STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE  
MEETING MINUTES  
June 11, 2010  
9:30 a.m. – 3:30 p.m.  
American Family Insurance Conference Center  
6000 American Parkway Madison, WI 53783  
Room A3141


Members Excused:  Greg Phillips, Coral Butson, Mary Rasmussen, Michael Waupoose.

Members Absent:  Eileen Mallow.


Ex-Officio Member Excused:  Larry Kleinsteiber, Ray Luick.

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

Staff:  Joyce Allen, Sue Gadacz, Lori Ludwig, Kate Johnson, Jerry Livings, Gail Nahwahquaw, Susan Endres, Bernestine Jeffers, Lila Schmidt, Lou Oppor, Dan Zimmerman.

Guests:  Dan Naylor, David Reith from the Department of Veterans Affairs, Yvonne Duesterhoeft, Jeff Johnson, Dave Macmaster, Harold Gates, Norm Briggs, Bill McCulley, Sue Gudenkauf, Jill Kenehan-Krey, Susan Gallanis, Denise Johnson, Steve Dakai.

I. Introductions/Welcome/Agenda—Mark Seidl

The meeting was called to order at 9:40. Mark Seidl welcomed the group and following the Pledge of Allegiance asked the group to introduce themselves. Mr. Seidl reminded the group about the noise level.

II. Review/Approval of Minutes—Mark Seidl
Mr. Seidl asked for approval of the March 5, 2010 meeting minutes. **Duncan Shout moved for approval of the minutes, Joyce O’Donnell seconded the motion.** The minutes were approved without modification.

### III. Public Input—Mark Seidl

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

### IV. Adoption of 2010-2014 SCAODA Four Year Plan—Joyce O’Donnell

Ms. O’Donnell reviewed for the group how the Four Year Plan was developed. All four Committee Chairs attended planning meetings along with interested Committee members and Bureau staff. Kris Freundlich, a Strategic Planning Consultant and Facilitator from the Department’s Office of Policy Initiatives and Budget (OPIB), facilitated the meetings. In her role with OPIB, she routinely provides consultation and technical assistance to Department staff, and coordinates strategic initiatives that cut across Divisions and Departments. Ms. O’Donnell referred the group to documents in the information packet: “About the Strategic Plan,” “SCAODA Strategic Plan: July 2010 – June 2014,” “Planning and Funding Committee Priorities for SCAODA 2010-2014 Plan.” **Joyce O’Donnell made the following motion:** The Planning and Funding Committee makes a motion to adopt the SCAODA 2010-2014 Strategic Plan presented to SCAODA on June 11, 2010. Rebecca Wigg-Ninham seconded the motion. Mark Seidl asked for further discussion. Ms. Wigg-Ninham asked about measurable objectives. Ms. O’Donnell replied that that work should occur in the Committees. **Without further discussion the motion was unanimously adopted.**

Because all of the presenters for the next agenda item, “Presentation on Returning Veterans” were not present, Chairperson Mark Seidl consulted with staff and addressed items to occur later on the agenda.

### VIII. ACE Report Update from Prevention and Planning and Funding Committee Reports

Scott Stokes, Chair of the Prevention Committee explained to the group that regarding the ACE Report, a diverse workgroup was convened in 2009 led by Julia Sherman. The ACE Report was presented at the previous, March SCAODA meeting. Since then 1500 hard copies of the glossy report were printed. They are to be widely disseminated. The recommendations of the ACE Report will be a standing agenda item for the Prevention Committee. Blinda Beason announced that she will be taking the ACE Report to the National Leadership Conference to distribute. Joyce O’Donnell recognized the ACE Report as an impressive report. She brought a motion from the Planning and Funding Committee. **Ms. O’Donnell made a motion to amend page 2 of the ACE Report to include two extra bullet points for “highest rates in the nation, “1) women of child bearing age and 2) pregnant women.”** Duncan Shout seconded the motion. Discussion revealed that any update of the ACE Report will take the motion into consideration. Lou Oppor explained that the Epidemiological Study on alcohol and other drug use and consequences in Wisconsin, will be released sometime in August and will highlight women of child bearing age and pregnant women. Mark Seidl asked if there will be a re-publication of the
ACE Report. Sue Gadacz explained that we’re stuck. The ACE Report has been printed and Mark Seidl’s letter introducing the report is out for printing. We can, though, make this concern a priority for the Epi Study. She explained that women of child bearing age and pregnant women were ranked number 5 and 6 in order of priority with the other four mentioned in the report coming first. Joyce O’Donnell agreed to pull the motion and refer to the Epi Report with the consensus of the person seconding the motion. Mr. Shrout agreed and the Chair announced that the motion was withdrawn as well as the next motion concerning the ACE Report (see information packet). Ms. O’Donnell proceeded to introduce the second motion concerning the ACE Report: On behalf of the Planning and Funding Committee Ms. O’Donnell motioned to amend page 4 of the ACE Report to include an extra bullet point highlighted in the center of the page. The bullet point would read, “Resources be made available so all Wisconsin citizens who have alcohol abuse issues have access to treatment and care.” Duncan Shrout recognized that the ACE Report is a living document and while it is a great document, a great start, our concern is to work with them to continue to disseminate the report. He felt that the Coalitions should have the ACE Report. Lou Oppor reported that the Coalitions, the Alliance for Wisconsin Youth, the SPF-SIG projects, the County Human Service Departments the Legislators, the County Administrators, the County Board Chairs and the Tribes will receive the Report. Blinda Beason pointed out that she was on the ACE Committee. She indicated that while the information has always been available, this is the first time it has been pulled together. She thanked Joyce O’Donnell for reading the report. Mark Seidl thanked Scott Stokes for the hard work on the ACE Report.

XI. Nominating Committee volunteers—Joyce O’Donnell

Joyce O’Donnell reported that having been appointed Chair of the Nominating Committee, she is seeking volunteers to draw up a slate of officers for pending September SCAODA elections. She felt that she would like the 4 Chairs to participate and would like a 5th person. She asked for volunteers. Renee Chyba agreed to serve on the Nominating Committee.

XII. By-Laws Review—Scott Stokes

Scott Stokes went through the By-Laws section by section to review them for the membership. In Section 2, regarding members, he pointed out that SCAODA has recommended legislation to increase its membership. Sue Gadacz reported that she had written the statutory language change. Plan B, however would be to use the powers of the Chair to induce another legislator to introduce the legislation. Scott Stokes proceeded to review each section of the By-Laws. He referred the group to the motion in their information packet (page 110) regarding replacing officers. Scott Stokes made a motion to amend the SCAODA By-Laws to read: “In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other Drug Abuse, the following procedure should be followed: In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibility of Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibility of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory
membership until such time as new Officers are elected according to the procedures outlined in the By-Laws. Mark Seidl asked for any discussion. He explained that there should be a section 3.5 created titled “Vacancies.”

Scott Stokes resumed his review of the By-Laws. Article III has to do with meetings, including attendance requirements. Joyce O’Donnell asked if the attendance requirements apply to ex-officio or just voting members. Mr. Stokes replied that the By-Laws say, “all members.” Article IV has to do with Committee structure. Lou Oppor pointed out that the By-Laws currently state: “The by-laws may be amended or new by-laws adopted, after thirty days written notice to council members by a two-thirds vote of the full council membership present at a regularly scheduled meeting.” Mr. Oppor concluded that given that requirement, the vote should be taken at the next meeting.

V. Presentation on Returning Veterans—Dan Naylor

Sue Gadacz introduced Dan Naylor, a Vietnam Veteran with whom she has worked on the Coordinated Services Teams approach to caring for children with long-term mental health and/or other chronic care needs. Mr. Naylor was appointed to the Wisconsin Board of Veterans by the Governor. He currently serves as the Board Vice Chair and Chair of the Long Term Care Committee. In 1974 Dan assisted in the establishment of Vets House, a service center for Vietnam era Veterans in Madison and was instrumental in establishing Vets Houses nation-wide. He introduced David Reith, a Regional Coordinator from the Department of Veterans Affairs. There will be two others joining them. Mr. Naylor reported that two of his 3 kids served in Iraq and he thanked the Council for its work. He talked about returning Vets and how the Vietnam Vets were stigmatized. Many are now productive citizens but some still struggle. He reported that 3200 National Guard troops returned in the past year, many having served their 2nd and 3rd deployment. He felt that we are fortunate to live in Wisconsin where Vets and their families are cared for, have benefits such as school and mortgages. Jeff Johnson and Yvonne Duesterhoeft were introduced. Mr. Johnson reported that since his discharge from the military he has been working with Iraqi returning vets, helping them to coordinate federal, state and local resources. He asked the group to think about a relative who served. If they saw quite a bit, they will be forever changed. This group of veterans is no different. They usually have had a number of deployments, are young, and from single parent families. 2003-2006 were the bloodiest and most brutal years in Iraq. Afghan was bloody in 2001-2, then calm and now brutal again. People who saw traumatic amputees, their best friend blown up over and over again yet they must carry on. They must have their head in the game because it is a dangerous environment. When they get home it is hard to unwind and then wind up again. Reserve and National Guard troops are not meant for these 12-18 month-long deployments. In terms of available help, the military mental health model is heavy on psychiatrists and short on psychologists. Troops are getting a lot of drugs. It is not usual to be on deployment and getting prozac, morphine, then methadone and discharged with a few bottles of methadone and good luck. For example, Bethesda Maryland is north of Washington DC. Soldiers must wait 6 weeks for therapy and drive a heavily travelled, boxed in route which is very stressful, to receive treatment. The vets in that situation usually don’t elect to continue therapy. Another example, Mr. Johnson’s son saw combat and came home with anger issues, having to drink to get to sleep. It takes about 3 weeks to see a mental health professional which is disturbing as a parent. The VA has good resources.
in Madison. There are more psychologists, therapists and comprehensive care. There is a certain kind of vet coming out of this war who will crash and burn. 98% of them come from single parent homes. Dad is out of the picture and they are most vulnerable. There is inpatient treatment in Tomah for substance abuse. They can’t treat for PTSD until substance abuse issues are addressed. Follow-up care is important. David Reith from the Department of Veteran Affairs reported that his son is currently in Iraq. He distributed to the group a directory of services called “State Programs and Services for Wisconsin Veterans 2010-2011.” There are benefits for veterans in tuition, vehicle registration, hunting and fishing licenses, mortgages and many others. Recently held in Wisconsin was a Mission Welcome Home Coordinated with LZ Lambeau. 400-500 Vets never applied for benefits. He announced the phone number for telephone help: 1-800 WIS VETS to talk to a real person and www.wisvets.com for information. Yvonne Duesterhoeft introduced herself as a Veteran Services Officer in Jefferson County. It is her job to assess the person in life for help. She explained that there are 3 parts to the VA. 1) service-connected disability compensation; 2) UHHA-VA Health Administration to sign up for VA Health Care and 3) non-service connected pension for people who have lost their way. She left contact information for the Veteran Services Officers in every WI County and Tribe. Dan Naylor indicated that a Department of Health Study of suicides in Wisconsin showed that 20% are veterans. There is interest in establishing Vet’s Courts. The group left their cards and contact information along with many handouts and fact sheets. The most important message: There are caring people and resources. Joyce O’Donnell asked a question about pregnant women returning from service and being discharged because of pregnancy. Mr. Naylor indicated that there have been improvements regarding that issue in the last seven years. In fact, it is on the agenda of the Vets Board meeting next week. It is a significant issue. David Reith indicated that the Vets Centers are for combat veterans or sex trauma victims. Matt Vogel felt that University faculty need training on how to approach vets in class. If there are opportunities for training in higher education, yes, it is needed. Mr. Naylor reported that such training is available. Mr. Vogel reported that there is research on MDMA (the drug ecstasy) being used in conjunction with therapy to treat PTSD. The evidence appears very hopeful. He suggested that consideration is being given to reschedule MDMA to Schedule 2. Mr. Vogel asked if this study is familiar. Mr. Johnson reported that the issue is untangling Traumatic Brain Injury (TBI) with PTSD symptoms. They use a hyperbaric chamber to treat TBI. The VA is looking at this. He suggested a website called www.military.com and searching on PTSD and ecstasy.

VII. Infra-Structure Study Update and Public Discussion—Dr. John Easterday

Dr. John Easterday reported on the history of the Infra-Structure Study. Stage I: During 2008-9, Reggie Bicha directed John Easterday and Joyce Allen to do a study of the Wisconsin mental health and substance abuse system delivery of services. Access, effectiveness and accountability were to be gauged in Wisconsin compared to other states. A formal steering committee was formed. SCAODA Chairperson Mark Seidl was on that small group which gave guidance on how to conduct the study. The study looked at the mental health and substance abuse systems in New Mexico, North Carolina, Ohio, Oregon and Minnesota. The report was descriptive and really made no recommendations, just providing information and options to consider. Then there was a Summit meeting inviting stakeholders in the system and over 300 people attended. Presenters appeared from three of the other states referenced in the study. Stage II: We are asking stakeholders to make recommendations to feed into the biennial budget process. There
will be a new Governor in January. The Department will take the recommendations, at least some of them, and will try to influence the new Governor. Mark Seidl temporarily gave the gavel to Scott Stokes, indicating that he would not be speaking as Chair, but as a member of the Wisconsin County Human Service Association. He felt that there have been good discussions during the Infra Structure Study. Benefit levels, pilots, and concerns at the County level have been discussed. Counties ask that things should slow down. John Easterday acknowledged that he feels like he is in a race to have recommendations ready by December 30, 2010. The expanded steering committee formulated for Stage II, consists of about 70 people, everybody who wants to be on it is on it. He felt the more the merrier. Two subgroups have done the work in terms of identifying core benefits and pilot projects. The intent of the projects would be to increase access, increase effectiveness and increase accountability. Dr. Easterday announced that June 30th will be the last work group meetings to formulate recommendations and July 30th would be the last meeting. The Department will craft the recommendations into a proposal but there is no guarantee it would go into the biennial budget. There will be an opportunity for Public Comment at the July 30th meeting as well. Now that there is health care reform, he continued, 2010-2014 really is a brave new world. Things are changing. By 2014 everyone will have insurance and all will be insured by 2014 through private insurance, the exchanges or Medicaid. The pilots will incorporate collaborations between counties and look for pilots combining primary care and behavioral health care. There will be budgets for the pilots, the first step will be developing RFPs based on the recommendations of the Infra Structure Study. Dr. Easterday asked for questions. Duncan Shrout reported that he read the report. He feels that Milwaukee does have a system of access and screening for mental health and substance abuse services. Because Milwaukee adopted this approach, he continued, there are a variety of sources of funding. The key element is, he continued, no matter what the source of payment, the goal of people achieving the highest level of functioning possible. Dr. Easterday reiterated that access and effectiveness were key outcomes of the Infra Structure Study. Mr. Shrout felt that the current system is fractured and it is critical to include the perspective of the consumer. It is not clear that that is the case from the substance abuse side. Dr. Easterday agreed that that’s been a struggle. While there is a fair representativeness of consumers, the inability to get substance abuse consumer input is partly due to the timeframe. This is just stage II, he emphasized, and not the end. Mark Seidl acknowledged that the substance abuse system does not have the equivalence of NAMI or the grass roots empowerment organization such as Mental Health America. Joyce O’Donnell expressed a concern that there should be a broadening of the conversation. Substance abuse providers are generally unaware of the implications of this study. Planning and Funding would like to facilitate the conversation between substance abuse advocates, clients, etc. The Planning and Funding Committee has been raising the topic at public forums, SCAODA and will also do so at the July 30th Public Input session. She reported issues raised during the Public Forum at the WAAODA conference; there is an impact on Tribal health care; Medicaid parity and worries about the national health care plan. Dr. Easterday explained that much is not determined yet. SCAODA has set aside this time to discuss today. The hope is to receive input. Mark Seidl, put his gavel aside again and speaking as a member of the WCHSA (not SCAODA Chair) he reported that 50% or more of the cost for Behavioral Health Services at the county level comes from County tax levy. Dr. Easterday pointed out that in Oregon, there is a County-based to Regional-based system but the counties had no buy-in. In Ohio, counties kicked in a lot and there was lots of county variation. The controversy is not in core benefits definition, it is in the pilots, the regional based services, not the county based
services. Joyce O’Donnell asked if services become regionalized, what happens to the County voice? Joyce Allen pointed out that there is often a low incidence of need for some services at the county level. That is the reason to regionalize specialized services. Ms. O’Donnell felt that more input is needed. Dr. Easterday reported that by the next SCAODA meeting, the recommendations from the Infra Structure Study will be available. Mark Seidl pointed out that Scott Stokes represents SCAODA on the Infra Structure study. Joyce O’Donnell asked the audience if there were concerns. Mark Seidl asked the group for comments. Norm Briggs revealed that on the core services workgroup there is a discussion of services but not a discussion of the types of services that would be covered according to the levels of care (out-patient, in-patient, Day Treatment). For example at ARC Day Treatment, we need a comprehensive program and Day Treatment Medicaid pays only 45% of the services provided. There are limitations in what is covered and for how long. Medicaid doesn’t cover much of the programming. It would be great to have a benefit if you can access it. There will be gatekeepers, though. Counselors submit weekly reports and Mr. Briggs gets calls daily. There are lots of unforeseen consequences, so many unknowns, planning is extra difficult. Dr. Easterday countered that between now and 2014 unknowns will be known. Joyce Allen added that SAMHSA is working on it. The philosophy is get out of the gate quick. A blue print drawn would be beneficial. Dr. Easterday believes the benefit of the work of the Intra Structure Study is that it will influence the “Exchange” piece in Wisconsin. Sue Gadacz projected that there will be standards adopted for every population. Dave Macmaster hypothesized that within the advocacy groups for mental health and substance abuse services, the folks there want everything and are sincere, but in the end, there is no way the state can afford all that. We need a creative way to fund ourselves. Dr. Easterday agreed that at some point there will be whittling. The question will be who pays for it? Mark Seidl asked if there were more public comments. Sandie Hardie expressed the concern that in rural areas transportation and accessibility is a huge issue. Dr. Easterday used Idaho as an example of a state that spends the most money on transportation. In a regionalized system, there should be more than one location, transportation and tele-treatment. Mark Seidl asked if there were any other issues. If so, he suggested channeling them to Norm Briggs, Scott Stokes and Tom Fuchs.

VIII. Committee Reports

Planning and Funding Committee:

Joyce O’Donnell made a motion to support Planning and Funding Committee’s resumption of the historical function of receiving reports from the State departments and agencies concerning their draft budgets, initiatives and anticipated outcomes related to alcohol and drug services prior to the passage of the 2011-2013 biennial budget bill. Duncan Shrout seconded the motion. Discussion: Joyce O’Donnell explained that previously, the Planning and Funding Committee asked for SCAODA members representing state agencies for comments about where funds pertaining to drug and alcohol programs were in included in the state agencies’ budgets. She felt that it was very beneficial to receive the reports back and ask questions about the funding decisions and make suggestions. Women’s funding has been addressed in the last few years. Planning and Funding wants to get back on board. Renee Chyba asked a question about Mark Seidl’s e-mail asking for agencies that wish to report to the Council
on their agency’s activities within the alcohol and drug service and issue arena, to make such reports known to the Council. She then saw this motion in the packet and can do that but feels she needs advice from the Secretary and Administrators within the Department of Corrections (DOC). Ms. O’Donnell reiterated that she was interested in obtaining from DOC, only the areas pertaining to alcohol and other drugs. Dr. Easterday explained that she would be presenting to this group what they put in their budget. Mark Seidl clarified that Ms. O’Donnell and Ms. Chyba were talking about two different things. An attempt was made to separate Mark Seidl’s e-mail request and Ms. O’Donnell’s motion. Ms. O’Donnell’s motion has to do with a legislative directive for SCAODA (Planning and Funding) to review and coordinate state agencies’ budgets regarding alcohol and drug abuse services and issues. Mr. Seidl’s request was a voluntary opportunity for members to share information about their agency’s work in the AOD field, or other topics of importance to the Council. Ms. Chyba wondered when the budget is shared with Planning and Funding. Joyce Allen informed that it should be shared with Planning and Funding after September when it is a public document. Without further discussion the motion was passed with one abstention from Renee Chyba.

Ms. O’Donnell made a motion that SCAODA support extending the temporary increase in federal Medicaid matching funds (FMAP) through 2011 by sending this request to the Wisconsin Congressional delegation. Duncan Shrout seconded the motion. The motion passed unanimously.

Diversity Committee:

Sandie Hardy reported for Michael Waupoose, Chair of the Diversity Committee who was unable to attend today’s Council meeting. She reported that a letter was sent out to Secretary Jackson of the Department of Regulation and Licensing requesting that they invite the Substance Abuse Counselor Advisory Committee to advise the Department of Regulation and Licensing on the Administrative Rule 7 re-write. She thanked Mark Seidl for the letter. Ms. Hardy indicated that the Diversity Committee is interested in studying the federal privacy law which is being amended. She felt that there wasn’t enough information about the issue presently but the Diversity Committee would like SCAODA to discuss this. Sue Gadacz informed the group that Dan Zimmerman will be talking about that subject later today. Regarding the goals of the Diversity Committee for the next four years, Ms. Hardy indicated that the following were priority areas: 1) AODA providers measure cultural competence 2) Promote standards for cultural competence 3) Make sure that the right people are at the table for the discussion of cultural competence 4) Minority training—workforce gaps in the southeast region. There are not many people of color, or deaf and hard of hearing. There is a gap, which is not true in the western region. 5) Historical trauma—issue apologies for historical trauma.

Prevention Committee:

Scott Stokes reported that the SPF-SIG projects end September 30, 2011. There may be some carry over after that. The State Prevention conference will be held June 22-24. The SCAODA Public Forum will be held during the conference. He announced that Lou Oppor is receiving the State Prevention leadership award. Mr. Stokes informed the group that the Controlled Substances Workgroup is being formed. The Epidemiological study will be issued in August.
Mr. Stokes made a motion that under the Prevention Committee of the State Council on Alcohol and Other Drug Abuse, create a Capacity Development Sub-Committee or Workgroup to examine substance abuse prevention training needs in the state of Wisconsin. Joyce O’Donnell seconded the motion. Discussion: Linda Preysz, Chairperson of the Intervention and Treatment Committee has been examining the workforce issue. She felt that it was great that the Prevention Committee was also looking at this particular issue. There is a national study that will issue information on the AOD workforce issues. Cultural competency needs to be included. She offered that if ITC can be of additional support, please call on us. Steve Fernan asked if this motion is primarily for prevention specialists. He would like it to be focused on prevention. Joyce O’Donnell asked if the Sub-Committee would look at training for certification. There is a concern about hours for training. Mr. Stokes indicated that that is more pertaining to treatment and this Sub-Committee would not be studying that issue. The motion passed unanimously without further discussion.

Intervention and Treatment Committee:

Linda Preysz reported that the Intervention and Treatment Committee also has Sub-Committees, The Children and Youth Subcommittee and the Intoxicated Driver Program Sub-Committee. Ms. Preysz reported that the Children and Youth Sub-Committee is 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. She reported that ITC has incorporated previous goals in the next Four-Year Plan: Women’s Treatment; system of services access, cultural competence; Connection to mental health; substance abuse with the elderly population; WiNTiP funding; and the increase in opiate use among youth. She announced that she will be attending the Public Forum during the Rural Conference at UW Stout. Mr. Dave Macmaster reported on WINTIP. He distributed a quarterly report to the group. Mr. Macmaster reported that there were over 500 in attendance at the WAAODA Plenary session earlier this year. 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. There will be a webinar on June 24th at noon. Dr. Heilgenstein will also be presenting at the NASW conference. He informed the group of a 6-hour web based training program for clinicians on the www.tobaccorecovery.org website.

IX. Discussion State Agency Reports to SCAODA

Mark Seidl explained that he e-mailed SCAODA members associated with state agencies around June 1st about their interest in providing reports about their agency’s AOD activities to the Council. He indicated that he received only one e-mail response from Steve Fernan of the Department of Public Instruction (DPI). Steve thought it was a good idea. Steve Fernan added that perhaps we could structure periodic updates and work with the Planning and Funding motion. We could all contribute. Mr. Fernan felt that it is important to have a requirement for Prevention Specialists. He then proceeded to give an update of the Safe and Drug Free Schools Program. It represents the single largest source of prevention funding in the state, and for all states, presumably. It is the source of prevention programming for all schools K-12. It
provides $6 Million in funding in Wisconsin, $5 Million of which goes to DPI. $1 Million goes to the Governor’s Office. All of this is going away after 23 years. Local money is just not there. Tobacco money in the schools is gone, too. Wisconsin will receive a state appropriation of $5 Million. This situation relates to SCAODA goals in terms of sustaining an infrastructure. He is shocked that crime hasn’t risen. Prevention activities must be kept in mind. There are a number of things going on at DPI. There is the conference “Heart of the Matter,” there is funding occurring through the CESA networks, there is a webinar series for prevention educators in the schools. He ended by asking that SCAODA please keep this situation in mind.

Mark Seidl asked if there were any others? Blinda Beason indicated that she has a report. She distributed a handout titled, “Department of Transportation (DOT)—State Agency Report to SCAODA, June 11, 2010.” It is an informational piece informing parents about the state’s “not a drop” law. Underage drivers may not have any alcohol in their system. If an underage person is caught, there is a criminal offense. This could affect their whole career. The handout also listed all the recent law changes including seat belt enforcement, Act 100 and the numerous changes to OWI laws, including changes in penalties, the Implied Consent Law, Act 163, and, Act 220, the Text Messaging While Driving Law. As of December 1st, 2010, texting while driving is prohibited. DOT asked SCAODA to continue to support the Department of Transportation Safety alcohol and other drugs initiatives. Denise Johnson thought the information was very helpful and asked if it could be distributed. Ms. Beason asked that the document be placed on the SCAODA website. (Staff update: the document can be found at the following link: http://scaoda.state.wi.us/meetings/index.htm). Steve Fernan suggested that “State Agency Reports” become a standing agenda item, like “Public Input.” Denise Johnson asked if there were other ways to get the DOT information out to the general population. Ms. Beason asked Ms. Johnson to e-mail her—she was planning to put it out on a list serve that goes to all counties, and she is open to other recommendations as well.

XIII. Health Information Exchange—Dan Zimmerman

Dan Zimmerman is a Contract Administer in the Bureau of Prevention Treatment and Recovery. Currently he participates in the development of the Department of Health Services’ eHealth Program. The eHealth Program’s mission is to facilitate improvements in Wisconsin’s health care quality, safety, transparency, efficiency and cost effectiveness through statewide adoption and use of electronic health records (HER) and health information exchange (HIE). He distributed a handout titled, “Wisconsin eHealth Initiative” which outlines the process for implementing the “WIRED for Health Act,” a new law which designates the process for establishing a permanent governance entity to implement and operate statewide HIE services. Mr. Zimmerman informed the group that there will be a process to submit plans and a Board has been appointed to set up a structure for the process. They are working on a plan to operationalize “meaningful use” of health information. The “Architecture Committee” of the Board is concerned with developing 1) a record locator system, 2) a central data warehouse and 3) a hybrid between the two. Only de-identified information can be pulled out for analyzing. Mark Seidl brought up a situation with a psychiatrist working in Kewaunee County twice a month. Where do you start to develop a policy on electronic records? Mr. Zimmerman felt that “meaningful use” is a key concept. For example an emergency room physician should be able to access medications. Whole records do not need to be accessed for meaningful use. Which
medications are ineffective may be useful. Mr. Zimmerman suggested the website www.hipaacow.org for more information. Denise Johnson felt that from a client perspective this information is disconcerting. How do we get rid of the information when mental health and substance abuse issues are stigmatizing. We can’t shred the information. Dr. Easterday indicated that paper is less secure than electronic. Rules for violations make it protected as much as possible. Linda Preysz asked if the information is purged at some point or is it there forever. Mr. Zimmerman informed the group that currently the information is available for seven years past treatment. He pointed out that consumers are very concerned about this. Who has access to look at what controls security which cannot be done with paper records. Amendment 5140 (5142 CFR) 5130-consumer health services are covered entities and there is no sharing of information with law enforcement. Mr. Zimmerman felt that the statutes should remain as they are and permission should be obtained to share information for treatment purposes. There is a way. Joyce O’Donnell asked if this was a state or nationwide initiative. Dr. Easterday indicated that it was both. There are decisions to be made at the state and federal levels. Ms. O’Donnell informed the group that the military has all their data on a plastic card. Mr. Zimmerman pointed out that the VA has gone with e-health records. They can pull up records in Washington DC on a Tomah client. Mr. Zimmerman ended his presentation by informing the group that the plan will be submitted in August, and that is just the first step.

XIV. Agenda Items for September 10, 2010—Mark Seidl

The group generated the following list of items of the next SCAODA meeting:
- Parity
- Elections
- By-laws
- Infra Structure Study
- Department/Agency Reports
- Epi Profile

XV. Announcements—Sue Gadacz

Sue Gadacz announced that FASD Awareness Month activities, are usually recognized on September 9th. However, this September, the 9th is Rosh Hashanah, a Jewish holiday. Therefore, FASD Awareness Day will occur on September 10th this year.

Mark Seidl wished to thank all the state staff for their hard work.

Scott Stokes announced that Lou Oppor was the recipient of the Wisconsin Prevention Leadership Award.

John Easterday announced that the National Association of State Alcohol and Drug Abuse Directors recognized Sue Gadacz for her work on Women’s Services Treatment Standards and Deb Powers for her work as the State Opioid Treatment Authority with awards.

XV. Adjournment: Joyce O’Donnell made a motion to adjourn the meeting. Scott Stokes seconded the motion. The group responded with all ayes. The meeting was adjourned. The
next meeting is scheduled for September 10, 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

SCAODA 2011 Meeting Dates

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