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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**

September 10, 2010

9:30 a.m. – 3:30 p.m.

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

Members Present: Mark Seidl, John Easterday, Joyce O'Donnell, John Flynn, Representative John Townsend's designee, Duncan Shrouf, Janet Nodorft, Steve Fernan, Rebecca Wigg-Ninham, Pamela Phillips, Mary Rasmussen, Michael Waupoose, David Spakowicz, Coral Manning.

Members Excused: Sandy Hardie, Douglas Englebert, Scott Stokes, Blinda Beason

Members Absent: Eileen Mallow, Linda Mayfield.

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

Ex-Officio Member Excused: Larry Kleinsteiber.

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, Kathy Thomas.

Guests: Sheila Weix, Nina Emerson, Andrea Jacobson, Patti Cameron, Mary and Paul Joles of Orchids, Raina Zwadzich, Dave Macmaster, Tami Bahr, Norm Briggs, Bill McCully, Sue Gudenkauf, Jill Kenehan-Krey, Denise Johnson, Chris Wardlow, Tom Saari, Paulette Romashko, Kristi Obmascher, Hillary Whitehorse.

I. Introductions/Welcome/Agenda—Mark Seidl

The meeting was called to order at 9:40. Mark Seidl welcomed the group and following the Pledge of Allegiance asked the group to introduce themselves. Following introductions, Mr. Seidl reminded the group about the noise level. Mr. Seidl then introduced David Spakowicz, the Attorney General's designee, replacing Greg Phillips, who was acknowledged with gratitude for his many fine contributions to SCAODA. Mr. Spakowicz is the Director of Field Operations with significant experience in the field of controlled substances and heads up the Division of Criminal Investigation's major drug programs.

II. Elections—Joyce O’Donnell

Joyce O’Donnell recognized the contributions of the Nominating Committee which was comprised of the Committee Chairpersons and volunteer Renee Chyba. The Nominating Committee presented its slate of Officers: **First to be presented was Mark Seidl for Chairperson.** Ms. O’Donnell asked for any other nominations from the floor, three times. Hearing no other nominations, Ms. O’Donnell cast a unanimous ballot for Mark Seidl, Chairperson, which was seconded by Duncan Shrout. **There was unanimous consent. Ms. O’Donnell then presented Blinda Beason for Vice-Chairperson.** Asking three times for other nominations from the floor and hearing none, Ms. O’Donnell cast a unanimous ballot for Blinda Beason as Vice-Chairperson. Mary Rasmussen seconded the proposal. **There was unanimous consent. Ms. O’Donnell then presented Scott Stokes for Secretary.** She called for other nominations from the floor three times. There were no other nominations from the floor. She then cast a unanimous ballot for Scott Stokes for Secretary which was seconded by Duncan Shrout. **There was unanimous consent.**

III. Motion to adopt amended by-laws which include “Vacancies” language—Janet Nodorft

Janet Nodorft made a motion to amend the 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 responsibilities 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 responsibilities 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.”

The motion was seconded by Joyce O’Donnell. Mark Seidl asked for discussion. There was no discussion. The group was asked for a vote. All were in favor and the motion passed unanimously.

IV. Review/Approval of the June 11, 2010 Minutes—Mark Seidl.

Joyce O’Donnell made a motion to approve the minutes of June 11, 2010. Pamela Phillips seconded the motion. Mark Seidl noted that at the bottom of page 22 of the packet, regarding the Infra Structure Study, page 6 of the minutes, the sentence that includes the phrase, “50% or more of the cost for long term care at the county level comes from County tax levy” should be changed

to “50% or more of the cost for Behavioral Health Services at the county level comes from County tax levy.” Lori Ludwig agreed to make the change. Without further discussion, and with that modification, **all were in favor and the motion passed unanimously.**

V. Public Input—Mark Seidl

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

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

Dr. John Easterday distributed two handouts titled, “Attachment 4—Proposed Continuum for Mental Health and Substance Abuse Core Benefits,” and “Attachment 8—Key Elements of Shared Service/Regional Pilot Programs Framework for Request for Information (RFI).” Dr. Easterday gave a short history of the purpose and components of the Infra-Structure Study which included a review of the funding and service delivery mechanisms of the substance abuse services system in Wisconsin and several other states’ and their changes over time. The review was to enable recommended strategies for improvement to be considered. The strengths and weaknesses of the systems were to be judged according to their ability to increase or provide for equitable access, accountability for outcomes, equitable and affordable funding and efficiency of service delivery. The work group study led to a Summit meeting in December of 2009. The Summit led to a larger work group that would eventually formulate the recommendations by July 30, 2010. The recommendations were made public through a network of video conferences around the state which allowed for comment on the recommendations and questions. Dr. Easterday then reviewed for the group the recommendations contained in the distributed documents. The continuum of care includes physical health services because people with mental health and substance use disorders die 25% earlier than a comparative samples. Parent and peer support are embedded in all service areas. Physical health, prevention and smoking cessation, engagement/assessment, out-patient, medical management, community recovery and support, community support programs, group homes/foster care, crisis response/stabilization/detox and client and criminal justice/diversion are service areas that comprise the recommended continuum of care. Dr. Easterday continued that SAMHSA will be determining core substance abuse and mental health services under Health Reform for the exchanges, Medicaid and single adults. Changes under Health Reform will be dramatic, he continued. To the extent we can, we need to influence those services. He referred to the recommendations for shared services and regional pilot programs and explained that the Bureau of Prevention Treatment and Recovery will be developing RFI (Request for Interest) proposals and RFPs (Request for Proposals) to pilot test these new models of service delivery. He asked for questions.

Linda Preysz asked if SAMHSA has lesser level core benefits, will we stay with that or will Wisconsin recommend more? Dr. Easterday responded that to answer the question would be interpreting the future. More likely services will be identified as billable or not billable. Ray Luick asked if there was an opportunity to go back to SAMHSA and ask them to add the criminal justice module to their continuum. Sue Gadacz informed Mr. Luick that SAMHSA regrets not having included the criminal justice module, but she couldn’t say whether they would

in the future. Mr. Luick added that the relationship between criminal justice and treatment providers is now very close.

Dr. Easterday went over the various shared service/regional pilot programs framework for the RFI process. Priority areas for pilot programs were identified as: core benefits pilot; physical and behavioral health care integration pilot; system innovation pilot; early intervention and Mental Health/Substance Abuse Integration Pilot for Children; and Psychosocial Rehabilitative Model Continuum of Care Pilot. He indicated that the Bureau has no design in mind. It will depend on the creativity of others. The first step is the RFI. By the end of September and with the comments received through the Public Comment Process, the RFI's will be issued for ideas. Mark Seidl asked who the RFI is going out to. Dr. Easterday indicated primarily counties; private providers or systems; and tribes. Perhaps there will be separate funding for the Tribes through the Federally Qualified Health Care Centers. Chris Wardlow asked how prevention fits in. Joyce Allen pointed out that prevention is in the core benefits continuum and early intervention. Prevention is a big interest of SAMHSA, the SBIRT model and early Intervention. Mark Seidl asked if there would be anything in the RFI where applicants need to identify potential funding. Joyce Allen indicated that the RFI would ask applicants to estimate costs, but not the source of funding. Mark Seidl asked if one must respond to the RFI in order to be eligible for the RFP. Dr. Easterday indicated that is not the case, but the RFP will be influenced by the RFI responses. Michael Waupoose asked if the Tribes had been invited. Did they participate in the process? If not, it is important to identify their source of hesitancy to participate. Dr. Easterday informed the group that he did receive some interest from the Ho Chunk tribe. He will also be meeting with the Tribes in November at Potawatomi Reservation for a quarterly consultation. He reminded everyone that the Infra-Structure Study is not completed; there is still time to participate. Mr. Waupoose felt it was important to ask the Tribes why they don't participate.

Dr. Easterday then turned his attention to reporting on the latest developments regarding health care reform. He reported that a number of Bureau staff recently went to Baltimore for a federally sponsored State Systems Development conference. The theme of the conference was health care reform. Information is available through CSAT and SAMHSA websites. Health care reform as it applies to substance abuse services is the medicalization of substance abuse treatment provision. What does this mean? The substance abuse block grant will change in the future. Probably, it won't be used to pay for individual services because health insurance will pay for individual treatment services. What will insurance pay for? The core benefits as defined. Mark Seidl added that one should keep in mind that counties subsidize most of the cost for services. Counties use the substance abuse block grant to pay for services when people fall through the cracks. Linda Preysz asked if the block grant would go beyond what is covered. Dr. Easterday reported that there is the belief that most people would be covered; but there will be those who aren't. The block grant could be used for that. Duncan Shroul thought that the block grant could diminish. Mark Seidl pointed out that with the current health care system, there is often an argument about coverage and the Insurance Companies won't pay. There is the potential of falling through the cracks. Denise Johnson echoed Mark Seidl's concern. Insurance Companies have the power. They are not all the same. They use their own discretion based on their own business model. Not the needs of the clients. Coral Butson pointed out that there used to be a waiver for autism. Insurance is now paying, but DHS pays for "promising" services. Chris

Wardlow pointed out that 20% of the block grant must be used for Prevention. Dr. Easterday agreed and added that Pam Hyde (of SAMHSA) is very focused on Prevention. There was some discussion at the conference about spending more on Prevention. Joyce Allen pointed out that prevention should be viewed as broader. Mental health and substance abuse prevention services systems are integrating at SAMHSA.

Dr. Easterday returned to the concept of medicalization and what it means. It means more of an emphasis on professionalizing who provides services. The issue across states has implications for educational systems regarding who is eligible to provide treatment. Sue Gadacz added that under health care reform, more individuals will be covered and treatment services will be provided in more places like physician's offices and other primary health care settings. How does the federal government determine the medicalization of the field? Ms. Gadacz distributed a handout titled, "Draft—Career Ladder for the Field of Substance Use Disorders (SUDs)". The document lists what may be required to be licensed or credentialed for four categories of service providers (entry level to category 3, which is a clinical substance use disorder counselor)—all of which can vary by state—along with possible job responsibilities by category, also which vary by state and employer. She reported that in 2005 there was a transfer of licensing and certification to the Department of Regulation and Licensing from the Bureau and Division. CADC3s were grandfathered in. Currently, only individuals with Associate degrees can get certified. Previously, many without an Associate's degree were grandfathered in. Now in Wisconsin, for Medicaid reimbursement, one must have a BA or BS. Health care reform requires similar reforms for accreditation. Only a Masters-level can get accreditation. Many states have no credentialing system. So, the federal government proposed that as the scope of practice increases, so should the level of educational attainment. Only Masters-level can do clinical supervision. Ms. Gadacz reviewed from the document that entry level workers must have a high school degree or GED. Wisconsin has GEDs as providers now.

She continued, in terms of payment for substance abuse services, currently Medicaid does not cover many substance abuse services. 78% of the cost of substance abuse treatment is provided by non-Medicaid sources. Dr. Easterday added that we're not trying to solve all the issues today, but we are trying to lay out the future of things that this Council wants to be involved with. Mark Seidl asked for a timetable. Sue Gadacz indicated that 2014 is the target date for most of health care reform. By that time, states would have developed Medicaid health plans. She continued that SAMHSA is coming out with a guidance document on how agencies can prepare for the integration of mental health and substance abuse services with primary health care. Joyce Allen pointed out that we should be thinking in terms of insurance, grant-based funding for the provision of substance abuse services will end. Providers will have to bill for services. Providers will need to think about electronic health records. She continued that there will be an emphasis on evidence-based programs. She advised the group to also think about parity. Tami Bahr spoke as a provider. She informed the group that insurance companies don't support evidence-based services now, especially for families and young adolescents. Mark Seidl asked who makes the determination about which evidence-based practice is appropriate; which will be covered? Current practices that are deemed evidence-based now may not be supported by longitudinal studies. Six weeks follow-up may be the standard for some evidence-based practices now. He expressed great concern about that. Sheila Weix expressed concern in regard to the document distributed ("Career Ladder..."). There will be changes in how we deliver

services. These are not inexpensive degrees. Providers cannot survive. Salaries must increase. Mental health providers are in extremely short supply. Supply and demand issues are huge.

Michael Waupoose asked where the distributed document originated. Ms. Gadacz informed him that it was from the group, "Advocates for Human Potential." Mr. Waupoose continued that the Department of Regulation and Licensing (DRL) is limited in the information it gathers. For instance, we don't know the numbers of providers by education level and by certification level now. It would be useful to work with DRL and gather more information. We need a factual basis to begin to plan for change. Coral Manning reported on past experience working with the population of nurses. DRL collected more information though it was not within their purview. The nurses were cautious and asked why the information was wanted. It took a long time collaborating and working with the Nurses Association for them to understand that the information was for the good of the profession and not to identify anyone personally. Ms. Gadacz indicated that she has been working with Jeff Scanlan at DRL. Mr. Waupoose referred to the issue regarding insurance companies. Employers play a huge role, he pointed out. If employers demand services, they can get the insurance company to buy in.

Dr. Easterday moved on to the topic of standardization. Billing will necessitate health care information and electronic medical records. Confidentiality, patient rights and security are big issues. Ms. Gadacz pointed out that 42 CFR part II will not be revised until after 2014. Dr. Easterday indicated that the Infra-Structure Study and health care reform will be addressed by SCAODA for the next 3-4 years.

Linda Preysz pointed out in regard to the increased educational requirements, that capacity-building is a challenge. Sue Gadacz indicated that the ball had been bounced back into the state's court. People with an MS or BS degree must still do 3,000 hours of supervised counseling for credentialing. Why, she asked? It is because school curricula are not given to DRL to approve. How can we have a conversation with schools to submit their curricula? Ms. Preysz asked, like the nursing shortage, how do we build the workforce? Dr. Easterday responded that with health care reform there will be opportunities for workforce development. There are resources in the bill. The applicants are educational institutions. There is grant support to do specific things, behavioral health development funding. We need to make connections with educational institutions. Chris Wardlow asked about the other agencies at the table. What is the Department of Education's role? Steve Fernan spoke for DPI when he indicated that in terms of the institutions for higher education that train teachers—nothing or very little is taught regarding a background in substance abuse. He continued that the Safe and Drug Free Schools Program has been de-funded. Budding addictions are increasing. Schools are not prepared to deal with this. Dr. Easterday pointed out the importance of school-based prevention. Though the focus may be on the integration of public health and primary care, it is not the only model for delivery. SCAODA members asked, how and who is in charge? In Wisconsin there is the Office of Health Care Reform headed up by Secretary of DHS, Karen Timberlake and Insurance Commissioner, Sean Dilweg. Jason Helgerson, Wisconsin's Medicaid Director, is also a part of the Office of Health Care Reform. At the federal level there is U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius and the Centers for Medicare and Medicaid Services. Ray Luick suggested that in terms of strategy, it would be important to know who the State Council would work with. Dr. Easterday indicated that

SCAODA would communicate with DHS Secretary Karen Timberlake. She is extremely interested in mental health and substance abuse issues. Sheila Weix felt that under health care reform, cost savings can be achieved by avoiding duplication of services. Sue Gadacz brought up the topic of portable health records. Mark Seidl pointed out that with all of the unknowns about health care reform, it is impossible to know their impact, for example on what the Department does with the Infra-Structure Study recommendations. He asked whether or not it makes sense to slow things down until more is known. Ray Luick suggested the alternative, to use the Infra-Structure Study recommendations to push forward on health care reform. Mr. Seidl responded that there are so many unknowns, how do we move ahead? Joyce Allen indicated that there is one known, that there will be less money at the County-level. Counties will need to work together. Mr. Luick suggested that the medical records piece is there. We could build from that. Sue Gadacz suggested workforce issues—we could work with that. There is a fear about speaking the language of insurance companies. If we as a system don't do that, she pointed out that she knows there are insurance companies from Illinois who will move in and take up shop. We must do it now, she implored. Norm Briggs spoke to his familiarity with medical assistance and HMOs. ARC Center for Women and Children is certified for medical assistance. However, Mr. Briggs explained that ARC cannot get on HMO provider panels for women's-specific treatment. What is the incentive to providers to add women's-specific treatment, he asked. Dr. Easterday explained that he has talked with the DHS Secretary and the Director of Medicaid, Jason Helgerson. If the state is payer, the state can influence decision-making. In managed care, the state is a major payer. We can set expectations and requirements. Getting a contract is one thing, Mr. Briggs pointed out, but obtaining referrals is another. However, grant-funded agencies are a thing of the past. Dr. Easterday spoke to the medicalization of substance abuse treatment. The way treatment is provided will change and it will be driven by technology. For example, will we be able to provide treatment through teleconferencing across state lines—and then bill for it? The Division of Quality Assurance says “no.” Recovery support over the phone is cheaper and just as effective, however, we can't do that now, Dr. Easterday observed.

VII. Committee Reports

Diversity Committee:

Michael Waupoose reported that the Diversity Committee has been working on their work plan for their strategic goals for the next four years. The Diversity Committee has been struggling with membership. Some meetings haven't had a quorum. They have had to reduce the slate of their members and are now looking for new members. If anyone knows anyone who is interested in becoming a member, please contact Gail Nahwahquaw or Mike Waupoose. Mr. Waupoose reported that the Diversity Committee is looking at the workforce issue and would like to connect their work with the ITC Committee. Lastly, Mr. Waupoose pointed out that the organizational chart in the packet still has the Children Youth and Family Sub-Committee under the Diversity Committee. He asked staff to correct the chart and move the Sub-Committee under the ITC Committee.

Prevention Committee:

Chris Wardlow distributed a handout titled “Notes/Highlights from July 15, 2010 Prevention Committee Meeting.” Mr. Wardlow reported that the Prevention Committee is in the process of adjusting its goals and objectives to fit or support the Four Year Plan. A motion was passed to develop a “Workforce Development Workgroup.” According to the document, some of the issues they want to explore include:

- Prevention Specialist Certification Requirements
- Underutilization of Certification for Prevention Specialist in Training and Prevention Specialist
- Availability of prevention training to meet certification requirements
- How to professionalize prevention for young people coming up
- Incentives to become a Prevention Specialist
- Examine Administrative Rules requiring agencies to be licensed for prevention services
- Capacity of current prevention staff statewide including county government and local coalition staff
- Examine the benefits of the Certified Health Education Certification (CHES) which is more closely aligned with public health, and examine combining CHES and AODA Prevention
- Examine partnerships with public health
- Mapping prevention staff background
- Examine if there is an infrastructure to support prevention services
- Determine if the Department of Regulation and Licensing Advisory Board includes prevention representation from the State Council on Alcohol and Other Drug Abuses’ Prevention Committee
- Prior to creating a new workgroup, the Prevention Committee was interested in knowing of other Committee’s interest in this topic and whether SCAODA had any interest in establishing a broader workgroup that encompassed both treatment and prevention.

Mr. Wardlow reported on the Public Hearing at the Wisconsin Prevention Conference on June 23, 2010. Highlights include:

- Recommendation to examine Wisconsin’s prevention workforce. This is critical if we are to reduce substance abuse in Wisconsin.
- The AODA field needs to continue to support the beer tax increase with funds to support prevention services.
- Review the Department of Transportation Driver Safety Plan options. Concern that options are limited and some outdated (Group Dynamics). Responsibility for approving the driver’s safety plan should be removed from the Department of Transportation and administered and coordinated by treatment staff in the Department of Health Services.
- Concern that there is a lack of certified Native American alcohol counselors, Native American Clinical Supervisors, and lack of Native American training resources which are culturally sensitive and culturally appropriate.
- A motion was passed to forward IDP and Native American Training issues to the ITC and Diversity Committees.

Mr. Wardlow reported on the Controlled Substances Prevention Workgroup. Due to concerns about drug overdose deaths in Wisconsin and prescription drug abuse, a Controlled Substances Prevention Workgroup was established in June 2010. This workgroup is chaired by Ms. Dorothy Chaney, Marshfield Clinic. The Workgroup will be developing recommendations to reduce non-medical use of pharmaceutical drugs and overdose deaths. Objectives include (from handout):

- Make the nonmedical use of prescription drugs less acceptable, attractive, available/accessible and affordable.
- Make prescription drugs less risky and lethal.
- Reduce demand for prescription drugs for nonmedical use through intervention and treatment.

Dave Spakowicz reported on a trend that started in northeast and southwest Wisconsin and is now all over Wisconsin: Overdose incidents from oxycodone, hydrocodone and xanax. Narcan has saved many lives. He continued that users pool their money to get heroin in another area and then drive back high on opioids. Regarding the availability, on November 25th there will be a national “take back to local law enforcement agency,” unwanted prescription drugs. John Easterday pointed out that this is a growing problem nationally. Matt Vogel pointed to direct to consumer advertising which occurs only in the US and New Zealand. All other countries view it as unfair. Bill McCulley pointed out that prescription drugs are hazardous waste. Disposal occurs way off in St. Louis. There is work being done with administrative codes in the Department of Natural Resources, to be incinerated locally. At one drop off site, he reported that there were 17 barrels collected in one month.

Chris Wardlow continued with the Prevention Committee report. He indicated that a new “Epidemiological Profile of Alcohol and Drug Use in Wisconsin will be published at the end of September. Highlights include (from handout);

- Higher prevalence of alcohol use and binge drinking in adults, especially young adults, compared to the country as a whole.
- Underage binge drinking has fallen considerably Wisconsin is no longer ranked number one in underage binge drinking and is nearly equal to that of the national average.
- Wisconsin’s rate of drug related deaths declined in 2008 for the first time since 2000 but remained twice the 2000 rate.
- Both nationally and in Wisconsin, the misuse of prescription drugs for non-medical purposes has emerged as a problem, especially among young adults. In 2007-2008, 15% of Wisconsin adults ages 10-25 reported using pain relievers for non-medical purposes.
- Drug-related hospitalizations increased steadily over the 2000-2008 period.
- Wisconsin’s arrest rate for liquor law violations was more than three times the national rate.

Dr. Easterday asked why the rates of underage binge drinking have fallen. Chris Wardlow attributed much of the success to school-based efforts and the Parents who Host” campaigns. Also decreased rates of underage binge drinking rates have resulted from a coalition between law enforcement partnerships and an increase of compliance checks. He stressed that the loss of Drug- Free Schools funds would have an impact. Kathy Thomas agreed that law enforcement has made a big difference in both urban and rural settings. Mr. Wardlow pointed out that alcohol-related death rates have decreased, but still they account for over 50% of crashes and

death. He announced that the ACE Report has been published and widely distributed. As a follow-up action, Julia Sherman and Nina Emerson will hold policy seminars in September for municipal leaders. Chris Wardlow reported that synthetic marijuana (also known as K2) will be examined at the next prevention meeting. Currently some seven states have banned the use of designer cannabinoids.

Intervention and Treatment Committee:

Linda Preysz reported that the ITC Committee is working on its strategic planning goals, including workforce development issues and treatment for specific populations-an extension of the previous plan. The Intoxicated Driver Program Sub-Committee has been challenged with funding issues. A second IDP Sub-Committee will be created to focus on funding issues. There will be collaboration and cross-communication between the two Sub-Committees. The ITC IDP Sub-Committee will work for another year. There are IDP Sub-Committee minutes in your packet.

Dave Macmaster reported on WINTIP and distributed a handout. He informed the group that 37,000 of the mental health and substance abuse population will die in the next ten years from tobacco related diseases. He reported that he will be presenting at the "Indiana Addiction Recovery Month Symposium" in Indianapolis on September 15th. Mr. Macmaster reported that Governor Doyle wrote an endorsement of WINTIP in his letter to the A&E TV network, sponsors of the Rally and producers of the Emmy Award documentary series, "Intervention." In fact, Mr. Macmaster has been selected to represent Wisconsin at a national event sponsored by A&E TV called the 2010 Recovery Project. More than 10,000 individuals from all 50 states will join to walk September 25th at Philadelphia's Penn's Landing to demonstrate that drug and alcohol addiction has become an enormous public health problem and that recovery from addiction is possible. Mr. Macmaster indicated that AA and NA have changed their policies regarding tobacco addiction. He announced that Sue Gadacz has been appointed to the WINTIP Advisory Board, which is scheduled to meet in December. Lastly, he reported that WINTIP is in the ITC Strategic Plan.

Linda Preysz indicated that a motion from ITC is forthcoming regarding the recommendation that SCAODA formally endorse the Adolescent Treatment Framework and Practice Guidelines developed by Project Fresh Light and the Children, Youth and Families Sub Committee of ITC. Susan Endres explained that the Framework and Guidelines result from the work of the Project Fresh Light grant initiative. The Adolescent Treatment Framework and Practice Guidelines reflect evidence-based practice. Ms. Endres reported that the document is a living document and it will be added to yearly. It is a resource for treatment providers to get information about training. It has received positive feedback from insurance agencies and funders. She would like a letter of support from SCAODA. Joyce O'Donnell made the formal motion on behalf of the ITC Committee. She read: "ITC recommends that SCAODA formally endorse the Adolescent Treatment Framework and Practice Guidelines developed by Project Fresh Light and the Children, Youth and Families Subcommittee of ITC."

Discussion was opened and Rebecca Wigg-Ninham noted gender and cultural competence models though discussed as key elements of effective programs, were not carried over to the

section summarizing key characteristics of qualified staff. She emphasized that she really appreciated the document and is supportive but it needs the addition of the gender and cultural competence recommendations to the staff qualifications section. Susan Endres agreed and indicated that those elements will be added. Mark Seidl suggested to Joyce O'Donnell that the motion needed a friendly amendment. **Joyce O'Donnell added to the amendment that number 10 of the key elements of effective programs, that is, key characteristics of qualified staff include gender and cultural competence recommendations. Duncan ShROUT seconded the amendment. The motion was passed with all responding aye except for two abstentions (Michael Waupoose and Steve Fernan).**

Linda Preysz announced that Kate Johnson will be leaving her position with the Bureau of Prevention Treatment and Recovery and so therefore also SCAODA. She thanked her for being a great asset to the Intervention and Treatment Committee.

Planning and Funding Committee

Joyce O'Donnell indicated that the Planning and Funding Committee has no motions to make for today's meeting. The Planning and Funding Committee has been looking at the SCAODA Four-Year Plan and the Planning and Funding Committee's Four Year Plan. She announced that the Planning and Funding Committee will be holding a Public Forum at the Bureau of Prevention Treatment and Recovery's Conference in the Wisconsin Dells (Kalahari Resort) on October 26th (Tuesday) from 4:45 to 5:45). The Planning and Funding Committee has sent out letters to all the SCAODA participating agencies asking to review any new budget requests for 2011.

VIII. State Agency Reports to SCAODA

Mark Seidl announced that he distributed an e-mail last week asking agencies for any input they might like to provide during the SCAODA meeting. He informed the group that the only person who responded was Steve Fernan from the Department of Public Instruction (DPI). However, anyone interested in reporting is welcome to do so. Mr. Fernan presented to the group. He observed that he heard today and at other meetings, references to the Safe and Drug Free Schools and Communities funding ending. DPI is pursuing a number of federal grant opportunities that might fill in the gaps. He pointed out that data show that there is a glimmer of good news. For the first time in 20 years underage use and drinking and driving have decreased! Since the Safe and Drug Free Schools and Communities funding will be ending, funding staff to train teachers and supporting students' success will be difficult to fund. Currently there is a patchwork quilt of prevention dollars in the state. It is unknown whether the Substance Abuse Prevention and Treatment Block Grant would be a source to help sustain school based prevention and education. It is a challenge for the Prevention Committee to sustain funding for prevention.

Ray Luick reported on the Office of Justice Assistance's Treatment Alternatives and Diversion (TAD) initiative for AODA programming. The TAD evaluation will be forthcoming by the end of 2011. TAD is a collaboration between the Department of Corrections, the Department of Health Services and the Office of Justice Assistance. Mr. Luick hopes that the report will influence the legislature to increase treatment alternatives.

John Easterday reported that the Department of Health Services will probably receive an ATR III grant. Wisconsin will be one of only a few states getting all three rounds of funding through C-SAT (the Center for Substance Abuse Treatment). The program utilizes a voucher system where the client identifies treatment and recovery resources. Originally, ATR was a Governor's grant, however, now it is a state agency grant. ATR I was a \$22 Million grant for 3 years; ATR II was a \$14 Million grant for 3 years; and ATR III will be a \$13 Million grant for 4 years. The focus changed to all of Milwaukee County, the Drug Court in Waukesha and all veterans in the southeast region with a special focus on criminal justice re-entry.

Janet Nodorft reported on the Department of Transportation. There was a nationwide focus and alcohol crackdown on drunk driving from August 20th to September 6th. Funding to law enforcement agencies was based on prior statistics and data. Final numbers are not in yet. There was a conference on highway safety on August 25-6. Workshops included motorcycle safety, the new laws, texting while driving, and multijurisdictional drunk drivers. About 300 people attended. The newest report on seatbelt use found that about 80% of the population uses them.

Mark Campbell reported on the Department of Children and Families. He reported that the loss of the Safe and Drug Free Schools funds has had an impact. There has been a loss to the Clearinghouse and a consolidated contract to the Tribes.

IX. IDP Funding Sub-Committee

Mark Seidl reported that the original charge to the IDP Funding Sub-Committee came from Senator Carol Roessler in about 2007. The main issue was the issue of funding at the county level. In 2009 the IDP Sub-Committee was formulated. However, the IDP Sub-Committee needed restructuring. There needs to be a new Sub-Committee with members that can help with the issues of funding. The IDP is county-based system of service delivery. The second Sub-Committee will be comprised of a member from the Senate and a member from the Assembly; 2 members from the Department of Administration; two members from the Department of Corrections who work on the budget; and two members from DHS's Office of Policy Initiatives and Budget (OPIB). Mr. Seidl feels it is important to have legislative representatives. Without them it is hard to move funding ideas forward. Mr. Seidl asked for questions, but there were none.

X. FASD Awareness Governor's Proclamation—Raina Zwadzich

Sue Gadacz introduced representatives from the Wisconsin Women's Health Foundation: Raina Zwadzich, Paulette Romashko, Kristi Obmascher, Hillary Whitehorse; from ORCHIDS, family members Mary and Paul Joles, and staff Patti Cameron; and from BPTR, Bernestine Jeffers. Dr. Easterday read the Governor's Proclamation naming September 9, 2010 Fetal Alcohol Spectrum Disorders Awareness Day, along with Coral Manning from the Governor's Office. Ms. Romashko explained that FASD (Fetal Alcohol Spectrum Disorders) prevention includes contraceptive counseling. Hillary Whitehorse provides education about fetal alcohol exposure to participants in 10 "My Baby and Me" sites. Kristi Obmascher reported that training through the Great Lakes FASD Regional Training Center helps doctors do a better job of talking to pregnant women about FASD. Paul Johls from ORCHID spoke to the needs of caregivers for

adults with FASD, as well as structured housing and employment services for those with FASD. Mark Seidl congratulated the group for the fantastic work they are doing. Joyce O'Donnell suggested that the information should go to schools. Perhaps there should be a presentation to state Superintendents. She suggested that the group work with Steve Fernan.

XI. Agenda Items December 10, 2010—Mark Seidl

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

- Community Coalitions presentation
- Healthy Wisconsin 2020
- Infra Structure Study Update
- Department/Agency Reports
- Epi Profile

Agenda items should be e-mailed to Lori Ludwig or Sue Gadacz.

XII. Announcements—Sue Gadacz

Sue Gadacz announced that September is Recovery Month. Please go to WAAODA.org for a list of all activities. There will be a rally tomorrow and a picnic on September 25th. There are also walks and runs to participate in.

Sue Gadacz recognized Renee Chyba who is retiring. She participated in the ITC Committee and represented the Department of Corrections. She has made tremendous contributions to SCAODA.

Sue Gadacz congratulated Janet Nodorft on her new position in DOT and also thanked her for her many contributions to the Prevention Committee and SCAODA.

Ms. Gadacz announced that BPTR's Training Conference will be held October 26th and 27th at the Kalahari Resort in the Wisconsin Dells.

XV. Adjournment: Duncan Shroul made a motion to adjourn the meeting. Steve Fernan seconded the motion. The group responded with all ayes. The meeting was adjourned. The next meeting is scheduled for December 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