

Scott Walker
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Mark Seidl, WCHSA
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Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

**STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES**

March 4, 2011

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, Duncan Shroul, Steve Fernan, Rebecca Wigg-Ninham, Roger Frings, Michael Waupoose, Sandy Hardie, Randy Romanski, Camille Solberg, Douglas Englebert, Scott Stokes, David Spakowicz

Members Excused: Mary Rasmussen, Kevin Moore, Blinda Beason, Pamela Phillips, Representative Sandy Pasch

Members Absent:

Ex-Officio Members Present: Linda Preysz, Matt Vogel, Judy Herman for Mark Campbell, Ray Luick, Joann Stephens, Colleen Baird and Valerie Cass

Ex-Officio Member Excused: Larry Kleinsteiber

Ex-Officio Member Absent: Thomas Heffron, Roger Johnson, Randall Glysch.

Staff: Joyce Allen, Sue Gadacz, Lori Ludwig, Gail Nahwahquaw, Bernestine Jeffers, Lila Schmidt, Leann Cooper, Rob Sommerfeld, Lou Oppor, Melanie Foxcroft, Mike Jones, Susan Endres.

Guests: Rita Vandivort, Nina Emerson, Andrea Jacobson, Dave Macmaster, Norm Briggs, Tami Bahr, Lori Krinke, Staci McNatt, Steve Dakai, Amanda Jovaag, Lorie Goeser, Angela McAlister, Todd Campbell, Michael Miller.

I. Introductions/Welcome/Agenda—Mark Seidl

The meeting was called to order at 9:30. 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.

II. Review/Approval of December 10, 2010 Minutes—Mark Seidl

Joyce O'Donnell made a motion to approve the minutes of December 10, 2010. Duncan ShROUT seconded the motion. Without further discussion, **all were in favor and the motion passed unanimously.**

III. Public Input—Mark Seidl

There were no requests from the public to provide input.

Mark Seidl distributed the following document to the group.

MEMO

To: Members of the State Council on Alcohol & Other Drug Abuse

From: Mark C. Seidl, Chair
State Council on Alcohol & Other Drug Abuse

Re: Public Comments
December 10, 2010 SCAODA Council Meeting

Date: March 4, 2011

A number of former representatives of a subcommittee dealing with issues related to the Intoxicated Driver Program in Wisconsin appeared before the council at its regularly scheduled meeting on December 10, 2010 to voice their concerns with the termination of their subcommittee. Subsequently, council members expressed concerns and raised questions with regard to the issues raised by the comments made by these representatives.

The Chair in response to the concerns and questions raised by the council members indicated that a response to the public comments would not be appropriate as the subject matter of those comments was not part of the agenda for this specified meeting of December 10, 2010. While public comments are part of the agenda for council meetings, the subject matter of those comments are not and as such could not be responded to by the Chair or Council members at the time of the meeting.

In 2006, Former State Senator Carol Roessler acting in her capacity as Chair of the State Council on Alcohol and Other Drug Abuse recommended that a sub-committee of the council be formed to address the issues related to the lack of funding for treatment of the indigent intoxicated drivers found to be in need of such services. In April, 2007, former staff of the Department of Health Services proposed to the Planning and Funding Committee of this council that this sub-committee be formed and housed under the Intervention and Treatment Committee of the council. A motion to this effect was brought forward by the Planning and Funding Committee to the full council at the

September, 2007 meeting and was passed by the council. This sub-committee, however, was never formed until the middle of 2009.

Since the development of the sub-committee, a significant issue arose with regard to the primary focus of this group. When the recommendation was made by former Senator Roessler in 2006, the main focus was directed to be the funding issues related to this program. However, by the time it was brought forth by DHS staff in 2007 to the Planning and Funding Committee, the primary focus of funding as directed by the former Chair was no longer the emphasis. Subsequently, the committee which was put together by the Department of Health Services did not as part of their primary emphasis address the issue of funding.

Therefore, in an attempt to bring direction back to the primary focus relative to the creation of this group as directed by the former Chair during 2006, I directed that another sub-committee be developed to address the issue of funding of the Intoxicated Driver Program and that it be housed with the Planning and Funding Committee of this council. In addition, I also recommended that the initial committee which was formed in 2009 continue with its mission and objectives until completed which was anticipated to be approximately one year.

I was then informed by the Department of Health Services that they could not provide staff to support two subcommittees (IDP/ITC and IDP Funding subcommittees) and one committee (Intervention & Treatment) of the State Council. Vacancies in the Bureau of Prevention, Treatment and Recovery made it impossible to adequately staff three SCAODA committees and therefore a Bureau decision was made to ensure staffing to the Intervention and Treatment Committee as a priority. Subsequently, I informed the Chair of the Intervention and Treatment Committee of this decision and the IDP/ITC committee was dissolved.

In review of all of the facts with regard to this issue, I have learned a number of things which need to be addressed by this council. First and foremost, when recommendations are made by the council, they should be acted on in a timely manner and not be delayed for more than three years. Secondly, when a recommendation is made with regard to the creation of a sub-committee, not only does the council need to vote on the creation of the sub-committee but also the membership of the proposed committee and again this needs to be completed in a timely manner and not have another two years between the vote and the creation of the committee. Third, the by-laws of the State Council with regard to Committee Structure and Composition need to be clarified with regard to the development of standing committees, ad-hoc committees, workgroups and task forces. The former and current IDP sub-committees of this council would more appropriately be referred to as ad hoc committees. In addition, the current by-laws specify the Council Chair appoint all committee chairpersons and committee members as appropriate and may consider recommendations of council members in these appointments.

While I respect the comments and concerns voiced by those members of the former ad hoc committee, I do believe that I acted within the capacity of my role as Chair of the State Council on Alcohol and Other Drug Abuse as defined by Section 3, paragraph 3.1

of the by-laws of this group. Specifically, it is the responsibility of the Chair as the presiding officer of the council to carry out the business of the council in an orderly and expeditious manner. In addition, the chair is responsible for organizing the work of the council through its committee structure, scheduling council meetings and setting the agenda. It was within this capacity within which I acted in my decisions with regard to this issue.

Michael Waupoose asked if these guidelines apply to all state councils. Joyce Allen reiterated that a public body cannot take up matters not on the agenda and that this policy does apply.

IV. Update HW2020

Sue Gadacz reviewed for the group that Margaret Schmelzer presented the Healthiest Wisconsin 2020 Plan at the last meeting. During the meeting, a suggestion to change one of the message statements was made. Subsequent to the meeting, Ms. Schmelzer informed the group via email that the term “across the lifespan” was added to the message statement to address the concern.

V. Overview of a Good and Modern Addiction and Mental Health System—Rita Vandivort, Public Health Advisor, SAMHSA

Sue Gadacz introduced Rita Vandivort with appreciation for her on-going help. Ms. Vandivort began with an overview of the Affordable Care Act (ACA), asking how it affects Wisconsin. She acknowledged that there have been allegations that the ACA is a bad bill. She offered an alternative explanation in that there is complexity in the ACA which derives in part from choices, including changes in Medicare and Medicaid, employer changes and the addition of the state exchanges. There are three themes: affordable care; better care, integrated care; and healthy people and communities. There is the expansion of Medicaid to cover childless adults whose income is less than 133% of the federal poverty level. They are eligible for the benchmark plan. The benchmark plan includes coverage for essential mental health and substance abuse (MH/SA) services (not necessarily all). The Secretary of the US Department of Health and Human Services will define essential services. The federal government will pay 100% for three years and then down to 90%. There will be simplified enrollment; integrated data with Medicaid and the state exchanges; and foster kids will be covered by Medicaid up to age 26. The state exchanges provide coverage for essential MH/SA at parity and prevention services have no co-pays. Wisconsin has submitted planning grants for the exchange in Wisconsin. Small businesses can use the exchange. The exchange covers people up to an income of \$88,000 for a family of four, or 400% of the federal poverty level. If the cost of coverage is greater than 10% of income, then applicants are eligible for assistance. Essential MH/SA services must be part of the exchanges at parity.

There were questions. The first had to do with whether the insurance companies were purchasers of coverage or purchasers of services. Ms. Vandivort responded that the plans solicit like a cooperative and the exchange pays a subsidy. Where do they get their funds? They get their funds from the federal dollars flowing through the exchange. For example, the Children’s Health Insurance Program (CHIP) is similarly administered through the exchange and it is 100% supported by the federal government. Duncan Shroul pointed out that some businesses are opting out of the health care provision and paying a penalty to allow employees to get coverage through the exchanges. Ms. Vandivort pointed out that there is no employer mandate that they

have to participate. If the employer has less than 50 employees there is an employer penalty. The penalty is less than what it costs to provide coverage. The bigger the risk pool, the less the coverage costs. Ms. Vandivort continued that High Risk Pools will go away. About half of the states have them currently.

Ms. Vandivort went on to cover such topics as:

- Primary and behavioral care integration grants
- The Prevention and Public Health Trust Fund
- Medicaid state option to expand coverage to childless adults
- Smoking cessation for pregnant women on Medicaid
- Expanded Medicaid Home and community based service options under 1915i
- Health Homes under Medicaid receive 90% federal match for the first two years.
 - Directed at people with chronic illnesses
 - Chronic conditions or at risk for 6 diseases
 - State may direct it at any chronic condition, for example diabetes, substance abuse conditions.
 - Can't roll patients over
 - Must be implemented by states. After two years, return to regular state match.
- ACA Grants and Demonstration projects 2012:
 - Medicaid Payment demonstrations
 - Medicare Accountable Care organizations (at least 5,000 clients)
 - Value based purchasing
 - Independence at home demonstration projects
 - Reduced payment to hospitals with avoidable hospitalizations
- ACA Grants and Demonstration projects 2013:
 - Medicaid enhanced payments to primary care MDs
 - Medicaid enhanced federal match for prevention
- Impact on coverage: 35 Million people will be covered in 2014—most likely by expansion in Medicaid. Many uninsured individuals will be covered in 2014 and about 4 to 6 Million will have MH/SA needs.

There were more questions:

Q: At what rate will Medicaid pay for substance abuse (services)?

A: The state determines the rate. About 40% of the newly insured will be under age 29 and about 56% will be employed with families. Their conditions are more acute because their lack of coverage.

Q: Are our substance abuse providers Medicaid friendly?

A: Many are not. It costs money. There are disincentives in the system. We will have 4 Million more people and we're trying to figure out how to change the system. Only about 58% of providers accept Medicaid. Another problem: Much of Wisconsin is rural and there aren't fast enough internet services available to verify Medicaid employment.

Q: Is Wisconsin applying for IMD exclusion?

A: We haven't made a decision, but definitely not for a state facility. It must be for a private hospital. If a private hospital is interested, we'd like to talk, but there has been no decision.

Ms. Vandivort discussed the following:

- She indicated that SAMHSA would like to emphasize primary care coordination links with behavioral health care and bi-directional integration. We've been promoting screening and brief intervention in primary health care settings, but we also need MH/SA facilities to have primary health care. 42 CFR, the confidentiality law, makes communication with primary care difficult. Mr. Waupoose indicated that he is struggling with that issue (SA). Mental health clinics can share information within but substance abuse treatment clinics are separate and secluded. Even with the patient's permission, doctors can't open records because the system is set up to guard personal information according to 42 CFR.
- Prevention and Wellness:
 - There will be no co-pay for services related to prevention of alcohol and/or tobacco use/misuse, or depression screening starting in 2010.
 - Screening Brief Intervention Referral & Treatment (SBIRT) codes will be accepted by Medicaid (note the code doesn't differentiate between alcohol and drugs. It is substance abuse).
 - Medicare: individualized wellness plans. (Medicare doesn't have to abide by the no co-pay policy until 2014).
 - Medicaid: Increased federal share for Medicaid prevention services.
 - Employer's incentives (grants) to provide wellness programs in 2014.
- Why we need to define good and modern MH/SA services:
 - Benchmark plans for Medicaid expansion (2014)
 - Essential benefits for state exchanges (2014)
 - Scope of services for parity
 - Use of block grant funds in a new world (pays for evidence-based services)
- The goal of a good and modern benefit vision is to provide a full range of high quality services meeting the range of age, gender, culture and other circumstances.
 - Principles include:
 - Preventing and treating mental health and substance use disorders are a part of health and is integral to overall health.
 - Services must address current health disparities.
 - Person centered care is the framework
 - Continuum of services
 - Evidence-based services: Services proven effective or show promise will be funded, ineffective services will not be funded.
 - Beyond service widgets: reimbursement strategies must be implemented to align incentives and control costs.
- Work needs to be done:
 - Ready with alliances to primary care like community health clinics
 - Ready with the right mix of workforce with needed qualifications
 - Ready for insurance business practices like claims based billing
 - Ready for more documentation of individualized treatment planning and every service encounter.
 - Ready with electronic health records online enrollment and online claims systems
- Major Drivers in the ACA:
 - More people will have insurance coverage
 - Medicaid will play a bigger role in MH/SUD than ever before
 - Emphasis on primary care and coordination with specialty care

- Encourages home and community based services and less reliance on institutional care
- Preventing diseases and promoting wellness is a huge theme
- Outcomes: improving the experience of care, improving the health of the population and reducing costs

Q: You have identified a large contingent in need. Is there data about the personnel available to meet the need?

A: Currently we are mining that data. No answer for you now.

Q: The criminal justice population is one of the greatest referral sources for substance abuse treatment. They are a population that seems to go on and off of Medicaid. What is happening at the federal level?

A: The ACA exchanges and Medicaid can cover pre-adjudicated individuals before they have gone to Court. The issue is will jails build the capacity to do that? Also, Medicaid cannot pay by law while in jail but can suspend them, not terminate it, so when they come out they can immediately get care.

Q: What about alternative care like acupuncture and homeopathy?

A: No, the US Preventive Services Task Force is a tough bunch. At the National Institute of Health there is a whole area on alternative health care but not in the ACA.

Q: About Parity and managed care, access to care is an issue. Under managed care, Medicaid covers a defined program and won't pay for more. What is the difference between medically necessary and recovery services?

A: There is no magic wand here, but Medicaid frees up Substance Abuse Block Grant (SABG) dollars to put toward recovery-based services. Some states use SABG to grow services like medication assisted treatment (evidence-based). Only one percent of substance abuse dollars go to medication assisted treatment. Massachusetts paid a health worker to go around to doctors to promote an increase the use of medication assisted treatment.

Q: Medical homes—what are legitimate uses of medical homes?

A: There have been pilot programs where the funding for the infra-structure, the home itself is not provided. However, payment for treatment services has been provided for people with six or more diagnoses. Go to the CMS website. Find the State Medical Directors letter of November 16th. It goes the requirements for health homes. States can define these services. This is a huge opportunity to be creative.

Mark Seidl thanked Rita Vandivort for the very informative presentation. The group agreed and gave her a round of applause.

VI. Response from the Chair to the Public Input Session of December 10, 2010 and Procedural Process for Dissent—Mark Seidl

Mark Seidl read the memo distributed earlier. Michael Waupoose clarified that both Joyce Allen and Mark Seidl will get further legal opinions regarding entertaining questions during the Public Input session. Sandy Hardie asked if it really was a staff issue that drove the decision. Joyce Allen explained that the Bureau couldn't provide another staff person. Ms. Hardie asked if there has to be a staff person there. There are inconsistencies. Does every ad hoc workgroup have to have staff there? Ms. Allen responded that that is not our (the Bureau's) decision; we say whether or not we can staff it. Mark Seidl reported that he will be requesting a meeting with Joyce Allen and Sue Gadacz regarding the role of SCAODA with staff. Ms. Allen reported that there is nothing in the statute beyond providing staff support. We need to be efficient. There are

two sub-committees looking at the same program; are there any other Department staff available? Mr. Waupoose indicated that he felt there has been a misunderstanding about whether staff must be there. Mr. Seidl suggested that SCAODA needs a more efficient line of communication with staff. Linda Preysz felt there needs to be a better understanding of how ad hoc groups are created and how they are shut down. Mr. Seidl felt the by-laws need to be reviewed. Ms. Preysz indicated that people at the table have good intentions. If there are criteria for sun-setting groups, they need clarification. Mr. Waupoose observed that there was an existing sub-committee and at some point, instead of working with the original sub-committee about what needed to be addressed, a completely different sub-committee was created. Mr. Seidl offered that there was a time factor. From 2006-2009 nothing happened. There were thirty plus people on the original committee—a structure not conducive to resolving funding issues. Mr. Seidl explained that he was going to let it continue, but felt that the funding issue should be under the Planning and Funding Committee. Mr. Waupoose suggested that if any committee or sub-committee is not doing what it should be doing, a talk about the mission should occur with the committee's chair rather than disband the committee. This is not about pointing fingers and assigning blame. The goal is how do we do this better. Mr. Seidl indicated that Officers are installed in September. He offered apologies, explaining that no offense was intended. The first IDP sub-committee was a good group with meaningful work. Ms. Hardie offered that this is a learning process. There is always conflict. We need dialogue to clarify our process. We need to be able to discuss the conflict and have input. Duncan Shroul asked that the document offered by Mr. Seidl become a part of the minutes.

VII. State Agency Reports—Mark Seidl

LeeAnn Cooper, the Intoxicated Driver Program (IDP) Coordinator reported that the Intoxicated Driver Program Advisory Committee has been formed not to undermine SCAODA, that was not the intention. The IDP is complex involving multiple agencies. The program needs an Advisory Committee. She asked the ITC IDP members if they would be interested in reviewing activities. There has been one meeting and another is scheduled. Ms. Cooper asked if there were any questions? There were none.

Ray Luick reported on the Treatment Alternatives and Diversion (TAD) program. There will be a report to the legislature in December 2011. Mr. Luick distributed a document titled, "Update on TAD Evaluation For The TAD Advisory Committee." He reported that the TAD Advisory Committee meeting is in June and they are open to questions and suggestions. TAD is a program for non-violent drug and alcohol offenders. The offenders are assessed by a criminal risk assessment tool. Mr. Luick reported that about one-quarter of the participants are assessed as "high" risk; about one-half are assessed as "medium" risk; and about one-quarter are assessed as "low risk." As time goes by there has been an increase in the risk level for participants admitted. Changes can be made. Data collection provides the opportunity and support for presenting suggested changes to the legislature for decision-making. The budget for continued funding will occur but there will be funding reductions and a 25% match from the counties implementing the TAD program. Mr. Luick expressed concern about the lack of resources. One of the charts in the documents summarizes the use of specific evidence-based practices by program site. Steve Fernan spoke in regards to a report he gave in December on the Department of Public Instruction's "Safe and Supportive Schools" federal grant. The grant was pursued because the "Safe and Drug Free Schools and Communities" program was defunded by Congress (as high as \$7 million per year) and eliminated. In the Governor's budget, state funded AODA program

grants would be defunded (about \$4.5 million). This proposed and actual loss of over \$11 million in annual funding for school based drug and violence prevention programming is a cause for concern.”

Randy Romanski reported on behalf of the Department of Transportation (DOT). He has joined DOT to serve as the Safety Programs Section Chief in the Wisconsin State Patrol’s Bureau of Transportation Safety (BOTS). He reported that Sonya Sidky has been hired as the new alcohol program manager in BOTS. She will work in cooperation with Blinda Beason. Mr. Romanski gave an update on the efforts of two multi-jurisdictional high visibility law enforcement efforts funded through DOT-BOTS grants. While the deployments for the multi-jurisdictional enforcement efforts in Brown County and Southeastern Wisconsin have resulted in dozens of OWI arrests, the main focus of the grants continues to be changing behavior and deterring people from drinking and driving. The agency continues to monitor the implementation of Wisconsin Act 100 from the last legislative session and has witnessed an increasing number of ignition interlock devices being ordered to prevent impaired drivers from operating their vehicles. DOT is also finalizing its annual report on Wisconsin’s Pretrial Intoxicated Driver Intervention Grant Program, and the report should be available soon.

VIII. Motion to Support Healthiest Wisconsin 2020—Michael Waupoose

Michael Waupoose made a motion that SCAODA formally endorse the Healthiest Wisconsin 2020 (HW2020) state health plan as one means to help achieve its 2010-2014 Strategic Plan and provide a link to the HW 2020 Plan on the SCAODA website. Duncan Shrout seconded the motion. Without discussion the motion was passed unanimously.

Mr. Waupoose asked that the HW2020 form in the packet to formally support HW2020’s implementation plan be completed and posted on the website.

IX. Committee Reports

- ITC—Linda Preysz

Linda Preysz reported that the Children Youth and Family sub-committee has scheduled meetings for the rest of the year. There are to be presenters at each meeting. On April 15th there will be a meeting in Stevens Point on Teen Intervene and Peer Support. Ms. Preysz then reported on Women’s Treatment. Bernestine Jeffers, the Women’s Treatment Coordinator in the Bureau of Prevention Treatment and Recovery is a resource to the ITC. They are looking at service standards. Regarding the WINTIP program, Mr. Macmaster provided two documents; one was titled “Update Report to SCAODA/ITC”. The other was titled, “Dead, Dying and Doomed from Tobacco.” Mr. Macmaster reported on Training opportunities for AODA and mental health staff and managers. Mark Seidl recognized Mr. Macmaster for his important contributions to preventing tobacco use among the MH/SA population in Wisconsin.

- Planning and Funding—Joyce O’Donnell

Joyce O’Donnell made the following motion: **Planning and Funding moves that the by-laws ad-hoc workgroup be re-activated to address 1) the definitions of a standing committee,**

standing subcommittee and ad-hoc work groups and 2) the process concerning committee appointments. Duncan Shrout seconded the motion. Without discussion the motion was passed unanimously.

Duncan Shrout and LeeAnn Cooper reported on the Intoxicated Driver Program Funding Sub-Committee. Mr. Shrout recognized and named each member of the sub-committee and thanked them for their contributions. A document was distributed on the IDP Funding Sub-committee which corresponded with their power point presentation. Ms. Cooper pointed out that OWI convictions have been dropping. Regarding the Driver Improvement Surcharge, of each \$365 fee collected, the county retains 60% (\$219) and the state receives 40% (\$146). There was a question about whether tribal members pay that fine and whether OWI data are reported to the Department of Transportation (DOT). Steve Dakai reported that they do not pay the fine in Menominee. Rebecca Wigg-Ninham agreed that that is also true for the Oneida Tribe. Gail Nahwahquaw explained that Menominee does not submit data to DOT because they're not a Public Law 280 Tribe. Mr. Dakai asked if there had been discussion or research completed on the tribes when County IDP clients were sent to the reservation for treatment? Ms. Cooper indicated that that was a significant issue and that they will look into this. Mr. Shrout pointed to the next slide which showed how the State's share of the Driver Improvement Surcharge is distributed. Nineteen percent of the state share goes to the IDP Supplemental Grants program. The rest goes to other agencies and programs. Of the 2010 IDP Supplement Fund applications, 32 counties requested \$3,276,112. \$844,900 was awarded or 26% of the requests. Norm Briggs asked if the 60/40 split was in legislation. The response was in the affirmative. It would take statutory change to change that. Ms. Cooper and Mr. Shrout discussed other sources of funding available to counties to cover treatment costs and arrived at an unmet need figure of \$4,784,161. A slide documenting outcomes of IDP clients compared to all others shows very positive outcomes. Mr. Seidl and Ms. O'Donnell thanked LeeAnn Cooper, Duncan Shrout and the IDP Funding Sub-Committee for their work. Randy Romanski asked a question about unspent funds of \$60,000 being returned to DOA. Do those funds go back to the general fund? The answer was in the affirmative.

Joyce O'Donnell made the following motions:

- Planning and Funding moves that SCAODA ask selected legislators to request through the Joint Legislative Committee on Audit an audit of the Driver Improvement Surcharge Fund current allocations. Duncan Shrout seconded the motion. Without discussion the motion passed unanimously.
- Planning and Funding moves that SCAODA ask selected legislators to create legislation through 2011-2013 budget process that will allow any unspent Driver Improvement Surcharge Fund allocations in any year to revert to the Department of Health Services to be utilized in the Intoxicated Driver Supplemental Grant Program in the next fiscal year. Duncan Shrout seconded the motion. Without discussion the motion passed unanimously.
- Planning and Funding moves that SCAODA ask selected legislators to request the introduction of legislation in the 2011-2013 budget process that would produce an additional annual allocation of \$2.5 Million Dollars of general purpose revenue (GPR) funding to the Department of Health Services. This \$2.5 Million dollar allocation will be added to the existing Driver Improvement Surcharge allocated funding for the purpose of substantially increasing available funds from the Intoxicated Driver Supplemental Grant process in any year would revert to this program in the next fiscal year. **Duncan Shrout seconded the motion.** Discussion: Randy Romanski indicated that there is a premium

on unspent funds. He expressed fear that asking for GPR funds will fall flat. He suggested a friendly amendment by adding “or other identified funding” to the motion. **Ms. O’Donnell accepted the friendly amendment and without further discussion the motion passed unanimously.** The motion now reads: **Planning and Funding moves that SCAODA ask selected legislators to request the introduction of legislation in the 2011-2013 budget process that would produce an additional annual allocation of \$2.5 Million Dollars of general purpose revenue (GPR) funding or other identified funding to the Department of Health Services. This \$2.5 Million dollar allocation will be added to the existing Driver Improvement Surcharge allocated funding for the purpose of substantially increasing available funds from the Intoxicated Driver Supplemental Grant process in any year would revert to this program in the next fiscal year.**

Ms. O’Donnell continued with her report that the Planning and Funding meeting of February 18th hosted David Riemer from Community Advocates. His presentation was well received. She also reported that Planning and Funding will be hosting a Public Forum at the WAAODA conference on May 16th. The conference runs from May 16-18. She asked other Committee members to attend if possible.

- Prevention

Scott Stokes indicated that he would skip the motion on by-laws as presented on the agenda because Planning and Funding already made a similar motion which was passed. He did, however, make the following motion: **The Prevention Committee moved to recommend that the letter drafted by Julia Sherman be forwarded to the State council for distribution to the Department of Revenue, Department of Agriculture and key Legislative leaders to re-define the definition of alcohol beverages to include alcohol infused food products. Joyce O’Donnell seconded the motion. Discussion: Randy Romanski pointed out the correct title for the Department of Agriculture Trade and Consumer Protection. Without further discussion the motion passed unanimously.**

Mr. Stokes reported on the Workforce Development ad-hoc workgroup. This group expects to have a report and recommendations for SCAODA’s September meeting. The Controlled Substances workgroup plans recommendations for the June meeting. There has been discussion about preventing fatal overdoses. Hopefully there will be a presentation on the 911 Good Samaritan legislation presentation. Also being discussed are improvements for the next Epidemiological Report. The Prevention conference will be held June 13-16 during which a Public Forum will be held. There is a Drug Endangered Children conference July 27-28 in La Crosse. The “Parents Who Host” campaign will be broadened to “Those Who Host.” April 21st is the next meeting of the Prevention Committee in DeForest. Mark Seidl recognized the hard work of the Committee. Joyce O’Donnell suggested that securing a bill board near the State Fair grounds would reach thousands of people.

- Diversity—Michael Waupoose

Mr. Waupoose reported that the Diversity Committee continues to monitor “scope of practice” issues and the impact on communities and people of color. He reported that the Diversity Committee was very pleased with the Department of Regulation and Licensing’s Joint

Committee decision resulting in a reconsideration. He thanked ITC for being great to work with. The ITC Public Forum referred a number of issues to Diversity: 1) the lack of Native Americans in minority training 2) Tribal communities and evidence-based practices 3) the lack of Tribal practitioners. The Diversity Committee continues to work with the Minority Training Program. The work plan is a standing agenda item to keep us accountable. Mr. Waupoose reported that the Diversity Committee meets in places outside of Madison and would recommend that to other Committees. The next meeting will be held at the Chipewa Valley Technical College during class. Mr. Waupoose then made the following motion: **The Diversity Committee moves that SCAODA support that all AODA/MH conferences receiving any funding from the Division of Mental Health and Substance Abuse Services, Substance Abuse Block Grant must offer at least one workshop addressing the provision of care based on culturally competent knowledge, skills, and attitudes to meet prevention, treatment and recovery needs of diverse communities. Presenters will be asked to demonstrate compliance with this requirement clearly in the workshop. Scott Stokes seconded the motion. Without further discussion the motion passed with two abstentions.** Mr. Seidl thanked Mr. Waupoose and the Diversity Committee for all their hard work.

X. Epidemiological Study—Amanda Jovaag, Anne Ziege and Lou Oppor

Mr. Oppor reported on the 2010 Epidemiological Report. A summary was presented at SCAODA's December 2010 meeting. The reports themselves were distributed at this meeting. Mr. Oppor referred to the page 5 conclusions in the report. He pointed out reductions in underage alcohol use and car crashes. However, he reported that Wisconsin continues to rank #1 in adult binge drinking and drug related deaths are also a concern. The Department maintains 4 priorities

- Underage drinking (ages 12-20)
- Alcohol-related motor vehicle fatalities and injuries (especially among people ages 16-34).
- Adult binge drinking (18-34)
- Drug-related deaths (with a focus on unintentional opioid-related overdoses and deaths among people ages 20-54)

Mr. Oppor reported that the report provides county by county data. However, reporting on adult drug deaths is limited because there is a poor surveillance system in Wisconsin. One looks at death certificate records but finds no consistency in how death is reported, some drug deaths are not reported as such. There is a problem in trying to identify the burden of drug use deaths. There is poor surveillance on adult drug use. The next Epidemiological Report will be in 2012. There is funding for one more report. Hopefully there will be continued funding for this report. However, right now there is funding for only one more report. There was a question:

Q: How is binge drinking defined?

A: For men, five drinks or .08 blood alcohol concentration, or over.

Scott Stokes indicated that the report needs someone to take ownership. It was created under the Doyle administration, but not printed until the Walker administration. Mr. Stokes read the following motion: **The Prevention Committee moves to recommend to the State Council on Alcohol and Other Drug Abuse that they compose a letter that can accompany the distribution of the Epidemiological Profile on Alcohol and Drug Use in Wisconsin that commends the Department of Health Services and the UW Population Health Institute for preparing the report and that SCAODA takes an active role in releasing the report**

broadly. Michael Waupoose seconded the motion. Without further discussion the motion passed unanimously.

XI. Agenda Items for the June Meeting—Mark Seidl

- Cultural Competence/CLAS presentation
- By-Laws Review
- Nomination Process for Appointments and Officers
- Annual Reports for Committees
- Possibly bill re: K2 and bath salts
- Invite all Committee members and Governor's Office, too
- AFRA Recovery movement may have a report
- Budget Update
- Update on the Substance Abuse Block Grant

XII. Announcements

- Sue Gadacz announced that she was there at the Department of Regulation and Licensing when the Diversity and ITC motion pertaining to credentials for substance abuse counselors was discussed.
- Committees should have received a Draft Letter to Governor Walker. Please discuss in your Committees for feedback.
- April is Alcohol Awareness Month

XIII. Adjournment: Duncan Shroul 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 10, 2011 from 9:30 a.m. to 3:30 p.m. at American Family Insurance Conference Center, Room A3151.

2011 SCAODA Meeting Dates:

~~March 4, 2011~~

June 10, 2011

September 9, 2011

December 9, 2011