun-Harshner appeared on behalf of Mark Campbell and the Department of Children and Families (DCF) to update the group on arrangements regarding the transfer of GPR funds from DCF to Department of Health Services (DHS) in order to enable DHS to count the GPR allocation to the Brighter Future Initiative (BFI) towards the Maintenance of Effort (MOE) requirement of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). The issue was discussed at the SCAODA meeting of January 8, 2010. It became of critical importance when DCF and DHS split into two Departments and BFI became organizationally

housed in a different Department from the one which applies for the SAPTBG. Ms. Eithun-Harshner informed the group that DHS and DCF staff met and a Memorandum of Understanding (MOU) was drafted. She reported that it is currently being edited. The MOU will be signed and then the funds will flow through DCF to DHS and back again. Thus the funds can be counted toward the MOE for the SAPTBG. She reported that the funds transfer will be retroactive to 2009. There were no questions or comments for Ms. Eithun-Harshner. Mr. Seidl thanked her for her report.

VII. SCAODA Appointment of Department of Children and Families—Mark Seidl

Joyce O’Donnell motioned to include the Department of Children and Families as an Ex-Officio member of SCAODA until such time that they can be included as a statutory member. Duncan Shroul seconded the motion. Discussion: Linda Preysz thought it was a great idea and Michael Waupoose agreed. Without further discussion, Mr. Seidl called for a vote. **The vote was unanimous and the motion passed.**

VIII. Committee Reports

Planning and Funding Committee:

Joyce O’Donnell made a motion to oppose AB 554 and SB 368 which prohibit arrest or prosecution of a qualifying patient, who acquires, possesses, cultivates, transports, or uses marijuana to alleviate the symptoms or effects of his or her debilitating medical condition or treatment. Duncan Shroul seconded the motion. Discussion: Scott Stokes indicated that the Prevention Committee also opposes AB 554 and SB 368. He reported that the Prevention Committee honed in on the grow your own portion of the bill. Dr. Treffert reported that the Council on Science and Public Health, “ Even if marijuana were rescheduled under current law it could not be marketed or medically available for general prescription use unless it was reviewed and approved by FDA under the Federal Food, Drug and Cosmetic Act (FFDCA).” Dr. Treffert continued indicating that the federal government is not opposing research—there is lots of research in the pipeline. Renee Chyba asked for a point of clarification regarding schedule 1. Dr. Treffert responded that Schedule 1 drugs can be researched and then go through the FDA process to get it moved from Schedule 1. Greg Phillips explained that there are 5 schedules under federal and Wisconsin law. Schedule 1 says that there is no medical use and that there is a high potential for addiction and abuse. Schedule 2 indicates that there is limited medical use and some potential for abuse. Schedule 1 drugs have no accepted medicinal use in the U.S. Ms. Chyba pointed out that reference to Schedule 1 is in the Planning and Funding motion. Dr. Treffert pointed out that physicians can prescribe marinol because it is on Schedule 3; and cannot prescribe smoked marijuana because it is on Schedule 1. Duncan Shroul pointed out that his research into the matter led to review of three published articles on clinical studies which stated unequivocally that no national research will be done on smoked marijuana, because marijuana is not on Schedules 2-5. The federal government is not willing to pay for the research. Dr. Treffert agreed that that is true for smoked marijuana. They can’t do the research because they can’t have a controlled placebo. Mark Seidl asked again if Schedule 1 could be researched, but isn’t. Mr. Shroul agreed. The studies he reviewed indicated that the reason smoked marijuana is not researched is because it is a Schedule 1 substance. Greg Phillips added that the schedule does

not preclude research being done—but there is the potential for addiction. Dr. Treffert indicated that there is a process in place to reschedule a drug. Michael Waupoose shared that there is no medical use for drugs on Schedule 1, because it hasn't been studied enough. Diversity addressed the issue and was in opposition to the detail of the bill regarding specific conditions listed as appropriate for medical marijuana. Conditions such as PTSD and the presence of HIV concerned the Diversity Committee. Diversity Committee's opposition is to that. Joyce O'Donnell pointed out that the fact of marijuana being on Schedule 1 and the relationship to research doesn't affect the motion. **Mark Seidl called for a roll call vote on the motion. The motion passed with 11 concurring and 3 abstaining.**

Joyce O'Donnell then made a motion to support AB 732 which would return 17-year-olds to the juvenile justice system from the adult court. Duncan Shroul seconded the motion. Discussion: Susan Endres pointed out that ITC's Sub-Committee on Children and Families is supporting the bill. Mark Seidl pointed out that there is no Senate bill on the matter. With no further discussion **Mr. Seidl called for a voice vote: All ayes were heard, no nays, but 4 abstained. The motion passed.**

Prevention Committee:

Scott Stokes provided an update of the Prevention Committee's activities. He announced that the Epidemiological Profile will be updated and published in July 2010. It will contain information on prescription drug abuse. The Prevention Committee is interested in investigating other drugs of abuse. The Prevention Committee is in the process of identifying communities for town hall meetings which would begin the last week in March. Currently there are 30-40 coalitions organizing town hall meetings. Also underway is a billboard campaign as part of the Parents Who Host Lose the Most strategy. There are several trainings being planned in the state including a law enforcement training on March 11 and March 31, sustainability trainings for SPF SIG grantees August 11 and 12. The Prevention conference is planned for June 22-24 at the Chula Vista Resort in Wisconsin Dells. **Scott Stokes then motioned to support points 3 and 4 in the legislative summary of AB 598, section 3 of the legislative summary raises the age of absolute sobriety on a snowmobile from anyone under 19 to anyone under 21. Section 4 increases the penalties for operating a snowmobile under the influence if the snowmobile is operated with a passenger under 16 years of age. Michael Waupoose seconded the motion. There was no discussion. All ayes were heard with two abstaining. The motion passed.**

Scott Stokes made a motion to oppose AB 335, which allows private colleges and universities to establish an area to sell alcohol without a permit. Duncan Shroul seconded the motion. Without discussion the group voted by voice in favor of the motion with the exception of two who abstained.

Scott Stokes made a motion to oppose AB 390, which allows passengers on quadricycles to drink alcohol. Joyce O'Donnell seconded the motion. On a voice vote there was all ayes, no nays, and two abstaining. The motion passed.

Scott Stokes made a motion to support AB 227, which would require pharmacies to create a registry for schedule 2 and 3 drugs. Discussion: Representative Townsend is the author of

this bill, offered Minette Lawrence. She reported personal knowledge of a loved one who became addicted to oxycodone and vicadin. A year later, Ms. Lawrence reported that she drafted the bill. Now, that person is clean. She continued that she would like to amend the bill to get help for the victims. Dr. Treffert reported that the purpose of this bill is to oversee pharmacists and doctors. The Pharmacy Examining Board is responsible for administering this bill, according to Dr. Treffert. Without federal funds, though, we will get nowhere. The Medical Examining Board is in favor of this legislation, Dr. Treffert informed the group. Ms. Lawrence added that there will be crossover tracking into Minnesota and Illinois. **Duncan Shrout seconded the motion.** Linda Preysz asked if the federal government is providing funds to put the system in place. Ms. Lawrence thought that the funding was uncertain. Dr. Treffert informed the group that a grant is available to put the system in place and a second one to support the program. The privacy issue is important, he continued, and the Pharmacy Examining Board will look at each of the issues. Estimated costs are between \$800,000 and \$1 Million per year. Greg Phillips shared that during the last year, one investigation yielded an individual with a “book” containing information on where he shopped and what he told each pharmacy. **Mr. Seidl asked for a voice vote. There were all ayes, no nays and one abstained. The motion passed.**

Gary Sumnicht reported to the group on the highlights of the Youth Risk Behavior Survey (YRBS). It is a valid sample of 9th-12th graders from across the state. The survey has been administered every two years since 1993 (except 1995). The bad news is that federal prevention dollars are going away (Safe and Drug Free Schools). State tobacco prevention money also went away. Mr. Sumnicht predicts that these funding decreases will lead to future increases in substance use trends among youth. Currently, however, the YRBS data show an overall decrease in current alcohol use, and binge drinking. Regarding other drug use: there is an overall (since 1993) decrease in amphetamine use and an overall decrease in the use of ecstasy. There is, however, an overall increase in “ever” used marijuana since 1993 and current use of marijuana (but trends are down from 2001 levels). There is an overall decrease in the number of youth reporting that they were offered drugs on school property. There is a slightly increasing trend in the abuse of prescription drugs. Regarding traffic safety, Mr. Sumnicht continued that there has been a decrease in youth riding in a car with a driver who was using alcohol or drugs, and an increase in seat belt usage. The percentage of students engaging in cigarette smoking is steadily decreasing. However, the use of smokeless tobacco and cigars is increasing. The point is, Mr. Sumnicht argued, that prevention dollars have made a difference. Overall, the data indicate that youth are doing well. However with the loss of federal funds our fear is that trends toward more substance use will begin to increase. For a full report of the YRBS data please go to the Department of Public Instruction (DPI) website at www.dpi.wi.gov. Michael Waupoose asked if all schools participate in the YRBS survey and Mr. Sumnicht responded that the survey is a representative sample of all students. Joyce O’Donnell asked Mr. Sumnicht how the State Council could help with funding. Mr. Sumnicht responded that the State Council did try to prevent the loss of Safe and Drug Free Schools funding. Now, there will be competition at the federal level for prevention funding.

Mr. Sumnicht announced to the group that his funding source has changed. In the future he will be working with the 21st Century Learning Centers and will no longer be able to represent DPI at SCAODA meetings or Prevention Committee meetings. He reported that Steve Fernan will be

taking his place. Both Scott Stokes and Mark Seidl thanked Gary for his time and commitment to SCAODA. Mr. Seidl wished Mr. Sumnicht well and informed him it had been a pleasure working with him. There was a round of applause.

Diversity Committee:

Michael Waupoose reported that the Diversity Committee has been looking at the SCAODA draft Strategic Plan for 2010-2014, the process and priorities. The Americans with Disabilities Act Sub-Committee has been working on the deaf/deaf blind survey. Are providers adequately serving that community? Diversity will continue to work with the Minority Counselor Training Institute. There has not been the best feedback from the Tribal community on that. Historically, there was the belief that Tribes were underrepresented. Also, we have been working on the Impaired Professionals Program of the Department of Regulation and Licensing. Thanks to Coral Butson, Mr. Waupoose was able to arrange a meeting between the Diversity Committee and a representative from the Impaired Professionals Program. As a result, **Mr. Waupoose made a motion to request the Department of Regulation and Licensing invite the Substance Abuse Counselor Advisory Committee to advise the Department of Regulation and Licensing on the Administrative Rule 7 re-write. Joyce O'Donnell seconded the motion. There was no further discussion and Mr. Seidl called for a voice vote. There were all ayes, no nays, no one abstained. The motion passed.**

Intervention and Treatment Committee:

Linda Preysz reported that the Intervention and Treatment Committee is still discussing workforce issues. Norman Briggs alerted the group to a national survey which will provide data by state and region on workforce issues. The Children and Youth Subcommittee held an open forum which was well attended. They discussed among other things the Len Bias and Good Samaritan Law. Scott Stokes added that there was a great cross section of people there including law enforcement, youth, parents and providers. Ms. Preysz reported that the Children and Youth Sub-Committee is also in the process of updating the adolescent treatment directory. Ms. Preysz reported on the Intoxicated Driver Program Sub-Committee meeting. They are looking at resources and treatment; and compliance and non-compliance with assessments. Mr. Dave Macmaster reported on WINTIP. He distributed to the group a document titled "WiNTiP Statewide Mental Health/AODA Conference Survey Results." Mr. Macmaster reported on the data collected at last year's Bureau conference where 86% of clinicians there felt ethically responsible to include tobacco cessation treatment with substance abuse treatment. Almost half indicated that they had not had training in the area. He announced that there will be a Plenary session at this year's Bureau conference on the subject. Also, he recommended that the group go to the website www.wisconsinwintip.com to view Dr. Eric Heilgenstein's video. Dr. Heilgenstein will also be presenting at the WAAODA conference's Plenary session. There will also be a training there worth 6 hours of credit. Also, Mr. Macmaster informed the group of a 6-hour web based training program for clinicians on the www.tobaccorecovery.org website. He concluded by pointing out that of the population in Wisconsin with mental health and substance abuse disorders, 3600 people die from tobacco related diseases.

IX. Update SCAODA 2010-2014 Four Year Strategic Planning—Joyce O’Donnell

Joyce O’Donnell referred the group to page 165 of their information packets for a review of the most recently updated work of the strategic planning group from their meetings of 11-20-09 and 1-28-10. She explained that the ultimate intent is to produce a current, concise and focused, high-level strategic directions document that provides priority focus areas for SCAODA and guides direction for the work of the SCAODA working committees. She encouraged the group to provide input. The primary outcome goal is to have WI no longer ranked in the top ten states for AODA and problems related to AODA. Five goals for SCAODA include 1) fulfilling statutory dictates 2) changing the culture regarding AODA use in WI 3) educating citizens regarding AODA issues including disparities 4) seeing that there are adequate resources and 5) remedying historical racial/ethnic and other systems bias in AODA systems. Strategic and Capacity Objectives include increasing the viability and visibility of the Council, meeting with leaders, addressing emerging issues and legislation and forming collaborative relationships to solve problems. Ms. O’Donnell asked members to please review the document in the packet. The Strategic Planning Group plans to reconvene on April 15th. Ms. O’Donnell then reviewed for the group Planning and Funding Committees draft Strategic Priorities which include statutory dictates, reviewing legislation, supporting an increase in the beer tax, supporting legislation that prevents adults from taking underage children into bars, overseeing prevention, treatment and recovery funding infrastructure and participating in the Bureau’s Infra-Structure study. The Planning and Funding Committee is planning to address the racial and ethnic disparities among drug offenders arrest, charging and sentencing rates in Wisconsin. Scott Stokes reviewed for the group the Strategic Priorities of the Prevention Committee. The main goal is to reduce use through evidence based practice. Strategic Priorities are to advance best practices and policies, collaborate with stakeholders at all levels and strengthen the capacity of the Prevention Committee. Linda Preysz spoke to ITC’s discussions about their priorities for 2010-2014. Topics of discussion included: increasing funding for Wintip, and education and outreach. The group hadn’t finalized their plans. She was of the opinion that the State Council planning goals didn’t help define Committee roles nor did it provide a lot of direction. Michael Waupoose noted that the Diversity Committee was in the same boat as ITC with regard to the draft Strategic Plan. Diversity Committee has held preliminary discussions but were having trouble with the Strategic Planning document. Mr. Waupoose reported that the Diversity Committee hasn’t figured out their priorities yet, but were discussing the following as possibilities: quality assessments from a racial/ethnic perspective, improving the cultural context of practices, improving training opportunities, addressing racial disparities in the workforce and discussing wages for therapists. Diversity is committed to making it work. Mark Seidl thanked the four Chairs and state staff for input into this important work.

X. County Infra-Structure Study Update—Joyce Allen

Joyce Allen distributed to the group a document titled, “Wisconsin Public Mental Health and Substance Abuse Infrastructure Study, Final Report,” prepared for the Wisconsin Department of Health Services by the Management Group (TMG), dated December 18, 2009. She distributed

the first section of the report, the “Executive Summary.” The full report can be found at www.uwsp.edu/conted/conferences/mhsasummit.

Ms. Allen informed the group that TMG performed the study which was a snapshot of the structure of financing for the mental health and substance abuse public systems including Medicaid managed care programs, which include Family Care, Badger Care and SSI Managed Care. It is a review of the number of people served and what changes could be made in the future to achieve equitable access to services across the state; accountability for outcomes, including the availability of evidence-based programs and the information technology to evaluate outcomes; equitable and affordable funding for services; and efficiency of service delivery. A review of what other states have done was undertaken. Major findings are:

- The county MH/SA system is the predominant system for publicly funded MH/SA services, funding more than 70 percent of all service expenditures.
- The county MH/SA system serves more than 40 percent of MH/SA consumers combined, including more than 70% of consumers with substance abuse issues.
- Approximately 73 percent of MH/SA consumers served are between the ages of 18 and 64.
- The per capita rate of MH/SA consumers served by DHS region ranged from an average high of approximately 48 to a low of approximately 31 per 1,000 of the total population.
- Per capita expenditures for all publicly funded MH/SA services by DHS region varied greatly throughout the state, ranging from an average high of approximately \$129 to a low of \$93.

Currently, DHS has requested additional analyses including a needs assessment, addressing the question, ‘what do the data tell us?’ Ms. Allen reported that DHS knows that data systems aren’t that good, in terms of the reliability of the data. We know we need to improve accuracy and consistency.

The study included data from a targeted county review. The study examined systems in nine Wisconsin counties and one Wisconsin multiple-county system. The study reviewed selected states: Minnesota, New Mexico, North Carolina, Ohio and Oregon. The study examined trends and initiatives in the literature that would impact public mental health and substance abuse systems. Three in particular were referenced: 1) Preference for integrated care models 2) Role of Medicaid as a major funding source for MH/SA services 3) Financial incentives and value-based purchasing for MH/SA services. Other influences to consider include changes in federal law and regulations such as MH and SA Parity. Recommendations from study participants were to look at things from a consumer point of view, do not reform the entire state at once, do pilots before moving forward, implement a core benefit set—do that first.

There were four models identified that included guiding principles established by the Steering/Advisory Committee; the experience of Wisconsin and other states implementing different models and the national trends impacting the financing and delivery of publicly funded MH/SA services.

- Model A—County-based Chapter 51/46—continued county-based system of a single or multi-county as an option.
- Model B—County collaboration as an optional system. Some counties come together.

- Model C—mandatory multi-county system structure
- Model D—public/private integrated care system of mental health, substance abuse and physical care.

Ms. Allen reported on the December 3rd Summit that was held in Stevens Point with 230 system stakeholders attending. Recommendations about what needs to happen to improve the system from the Summit can be found at the following website under ‘Study Addendum’:

http://www.tmg-wis.com/mhsa_overview.asp

Participants were asked, “What do you think needs to happen to improve in each of the benchmark areas identified in the MH/SA Infrastructure Study?”

They can be summarized as follows:

A. Equitable Access to Services Across the State

- Develop a core benefit package
- Increase service capacity
- Develop the workforce
- Revise the service approach
- Define populations and areas served
- Align System Incentives—for example align with Family Care and make sure incentives are in alignment.

B. Accountability for Outcomes

- Develop Outcomes
- Implement Evidence-Based and Best Practices
- Improved Data Systems

C. Equitable and Affordable Funding for Services

- Increase or Realign Funding—shift resources to prevention and early intervention; look at how funds are distributed; better structure community aids;
- Revise Medicaid funding and Responsibility for Medicaid match

D. Efficiency of Service

- Streamline requirements and Address Inefficiencies
- Integrate and Coordinate between Systems and Services

Ms Allen reported that next steps include embarking on a new Study Committee with invited additional people. March 25th is the next meeting, in Madison at the US Bank building for advice on next steps. DHS is working on two basic areas: the core benefit package definition and the pilot projects. Ms. Allen reported that there is a need to broaden the scope of the study to include child welfare and juvenile justice. Mark Seidl announced that he was stepping aside as Chair for a moment to report that a significant amount of tax levy dollars go into the system at the county level; the system cannot function without county tax levy. He asked a question about why the per capita spending varies from county to county. Linda Preysz asked if the Infrastructure Study would be posted to the SCAODA website. Ms. Allen said that she can do that.

XI. Report on CSAT Conference—“Strategic Planning for Providers to Improve Business Practices”—Kate Johnson and Dr. Steven Dakai

Kate Johnson reported that this overview of the conference had been planned to have been given by two other individuals who attended the conference but who couldn't be present at today's SCAODA meeting. Those individuals are Norm Briggs, representing women's treatment providers and Sheila Weix, representing the treatment providers association. Unfortunately, Ms. Johnson explained both were called away from today's meeting. However, Dr. Steven Dakai, representing the Tribes, is present to explain to the group his perceptions of the CSAT conference. Dr. Dakai thanked DHS for the opportunity to travel to Washington, D.C. and participate in the conference. He has a treatment background and focus. He focused on what's happening and how we do business with national health care reform, which is coming? He explained that he seldom uses the word “scared,” but today, he expressed, he is scared about what is happening, that is, parity. Thousands of people will need services, and we don't have the infrastructure to do that now. How can we get students into educational and training programs so that their internships lead to them becoming certified counselors? His focus and his concerns are from the meeting. Dr. Dakai reported that Norm Briggs focused more on systems for billing. Dr. Dakai informed the group that he is concerned about how we're going to be doing things. He felt that we need to get the Department of Regulation and Licensing involved. The infrastructure is not here, he continued, not only for tribal but non-tribal peoples, too. He reported that Norm Briggs wanted to say thanks for the opportunity to attend, and Sheila Weix wanted everyone to know that she will be joining ITC.

XII. Report on Parity Legislation—Shel Gross

Shel Gross reported that his presentation would cover three areas: 1) an overview 2) federal law and 3) State law (which is not law yet). He distributed to the group a handout titled, “Applicability of Federal and State Parity Laws By Employer Size and Insurance Type. It is a chart divided into four quadrants. It includes a summary of parity laws according to self-insured and commercial type health insurance plans and the number of employees in the business; 2-50 employees or 51 and more employees. He informed the group that the federal and state parity laws applied only to group plans and not the self-insured. Only State parity law applies to commercial insurance products of 2-50 employees, while federal parity laws do not apply until there are 51 or more employees. State parity and federal parity laws apply to those commercial insurance products covering businesses of 51 or more employees. Federal parity law is a result of the passage of the Wellstone-Domenici Act, which basically says, if you as an employer provide health insurance, you must provide it at parity levels. However, a loop hole is that the legislation does not say what conditions need to be covered. For example, locally, Woodman's Grocery, a Wisconsin self-insured employer with 51 or more employees would have to provide coverage at parity. They reasoned that if they didn't provide any mental health and substance abuse services, then they wouldn't have to provide them at parity with other medical services, and dropped all coverage of mental health and substance abuse services. Only the federal law applies to Woodman's because they are self-insured. In Wisconsin, our insurance commissioner decided that in fact, all DSM conditions need to be covered. Mr. Gross went on to explain that in the Wisconsin Parity law, the cost exemption process is quite laborious which is good, because

we in general would prefer not to see exemptions. Mr. Gross covered in detail the processes to determine more and less restrictive settings for service delivery; and prior authorizations. He also felt that the law was good regarding these determinations. The Wisconsin Mental Health and Parity Act will go into effect in 2011. The Act reverses previous mandatory minimums regarding substance abuse and mental health services. He reported that approximately 700,000 people are working in firms of less than 50 employees, in Wisconsin, and that potentially 350,000 could be affected by the new State law. Currently, the bill has passed the Senate and is waiting to get to the floor of the Assembly. Duncan Shroul commended Mr. Gross' presentation and announced that Community Advocates of Milwaukee is also working hard for parity in Wisconsin.

XIII. Agenda Items for June 11, 2010 Meeting—Sue Gadacz

Sue Gadacz reported that the Four Chairpersons of the SCAODA Committees met via teleconference prior to today's meeting and identified some areas for future presentations: Medication assisted recovery, Prescription Drug Abuse, Len Bias vs. Good Samaritan laws, Departments Updates, Invite the Governor and legislators to the meeting, Cultural Diversity Training, Intoxicated Driver Program.

XIV. Announcements—Sue Gadacz

At the June meeting there will be a By-Laws review, the Rural Institute conference will be held the second week in June (June 13-17). On June 15th, the ITC Committee will host a Public Forum at the Rural Institute conference. We will also discuss, at the June meeting, the topic of asking Departments to report to the Council. Michael Waupoose reported that the national Addiction Counselor magazine has nominated Stephanie Styman. He also pointed out that March is "Social Worker Month." He also noted that NASW of Wisconsin, south-central, selected Rebecca Layman as counselor of the year. Joyce O'Donnell announced that there will be a Public Forum hosted by Planning and Funding at the WAAODA conference, which is being held May 10-12. The Public Forum will be Tuesday evening at 5:00 p.m. Sue Gadacz announced that as part of prevention efforts, there will be 50 travelling billboards in 72 counties, advertising the "Parents Who Host" messages. Half can be moved. These billboards can be saved and used over. Kathy Thomas announced that Lou Oppor should be commended for these billboards as most of the cost has been donated.

XV. Adjournment: Mark Seidl thanked SCAODA members, Committees, guests and staff. **Greg Phillips made a motion to adjourn the meeting. Michael Waupoose seconded the motion. The group responded with all ayes.** The meeting was adjourned. The next meeting is scheduled for June 11, 2010 from 9:30 a.m. to 3:30 p.m. at American Family Insurance Conference Center, Room A3151.

SCAODA 2010 Meeting Dates

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