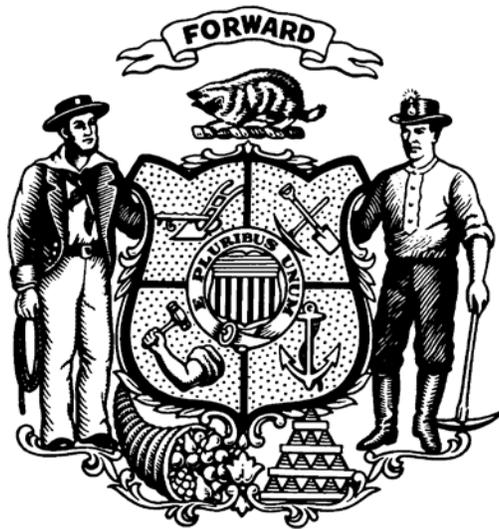


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



September 7, 2012
MEETING

Michael Waupoose
Chairperson

SCOTT WALKER
Governor

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State Council on Alcohol and Other Drug Abuse (SCAODA)

Strategic Plan Goals: July 2010 – June 2014

PRIMARY OUTCOME GOAL AND MEASURE:

The immediate primary outcome goal is to have Wisconsin no longer ranked in the top ten states for Alcohol and Other Drug Abuse (AODA) and problems related to AODA.

SCAODA's primary outcome goal is in accord with the Wisconsin Department of Health Services' "Healthiest Wisconsin 2020 Plan" regarding unhealthy drinking and drug use that results in negative consequences. Its goals are also consistent with the HW2020 lifespan and equity objectives and the data-driven priorities established through the current "Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008.

SCAODA GOALS:

1. SCAODA with its committees
 - a. Effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin
 - b. Is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues
 - c. Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
2. Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
3. There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).
4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:
 - a. For effective prevention efforts across multiple target groups including the disproportionately affected
 - b. For effective outreach, and effective, accessible treatment and recovery services for all in need¹.
5. SCAODA with its committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remedying historical, racial / ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people.

¹ Effective prevention, treatment and recovery services include: using science and research based knowledge, trauma informed, culturally competent, and use of practices that have promise to work.

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Tobacco-Free Environment

American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

- Use of tobacco products is prohibited in all interior and exterior spaces, including inside your vehicle while on company-property and in parking ramps and parking lots.
- We ask that you refrain from using tobacco products while using our facility.

Thank you for your cooperation. We welcome you and look forward to serving you!

Meeting Coordinator – Please make sure the meeting participants are aware American Family is a Tobacco-Free Environment.

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SCAODA 2012 Meeting Dates

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

All meetings will be from 9:30am to 3:30pm and will be in Room A3151

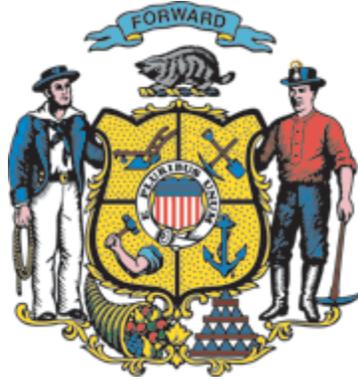
The meeting dates are:

March 2, 2012

June 8, 2012

September 7, 2012

December 14, 2012



SCAODA 2013 Meeting Dates

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

All meetings will be from 9:30am to 3:30pm and will be in Room A3151

The meeting dates are:

March 1, 2013

June 7, 2013

September 13, 2013

December 13, 2013



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

September 7, 2012

MEETING AGENDA

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center

6000 American Parkway Madison, WI 53783 Building A Room A3151

American Family General Information: (608) 242-4100 ext. 31555 or ext. 30300

Please call Lori Ludwig at (608)267-3783 or e-mail Lori.Ludwig@wisconsin.gov to advise if you or your designee will not attend the meeting.

- 9:30 a.m. I. Introductions / Welcome/Pledge of Allegiance/Announcement Noise Level / Agenda – Michael Waupoose
 - Sue Shemanski representing Wisconsin County Human Service Association
 - Don Pirozzoli representing Wisconsin Council on Mental Health
 - Sarah Norberg—Substance Abuse Treatment Coordinator
 - Francine Feinberg recognition....p.10
- 9:40 a.m. II. Elections—Joyce O’Donnell
- 9:50 a.m. III. Review /Approval of June 8, 2012 Minutes – Chairperson....pp. 13-27
- 9:55 a.m. IV. Public Input (maximum 5 minutes per person)— Chairperson
- 10:10 a. m V. Committee Reports: SCAODA Goals

1. Provide Leadership	2. Change the Culture	3. Educate Citizens	4. Sustain Infrastructure	5. Address Disparities
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- Executive Committee Report—Chairperson
- Prevention Committee—Scott Stokes....pp. 40-53
 - Budget Priorities....pp. 46-49
- Diversity Committee—Rebecca Wigg-Ninham and Sandy Hardie...pp. 54-6
 - Budget Priorities....p.56
- ITC—Norm Briggs and Roger Frings....pp. 57-84
 - Budget Priorities....pp. 80-82
 - Motion to ask SCAODA to send a letter to the Governor requesting that a representative of the alcohol and other drug abuse field be appointed to the DSPS Marriage and Family Therapy Professional Counseling and Social Work Board (MPSW Board)....p.83

- Motion asking SCAODA to convene a meeting with key educational institutions....p. 84
- Planning & Funding—Joyce O’Donnell....pp. 85-127
 - Budget Priorities....pp. 101-104
 - Intoxicated Driver Program—Funding Ad-hoc Committee Report—Duncan Shroul and LeeAnn Cooper....109-125
 - Motion to accept the Legislative Audit Bureau’s “Driver Improvement Surcharge Funding Report,” Report 12-5 March 2012....p. 126
 - Two part motion to request that 1) Department of Transportation (DOT) provide any information they have on the effect of the Safe Rides Program and its impact on decreasing the number of people driving intoxicated in Wisconsin; and 2) the Department of Public Instruction (DPI) provide any information they have on the Driver’s Education Program and its impact on decreasing the number of people driving intoxicated in Wisconsin....p. 127

- 11:25 a.m. VI. 2013 SCAODA Budget Priorities—Chairperson and Executive Committee
- Motion to approve funding priorities---
- 11:45 a.m. VII. Working Lunch
- 12:15 p.m. VIII. Report on Combined Mental Health and Substance Abuse Needs Assessment Ad-hoc Committee—Rebecca Wigg-Ninham and Don Pirozzoli
- 12:30 p.m. IX. State Agency Reports to SCAODA—Chairperson
- Raymond Perez –Department of Veterans Affairs
 - Ray Luick—Office of Justice Assistance
- 12:45 p.m. X. Fetal Alcohol Spectrum Disorders Proclamation and Awareness Day—Bernestine Jeffers and Raina Haralampopoulos....p. 128
- 1:00 p.m. XI. Review of By-Laws—Scott Stokes....pp. 129-143
- ITC will propose a change in the by-laws to Article III, Section 8 “Reimbursement of Council and Committee Members” The suggested revision is: “ Individuals who are not council members but are serving on committees and who are not employed by an agency or business compensating them for the time spent at committee meetings may receive a stipend for committee meeting attendance in addition to compensation for their expenses.”p.141
 - DHS Policy....p.144
- 1:30 p.m. XII. Recovery Presentation—Faith Boersma, Kelly Bentley, Camille Burnett, Tyler Lybert, Mark Clark
- 2:15 p.m. XIII. Great Lakes Inter Tribal Council (GLITC) Strategic Prevention Enhancement (SPE)

Plan Presentation—Jake Melson, Behavioral Health Epidemiologist for GLIT- Epi Center

- 3:00 p.m. XIV. Agenda Items for December 14, 2012 meeting—Chairperson
- Diversity Presentation on Deaf and Hard of Hearing
 - 2012 Epidemiological Study
 - Report on Affordable Care Act
- 3:15 p.m. XV. Announcements—Joyce Allen and Lou Oppor
- 3:30 p.m. XVI. Adjourn—Chairperson

<p>2012 Meeting Dates March 2, 2012 June 8, 2012 September 7, 2012 December 14, 2012</p>

Feinberg retires after leading Meta House for decades

By Georgia Pabst of the Journal Sentinel
Aug. 6, 2012

Francine Feinberg originally came to Milwaukee as a young college student to study classical ballet.

A native of Brooklyn, N.Y., she didn't become a famous dancer. Instead, she became a pioneer and nationally recognized leader in the field of treating alcohol and substance abuse in women and their children.

"I wanted to dance, but I wanted to go to college, too, and the University of Wisconsin-Milwaukee was the only place that (at that time) offered a four-year degree in classical ballet, so I came here," she said.

In time, dance became a hobby as she switched her studies and received a bachelor's in social work and a master's and doctorate in clinical psychology.

Now 29 years after answering a newspaper ad for the executive director of Meta House, then a small residential treatment facility, Feinberg has cleaned out her desk and retired from the agency she helped build and define as a national model.

R. Gil Kerlikowske, the director of the White House Office of National Drug Control Policy, said in a statement about Feinberg: "Under her direction, Meta House became a pioneer in creating successful treatment programs targeted to the specific needs of women and their families."

He called her a leader in the field and added: "I admire her strength and perseverance and commend her for her many contributions to make America a safer and healthier place."

When Feinberg came to Meta House it had 11 beds, a staff of two (including her) and a budget of \$110,000. She distinctly remembers the budget figure.

Today Meta House has \$5.5 million budget and a staff of 80. There are 60 beds in its residential treatment program for women and their children, 27 units of housing for women who have completed residential treatment, and an outpatient program that serves about 100 women.

Last year, Meta House served 419 women (46 of whom were pregnant) and 425 children.

The latest agency statistics tell the story of its success. Six months after admittance to residential treatment, 79% of the women were still drug and alcohol free and 96% had not been arrested.

For women who had stayed in residential treatment for at least 90 days, 88% were discharged to a drug-free location, 77% were employed, in school or had a legal source of income.

In the early years, Meta House admitted women only. "But it became clear to me and my staff that the barrier for women in treatment was their children," said Feinberg. "What were they supposed to do with their children?"

And for the women, their prime concern was their children, even though they were incapable of being good parents at the time, she said.

Feinberg decided the women and their children needed to be together. So in 1988, the agency bought the old St. Casimir's convent on the east side to accommodate moms and their kids.

"But it took us about 10 minutes to see that the children had issues," she said. Because of the mother's substance abuse, there were issues of attachment, trust and consistency for the children, she said. So children became part of an integrated, holistic family treatment program that encompasses mental health and parenting.

And when the children were with their mothers, the mothers did better in treatment, said Feinberg. Thus, Meta House led the way in tailoring substance abuse treatment to women and their families at a time when national research was starting to surface on gender responsive treatment.

"I would love to say I had a vision and a strategic plan to do this, but we were just responding to the women and their families, and the staff made it happen," said Feinberg, sitting in a conference room at Meta House. "We did on instinct what the research was backing up."

Soon Meta House received one of the first 11 grants for \$1 million given nationally by the federal Substance Abuse and Mental Health Services Administration for treatment programs for women and children. Others followed.

At a SAMHSA conference this summer, Feinberg received an award from the agency as "an outstanding visionary in the delivery of services to women and their families struggling with addiction, mental health disorders, and histories of trauma." SAMHSA administrator Pamela S. Hyde added: "You gave a voice to women and children who otherwise would not have been heard."

At 66, Feinberg said she decided to retire to do other things. Married to psychologist Edward "Ned" Rubin, the couple live in Whitefish Bay and have a home in Las Cruces, N.M. They have a grown daughter and a grandson.

But Feinberg said she also decided to retire because with the Affordable Care Act, the agency is entering into a new era.

"To maintain the highly integrated program for families that we have, it will take creativity and business acumen and that will require a different set of skills," said Feinberg.

The new president and CEO, Amy Lindner, is an attorney who has been on the board of directors and will use her skills to guide the agency in this new environment, she said.

Though the years, Feinberg has received stacks of honors and accolades, but it's the gratitude of the women that she truly treasures.

She smiles broadly as Angela Humphrey, 27, and Luzenia Riley, 48, explain how far they've come in their journey to sobriety.

"It's taken a lot of work, but my 7-year-old daughter looks up to me now," said Humphrey.

"I got what I needed, and this time I got it right," said Riley. "I'm love Meta House. I'm truly grateful."

Find this article at:

<http://www.jsonline.com/news/milwaukee/feinberg-retires-after-leading-meta-house-for-decades-ak6c2ff-165183786.html>

Check the box to include the list of links referenced in the article.



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

June 8, 2012

9:30 a.m. – 3:30 p.m.

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

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

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

Members Absent:

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

Ex- Officio Members Excused: Randy Glysch

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

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

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

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

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

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

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

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

III. Sue Gadacz Recognition—Michael Waupoose

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

IV. Public Input—Michael Waupoose

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

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

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

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

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

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

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

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

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

VII. Adolescent Treatment—Tami Bahr and Jill Gamez

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

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

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

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

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

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

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

Ms. Gamez pointed out the second goal of the CYFT Sub-committee: To raise awareness of adolescent treatment and treatment standards with insurance companies. They have met with insurance companies' representatives once on best practices and plan to continue a Payers Workgroup and seek representatives from insurance companies to participate in CYFT. The third goal of CYFT is: To educate targeted groups/people within Wisconsin about issues related to adolescent substance abuse treatment. Towards this goal, CYFT plans to hold bi-monthly meetings in all regions of the state to encourage and provide involvement opportunities. Ms. Gamez pointed out that CYFT's fourth goal is to increase provider capacity to deliver evidence-based intervention and treatment programming. Training opportunities have been offered in implementing the following evidence-based practices: the GAIN – Global Appraisal of Individualized Need, Teen Intervene, Multi-Dimensional Family Therapy, Comprehensive, Continuous, Integrated System of Care (CCISC) Model and Celebrating Families. CYFT's fifth goal is to continue to focus on adolescent opiate treatment. CYFT's sixth goal is to deliver timely reports to the ITC and engage in solution-based discussions about adolescent and family treatment issues.

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

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

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

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

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

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

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

IX. Report on Workforce Survey

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

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

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

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

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

X. State Agency Reports

Office of Justice Assistance—Ray Luick

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

Department of Transportation—Sonya Sidky

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

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

UW Updates—Dr. Anne Hoffmann

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

Department of Health Services—Kevin Moore

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

XI. President's Budget—Joyce Allen

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

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

XII. By-Laws Review—Scott Stokes

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

XIII. Committee Reports: SCAODA Goals

Executive Committee Report—Michael Waupoose

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

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

Intervention and Treatment Committee (ITC)—Norman Briggs

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

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

Planning and Funding Committee—Joyce O'Donnell

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

Diversity Committee—Rebecca Wigg-Ninham and Sandy Hardie

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

Prevention Committee—Scott Stokes

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

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

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

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

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

XV. Announcements

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

XVI. Adjournment – Michael Waupoose

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



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 2, 2012

9:30 a.m. – 3:30 p.m.

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

Members Present: Sonya Sidky, Craig Harper, Dennis Baskin, Kevin Moore, Steve Fernan, Roger Flings, Norman Briggs, Joyce O'Donnell, Tina Virgil, Charlotte Rasmussen, Mark Seidl, Duncan Shrout, Scott Stokes, Michael Waupoose, Rebecca Wigg-Ninham,

Members Excused: Douglas Englebert, Sandy Hardie, Mary Rasmussen, Sandy Pasch

Members Absent:

Ex-Officio Members Present: Raymond Luick, Michael Wagner, Robert Williams, Randy Glysch, Donna Williams

Ex- Officio Members Excused:

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

Staff: Joyce Allen, Scott Caldwell, Michael Quirke, Lou Oppor, Patrick Cork, Tanya Bakker, Faith Boersma, Arlene Baker, Lila Schmidt, Susan Endres

Guests: Francine Feinberg, Todd Campbell, Dave McMaster, Krystle Gutting, Staci McNatt, Tami Bahr, Cathy Bear, Paul Krupski., Emmanuel Scarbrough, Nina Emerson, Kit Van Stelle, Janae Goodrich

I. Introductions – Michael Waupoose welcomed the group and began the meeting at 9:35 A.M. Members, staff and guests introduced themselves. Craig Harper, recently appointed by the Governor's Office and Robert Williams, Bureau of Family and Children were welcomed as new members by Michael Waupoose. It was announced that Rebecca Wigg-Ninham and Sandy Hardie will co-chair the Diversity Committee.

II. The group recited the Pledge of Allegiance. Mr. Waupoose reminded everyone to speak up and be clear so that all can be heard. There was discussion about not having enough members

present for quorum, so unless the numbers increased, there would be no actions taken on the motions. A quick review of the agenda was asked by Mr. Waupoose.

III. Public Input – Michael Waupoose asked for any public input. Staci McNatt announced that the WIRCO (Wisconsin Recovery Community Organization) has recently launched their website www.wirco.org. She urged everyone to go online and see what WIRCO is doing with advocacy and recovery support services. Staci also stated that a person can also sign up on line to be a member of WIRCO – which is free of charge and a great way to show support.

IV. Treatment Alternatives and Diversion presentation - Ray Luicks, Kit Van Stelle, and Janae Goodrich

The presenters introduced themselves and began with a power point presentation entitled: Advancing Effective Diversion in Wisconsin. Ray Luick explained that they wanted to see if treatment alternatives diversion (TAD) was useful with AODA offenders to see if it makes a difference regarding recidivism and cost. Mr. Luick thanked DHS, Lila Schmidt from the Bureau of Prevention Treatment and Recovery and DOC because these three agencies have been instrumental in assisting the presenters in gathering data. Today is the first opportunity to present the final evaluation of this program. He stated that their efforts have not stopped and they have been supporting the counties involved since 2006-07. Both Bayfield and Ashland Counties have just recently been included in this program. Kit Van Stelle thanked everyone for the invitation to speak at SCAODA and expressed that she was very excited with results and the TAD projects. She pointed out the web-link and the two page summary report. The full report is 80 pages and available online. The TAD projects include adult drug treatment courts in Burnett, Washburn, Wood and Rock Counties. As well there are adult diversion models in Milwaukee, Washington, Dane and in 2012 Ashland and Bayfield Counties. There are three evaluation components: the participant database, process evaluation and outcome evaluation. There was a 64% completion rate across all TAD programs – which is quite good. The core element of TAD is a variety of evidence based practices. The TAD model diverts non violent offenders, reduces recidivism (any new convictions post TAD participation) and reduces criminal justice system costs. Every \$1.00 invested in TAD yields benefits of \$1.93 to the criminal justice system through averted incarceration and reduced crime. TAD treatment courts yield benefits of \$1.35 for every \$1.00 invested. TAD diversion projects yield benefits of \$2.08 for every \$1.00 invested. Kit Van Stelle stated that the evaluations will be refining the cost analysis moving forward as certain factors were not included such as employment, and improved physical and mental health. The presenters were asked whether the cost benefit for child welfare will be included in this cost analysis. The evaluators indicated that it is very difficult to identify data for this type of analysis, but not undoable. At the same time, the presenters were not sure if there would be time to accomplish this. The recommendations for program improvement of TAD have a few high spots: 1. Modification of the language of existing statutes for TAD. 2. Promotion and encouragement of local development of projects. 3. Encourage the TAD projects to prioritize and admit moderate and high risk offenders. In conclusion, the presenters stated that TAD projects have positive impacts on individual offender's communities and local service systems. The next steps include dissemination of 2011 outcomes results; implementation at expansion sites; future evaluation activity and reports; and collaboration with other coordinating

efforts. Mr. Waupoose thanked the presenters for their hard work and information; the group responded with applause.

V. Review/Approval of Minutes – Michael Waupoose

A re-count of quorum members indicated that there were enough members present. Mr. Waupoose indicated that because some members need to leave early, the agenda will be shifted and minutes will be brought forth for approval followed by motions.

A review of the December 9, 2011, minutes by Michael Waupoose was brought forth. There was a motion to approve the minutes by Mark Seidl. Duncan Shroul seconded the motion. Mr. Waupoose called for the vote. All were in favor and the motion passed.

VI. Motions

A. Planning and Funding – Joyce O’ Donnell

Joyce O’Donnell made the following motions on behalf of the Planning and Funding Committee:

- 1. That the council affirms the value of the Screening, Brief Intervention and Referral to Treatment (SBIRT) project and agree to a closer examination of its implementation. The Committee requests that this be done in consort with the Intervention and Treatment Committee, and within this year (2012) that the three members of each Committee meet with Scott Caldwell, Rich Brown and/or Paul Moberg to develop recommendations to improve SBIRT outcomes and to locate sources of funding for sustainability of the project. Tom Fuchs, Pamela Bean and Duncan Shroul will represent Planning and Funding on this project. Mr. Waupoose called for the vote. All were in favor; the motion passed.**
- 2. To oppose Assembly Bill 464/Senate Bill 358 which state that under current law an under aged person may not enter/attempt to enter, falsely represent his/her age and procure/attempt to procure or possess/consume alcohol on licensed premises unless accompanied by a parent, guardian, or spouse who has attained the legal drinking age. A person who commits an underage violation is subject to various penalties, including a forfeiture ranging in amount from \$250 to \$1,000. This bill provides alcohol beverage licensees with a private right of action against person who engage in conduct that constitutes an underage violation. Under the bill, a licensee may bring a civil action against such an underage person and, if judgment is entered in favor of the licensee, the court must award to the licensee damages in the amount of \$1000, plus costs and reasonable attorney fees. However, if the underage person is less than 18 years of age and not emancipated, the licensee brings the action against the parent or legal guardian of the underage person instead. The licensee has the burden of proving that the**

underage person’s conduct constituted an underage violation but the action may be brought regardless of whether the underage person received a citation for, or was convicted of the violation. Joyce O’Donnell indicated that AB 464 and the companion bill is self –serving to the tavern league, allowing taverns to profit from provision of alcohol to underage persons. It also placed children attempting to/purchasing alcohol in double jeopardy. **Duncan Shroul seconded the motion.** Kevin Moore asked if there were any amendments issued and accepted. It was answered that indeed, amendments were issued so alcoholic checks could take place and would make youth immune to punishments. A further discussion on the citations of taverns ensued. Mr. Waupoose asked for clarification of the purpose of the bill to which Mr. Shroul indicated he did not know the motivation behind the bill. **Mr. Waupoose called for a vote. All were in favor except Tina Virgil, Kevin Moore, Sonya Sidky and Norman Briggs who abstained. The motion passed.**

3. To oppose AB 547 which would allow individuals licensed as marriage and family therapists, social workers, or professional counselors by the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board the use of the titles “alcohol and drug counselor” or “chemical dependency counselor without a separate certification established by DSPA. Duncan seconded the motion. Mr. Waupoose asked for discussion. Mark Seidl stated that SCAODA may want to oppose AB 547 but this section has been pulled from the bill. He proposed an amendment to 457.02 line 5 of the bill which covers the provisions of the bill that is concerned. Norman Briggs would like the council to go on record as opposing any issues that allow LPC’s to not have specific training in AODA. He went on to state that this comes up time and time again. Mr. Waupoose asked if Mr. Seidl could come back with a motion for the next meeting regarding what he is suggesting. Mr. Waupoose asked Joyce O’Donnell if she still wanted to make the motion based on the fact that the section of note has been pulled from the bill. Ms. O’Donnell stated that she would like the motion to stand as it reaffirms the position of the State Council. Mr. Waupoose asked for any further discussion and indicated that SCAODA has invited DSPA (Department of Safety and Professional Services) to attend a meeting however, they have not yet done so. Mark Seidl stated that considering the fact that we think the line of interest and discussion has been pulled, we may want to add this to any future amendments relating to this issue. The issue was brought up that different amendments to this bill keep coming in. **Mr. Seidl made the motion to oppose the bill and the specific line 457.02 line 5 and any other further amendments that would be introduced relating to this issue. Rebecca Wigg-Ninham seconded it.** Dave MacMasters added his concern that there is very little representation of AODA counselors for those that make decisions in regard to licensing. **Mr. Waupoose called for a vote on the amendment. All were in favor except Sonya Sidky who abstained. The amendment passed. Mr. Waupoose then called for a vote on the main motion. All were in favor except Sonya Sidky and Roger Frings who abstained. Mr. Frings stated that he felt there would be a conflict of**

interest if he voted since he is a licensed professional counselor without specific AODA certification.

4. That the Executive Committee creates a strategy that involves SCAODA's development of an approach to increase representation of Legislators on SCAODA.

Duncan ShROUT seconded the motion. Mr. Waupoose asked for discussion. It was stated that the Planning and Funding committee would like the Executive Committee to meet with the caucus leaders from both parties and stress with them why it is so important to appoint someone to SCAODA. **Mr. Waupoose called for the vote. All were in favor. The motion passed.**

Prevention Committee – Scott Stokes

Scott indicated that the Prevention Committee was also going to oppose AB 464/Senate Bill 358 but that this was already opposed today by the Planning and Funding Committee. He indicated that there no other motions.

VII. Motivational Interviewing – Scott Caldwell

Scott Caldwell began his presentation stating that the phone is ringing off the hook for training in this evidenced based practice. Motivational Interviewing is an evidence based practice that is a collaborative and person centered way of being with people. It is nice and friendly, and welcoming and allows the professional to partner with the client's expertise and their ideas on the issue at hand. MI is collaborative, evocative and client centered. There are five elements of practice: Spirit, Client-centered /empathetic, Targeted behavior, Client Change Talk and Skills. The evidence for MI is outstanding: there are 1100 publications in support of MI – 230 are randomized clinical trials; 5 meta-analyses. For two decades MI has been top ranked for AODA treatment. Mr. Caldwell listed the current AODA treatments that are being utilized that work and do not work. The bottom 3 that do not work: #41: Standard treatment, #42 Confrontational Counseling, #43 Education - none of these are effective in treating adults with AODA. The Top 2 that do work: #1 Brief Intervention and #2 Motivational Enhancement. As well, MI is increasingly a go-to method for treating kids with substance abuse issues. Mr. Caldwell pointed out three studies demonstrating that MI added at the beginning of treatment significantly positively changed treatment outcomes. MI is effective for things besides AODA such as obesity, dental, asthma, violence, health promotions, diabetes, cardiac, smoking, eating disorders, gambling, and dual diagnoses. The things in common with these issues are that motivation is the key to change. Mr. Caldwell indicated that the number one market for MI training is DOC; Wisconsin is launching a huge initiative for all probation and parole staff to be trained in MI. Scott went on to state that MI has a cultural relevance in that it worked moderately for white participants. For patients of color the effects were tripled. Scott indicated that a reason for this could be explained as

such: If we go back to the spirit of MI, it is a collaborative process, the client is viewed as the expert, and the therapist draws out the client's goals and values. Historically, conditions of oppression for minority and racial ethnic groups, the spirit of MI – these conditions are missing. So MI brings these back and the client drives this. Norman Briggs asked if there is a statistical breakdown of outcomes based on economic diversity? Mr. Caldwell stated that this hasn't been looked at, but it is necessary to look for predictors that predict outcomes. What does not predict outcome: gender, demographics, race, or age. As well, clinical severity does not predict outcome in MI. What does predict outcome is the skill level of the counselor. Mr. Caldwell strongly recommended that MI should be emphasized in counselor training and that an increase in opportunities for initial training is necessary. Mr. Caldwell then opened it up for questions or thoughts. Mr. Waupoose asked Scott to identify the greatest barrier in counseling agencies or organizations that get in the way of ensuring fidelity. Mr. Caldwell answered that it is like learning any other skill – there is a need for supervisors to observe practice. In the medical field, doctors have tons of supervision; psychotherapists don't have those opportunities. Susan Endres asked if Mr. Caldwell is thinking about offering training to Medicaid/HMO providers. He indicated that he would love to share MI information no matter who requests it. Norman Briggs indicated that his team at ARC was trained on MI, and then continued with biweekly audio recordings with a talented Clinical Supervisor which held to the fidelity of the practice. Mr. Caldwell echoed Mr. Brigg's comment that supervision feed back is very important and it is unfortunate that there is not a lot of MI supervisor training available. Staci McNatt commented that her workplace offers 1.5 days of MI in AODA trainings. She indicated that this involves a lot of role playing and that it has been a great learning tool. Mr. Waupoose thanked Mr. Caldwell for his wonderful presentation and the audience responded with applause.

VIII. Update on Workforce Surveys – Mike Quirke

Mike Quirke stated that the survey just closed yesterday so the information is very preliminary. He stated that he would like to come back to share more information at a later date. He went on to state that there are at least 100 more surveys that will be added to the database that have not yet been tallied. The purpose of this survey has to do with issues coming down the pike re: Patient Affordable Care act. There is an emphasis on AODA clinicians being masters level professionals. At the same time the Feds have facilitated a group of experts to come up with some model ways to differentiate substance abuse. The survey is finding out what our counselors have in the way of credentials. We hope that the results can be used for discussion purposes and plan how to use the funds for Minority Training Institute. Francine Feinberg asked if the purpose of the survey was to standardize HMO's. Mr. Quirke stated that the impact that the health care reform act may or may not have would be on how we provide practice. Dave Mc Master wondered how to obtain the email list from DSPS as his agency would like to have an email list of providers available. The group indicated that any organization can purchase an email list and DSPS website can

instruct a person on how to do so. Emmanuel Scarborough asked that when Mike comes back to discuss the details of the survey findings that he include information on how the education level of the counselor impacts the reimbursement. Mr. Quirke stated that he would be willing to provide that information.

IX. Combined Mental Health and Substance Abuse Needs Assessment Planning Sub-Committee – Joyce Allen

Joyce Allen reported on the need for the Wisconsin Mental Health and SCAODA Councils to form a new combined planning group for the Substance Abuse and Mental Health Block Grant. The next block grant is due in April 2013, but it is important to begin the combined planning process now. Federal law has always required that the mental health block grant be reviewed by the mental health council before being submitted, but this is new for substance abuse. SAMHSA is now requiring a combined application process and a behavioral health advisory committee. The State's proposal is to have staff from both councils form a needs assessment planning committee and have both councils review the application. The combined committee will do the in depth work and make recommendations which will go back to the councils for action. The executive staff of both councils have already come together for discussion. Joyce referenced pages 55-56 of the meeting packet for definitions and process of a needs assessment. Members of this committee will be involved in looking at what services are in place now, conducting an analysis of what is needed, and identifying what the priorities will be. From there, goals and strategies will be developed and put into the block grant application that will drive the priorities of our staff resources. The EPI study will provide data for substance abuse and sources of data for mental health will be identified in addition to looking at our needs as a whole.

Areas for data collection will include: 1) The prevalence of problems for the entire population as well as relative needs for special populations. 2) Access to prevention, treatment and recovery supports. Are people able to gain access; do they receive the appropriate services; how timely are they, where are they available; and are there any differences for specific populations? 3) What is the capacity of the system and are the needed services available? 4) Quality of service, supports and treatment. Are these at the desired level, are they patient centered, safe and efficient? 5) Outcomes, are they provided and what is the impact?

Steve Fernan mentioned that youth are one of the special populations to keep in mind when conducting the need analysis. Joyce Allen responded that it will be important to have the right people involved on the committee who can provide helpful information. Todd Campbell asked about the amounts available in the block grants. Joyce Allen responded that there is 27.8 million in the 2012 SABG and 8 million in the 2012 MHBG. Though there is a requirement for a combined application, the SABG and MHBG will maintain separate funding. In 2013 the recommendation from SAMHSA is to break out prevention from treatment and have 4 block grants (substance abuse treatment, substance abuse prevention, mental health treatment and mental health prevention). In terms of funding reductions, Joyce Allen stated that the mental health formula reallocation was reduced by 9%, but will depend on the mental health prevention block grant. For substance abuse it looks like there will be an even wash. Todd Campbell asked about the level of commitment for the members. Joyce Allen replied that she anticipates that the committee will meet on a monthly basis and will have the ability for conference call in. The

deadline for the committee to complete its work will be by the end of 2012. The committee members will be asked to review material between meetings and provide information and advice on how to reach out to special populations. Michael Waupoose asked for volunteers interested in being a member of the committee. The following individuals identified themselves (Rebecca Wigg-Ninham, Steve Fernan, Todd Campbell, Duncan Shrout, Staci McNatt, and Tami Bahr).

X. State Agency Reports

Charlotte Rasmussen from the Pharmacy Examining Board reported having shared the report from the Prevention Committee's Controlled Substances workgroup, "Reducing Wisconsin's Prescription Drug Abuse: A Call to Action" with the Board. She also reported that the Board has received a grant to develop and implement a prescription drug monitoring program in Wisconsin. Their goal is to get a program in place this Spring. Lou Oppor asked if there would be any public hearings on this program and if it would be a mandatory program. Charlotte responded that there had been a hearing on Monday, April 27, and thought that someone from SCAODA was present. There will still be opportunities for questions and comments with the work group that is pulling the program together. She confirmed that the program would be mandatory. Mr. Oppor noted that the original legislation would only approve the program if it was funded with federal grant money and asked how the program would be sustained. Charlotte responded that this is still one of the questions that will need to be answered.

Steve Fernan from the State Department of Public Instruction reported on the twenty year trend data from the 2011 Youth Risk Behavior Survey (YRBS). The program is administered every two years as a way to monitor at risk behaviors of students by gathering student self-reported data on health behaviors such as nutrition, exercise, mental health and substance abuse. On the positive side, there is a continuing trend line for reduced alcohol use and a delay in the age of onset. The percentage of students binge drinking is also coming down and is now closer to the national average. Driving after drinking or riding with a driver who had been drinking is also significantly lower from the base line established in the early 90's. In terms of negative trends, marijuana hit a low point in the early 90's and then saw a more substantial increase in the mid 90's which leveled off around year 2000. Since then it has continued to inch up. Tobacco use had significantly declined with the funding and policy changes occurring in this area but then flattened again as a reflection of the number of youth who had become addicted. There is no trend line to report on prescription drugs because there is not enough history to establish a trend. Steve offered to provide a presentation on the 2011 YRBS data at the June SCAODA meeting. Norm Briggs raised the idea of joint presentation with the Children, Youth and Families (CYF) subcommittee of ITC to include information on treatment trends as well. Emanuel Scarborough asked if information on trends was available by race, gender and age. Steve responded that this data is collected but is not sure if there is a large enough sample size to establish trends. Staci McNatt asked about the timeframes of the YRBS. Steve responded that the information is collected between February and April in the odd number years and then takes about one year to get the results. The survey results are available on the DPI website.

Kevin Moore from DHS reported that Sue Gadacz is no longer with the Division. She has taken a position with the Milwaukee Behavioral Health Services Division. Her position with the

Division will be filled and Lou Oppor is filling in until a permanent hire is made. The President's budget was recently released and will be reviewed by the entire Department. Outside of Medicaid we will be doing more with less and some hard decisions will need to be made. Kevin will provide the committee with future updates. Joyce O'Donnell recommended that a letter of commendation and thanks be given to Sue Gadacz from the council. She recommended that the council invite Sue to a meeting and present her with the letter at that time. Lori Ludwig was reported to be recovering from hip surgery and is expecting to return to work soon.

XI. Committee Reports

Executive Committee – Michael Waupoose

Michael Waupoose reported that the executive committee met to discuss the Drunk Driver Reform Bill and a motion was made to send a letter to Representatives Krusick and Ott that SCAODA is in support of the bill and be listed as a sponsor of the bill.

Planning and Funding Committee – Joyce O'Donnell

Joyce O'Donnell reported no additional updates beyond the motions that were presented.

Prevention Committee – Lou Oppor for Scott Stokes

Lou Oppor reported that the Prescription Drug Abuse Report from the Prevention Committee's Controlled Substances Workgroup was disseminated in January. He reported that Senator Pasch asked staff if there was any legislation she could support in regard to the recommendations of the report. There is currently some draft legislation created regarding product stewardship involving the Department of Natural Resources (DNR) and the Department of Agriculture. Product Stewardship is a policy that requires companies that manufacture and sell a product to be responsible for the disposal of the product in a way that reduces the health and environmental impacts.

Diversity Committee – Rebecca Wigg-Ninham

Rebecca Wigg-Ninham reported that the Diversity Committee has a great deal of interest in the survey report from Flo Hillard in regard to where providers are in meeting the standards and requirements that are part of the Patient Protection and Affordable Care Act and Parity legislation. Who is providing them the education they need? The committee is also looking for new members and would like to increase the diversity of their membership. They are interested in the development of their website and want to be able to provide information there that would be of help to others.

Intervention and Treatment Committee (ITC) – Norman Briggs

Norman Briggs reported that Roger Frings has been very helpful in addressing issues related to improving access to services. Roger has been updating the complaint system within the Office

of the Commissioner of Insurance (OCI), for all lines of insurance, by implementing a better coding system for the complaints they receive. Previously all complaints were generally categorized. ITC has had discussion on including the complaint line number on intake forms across treatment agencies.

ITC has also been serving as the Ad-hoc Committee on Access which has identified various sources of information related to access, including: the 2012 Substance Abuse Block Grant application which outlines unmet service needs and gaps and planning priorities to address the gaps; the 2010 Wisconsin Epidemiological Profile on Alcohol and Other Drug Use (EPI Report); and the 2009 Human Services Directory Survey. Mr. Briggs reviewed the difference between the prevalence rates of substance abuse disorders and the rate at which individuals seek out services. Multiple surveys, as confirmed by Mike Quirke, have determined that approximately 20% of US adults have diagnosable SUDS. Of that group, only about 20% perceive they have a problem and seek treatment. This is true for both the publicly and privately funded. Approximately one out of four individuals between the ages of 18 and 25 have a diagnosable substance abuse disorder, yet only half of those believe they have a problem and seek out treatment. Mr. Briggs also pointed out that the study found in the block grant application used a standard poverty rate of 54% to establish the poverty rate or income level that make people eligible for public financing of substance abuse treatment for all counties in the State. Since this analysis doesn't give us a clear picture of need and access to services for persons within their county of residence, data should be obtained and calculated by county using the poverty rate for each county. It will also be important to obtain information on the availability and accessibility for special population such as non English speaking, deaf or hard of hearing, women, and older populations. As an example, the women's urban/rural projects that have been documented as providing truly women-specific services can only accommodate 11% of the women receiving publicly funded treatment in Wisconsin. The block grant also made note of the fact that access to services is especially limited in our rural counties. According to the County Human Services Directory Survey, urgent needs were identified for halfway house (7 counties), residential (12 counties), medication assisted treatment (7 counties), and Intensive Outpatient or Day Treatment (6 counties). Mr. Briggs reported that this data fits well with the Bureau of Prevention, Treatment and Recovery's focus of providing services with a more regionalized approach to addressing some of the higher cost items. Michael Waupoose shared that the Healthcare Effectiveness Data and Information Set (HEDIS) used by HMO's to measure performance on important dimensions of care and service may be an additional source of information. There is a performance measure within HEDIS for access and availability of care called initiation and engagement of alcohol and other drug dependence treatment. The HEDIS measures are available on the National Committee for Quality Assurance (NCQA) website. Employee Trust Fund (ETF) and OCI also publish information for their health plans. Norman identified the need to talk about the coordination between the Ad-hoc Access Committee and the joint planning group of the Mental Health Council and SCAODA that Joyce Allen discussed earlier in the meeting.

WINTIP Update – Dave Macmaster

Dave Macmaster reported that as of May 1 2012, Libertas, at L.E. Phillips in Chippewa Falls will become the second program in the State to implement full integration of nicotine dependence

treatment and be a tobacco free environment. They are preceded by St. Joseph's Hospital in Marshfield who has been the pioneer under the leadership of Sheila Weix. There is another program expecting to begin implementation this year as well. Dave also reported that SUPAR (Substance Use Practitioners Association for Recovery) will be mailing a survey and information to counselors in March to expand services to those working in the field. They are currently recruiting for members. Focus groups are also being scheduled to occur around the state this year as well. The new Association is hoping to fill the role of the former WI Certification Board. WiNTiP has also selected seven recipients for the Integration Innovators Awards mini-grants designed to advance tobacco/nicotine integration into Wisconsin AODA and mental health services and the recovery community. More information will be available on the WiNTiP website. Three training manuals are now available on the website, one for AODA clinicians, a second for mental health clinicians and a third for managers and administrators. There is also a new Nicotine Anonymous group available as an expansion of an ongoing resource. WiNTiP's advertising campaign has been extremely successful, having received 7500 hits on the CETRI website. Lou Oppor asked if SUPAR was going to replace WAADAC. Dave responded that SUPAR is associated with WAADAC but offers a lower cost membership from WAADAC and a different set of benefits from the national benefits. The role of SUPAR is to support persons working in the substance abuse treatment field with information, resources and a united voice at the State level.

XII. Agenda Items for June 8, 2012 Meeting – Michael Waupoose

- Joint presentation on the Youth Behavior Risk Survey (YRBS) by Steve Fernan and Adolescent Substance Abuse Treatment trends by the CYF subcommittee (suggested by Steve Fernan and Norman Briggs)
- Adverse Childhood Experiences
- Update on Workforce Surveys by Mike Quirke
- Summary of Presidents budget and the impact on substance abuse services
- WIRCO presentation of Recovery Support Services (suggested by Staci McNatt)
- Discussion on the development of core values and principles within the council to apply to rapid responses taken up by the Executive Committee to address urgent issues (suggested by Norman Briggs)

XIII. Announcements

- Joyce Allen announced that Faith Boersma is the new Consumer Affairs Liaison in the Division and will be able to link us better with consumers across the State.
- She also announced that the Legislative Audit Bureau's audit of the IDP has been completed and released.
- Joyce Allen recognized Todd Campbell and the new initiative that Dane County is doing to address access to residential treatment services.
- Joyce O'Donnell announced that the author, Barron Lerner, will be discussing his book, "One for the Road: Drunk Driving Since 1900" on April 19, 2012, Noon -1pm

in Room 1306 Health Sciences Learning Center, 750 Highland Ave. in Madison. The discussion is free and open to the public. Joyce thought it would be a good idea for SCAODA to develop a library on books and resources. Nina Emerson identified the role that the alcohol industry plays in the issue of intoxicated driving and the need to address the issue from a public health approach that addresses lowering the availability of alcohol and opposing alcohol sponsored events.

- Nina Emerson announced the 18th Annual Traffic and Impaired Driving Conference on April 10-11 at the Paper Valley Hotel and Conference Center in Appleton.

XIV. Adjournment – Michael Waupoose

Joyce O'Donnell motioned to adjourn. Norman Briggs seconded the motion. The meeting adjourned. The next SCAODA meeting is scheduled for June 8, 2012 from 9:30am to 3:30pm in room A3151.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Prevention Committee Meeting

May 24, 2012

9:30 a.m. – 1:30 p.m.

**UltraTech Building
5901 Research Park Blvd.
Madison WI, 53719**

Members Present: Scott Stokes, Julia Sherman, Kathy Marty, Francie McGuire-Winkler, Ken Wagner, Chris Wardlow, Paul Krupski, Carol Wright, Irene Secora

Others Present: Louis Oppor, Jason Paltzer, Robin Lecoanet, Christy Niemuth, Arlene Baker

Call to Order, Welcome and Introductions & Approval of Minutes

The meeting was called to order at 9:35 a.m. Scott Stokes (chairman) welcomed those in attendance and asked members and guests to introduce themselves. Minutes from the 01/19/2012 meeting were reviewed. Christopher Wardlow moved to approve the minutes, seconded by Julia Sherman. Minutes were approved as drafted.

Annual Report to SCAODA:

SCAODA will meet on June 8, 2012 and review 2011 annual goals and accomplishment reports from the sub-committees. Some of prevention committee's accomplishments for 2011 include:

- The distribution of the Alcohol, Culture and Environment (ACE) Report
- The finalization of the Controlled Substances Workgroup (CSW) committee report
- Serving on these committees provided educational opportunities for the members of the prevention committee who participated and formed new partnerships with DNR, DOA, DOJ, law enforcement, coroners, medical personnel and many other groups around the issues of alcohol and drug abuse in Wisconsin
- Work on the third Epi Profile for the state began
- The Prevention Committee made several motions to SCAODA regarding legislative activity that were all acted on by the council.

Committee members would like to see the number of communities who participated in Parents Who Host added to the report. Several members also requested to see the list of where the state PWH billboards were displayed.

Mental Health and Substance Abuse Collaborative Pilot:

An RFP has been issued for county and tribal agencies to apply for funding to develop a shared services approach for the provision of mental health and substance abuse services to public sector recipients. The grant would fund two applicant groups at \$200,000 to pilot a shared service approach for three years. A minimum of three counties or tribes need to apply together. Oppor provided a copy of the grant RFP as well as some background on the funding. The money

should be used by the applicant(s) for administration and infrastructure development. The chosen applicants would be responsible for funding the implementation of a shared services approach. Applications are due July, 16 2012.

Federal Budget

The committee reviewed and discussed the federal budget chart for FY 2013 relating to substance abuse funding. The National Association of State Alcohol and Drug Abuse Directors (NASDAD) is a substance abuse lobbying group advocating for single state agencies. They advocate for SAMHSA, DOJ and the Affordable Care Act. The budget chart shows the continuing resolution funding for 2012, the President's request for 2013 and the field's request. The President has proposed \$400 million go into a separate prevention block grant. If a new Substance Abuse Prevention Block Grant was developed, 20% of the original Substance Abuse Block Grant would still go towards prevention according WI state law. A new prevention block grant would not be governed by current state statute, so it could be given to communities through a regional model or a needs-based approach as opposed to the current formula allocation to counties and tribes. This change to the block grant was proposed for FY 2012 as well, but Congress did not pass it.

Committee members expressed concern that with current block grant funding counties are not spending the 20% set-aside on primary prevention. The state is working with county agencies through the Substance Abuse Prevention Services Information System (SAP-SIS) to gather data on how the funding is being spent and to provide technical assistance for appropriate use of prevention funding.

There was question as to how the tribes would be affected by any block grant change as well as whether a separate Tribal Block Grant is still being discussed as part of the Federal Budget. Currently this is unknown, and will need to be addressed.

In addition to possible changes to the block grant, Enforcing Underage Drinking Laws (EUDL) funding to states ended in 2011. In 2012 EUDL still received \$5 million which is going towards national programs.

Underage Drinking Video Project

SAMHSA is funding an Underage Drinking Prevention Education Initiative, which will allow states to make a video addressing underage drinking in their state. The opportunity to make a state video has been offered to Wisconsin and a small planning group has begun meeting to plan the project. The group has decided to target the video towards adults/parents/policy makers and use youth voice as the messenger. The video will focus on the four A's (making alcohol less, affordable, acceptable, attractive and available to youth), and use the ACE report as a guide for policy recommendations. The goal is to produce a video that highlights the problems, but also the successes and the changing culture are alcohol use in Wisconsin. Production is tentatively slated for the fall of 2012 with a possible location of the Wisconsin Dells.

Prevention Conference

The Annual Prevention Conference is June 11-13 at the Kalahari Resort in Wisconsin Dells. The Alliance for Wisconsin Youth provided 130 scholarships for attendance at the conference and about 300 people have registered so far. The first day of the conference will include intensive trainings on obesity, capacity building, tobacco, reducing prescription drug abuse and alcohol policy.

Nancy Kendall also reported that the Wisconsin Clearinghouse is issuing an RFP for community transformation grants. They will likely fund 34 applicants with the goal of moving communities towards healthier lifestyles, free from tobacco, chronic disease, etc... Thirty-five communities

have started the application process. The Clearinghouse website has videos and information on how to apply for the grants. You can also vote for the grant applicants that have applied. The application deadline is June 15.

Progress of EPI Study

Two epidemiological profiles have been completed for the state. The third will be published by September 30, 2012. The state has worked on a sustainability plan to continue funding this publication every two years through block grant funding. The 2012 report will be adding data on community and individual risk factors such as; alcohol license density, repeat OWI offenses, childhood trauma, suicide, drinking during pregnancy, drinking three-months prior to pregnancy, and depression. Members expressed that this report has been extremely helpful when discussing substance abuse issues in their communities. Discussion about the Epi profile also included:

- Would providing data on the occurrence of hepatitis C through the state AIDs reporting system give an indication of drug use?
- Is Native American data taken through over-sampling or included as “other race”? The tribes are having a hard time getting data from secondary data sources (such as BRFSS or NSDUH) because there is often not an over-sampling done to get a representative sample from Native American populations.
- Could DOT data show the percentage of drunk driving fatalities or injuries that were committed by first-time OWI offenders?
- Is there data on BAC levels from motor vehicle crashes that would be useful?

Joint Mental Health/Substance Abuse Needs Assessment

The Bureau of Prevention Treatment and Recovery currently submits separate annual mental health and substance abuse prevention and treatment block grant reapplications. Beginning next year, SAMHSA is requiring a combined mental health and substance abuse application and the completion of a state needs assessment. Oppor provided the sub-committee with the Ad-hoc committee membership for the combined mental health and substance abuse needs assessment. This is a joint committee with members from SCAODA and the Wisconsin Council on Mental Health (WCMH). The Ad-hoc committee is compiling data on both substance abuse and mental health regarding, prevalence, access to services, quality of services, system capacity and consumer outcomes. The group will then prioritize needs based on gaps.

Prevention committee members raised concern that there was not strong representation on the Ad-hoc committee from the prevention field.

Wardlow made a motion to ask SCAODA to appoint members from the prevention committee to the Ad-hoc committee. Seconded by McGuire-Winkler. Motion Carried

Alcohol Outlet Density Report

Christy Niemuth and Julia Sherman provided an overview of a report they have been working on compiling data, research and best practices around the issue of alcohol outlet density. The draft report includes statewide, county and municipal level data on alcohol outlet density as well as an introduction to alcohol outlet density related concerns and what can be done about over concentration locally. The data presented provides a more accurate accounting of outlet density than some other reports because it counts the number of establishments issued licenses rather than the number of licenses (some establishments may have more than one license). Wardlow suggested that the report should include some information on the extensive research that has been done on this topic that shows the adverse effects that over-concentration can have on a community. It was suggested that a list of the wide research-base be included.

Parents Who Host Statewide Campaign

This will be the last year that the state will have funding to support a PWH campaign. Communities can continue to use left-over materials for future campaigns as well as ordering directly from the Drug Free Action Alliance in Ohio. The state is looking to put these funds into a new campaign in future years. The campaign, which is currently under development, would support a statewide initiative offering municipalities training, technical assistance, materials and incentives for passing a social host or public intoxication ordinance. There will be more information on this initiative as it gets developed.

Good Samaritan Law Ad-hoc Committee

Scott Stokes reported that to date there have been two meetings of the 911 Good Samaritan Law Ad-hoc committee. There is a broad cross-section of members, both for and against a Good Samaritan Law and members have been very engaged. After the initial two meetings, law enforcement is starting to support the idea. This is due largely to the fact that discussion has made it clear that the immunity aspect of the law would be extremely limited, so as not to take away tools the police use to investigate drug cases. The committee will, most likely, meet four more times over the next few months.

Health First Grant Update

Health First Wisconsin's UW Partnership planning grant concluded in March and the implementation grant began in April. This grant is meant to provide statewide coordination around alcohol policies. As a part of the implementation grant, a statewide leadership team of 15 members, which includes members from all regions of the state and many sectors, was established. The team is still trying to recruit a representative from the Milwaukee area and Paul Krupski encouraged the prevention committee to offer any suggestions. The Leadership Team will provide guidance and direction to Health First regarding policy and advocacy initiatives around alcohol legislation.

This team met in-person once and established three policy priorities:

- Increase alcohol taxes,
- Legalize sobriety check points, and
- Establish a strict 21 year old minimum age requirement for drinking in bars/restaurants.

Health First will continue to monitor and offer briefing documents on alcohol policy legislation. Through a contract with the WI Clearinghouse, Health First will be developing a website to provide data and resources to community coalitions and others around the state regarding alcohol policy. The AWY website will also be re-worked so as not to duplicate efforts. Other grant activities include:

- producing an "Alcohol Burden report" to be published by April, 2013,
- conducting focus groups at three locations around the state on the priority areas,
- conducting polling with over-sampling done in areas that may have been underserved by the focus groups, and
- providing policy briefs on each priority area for candidate education and candidate forums.

Public Intoxication Ordinance Policy Paper

There are two communities that have recently passed ordinances related to public intoxication. Julia Sherman has drafted a policy paper on these two ordinances, comparing the background on passing the ordinance and differences/similarities between them. It will soon be posted on the UW Law School website and the Health First website. It may help communities look at what to consider when drafting ordinances. One difference between the La Crosse ordinance and the

Menomonie ordinance is that La Crosse allows first time offenders to attend a class rather than pay a fine. In the future it will be interesting to see if this diversion provision in La Crosse will make a difference in recidivism rates.

The UW Law School is also drafting a policy paper comparing the fifteen communities that have passed social host ordinances and a third on the City of Kenosha and Village of Pleasant Prairie's internal possession ordinances. These ordinances allow for citing underage youth who have failed a BAC regardless of where they drank the alcohol. The policy papers provide coalitions with examples of what other communities in WI are doing.

Alliance for Wisconsin Youth Update

The AWY website is currently being revised and will soon have a new look. An RFP for AWY Regional Centers will be released this summer. Current Regional Center contracts will extend through December, 2012 with the competitive RFP process taking place this summer/fall. New funding will begin in January, 2013.

Department & Agency Updates

The SPF SIG is closing out and all funding need to be spent by September 29, 2012.

On May 30th there will be a budget roundtable with Kevin Moore and the Governor's office staff to discuss prevention budget priorities. Scott Stokes will provide an update at the next prevention committee meeting on the roundtable discussion.

The third annual alcohol policy summit is scheduled for September 13, 2012 at the Holiday Inn in Steven's Point.

Future Agenda Items:

Epi study update, social host campaign update, budget roundtable briefing, GSL update on progress, marijuana data, and prevention conference follow-up including public forum comments.

Adjourn

Stokes adjourned the meeting at 1:30 p.m. Next meeting: July 19, 2012 at the Deforest State Patrol.

Scott Walker
Governor



Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice-Chairperson

Scott Stokes
Secretary

Dennis G. Smith
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

**Prevention Committee Meeting
Wednesday August 15, 2012
9:30 a.m. – 1:00 p.m.**

Population Health Institute Office
Ultratec Building
5901 Research Park Blvd.
Madison, WI 53719

Agenda

- Welcome and Introductions
- Approve Minutes from May 24, 2012 Meeting
- Review Prevention Committee Membership
- Prevention Conference/Public Forum follow-up
- Prevention Budget Recommendations for SCAODA
- Federal Budget Update
- GLITC update on the Strategic Prevention Enhancement (SPE) Grant Strategic Plan
- Marijuana Prevention – Prevalence Data/Needs/Messaging
- 911 Good Samaritan Law Ad-hoc committee Update
- Progress on AODA Epi Study
- Social Host Campaign Update
- Agency Updates
- Future Meeting Dates/Agenda Items

SCAODA Prevention Committee
Budget Initiatives

1. Initiative to prevent underage drinking
 - a. Funding for alcohol age compliance checks
 - b. Drinking age of 21 for Bars and Restaurants

2. Improving Prevention Infrastructure
 - a. Additional funds to support Alliance for Wisconsin Youth Regional Prevention Centers
 - b. Establishing AODA prevention training infrastructure

3. Prevention of Operating While Intoxicated
 - a. Funding to support statewide saturation patrols
 - b. Establishing laws to support sobriety checkpoints

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor's Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: Prevention Committee

Title of Initiative: Initiative to Prevent Underage Drinking

Goal or Outcome: Provide funding for alcohol age compliance checks
Drinking age of 21 for Bars and Restaurants

Description (including issue/problem to be addressed): Although Wisconsin's ranking of underage drinking has fallen over the past 5 years, underage drinking remains a problem in Wisconsin with underage drinking rates still above the national average.

The Department of Transportation had been providing funding to local law enforcement to support alcohol age compliance checks through their CARD grants. This funding is no longer available due to the loss of Federal Underage Drinking dollars awarded through the Federal Office of Juvenile Justice and Delinquency Programs. Replacement funds should be considered to support this effort.

Wisconsin is the only State (with an exception of a few counties in Texas) that allows bars, taverns and restaurants to serve alcohol to individuals under the age of 21 if with a parent or legal guardian. This practice contributes to Wisconsin's higher rates of underage drinking and potential harms associated with alcohol abuse.

Estimated Length of Time to Complete: Ongoing

Other Comments (optional):

Estimated Cost: Unknown at this time

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
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Name of SCAODA Committee: Prevention Committee

Title of Initiative: Improving substance abuse prevention infrastructure

Goal or Outcome: Additional funds to support Alliance for Wisconsin Youth Regional Prevention Centers

Establishing AODA prevention training infrastructure

Description (including issue/problem to be addressed): Wisconsin's substance abuse prevention service infrastructure has a number of gaps and needs in order to deliver effective substance abuse prevention services through-out the state.

The Department of Health Services, Division of Mental Health and Substance Abuse Services, administers the Alliance for Wisconsin Youth (AWY). The AWY was developed to establish local community coalitions that would work towards supporting healthy youth development and work towards preventing alcohol and other drug abuse. There are currently over 120 local community AWY coalitions. These coalitions do not receive any state funding. To help support local coalition activities by providing technical assistance and training, the Division of Mental Health and Substance Abuse Services established AWY Regional Prevention Centers within the Division's five regions. Each of these Regional Prevention Centers receive \$65,000 annually, much of which is used for staff support allowing the few remaining dollars to be used for travel within each of the five regions. In order to fully support the needs of local community Alliance for Wisconsin Youth coalition needs, funding should be increased to a minimum of \$100,000 per region.

Although Wisconsin Administrative Rule, DHS 75 requires that certified prevention programs employ a Certified Prevention Specialist, the availability of training to become certified does not exist in Wisconsin.

Estimated Length of Time to Complete: Ongoing

Estimated Cost: Unknown at this time

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
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Name of SCAODA Committee: Prevention Committee

Title of Initiative: Prevention of Operating While Intoxicated

Goal or Outcome: Funding to support statewide saturation patrols

Establishing laws to support sobriety checkpoints

Description (including issue/problem to be addressed): Law enforcement in Wisconsin currently does not allow law enforcement to establish sobriety check-points. In addition, law enforcement must have probable cause to stop a vehicle for Operating While Intoxicated. As a result, law enforcement has been performing saturation patrols. This involves more officers in patrol cars traveling around a chosen area looking for signs of impaired driving in other cars on the move. At a checkpoint, officers stay put; in saturation patrols, they usually drive around. Often, multiple law enforcement agencies will team up to conduct saturation patrols. Saturation patrols are often conducted by providing overtime to officers. Funding is needed to support this activity.

Sobriety checkpoints can be used in 38 states – Wisconsin is not among them – as a weapon against drunken driving. Sobriety checkpoints draw support from such agencies and organizations as the Centers for Disease Control and Prevention, the Insurance Institute for Highway Safety and the National Highway Traffic Safety Administration. Researchers have concluded that they significantly reduce drinking-related crashes, and surveys show widespread public acceptance of them.

Estimated Length of Time to Complete: Ongoing

Estimated Cost: Unknown at this time

**PUBLIC FORUM
WISCONSIN PREVENTION CONFERENCE
JUNE 12, 2012**

Scott Stokes, Chairman of the Prevention Committee of the State Council on Alcohol and Other Drug Abuse, chaired a Public Forum conducted during the Annual Wisconsin Prevention Conference held at the Kalahari Resort in Wisconsin Dells on June 12, 2012.

Sixty-three individuals attended the forum. Mr. Stokes welcomed the audience and provided participants information concerning the State Council on Alcohol and Other Drug Abuse (SCAODA) and the role of the Prevention Committee. Mr. Stokes reviewed the goals of SCAODA and discussed some of the achievements of the Prevention Committee. These achievements included: Completion and distribution of the Alcohol Culture and Environment Report, completion and distribution of the Prescription Drug Abuse Report, and completion and distribution of the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use report. Mr. Stokes also indicated one additional chapter was being added to the Epidemiological report in its upcoming edition which includes a chapter on individual and community risk factors.

Mr. Stokes discussed the AODA/MH Joint Needs Assessment Ad-hoc Committee made up of members of the State Mental Health Council and the State Council on Alcohol and Other Drug Abuse. This Needs Assessment Ad-hoc Committee was established to provide input in to the next Substance Abuse Prevention and Treatment Block Grant Application which will be a joint application for both the Mental Health Block Grant and the Alcohol and Other Drug Abuse Block Grant totaling some \$36 Million. The Federal Substance Abuse and Mental Health Services Administration is requesting each State to submit a joint application which is to include a statewide needs assessment and establishing statewide priorities. The State Bureau of Prevention Treatment and Recovery is currently collecting information from consumers in the form of a paper and pencil survey. Mr. Stokes requested that individuals complete the survey while at the public forum and return at the end of the forum. Mr. Stokes indicated the completed surveys would be provided to the Bureau of Prevention Treatment and Recovery to be included in their needs assessment.

Mr. Stokes indicated that underage drinking remains a high priority in the state although in the past 5 years we have made considerable progress. Five years ago Wisconsin was ranked number-one nationally in underage drinking. Wisconsin is currently at the national average. Mr. Stokes thanked everyone for the work they have been doing in this area.

Mr. Stokes opened the discussion up for public input and remarks follow:

- A representative from Wisconsin United Coalition (a Southeast Asian Organization) spoke wanting to make the following points:
 - This agency serves the refugee population in Wisconsin.
 - Wisconsin United represents 20 statewide coalitions.

- For the past 30 years, Wisconsin United has provided refugees with funding.
 - There are no more resources now available and funding opportunities have gone away or are very limited.
 - Wisconsin United Coalition would like to be involved in future planning initiatives.
 - It is important that refugee associations serving Asian populations be identified.
 - State should do more to serve underserved populations.
 - Allow local providers to respond.
 - Refugees are here and are a part of the community.
- A representative from Focus on Prevention (Racine) requested additional substance abuse prevention and treatment block grant funding should be allocated for substance abuse prevention services.

Mr. Louis Oppor was asked to discuss the future of Block Grant funding. Mr. Oppor provided the following information:

The Substance Abuse and Mental Health Services Administration is proposing to remove the 20% prevention requirement from the Substance Abuse Prevention and Treatment Block Grant, and to create a new Prevention Block Grant. Mr. Oppor indicated that if this occurred, current state statutes concerning how the current Substance Abuse Prevention and Treatment Block Grant is distributed would not apply to a new Prevention Block Grant. This new funding would fall outside of current spending authority. With that said, Mr. Oppor indicated that SAMHSA included this same proposal in their 2012 budget request and it was rejected by Congress sensing that the chances of this being authorized are unlikely.

The question arose regarding how these new funds would be distributed. Mr. Oppor indicated there are several ways that could be considered.

- Funds could be distributed regionally. The State currently supports 5 Regional Alliance for Wisconsin Youth Regional Prevention Centers. Funds could be divided among these centers that could in turn develop a regional prevention plan and use the fund to support that plan.
- Funds could be distributed based on need. Our Department has completed a biennial epidemiological profile on alcohol and drug use in the state. The next one will be published in September 2012. Based on that study, we have identified five priorities: 1) Reducing Underage Drinking, 2) Reducing Adult Binge Drinking, 3) Reducing Drinking among Pregnant Women, 4) Reducing Drug Related Deaths and 5) Reducing Alcohol Related Motor Vehicle Injuries and Fatalities. Funds could be distributed through an RFP or formula to those counties with the highest need.
- The State could continue to distribute funds to County Human Service Agencies through either a needs basis or formula.

Mr. Oppor also talked about the State's experience with County funded substance abuse prevention efforts and made several points:

- The State has been collecting prevention service data from counties since 2007 through the Substance Abuse Prevention Services Information System. As a result of our review of the data, we are very concerned with the number of counties that are using the 20% Block Grant set-aside for services outside of our primary prevention definition. Some fall outside of primary substance abuse prevention while others are implementing programs and strategies that have no evidence bases. Several examples were given: 1) Medication Monitoring, 2) Supporting Domestic Violence Groups, 3) A Consumer recovery center for adults with serious mental illness that is often co-occurring with addiction, 4) Outpatient individual and group drug and alcohol treatment.
- Mr. Oppor also indicated that about a year-and-a-half ago he met with the Wisconsin County Human Service Association, AODA representatives. As a result of the Affordable Care Act Legislation, Counties were trying to determine which currently unfunded services they were interesting in continuing. Substance Abuse Prevention was not on the list. At that time Mr. Oppor pointed out some of the prevention issues he was concerned with. Mr. Oppor indicated they needed to determine, as an Association, if prevention was a priority.
- Mr. Oppor stated that in order to improve County funded prevention services, last year we offered scholarships to all counties who were interested in sending one of their prevention staff to the Prevention Conference. The only individuals who applied were the handful that generally had come in the past and who are doing a good job in their county. We had very few scholarship requests. In addition, we receive very few requests from Counties for training or technical assistance to improve their prevention services.
- Mr. Oppor also indicated, that in his opinion that allocation changes (if any) would not occur for 4-5 years. As you know, the Division has recently put out an AODA/MH Collaborative Pilot Project RFP. This is designed to examine Wisconsin's substance abuse and mental health services infrastructure and identify ways of improvement. If you review that document, prevention services are included in this infrastructure study.
- Mr. Oppor also indicated there are a number of Counties that are doing an outstanding job in how they use their limited substance abuse prevention dollars.
- A representative from the Northwestern Health Education Center in Manitowoc indicated that Manitowoc County was one of those counties not using the 20% of prevention funds appropriately. As a result, funds were subcontracted to the Northwestern Health Education Center for primary prevention use in Manitowoc County. This person encouraged coalitions to learn more about how the prevention dollars were being used in their county.
- A representative from the Pepin County Human Service Board was concerned about the possible loss of dollars and also concerned that they should not be punished for appropriate use of these limited funds.

While some coalitions would be supportive of re-distribution of substance abuse prevention dollars, others agencies are not, particularly those who are currently receiving county prevention dollars.

Mr. Stokes thanked everyone for their participation and input. Meeting was adjourned at 5:30 pm.

Notes were taken by Mr. Louis Oppor, Bureau of Prevention Treatment and Recovery.

Scott Walker
Governor



Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

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

DIVERSITY COMMITTEE MEETING

Monday, July 16, 2012

9am-11am

Teleconference

Please call Gail M. Nahwahquaw at (608) 261-8883 or e-mail Gail.Nahwahquaw@wisconsin.gov to advise whether you will be attending the meeting.

Call-in information: **888-251-2909, Access Code 7513925#**

Agenda

- | | |
|------------------------------|---|
| 9AM-9:10AM
10 Minutes | I. Welcome, Call to Order
Minutes, May 2012 |
| 9:10AM-9:30AM
20 Minutes | II. SCAODA-June Meeting Update
Nominations-September |
| 9:30AM-10AM
30 Minutes | III. By-Laws Review |
| 10AM-10:30AM
30 Minutes | IV. Budget Priorities; 'each committee will identify priorities within their scope'-June SCAODA meeting |
| 10:40AM-10:50AM
10 Minute | V. Diversity Workplan
Resource Weblinks |
| 10:50AM-11AM
10 Minutes | VI. Announcements
2012 Meeting Dates: July 16, Aug. 20, Oct. 15,
Nov. 19 |



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

DIVERSITY COMMITTEE MEETING

Monday, August 20, 2012

9am-11am

DHS,

1 W. Wilson St., Room 950B

Madison, WI 53703

Please call Gail M. Nahwahquaw at (608) 261-8883 or e-mail Gail.Nahwahquaw@wisconsin.gov to advise whether you will be attending the meeting.

Call-in information: **888-251-2909, Access Code 7513925#**

Agenda

9AM-9:15AM

15 Minutes

- I. Welcome, Call to Order
Minutes, May and July 2012

9:15AM-9:45AM

20 Minutes

- II. Budget Priorities: Are these the final budget priorities?

9:45AM-10:30AM

45 Minutes

- III. Workforce Discussion: Update from ITC collaboration, Counselor Certification, Scopes of Practice, Minority Counselor Training RFP

10:30AM-10:50AM

20 Minutes

- IV. Diversity Workplan
Deaf and Hard of Hearing

10:50AM-11AM

- V. Announcements
2012 Meeting Dates: Aug. 20, Oct. 15, Nov. 19

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor’s Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: **Diversity Committee**

Title of Initiative: **Workforce Sustainability and Substance Abuse Counselor Advisory/MFT Board Representation**

Goal or Outcome:

Increase the number of minority and tribal members recruited and trained as professional substance abuse counselors.

Description (including issue/problem to be addressed):

Many sources can describe potential gaps in substance abuse counselor workforce. Budget priority should be directed at fully researching the options to help meet service gap needs of the substance abuse counselor field. Research student loan repayment based on professional shortage and low interest loan programs to help meet gaps, particularly in underserved and rural communities. Based on a recent counselor survey in Wisconsin the substance abuse counselor group is getting older and the Counselor Scopes of Practice recommendations are believed to affect the current practicing workforce in the state.

- The Wisconsin survey found that 55% of the survey respondents are 51 years old or older, n=967. Nationally the trend is about 40% of counselors are over 50.
- Survey results identify specific recruitment efforts to Native American, Hispanic and younger counselor participants is necessary to meet forecasted need for counselor services in the future. Substance Abuse prevalence rates justify specific recruitment goals.
- The survey demonstrated representativeness statewide and by racial/ethnic breakdown was observed in the results. But ongoing recruitment by geographic regions will help workforce sustainability statewide.

Estimated Length of Time to Complete: Workforce sustainability is a long term issue committee discussions can occur to better define a timeline.

Other Comments (optional):

The AODA treatment service industry has no current representation on decision making boards and can inform certification/licensing requirements as potential changes are defined. Diversity support the DSPS AODA Counselor Advisory Committee receive budget priority consideration as an important factor in the continuum of substance abuse counselor workforce sustainability.

Estimated Cost:



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, May 8, 2012

10:00am – 2:30pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-H

Madison, WI

MINUTES

Present: Roger Frings, Norm Briggs, Tami Bahr, Nina Emerson, Francine Feinberg, Sheri Graeber, Shel Gross, Dave Macmaster, Staci McNatt, Dan Nowak, Jill Gamez, Sheila Weix, Steve Dakai (by phone)
Susan Endres - staff

Absent: Andrea Jacobson, Dennis Baskin
Guests: Ann Nolan, Judith Dooley, Elizabeth Hudson

Welcome, Introductions, and Review of Minutes – Norm Briggs and Roger Frings
Roger brought the meeting to order at 10:05am with introductions. The April meeting minutes were approved with the correction of two spelling errors.

Teen Challenge and the First Lady's Initiatives – Judith Dooley and Ann Nolan
Judy introduced herself as a graduate of the Teen Challenge program and Associate Director of the program in Milwaukee. She began her presentation by sharing her personal story of recovery through spirituality. The Teen Challenge program in Milwaukee started in 1983 and is a faith based recovery program that offers a peaceful living environment for adult men and women with alcohol and drug addiction to learn a new way of living. The program in Milwaukee does not serve teens, but maintains the trademark name of Teen Challenge which originally began as a program for teen gang members. Judy reviewed the services provided and the different phases of the program. Referrals come from all over the state as well as Illinois. There is also networking with all the programs across the country. The program in Milwaukee can serve 60 men and 30 women and is one year long followed by a reentry phase. Fund raising activities are done by the program to help defray costs. The program is currently working on expanding their ministry to women with children and completed a visit to a women's Teen Challenge program in Arizona. About 75% of individuals who enter the program do not complete, with the majority leaving in the first month or so of the program. Those persons who do complete the program do very well in post program follow up. Between 25% and 30% of staff are graduates of the program.

Ann Nolan, Chief of Staff to the First Lady, shared that Mrs. Walker feels strongly about not putting her name on something unless she is passionate about it. After attending a Teen Challenge annual graduation ceremony, and hearing testimonies, she became so impressed with the program's success that she became involved with efforts to raise awareness about the program and help with fund raising and expansion efforts. The First Lady took part in the site visit to the women's program in Arizona and would love to raise money to start such a program in Wisconsin. This program would be similar to Meta House but with a faith based component. She is interested in getting another center established in Madison. The First Lady is also involved with Trauma Informed Care and is part of a group called Fostering Futures made up of eight or nine individuals who serve as the core steering committee and are going through the healthier WI leadership institute program which ends in June. The Fostering Futures group will go on with the goal of becoming an independent private/public partnership educational center that can be a hub and resource for trauma informed care. It would be a clearing house or center for information on TIC. The First Lady attended listening sessions around the state (rural, urban, and tribal) to hear from folks on the ground about implementing TIC into their own systems including barriers to them furthering it and implementing it in other parts of the State. They hope to develop themes from the listening sessions by early June.

Presentation on Adolescent Treatment Services – Tami Bahr

Tami reviewed the power point presentation she and Jill prepared for the June SCAODA mtg. The presentation begins with identifying why it's important to focus on children, adolescents, and family; national and state data; what services look like in WI; and wraps up with looking at the work of the CYF subcommittee. Early intervention is identified as the key to reducing the costs of substance use disorders down the road and the presentation slides include data from NIDA and SAMHSA to provide the backup research. Teenagers are a key group as this is when substance use often begins and peaks. Early use increases the likelihood of developing a substance use disorder. Early intervention can decrease the lifetime severity and affect long term change across the life span. In terms of alcohol use, 15 % of people who start drinking at age 14 or younger will develop a substance use disorder compared to 2.7% for those starting at age 21 or older. Earlier intervention also has implications for healthier brain development. Final maturity of the brain occurs between the ages of 20 and 25. Substance use disorders interfere with the normal process of brain development particularly in regard to decision making and the prefrontal cortex which is also the last part of the brain to mature. This is the part of the brain that limits motivation, regulation of emotion and judgment. Elizabeth noted the parallels with trauma. If trauma is occurring during these developmental periods, there is also a compromise on brain development and you don't want kids to start using substances. The difficulty is that if a substance is used, it helps provide some immediate regulation however; ongoing use will develop dysregulation over the brain development. Tami noted that trauma is one of the risk factors for substance use. In looking at national data, the initiation of use begins with nicotine and then alcohol. In terms of illicit drug use, marijuana is still number one, though pain relievers have increased to 17.3%, followed by inhalants. Current WI data by comparison was more difficult to obtain. Mike Quirke was suggested as a possible resource and Francine suggested looking at WI data on who is coming into treatment and what their substances of abuse are.

Tami reviewed the work of the CYF subcommittee which evolved out of Project Fresh Light to give a voice to children and adolescents within the Bureau. Family was included to provide a

comprehensive picture of needs with the focus on treatment not on prevention. Today the focus of CYF is primarily with adolescents because there is such a need for adolescent services. There have been discussions on the 18 to 20 year old group since they are still in that category but much of the discussion has been for youth 18 and under.

The CYF goals are tied to ITC and SCAODA goals and include:

1.) Increase access to and capacity of adolescent screening, intervention, treatment and recovery opportunities. Susan developed an adolescent treatment services directory in 2009 based on a survey of DHS 75 facilities. The initial survey found 241 providers who self-identified as providing services to adolescents. These providers were plotted on a state map to show the number of providers per 100 adolescents in need of treatment within each county. A second survey is currently being conducted for a comparison to the 2009 data. Thus far 37% of providers who took part in the initial survey have responded and have reported a 22% reduction in those who continue to provide services to adolescents. The survey is also designed to ascertain why services are no longer available. Thus far the reasons identified include: lack of referrals, not having someone to work with adolescents, and being unable to afford to treat based on MA reimbursement. The lack of referrals does not indicate a lack of need but rather a reality that kids are not getting identified earlier and are coming into treatment until age 18 or later.

Ongoing strategies include supporting the partnership between the Bureau and Mental Health America to publish the Project Fresh Light website which will include an online county specific provider directory; explore collaboration with the Mental Health Council's CFYT subcommittee to strengthen a comprehensive approach to adolescent treatment; review current sub-committee membership and seek to fill gaps in representation noting special effort in the involvement of parents; increase family involvement and support of families in treatment and the ongoing efforts of BPTR in these areas. Shel also raised the importance of youth involvement and suggested the two Council's CYF sub-committees may want to explore options in this area.

2.) Raise awareness of adolescent treatment and treatment standards with insurance companies. Tami passed out the Adolescent Treatment Framework and Practice Guidelines that were developed in 2008 through the Project Fresh Light grant. The goal is to provide active dissemination of this document to providers. Susan reported that she that is part of a youth treatment committee formed under NASADAD (National Association of State Alcohol and Drug Abuse Directors), which includes a national treatment network. The committee has established a practice guideline workgroup and will be using the WI guideline as a resource. Since the plan is to develop national treatment standards, Susan will focus her time on that rather than modifying the WI Adolescent Treatment Framework and Practice Guideline. Outreach has also been made to insurance companies to participate on the committee and useful presentations for the participating providers have occurred. There is a payer workgroup looking at issues of reimbursement and costs and increased representation from insurance providers so there are linkages to that network. Shel notes that the other big issue to include in the discussion is on authorization.

3.) Educate targeted groups/people within WI about issues related to adolescent substance abuse

treatment. They have integrated regular presentations at their CYFT meetings and hold bi-monthly meetings in different regions of the state to encourage greater involvement and opportunities to share information.

4.) Increase provider capacity to deliver evidence-based intervention and treatment programming. There have been a variety of training opportunities provided by the Bureau including GAIN, Teen Intervene, Multi-Dimensional Family Therapy, CCISC and Celebrating Families; as well as collaborative sharing among subcommittee members.

5.) Continue to focus on adolescent opiate treatment. This is important given the potential risks involved. Information is disseminated regarding use trends throughout the state and the Prevention Controlled Substances workgroup has been invited to the next CYFT meeting to hear about the work they have been doing with unintentional poisoning and look at possible opportunities for collaboration. Adolescents were one of the first things they listed in their strategies. They also plan to increase partnerships with Juvenile Justice, DPI, parents, communities, etc. Shel mentioned a public hearing on the rule on May 23 in the Joint Committee on Rules and Regulations if someone is interested in testifying. One of the issues raised is law enforcement pushing to have access to the information. It is unclear if they are looking at access with a subpoena or if they are looking at something more substantial than that.

6.) Deliver timely reports to the ITC and engage in solution-based discussions about adolescent and family treatment issues. The strategic planning has helped focus committee discussions and CYFT will have regular attendance at all ITC meetings and provide ITC with their meeting minutes and presentation materials. They are also exploring access to treatment issues and will be sharing statistical updates as collected.

7.) Pursue completion of presentation to the Council on adolescent and family treatment challenges, trends and committee progress; which has been scheduled for the June SCAODA mtg.

In looking ahead, goals include: increasing access to services for children, youth and their families; exploring barriers to providing services; collaboration with other systems; continuing to disseminate information on evidence based practices; increasing funding/payment for services; and promoting successful outcomes. Shel notes that the power point is missing information on outcomes. The presentation makes a good case for why we need to intervene but there isn't information to show how successful services are. Susan reported good information coming out of Teen Intervene. Sheri noted the need to define successful outcomes. Tami responded that there are some good initiatives supported by the state to help providers track outcomes and use NIATX. Tami shared a map that represents the number of treatment agencies in WI and specific information in WI based on the national survey data, which she plans to add to the power point. Perceptions of adolescents about perceived risk, and the past year's data on the use of nonmedical use of pain relievers will also be included. Shel shared that the map is unclear in how agencies are defined, and in defining standards for how many providers there should be based on the number of kids. It also doesn't address whether the kids being served are getting the services they need. Susan responded that the next survey will be asking more specific information about how many providers there are and how many kids were served and the type of

services being provided. Susan shared that for the most part the identified agencies represent one person in an agency working with adolescents. There are only a small number of adolescent specific programs. Norm also underscored the difference between need and demand. Susan will have better information to share after the current survey is completed.

Presentation on Trauma Informed Care – Elizabeth Hudson

Elizabeth reported doing a presentation to SCAODA and looking at the Adverse Childhood Experiences (ACE) study. Following her presentation, Norm invited her to ITC for discussion regarding her view that there is more interest in Trauma Informed Care (TIC) from the mental health community than from the substance abuse community. Elizabeth reported that since the First Lady is starting to put the concept of TIC into the general community and including it as one of her platform issues, SCAODA and ITC may want to look at how TIC could be linked to some of the other efforts they are undertaking. Elizabeth provided a power point which gave a nice overview of the concept, which she described as a philosophical switch not an intervention or an evidence based practice. It is about how we view people who come into our services, how we view our services and ourselves, and how we run our organizations. It is much more like a quality improvement initiative rather than looking at a manual of strategies to apply and thinking you're done. Rather than coming from a perspective of looking at what is wrong with you, or what is your diagnosis, one looks to ask what has been your experience in life that has contributed to where you are today. This introduction often brings about a reduction in stigma, shame, and self-blame to insight and understanding; and a commitment to integrating the past to move into the future. This philosophical switch requires a reexamination of policies and practices that support values of choice, collaboration, empowerment, trust and physical and emotional safety. Elizabeth noted the shift in the AODA field from a punitive, confrontational, shaming approach to more emotional safe, compassionate response.

From a practical standpoint Elizabeth used an example of a call she received from Francine regarding policies being developed for the Drug Court in Milwaukee. Francine had been asked by defense attorneys to talk with the judge about how they were doing urine drops and the impact it was having, specifically on women. In their efforts to address tampering concerns the Drug Court was having the women pull up their shirts above their breasts and having them drop their pants below their knees, turn around and then provide a urine specimen. Francine's staff found out what was going off after seeing women come back to Meta House shaking and traumatized. Despite the number of women with a history of sexual or physical abuse these policies were developed out of a system perspective that has vilified folks by seeing them all as sneaky and manipulative. Shifting that perspective would be to see that most of the people we serve have had very painful pasts and have worked to self-medicate in a way that has led them into trouble. The question is whether we want to reconfirm the world views they carry with them and add another layer of shame and stigma that they will have to uncover in treatment down the road or do we want to create a different kind of experience. The program staff that developed the procedure defended it by saying that the women were fine during the UA process, failing to recognize the triggering effects or the different coping mechanisms (flight, freeze, fight) that apply during a traumatic event; including women who may disassociate.

TIC policy changes can also be beneficial by leading to fewer defiant behaviors and increase program retention. It requires looking at all the subtle cues that can contribute to a world view of

less than, such as separate bathrooms for staff and clients or special staff privileges. By eliminating this power differential, we are able to reduce peoples triggers so they can truly engage with services. Elizabeth distributed copies of the ACE study that was published this year which summarizes the 2010 behavioral risk factor survey in combination with the ACE module. The research of over 18,000 people shows that there is this high correlation between adverse childhood experiences and later health conditions such as substance abuse, and mental health. The challenge has been to figure out how to get this information to legislators so they can see how we can decrease costs by addressing issues that led to these conditions. Secretary Smith is interested in this report because of the correlation with increased Medicaid use. Shel mentioned reading an interview with a hospital administrator at a psychiatric facility who provided a wonderful testimonial for how TIC has reduced the use of seclusion and restraints and a reduction in injuries to staff even though this was not the intent. Elizabeth has also been doing work with Department of Corrections at the Wisconsin Women's Resource Center and with a unit at Lincoln Hills and Copper Lake juvenile correctional institute. It has the potential to not only reduce the harm potential for the individual receiving services but for the staff as well.

Francine asked why there wasn't as positive response from the substance abuse treatment provider community. Elizabeth responded that she views it as a combination of things but notes that it's all conjecture on her part as she has always worked in the mental health field. In her private practice when people had addictions they fell under that mental health umbrella and were self-medicating something. She has always been trauma informed in her approach and doesn't fall into the brain disease category that the field went in. Additionally she has been strongly influenced from the mental health consumer movement. Mac commented that the TIC information is not new to the field and that there has been recognition of the significance of trauma within the field. Elizabeth responded that her focus has been on culture change. You can have the best interventions but if encompassed within a medical model that is highly punitive and shaming, it will not be effective. Folks agreed that though the substance abuse field has made gains in their approach there is still work to do. Now the issues surface in more subtle ways and behind closed doors. Francine also expressed that we don't have a system that allows us to be strength based in the way we need to be. It is a process and if you only have ten sessions you don't have time to spend on the process, you have to focus your time on the problems. Elizabeth notes that TIC is a relational approach. It is not about an intervention per say but it's about how you connect with someone. She notes that Francine did a good job at the First Lady's listening session where she talked about the funding challenges and identified the need to braid funding across silo departments (DPI, DHS, DOC, DCF) to address the problem that drives many people to our doors. It's an opportunity for a funding cooperative.

Mac asked what Elizabeth would like from ITC. Elizabeth responded that there is a state trauma informed care advisory that Francine is a part of along with Laura Parker from ARC. These are the two voices representing the substance abuse field so this is one place that SCAODA could have a representative. The advisory meets every other month and would be way to bring information to and back from the meeting and keep it on the radar for SCAODA. Elizabeth would also like to see some development of champions within the substance use disorder field who could talk about this issue, where she could provide consultation. Shel asked if we may want to recommend to SCAODA that we have an appointment to the state Trauma Informed Care Advisory. Steve mentioned that Sandy Hardie, as part of the Diversity Committee, is

already involved with that advisory. Elizabeth suggested that perhaps there could be more regular reporting on this to SCAODA. In order for that to occur, Shel asked if it needs to be a part of the mission of ITC or Diversity. If it is important enough to have an ongoing awareness of it, some subcommittee needs to be responsible. Norm believes this would belong more to ITC. Elizabeth noted that it is threaded throughout the Mental Health Council. Mac sees this as a part of patient care (assessment, treatment planning). Elizabeth responded that when she does consultation with an organizational system leadership needs be on board. It isn't just a front line issue. You are asking people to bring more of their authentic self into the work and asking them to understand their own trauma history and recognize when they are triggered, or when they have vicarious trauma or compassion fatigue. It is much more systemic, where you have to have the morale of an agency in place in order to ask them to bring more relational capacity. Much of Elizabeth's initial focus in working with an agency is on building staff morale. Then perhaps in six months, she begins to talk about interventions, but this can't happen until the leadership has buy in about how the environment, policies and practices, direct service and consumer involvement need to change. The focus is bigger than just the one to one interaction with the client.

Nina brought up the new Criminal Justice Coordinating Council formed by Governor Walker and offered the following comments. Secretary Hamblin is a co-chair with J.B. Van Hollen with sixteen appointed members. They will be looking at how the criminal justice system is functioning with cross departmental collaboration. Within the IDP arena there is a lack of resources for treatment and a lot of shaming and vilifying of the repeat offender. The reason they keep drinking and driving is because they are addicts and not bad people. This is an area where we need a shift in perspective. All the legislature does is focus on penalties. Our committee and SCAODA needs to focus on the need for treatment resources and mentions the upcoming listening session with the Criminal Justice Coordinating Council as a way to raise this issue. Shel recommends that we invite someone to come and talk about the council to an upcoming meeting.

WiNTiP Updates– Dave Macmaster

Report Out-

Mac distributed his WiNTiP update, June 8, 2012. WINTiP developed a proposal to the Dane County Chemical Dependency Consortium last week to form a task force chaired by Mac to develop a strategic plan to address the following goals. 1) To support and begin the process to provide tobacco free environments at all facilities that treat substance use disorders. Tobacco free is different than smoke free in that it not only conforms to law of prohibiting smoking in the facility and other designated areas but also works with clients on remaining free from tobacco, providing resources to do so and changing the tobacco use culture. 2.) Support and begin the practice to expand Dane county's scopes of practice of substance use disorders by integrating evidence based nicotine dependence treatment into all levels of prevention and treatment services. Three volunteers from the consortium volunteered to work with Mac on these pieces. It is based on a model from Rochester NY which has been successful in getting all the treatment providers to do this. Concerns were raised about when this will happen as well as the various barriers to implementation. In the end folks felt that we are ethically responsible for doing this based on the prevalence data and the mortality information developed at WiNTiP.

Mac also announced that the L.E. Phillips launched their tobacco-free program on May 1st. They reported a rough patch the first day in residential but once able to treat the withdrawal it became smooth. They did not have the nicotine replacement material available at the beginning. They are now the second licensed substance use disorder clinic to be tobacco free. Dan mentioned that his clinic is smoke free but recently they have had clients quitting tobacco as well as other substances. Like TIC, this work requires a systems change.

Mac is also doing some research with Dr. Schroeder, from the University of California in San Francisco on the mortality in the recovery community. January 2012 data from Alcoholics Anonymous have estimated that they have a little over two million members worldwide with over one million in the US. Sixty percent of the people in 12 step recovery are still smoking. The data is that half of those people or 600,000 people will die from tobacco caused diseases. The rates of people smoking who enter treatment runs even higher, at closer to eighty to ninety percent.

New York State has shared tobacco integration information with WiNTiP. There is a 45 minute audio podcast that will be released in a couple of weeks. The purpose of the call was to talk about what has happened over the course of four years since they are the only large scale tobacco integration project. Their report was cautiously optimistic as you deal with all the barriers that come up when you're trying to do a culture change at that scope. The awareness of this issue has permeated into their addiction and recovery communities with compliance at over ninety percent with the regulation that governs that in New York State. Coming up will also be the Mac on Tobac video podcasts. There are four of them. One is an introduction to nicotine anonymous. They are available on both the WiNTiP and CTRI websites.

Mac has been appointed the WI delegate to Nicotine Anonymous (NicA)s and went to the NicA conference in Albuquerque on behalf of the three Madison groups. This is an important outreach resource for programs and Mac believes that folks in Chippewa Falls are helping to facilitate the beginning of a NicA meeting there. There are now three people in the Madison groups coming up on one year of successful abstinence. There are also online meetings through Pal Talk and telephone conference meetings called a bridge for ongoing support.

Mini grants are going forward. Each of the projects have a technical assistance person from the steering committee available to them. The November meeting of the steering committee will be a celebration and presentation of the mini-grant projects. Mac also plans to have Sheila's program celebrate their 10th anniversary as part of that.

WAADAC is hoping to start their membership campaign and are planning a teleconference with Mike Quirke on the workforce survey. WIRCO is also beginning their membership campaign and there is some potential for future developments around the WIRCO project.

Annual Committee Report for the June SCAODA Mtg – Norm Briggs/Roger Frings

The draft committee report was reviewed. Need to change the bullet on the First Lady's attendance at the May ITC to reflect the change. Norm asked whether folks wanted to include anything about trauma informed care under the goal of quality of care. Sheila states that TIC is an entire change in culture. You're not treating the trauma, your changing the culture in which

all your care occurs. Sheila and Sheri both expressed that they do not see that the substance abuse treatment field is any different than mental health when it comes to TIC, as it really depends on the awareness of the agency, clinic and practitioners. Mac shares that Elizabeth's conclusion on this doesn't appear to be based on a real assessment of readiness or willingness of the substance abuse treatment field to embrace TIC. Shel notes that he heard Elizabeth saying that she is hearing more from the mental health consumers on this and there isn't something comparable on the substance abuse side. There are providers and agencies that are embracing it but there is not that same kind of grass roots push that has been coming from mental health where she has had her interface on this. Steve said that the peer specialist movement has really picked up on the trauma informed care from its inception and ran with it. Once the recovery support movement gets going, we will see more of it there. Shel reported hearing that the Grass Roots Empowerment project which is a statewide mental health consumer group is talking with AFRA about doing a joint conference. Susan stated that the parent peer specialist design is moving along quickly using a model much like peer specialist but it is parents supporting other parents who have youth involved in substance abuse and/or mental health.

Francine recommended that we also include the integration of treatment for co-occurring disorders with the goal of improving the quality of care. It was agreed that both the trauma informed care and the integration of treatment for co-occurring disorders of substance abuse and mental health will be added but that the TIC initiative would be listed separately since it is not an evidence based practice. Norm and Roger agreed to send the draft annual report out to the members with a deadline of May 18th for review and additions.

Public Forum Planning – Norm Briggs/Roger Frings

The forum is planned for June 12th at the National Rural Institute on Alcohol and Drug Abuse. Roger and Norm will both be attending and invite any of the committee members to attend. Each of the SCAODA committees take a turn chairing a public forum at a statewide organization or meeting. In the past we have provided some structure or format for soliciting comment on particular issues. Participants are not restricted to those issues, but if there are particular areas that ITC members would like to hear about this is the opportunity to identify issues. Steve indicated that there is generally a fairly large population of Native Americans at this conference so a question or two on the scope of practice and how they perceive they will be affected would be appropriate. Roger asked folks to email him or Norm with any other issues they would like to specifically include.

SCAODA and ITC Strategic Planning – Norm Briggs

Shel shared that though this was not initiated by us, there was an interest around a parity issue that came up and a request was made to OCI for information on complaints. In looking at a 2011 report there was only one complaint that had to do with parity. Roger responded that they don't know about issues unless people are willing to contact them about them. Shel also reminded folks about their goal of surveying plans about their experiences and meeting with the payer/provider task force. Sheila asked if the issue of her reviewers needing to review an hour every day for a substance abuse or co-occurring diagnosis compared with a patient coming in for a medical diagnosis who may have a single review at the time of admission and discharge come under the parity rule. Shel responded that arguably yes, because parity covers what they call non quantitative treatment limits which would cover things like prior approval. The problem is

that the feds have not come up with very clear guidance. Shel says these things get resolved not because there are rules but if there are complaints or lawsuits. NASW is interested in trying to look at how many of their providers are having troubles and are in the process of surveying folks along with the Psychological Association. There are now a series of hearings being organized by Kennedy and Ramstad who were involved in the passage of parity to try and bring pressure upon the Obama administration to promulgate some clearer rules. Francine described that one of the many problems their families run into is that when you're in a situation where you need something from someone else, there is a fear that if you say something it will be taken away or there will be retribution. Another level of the problem is what the client doesn't see in terms of provider time.

Legislation/Miscellaneous Updates/Future Agenda – Norm Briggs/Roger Frings ITC Motions

Norm reviewed the two motions that were circulated. 1.) The first states that the State Council recognizes that the treatment of substance abuse disorders is a specialty profession requiring specific training and experience. The Department of Safety and Professional Services has delineated the training necessary for certification and licensing. The council, therefore, opposes any proposal to eliminate or weaken the specialized training requirements necessary for anyone to present themselves as an alcohol and drug counselor, substance abuse counselor or other term which implies that the individual has the training prescribed by the Department of Safety and Professional Services. 2.) That the State Council on Alcohol and Other Drug Abuse develop a set of priorities for the 2013 budget and take appropriate steps to inform key decision makers; including State agencies and members of the Legislature about the priorities. Discussion from the April meeting on these motions was reviewed.

SBIRT Update

Shel reports that the participating members have been contacted by Scott Caldwell about a time to meet.

Clinical Outcome Tracking Project

Norm reports that the Bureau has undertaken a project to offer incentives to programs to purchase and to begin collecting data to track clinical outcomes. Additional information will be forthcoming.

Adhoc Needs Assessment

Shel reported that the Adhoc Needs Assessment committee has been meeting regularly with Bureau Staff to refine a process and have the committee provide input into prioritizing some of the special populations, formulating some of the questions, and looking at the various data sources. A structure for the needs assessment is starting to come together.

Other

Steve reports that on the IDP side, a flyer has been developed for use by the Dept of Transportation with a breakdown about how much your first OWI can actually cost you (around \$10,000).

Adjourn

The meeting was adjourned by Norm.

Next meetings and dates:

1. ITC
July 10, 2011; 10:00 am – 2:30 pm. Department of Corrections, Madison

2. Children, Youth and Families Treatment Subcommittee
May 17, 2012; 9:00am – 4:00pm.
Appleton

3. SCAODA
June 8, 2012; 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison.
For more information, visit the SCAODA web site at:
<http://www.scaoda.state.wi.us/meetings/index.htm>



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, July 10, 2012

10:00am – 2:30pm

Department of Corrections
3099 E. Washington Ave.
Room 1M-H
Madison, WI

MINUTES

Present: Roger Frings, Norm Briggs, Nina Emerson, Francine Feinberg, Sheri Graeber, Shel Gross, Dave Macmaster, Staci McNatt, Dan Nowak
Sheila Weix, Jill Gamez (by phone)
Lila Schmidt - staff

Absent: Dennis Baskin, Steve Dakai

Welcome, Introductions, and Review of Minutes – Norm Briggs/Roger Frings

Norm brought the meeting to order at 10:05am with introductions. The May meeting minutes were reviewed and approved as written. Norm identified that DOC's representative to ITC, Dennis Baskin has been unable to attend any of the ITC meetings. In accordance with the SCAODA By-Laws, Norm and Roger as Co-Chairs agree to send a letter to Dennis at this time to ask if he intends to remain on the committee and ask for a replacement to be named if he will be unable to attend. Tami Bahr has also shared that she is no longer able to continue as a member of ITC or CYF due to other work priorities and will be announcing her resignation at the upcoming CYF meeting. In her place, Jill Gamez will take over as the Chair for CYF. It was also identified that Andrea Jacobson from Journey Mental Health Center has not been able to attend the meetings and will need to be contacted in regard to her continuation. The group discussed having a representative from the State Association of Treatment Court Professionals as a possible replacement for Andrea.

June SCAODA Meeting Updates – Norm Briggs/Roger Frings

At the June SCAODA meeting, Roger was recommended to be a member of the nominating committee. Norm shared that the election of officers comes up in September. At the June SCAODA meeting there was a request that ITC develop a strategy with the Diversity committee to address the work force issues working with both the Department of Workforce Development and the Department of Safety and Professional Services. The issues include the aging of the workforce, the proposed scopes of practice and new requirements for education. Dan mentioned receiving information through the ICRC stating that any changes to the scopes of practice would

be left up to the states and not determined at the federal level. Sheri notes that in small clinics things are already changing. She shared an example of a master's level counselor, who is not an LCSW, being seen as a non-reimbursable AODA counselor by Medicaid. Even though she is a SACIT, she will not be reimbursable until she has her permanent credential. Mac shared that there are still many unknowns about what will happen; but we know that the medicalization of this field is coming and no matter what form it takes it will not be the same as it is now. In the past the State did not show interest in the professional development of this field but now is the time to make the case to put some resources into this. Lila mentioned that the need for a DSPS appointment to SCAODA was raised at the last SCAODA meeting. The committee was interested to know who at the Bureau would be taking the lead on this, now that Sue Gadacz is no longer there. Norm also identified that the certification board survey in 1995 showed that two thirds of the counselors were male and in 2012 two thirds are female. The percent of minority counselors has not changed significantly despite many years of training through the minority training project. At the public hearing in Menomonie, there were concerns raised that once you get North of Hwy 10, folks are desperate for clinicians and need something to be done. Francine added that another issue to consider is the Medicaid HMO's having their own set of rules with each one different from the other.

Norm shared that SCAODA would like ITC to have some strategy in place to present at the September meeting. Norm mentioned that Kevin Moore, who is the Executive Assistant to the DHS Secretary, offered his assistance in helping us develop a plan. Lila shared that one of the SCAODA members at the June meeting asked if there was a sense of how many counselors were needed so we would have a place to start from. In response, Mike Quirke had shared that he may be able to help identify the need and provide estimation. Sheila stated that there should be data available on what are the populations that need services, the funding sources and where they are located. Mac added that we do know the number of licensed practitioners with the exception of information on the social workers. Sheri noted that this data is not available on social workers and shared that she has raised the issue a number of times that there is no one on the Marriage and Family Professional Counselors Social Work Board representing AODA practitioners. Despite raising this issue with the DSPS Secretary at the WAAODA conference in May, nothing has been done. Norm clarified that ITC needs to come up with some ideas that can be shared with Rebecca Wigg-Ninham, Co-Chair of the Diversity committee, for review and then develop a joint plan to address all of the identified issues.

Mac identified that there are several influencing factors including Parity, Scopes of Practice, and the Affordable Health Care Act. Shel thought since there will be continued uncertainty on all of those that we need to be more affirmative about saying what is needed and not necessarily provide the solutions. Nina agreed saying that all the influencing factors don't change the need. The first thing is to identify the need and the second is to identify what things need to be done to meet the need even though there are things in flux. Mac shared that we already know the number of programs and what the basic workforce is. Norm added that with the data from Mike Quirke's survey, we do know the number of staff who will be unable to practice if the scopes of practice were implemented today and we could make a statement about that. Sheila raised the issue that in reviewing the survey data, there is an under-representation of the groups most in need of recommendations. Sheri thought we could still use the data that was available and Shel added that we also have the needs assessment being done between the two councils. Shel

recommends that we invite some representatives from Diversity and Mike Quirke or anyone else who would be good to include to our August meeting. Francine identified the need to pull out the funding piece of this as well since it is sometimes the case that you have the counselors but no funding. Mac added sharing information on the influence on the county system as well as Corrections. Sheri offered to get information through her DOC access about how many AODA beds there at DOC since those are people who will be showing up in the community with ongoing care needs along with the identifying needs that go beyond the number of available funded treatment slots. Sheri clarified that this will also include the number of beds available through DOC Purchase of Services community providers. Sheri also agreed to get the number of AODA positions DOC has and how many are currently vacant. Shel thought that it would be good to get information on the Opening Avenues to Recovery Program (OARS) funded through the Becky Young Funds and DOC's interest in seeking additional funding and expansion of the program. Staci added that the recovery support is another resource that should be considered especially given its demonstrated success. Shel suggested inviting Sue Gadacz as a county representative and Kevin Moore to the August meeting. Francine agreed to invite Sue. Norm recommended that folks should send any data they have in email form to himself, Roger and Lila so we can consolidate that for the August meeting.

Reports that were done at the June SCAODA meeting from Steve Fernan on the Youth Risk Behavior Survey showed some improvement in WI in regard to youth and alcohol and drug use. Tami presented information on adolescent treatment. Mark Seidl and Susan Gadacz were both recognized for their contributions to SCAODA and Mark has agreed to serve on the Planning and Funding committee. New SCAODA members introduced include Gary Bies as a new representative from the legislature, Raymond Perez from the Department of Veterans Affairs and Ann Hoffman from the UW system.

SCAODA Budget Priorities Discussion – Norm Briggs/Roger Frings

Norm reported that both of the motions presented by ITC at the June SCAODA meeting passed. These motions addressed the support of SCAODA to not eliminate or weaken the required specialized training for substance abuse disorder counselors and the development of SCAODA budget priorities. Once created, the priorities would serve as philosophical positions of the council; that would enable the executive committee of the council or through appointment of a representative the ability to testify or communicate with legislators regarding pending legislation or bills of concern to the Council.

Motion proposal by Sheri – The Intervention and Treatment Committee request that SCAODA send a letter to the Governor's office requesting an appointment from the substance abuse credentialed profession, including independent clinical supervisors, to the Marriage Professional Counselors and Social Workers (MPSW) Board. The motion was seconded by Dan.

Discussion: Sheri notes as background that two levels of a substance abuse advisory committee used to exist when the Regulation and License (RL) series rules were written. The first group worked with the board as an advisory group to write the RL series rules. After the rules were passed, a smaller group continued to work on the implementation. Currently that group no longer exists. Sheri and Lori Goeser continue to operate in an advisory capacity for the credentialing process for the Board. When someone sends in a packet of materials applying for a certain credential, Lori or Sheri serve as an advisor to the board if there are questions about the

education that has been submitted. That is the only representation of substance abuse and it is not official to the board. Representatives to the board are a gubernatorial appointment. Shel asked if the person appointed would need to meet one of the credentials for a marriage and family therapist. Sheri responded that they don't have to because that board covers the substance abuse credential. Sheri thinks that it may be good to have someone who has an LPC or LCSW plus a substance abuse credential since they would carry more clout with the board that looks at education at a Master's level as being the authority from which to speak. Someone with dual credentials would maximize the input from the substance abuse profession. Sheri, Mike Kemp, Mac and Angie from WAAODA were asked to come when there was an initial discussion on the removal of the specialty credentials. Sheila agrees with Sheri's recommendation having been a part of that initial advisory group, but thinks it may be good to have someone who came up from substance abuse versus coming from mental health and getting the credential. They would have greater insight of the challenges within the field then having come from the other direction. Norm put the motion for vote, which carried with unanimous support.

The handout from the WI Mental Health Council's budget priorities was distributed to use as a template or guidance for formulating positions that the council will take or development of principles that we believe are important to WI and the treatment of substance use disorders. There are a lot of similarities between our concerns and those of the Mental Health Council. Shel shared that there are some high level statements of philosophy but there are a lot of specific recommendations. There are also items included that are really not a part of budget but are more policy. The document was developed by brainstorming on what were the important issues and then moved to organizing them. Norm explained that each of SCAODA's committees has been directed to develop priorities that they would like to see in accordance to their committees focus. The following things were identified in the brainstorming process:

- Back fill some of the cuts to Tobacco Control Board
- Staff Credentialing
- Impaired Driver Population
- Pregnant Women- encourage access and integration of perinatal care/substance abuse tx
- Access to Services
- Increased access and services for youth and young adults
- TAP programs, Treatment Courts and other CJS alternative programs
- Family Services
- Systems that can screen for the early identification of service needs
- Senior/Older Population
- Implementation of tobacco free programs
- Support for recovery centers/coaches
- Infant Mortality and the role of substance abuse
- Impact of DSM V placing gambling under substance use disorder scope
- Lack of access to treatment and support services in rural areas and for those homebound
- Maintain the baseline we have now, without enduring further cuts and thinking outside of the box to sustain what we have now with less resources
- Advocacy
- Fully implement the provisions of Affordable Care Act
- Early identification and intervention

- Women and girls’ treatment competencies/guidelines for counselors
- Access and services for Tribal members and other cultural minorities
- Prescription drug abuse and education on the prescription drug monitoring program
- Systemic interface with Child Welfare - Integrated treatment with family’s and particularly with mothers and children
- Lack of Opiate detox including pregnant women
- Increased legislative involvement with ITC/SCAODA activities
- Lack of sufficient adolescent treatment providers
- Coordination of education/training for AODA credentialing
- County issues?
- Trauma informed care integrated into AODA
- Provide more engagement for services for front line resources for AIDS/needle exchange programs
- Disseminate knowledge for the process of licensure
- Integration of MH/SA but not just on those persons with severe and persistent mental illness
- Stringent enforcement of parity by OCI
- Support for EBP of Family Centered treatment defined by SAMHSA

These items were then organized into areas within the framework of Recovery Oriented Systems of Care.

Recovery Oriented Systems of Care

	<u>Access</u>
Screening	Implementing ACA and Parity by OCI
Pregnant women/Access to integrated care	Underserved Populations
Rural areas	EBP’s for Family Centered Treatment
Minorities/Tribal	Veterans/Military Families
Impaired Driver	Racial disparities/CJS
Disabled	

	<u>Workforce</u>
Process for credentialing	Recovery Centers/Coaches
Coordination of training/education	Underserved Population
Trauma Informed Care	Women’s treatment competencies
DSM-V Gambling	

	<u>Integration of Systems/Services</u>
Infant Mortality	SBIRIT screening
Perinatal Care	Treatment Alternatives for CJS Populations
Co-Occurring	Family Centered Treatment
Child Welfare	Tobacco Free Integration

	<u>Strategy</u>
	Increased Legislative involvement on ITC/SCAODA activities

Highlights of ITC's Annual Report – Norm Briggs/Roger Frings

The annual report submitted at the June SCAODA mtg was distributed. Norm shared that the SCAODA Chair person has asked each committee to identify three or four of the most important accomplishments of the past year and submit prior the September meeting. The following items were identified:

1. Passage of two motions (SCAODA has taken a stand with respect to the training of social workers to provide substance abuse treatment and the development of budget priorities)
2. CYF's work this year that included their state outreach efforts and the private payer work groups
3. WiNTiP Training for counselors/manager in MH/SA
4. Facilitation with Jane Raymond/Scott Caldwell for MI training of the Elder Abuse and Protective Services program staff
5. Expansion of ITC Membership and Expertise

Roger Frings from the Office of the Commissioner of Insurance as Co-Chair

Shel Gross from the Mental Health Council

Staci McNatt from WIRCO

Francine Feinberg from Meta House

Steve Dakai from Maehnowesekiyah Center

Jill Gamez from Arbor House

Children, Youth and Families Subcommittee/Adhoc Work Group Update – Tami Bahr

Jill clarified that the next CYF meeting is scheduled for July 19 from 10am to 3pm at Connections Counseling in Madison. She reported that Tami will be stepping down as Co-Chair of ITC with July as her last meeting. Mike Mercado will no longer continue his involvement with CYF as he has taken a position in Florida which will be a loss due to his contribution with the payer/provider work group.

At the May 17th meeting there was a presentation from Dorothy Chaney on the Prescription Drug Abuse Call to Action report. They discussed collaborations and the need to have a continuum of care going from prevention, early intervention, and treatment to recovery support. They also discussed some disconnect between the work groups and the need to improve communication to avoid duplication of effort and enhance coordination. The committee also discussed the presentation that was done at SCAODA and Jill reported receiving a lot of positive comments.

John Frederick from Milwaukee County will be presenting at the July meeting on their MC3 project (Milwaukee co-occurring competency cadre). The project is designed to expand the capacity of their providers to do co-occurring treatment. The presentation was scheduled to coincide with the invitation of the Mental Health CY committee Co-Chairs and other members to that meeting. Future meetings will include Menomonie in September and Milwaukee in November. Shel shared that Jackie Baldwin, one of the CY Co-Chairs, will be participating by phone and Paula Buege, one of the committee members, should be there in person. Mark Allen, the other Co-chair is unavailable. Shel will try to attend if possible. John Frederick will be presenting from 10:30am-11:15am and the collaboration discussion is scheduled from 11:15am-12:00pm. Francine shared that she is on the steering committee for MC3 and Meta House has been a part of the change projects that they are doing. Norm inquired about minutes from the May mtg and Jill responded that they still have minutes waiting approval from January.

WiNTiP Updates – Dave Macmaster

Mac distributed the July 10, 2012 WiNTiP update and the SUPAR postcards that have been mailed out to licensed AODA practitioners. The website is up and running and they have started their electronic promotion. Mac reminded folks that the organization is an off shoot of WAADAC and all their members are automatically members of SUPAR. There are three categories of annual membership: Retired counselors and Friends of the field/\$15, Vendors who want to be a part of the website/\$35, and Regular members/\$35. There are 140 members of WAADAC and there are 2000 people who are licensed but are not involved with any membership in the field. Though Mac is no longer presenting at the SCAODA meetings, he still provides his written updates.

The Dane County Chemical Dependency Consortium has adopted the WiNTiP proposal to begin the process of working towards tobacco integration into all licensed substance abuse programs. There are three influential members of the consortium who have started to work on the project by developing a list of all the providers in the County to raise awareness. The WIRCO Board of Directors has been meeting as scheduled and they have a WiNTiP banner on their website as does WAAODA. The WiNTiP steering committee continues to meet monthly.

L.E. Phillips is now in their third month of being tobacco free and isn't reporting any decrease in referrals in response. Meta House is also one of seven mini-grant awards that are working on becoming tobacco free with training provided by CTRI. The other award projects are underway and will be presented at a December WiNTiP event. The website development continues and there are four video podcasts, "Mac on Tobac", that are on You Tube and as audio podcasts on I Tunes. There is a national conference on Tobacco in Kansas City and Mac has received word that he will be funded to attend. WiNTiP is presenting a poster presentation at that conference.

June Public Forum Report Out – Roger Frings

Roger reported that there were nine individuals who attended the public forum in Menomonie. The messages seemed to be similar to what has been heard at other forums. The issue of access to treatment once you get North of Hwy 10 was identified. There was good tribal representation there and it was shared that many of the tribes only have one counselor for the entire tribal community and they are dealing with high percentage rates of individuals in need of services. There was also discussion on all the unknowns of what is going to happen with potential changes to the scopes of practice for counselors with their ability to continue practicing as things go forward. One individual was being proactive by seeking further credentialing. Roger mentioned that there were two individuals who were going to get in touch with him afterward, but he has not heard anything from them.

Norm added that it had been shared that the tests people take in order to become licensed professionals are described as "white man's tests", and don't have much to do about how they actually practice within the native community/tribal culture. Norm shared that he has heard this over the years and thinks that as we talk about special populations we need to include the importance of cultural competency. Understanding the culture, and what recovery is within that culture. A single examination whether it is for prevention, counseling or recovery support, needs to take that into account. Folks also shared some criticism of the minority training project in that it was primarily urban, African American based in terms of its direction and promotion. If you

did not fall into that particular group, it didn't have much value. Norm asked if the program was still under WAAODA. Lila responded that the money dedicated for the minority training project is still on hold. The Bureau was waiting for data from the workforce survey being conducted to help determine the needs and help prioritize how best to use the money. Sheri commented that this information makes a case for the scopes of practice because the ICRC, which is an international exam, is what is used to license counselors and it is supposed to measure a base line of knowledge about AODA and substances that you need to know in order to practice. Sheri offered an analogy that has been made that if a person is going to an internal medicine professional, they are going to want to know that the person is licensed by the physicians board and don't care what his/her primary language is but wants to be assured that they passed the standards that say he/she has the knowledge necessary to do the job. Sheri stated that she is not minimizing culture, but knows that one of the criticisms of the certification board which partly led to DSPS being charged with licensing was there was too much variance depending on where you came from and who provided your oral exam. Not all folks were being held to the same standards. With a standardized test everyone gets asked the same questions and you can make the case as to if there is a language differential. The scopes of practice is saying that we are going to demand a certain level of higher education, regardless of culture because then there is a baseline to determine that you are prepared to practice where ever you go. Lila shared that we also need to keep in mind that the opinions we heard were from a couple individuals and may or may not reflect a larger shared belief within the tribal communities. Shel shared that Pat Cork is setting up meeting with tribes as part of the needs assessment process for the block grants and hopefully will gain some perspective in this regard.

Review of SCAODA By-Laws– Norm Briggs/Roger Frings

A copy of the By-Laws was distributed and Norm asked if members had any issues they would like to have addressed when SCAODA does the review of the By-Laws at the September meeting. Shel raised an issue of Reimbursement of Council and Committee Members under Section 8 on page 13. There are boards and councils where members can receive a stipend and the Mental Health Council has a number of consumers that may not be affiliated with an organization that is paying for their time, so they are looking at potentially getting some language change in statute so that consumer reps can be reimbursed for their time as well as their expenses. Not sure if this is something that SCAODA would want to do. There wouldn't be any money attached to it, the money would need to come from the State Appropriations. Sheri sees it as a barrier to consumers participating. Norm thinks that this may be something that could be addressed within committees or does the current language preclude that already. The By-Laws say members may not be compensated but does not specifically say committee members.

Norm stated that the reason he brought up the SCAODA budget priorities was because the Rapid Response section 5.3 on page 17, was unclear. Particularly in regard to 5.3(c) which speaks to the executive committee's ability to act upon a recommendation of a committee, provided that there is not differing recommendations on the subject by another committee of the Council. Though it may be implicit, it may be useful to state specifically that another council member of a committee may be appointed by the Executive Committee to take action, such as providing information or testimony at a legislative hearing. The more clearly this is spelled out ahead of time, will allow for a more rapid response. Norm asked that any additional suggestions be sent to himself and/or Roger/Lila.

SCAODA and ITC Strategic Planning

Norm distributed a revised version of the ITC strategic plan in an effort to create more consistency in the formatting of the plan. Norm asked everyone who took the lead in the various sections to review the document for accuracy.

- Sheri suggests that we change the term certification to licensure throughout the whole document to be consistent with what is now the new terminology.
- Shel notes under the topic area of CYF, that Goal #1, Task #2 the partnership with Mental Health Alliance should be changed to Mental Health of America.
- Francine notes under the topic area of Access to and Retention in Treatment of Women and Children, that Task #1 may not have a lot of relevance since there wasn't a definition included of what women specific treatment was when doing the 2008 survey to be able to measure change. Her recommendation was to delete Task#1 and view Objective #2 as the task. Francine recalled receiving an email from Georgiana Wilton discussing the development of a committee to develop a definition of women specific treatment and doesn't want to duplicate something that may already be occurring. Norm responded that there is nothing in the strategic plan that requires ITC to do the work as long as it is being done. Francine agreed to do follow up on this to see what if anything is being done.
- Mac recommends changing the Topic Area Tobacco Integration to read, "Address and Integrate Nicotine Dependence treatment into the Wisconsin MH/SA treatment system".
- Nina suggested under the Topic Area IDP, Goal #1 that we want to not only improve the quality of care but also access to treatment and improving completion rates. There is a need for more monitoring to ensure that people follow thru to the "next step" and don't fall through the cracks. Norm suggested changing it to access to quality care which assumes that quality care is providing evidence based practices, successfully retaining people and maintains a better than average successful completion rate. Nina responded that the issue is addressing the high rate of noncompliance/non completion of the driver safety plan. Francine commented that completion and outcomes are not the same. The longer someone stays involved in treatment the better the outcome regardless of whether they complete or not. Nina shared that in the IDP, completion has a different meaning because it means getting your driver's license and completing the driver safety plan which may or may not include treatment. Norm asked Nina to make modifications and forward for inclusion at the next meeting.

Norm and Roger plan to review the strategic plan at every meeting to review what has been done on a monthly basis and stay focused on it. Norm will send out an amended plan before the next ITC meeting.

Legislation/Miscellaneous Updates/Future Agenda – Norm Briggs/Roger Frings

SBIRT Update

Shel reported that a meeting has been scheduled for July 27th. Shel and Mac both report that they will be unable to attend. Steve Dakai is the third ITC member.

Adhoc Needs Assessment

Shel reported that the Adhoc Needs Assessment committee meets on Friday, July 13th. State staff is doing a lot of work and developed a grid looking at different populations and issues and will be populating the grid for a sense of how many people fall into different categories. Folks

were asked to give weight to criteria for deciding what factors will be used to prioritize populations and issues. Norm commented that a number of people on the committee noted how much more information is gathered from consumers within the mental health system compared to the AODA system. There was discussion about a core value screen card or client satisfaction survey that some members received from the Bureau, but no one is sure if this was intended to serve as a mechanism to gather aggregated data or a resource to providers who did not have their own survey. Shel stated that there were some confidentiality issues on the AODA side with the State collecting this information.

Other

Shel mentioned a legislative policy study on permanency in the child welfare system as something that the mental health council is tracking because part of the goal is to reduce the amount of time young kids spend out of home with an emphasis on getting TPR's done quicker. In families where the caregiver has a mental illness or substance abuse disorder there is concern about things that are done which may undermine the potential for reunification for people who need treatment or are accessing treatment but will not be ready in 15 months to be reunified. They have made an effort to get Kristina of Christy Johnson, who is a peer specialist on the committee to represent that point of view of a biological parent. Though the committee didn't want to add her as a member, they were interested in getting a presentation from biological parents who are involved with the Child Welfare system with mental health or substance use disorders. Shel plans to put Kristina in contact with Francine to see if there are others from the substance abuse side who may want to get involved. Francine responded that the permanency requirement is required by the Federal government and has been going on for a long time. Based on her personal experience, Francine does not see them jumping to TPR, especially in Milwaukee County where they have the Family Treatment Court and notes that Judges, DA's and others who are part of their steering committee have really gone out of their way to get people into treatment sooner. Shel notes that there have been cases where TPR has been initiated despite the fact that the care giver has been doing well and making considerable progress. The issue is that there is not consistency given the way the law is.

Adjourn

The meeting was adjourned by Norm.

Next meetings and dates:

1. ITC
August 14, 2011; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee
July 19, 2012; 10:00am – 3:00pm.
Appleton
3. SCAODA
September 7, 2012; 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at:
<http://www.scaoda.state.wi.us/meetings/index.htm>



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, August 14, 2012

10:00am – 2:30pm

Department of Corrections
3099 E. Washington Ave.
Room 1M-M
Madison, WI

AGENDA

- | | | |
|-------|--|-------------------|
| I. | Welcome, Introductions and Review of July Minutes–
Norm Briggs/Roger Frings | 10:00am – 10:10am |
| II. | Children, Youth and Families Subcommittee/Adhoc Work
Group Updates – Jill Gamez | 10:10am – 10:30am |
| III. | WiNTIP Updates – Dave Macmaster | 10:30am – 10:40am |
| IV. | Budget Priorities for SCAODA | 10:40am – 11:20am |
| V. | SCAODA and ITC Strategic Planning – Norm Briggs/Roger Frings | 11:20am – 12:00pm |
| | • Section Updates | |
| | • Task Assignments | |
| VI. | Lunch on your own | 12:00pm – 12:30pm |
| VII. | Development of Workforce Strategy | 12:30am – 2:00pm |
| VIII. | Legislation/Miscellaneous Updates/Future Agenda –
Norm Briggs/Roger Frings | 2:00pm– 2:30pm |
| | • SBIRT Mtg Update | |
| | • Adhoc Needs Assessment Committee (Norm Briggs/Shel Gross) | |
| | • Review of Motion (MPSW Board Appointment) | |
| | • Update on Minority Training Project | |
| | • Other | |
| IX. | Adjourn | |

Next meetings and dates:

1. ITC
October 9, 2012; 10:00 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee
September 21, 2012; 10:00am – 3:00pm. Arbor Place in Menomonie
3. SCAODA
September 7, 2012; 9:30 am – 3:30 pm. American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at:
<http://www.scaoda.state.wi.us/meetings/index.htm>

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor's Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: Intervention and Treatment Committee (ITC)

Title of Initiative: Alternative Sanctions Program

Goal or Outcome: Increase the capacity of alternative sanction programs and reduce jail and prison populations.

Description (including issue/problem to be addressed): The purpose of alternative sanction programs is to divert drug and alcohol offenders from jails and prisons by focusing on and treating underlying alcohol and drug problems. These programs, such as Drug Treatment Courts and Intoxicated Driver Courts save money in the long run by breaking the cycles of drug-driven crimes and incarceration and the involvement of the children of an incarcerated parent(s) in the child welfare system; especially given the significant increases of women in the criminal justice system. Costs savings can also be realized by improving the employability of persons who are able to avoid felony records through their participation in alternative sanction programs and become positively contributing members of our communities.

Estimated Length of Time to Complete:

Other Comments (optional):

Estimated Cost:

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Name of SCAODA Committee: Intervention and Treatment Committee (ITC)

Title of Initiative: Move to Integration of Substance Abuse and All Co-Occurring Mental Health (not only integration for SPMI) Service Models.

Goal or Outcome: Assist the State and its providers to test projects and strategies as we work to find best practices for integrated, cost effective models of delivery for substance abuse and all co-occurring mental health disorders treatment.

Description (including issue/problem to be addressed): Provide grants to substance abuse treatment providers to partner with (1) other mental health and primary care providers, (2) insurers, or (3) governmental systems in their region to test measurable integration projects to work towards a comprehensive model of service consistent with the medical home model of responsibilities and cost.

Estimated Length of Time to Complete: 12-24 months

Other Comments (optional):

Estimated Cost: This is a scalable model depending on the number and complexity of projects to be funded.

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Name of SCAODA Committee: Intervention and Treatment Committee (ITC)

Title of Initiative: Evidence-Based Treatment Services for Women and Children

Goal or Outcome: Increase the effectiveness of treatment for women in Wisconsin by supporting gender appropriate, specialized family-centered women's treatment program that integrate prevention for children of mothers in treatment and is highly integrated with the child welfare system.

Description (including issue/problem to be addressed): Treatment agencies employing the components of women-specific treatment programs that include children have improved retention and improved outcomes vs. programs that treat women but do not employ these components. Increased access to women-specific services will result in more women in sustainable recovery, children with mothers who are able to parent appropriately as well as healthier families.

Provide funding to substance abuse treatment providers, in partnership with the child welfare system when possible, to implement evidence based prevention, intervention and treatment projects that address the unique needs of women and their children; and works towards an integrated model that incorporates the integration of funding, assessments and care coordination. Currently Wisconsin's treatment system accommodates only 17.8 % of the women in publically-funded AODA treatment according to a 2008 survey and 2010 analysis of the publically funded population. Typically these programs operate independently from the child welfare system despite the significant overlap with the substance abuse services system.

Estimated Length of Time to Complete:

Other Comments (optional):

Estimated Cost:

SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment (ITC)
Motion: The Intervention and Treatment Committee request that SCAODA send a letter to the Governor's office requesting an appointment from the substance abuse credentialed profession, including independent clinical supervisors, to the Marriage Professional Counselors and Social Workers (MPSW) Board.
Related SCAODA Goal: Goal # 1 - SCAODA with its committees a. effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin b. is a highly recognized and respected body that serve as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues c. develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals
Background: At the time that the Regulation and License (RL) Series Rules were written there were two levels of a substance abuse advisory committees in existence. The first group worked with the board as an advisory group to write the RL series rules. After the rules were passed, a smaller group continued to work on the implementation. Currently neither of those two groups exist. Though Sheri Graeber and Lori Goeser continue to operate in an advisory capacity for the credentialing process for the Board they are not official members of the Board. All members of the Board are Gubernatorial appointments. <ul style="list-style-type: none">• Positive impact: To provide the MPSW Board with greater knowledge and insight into the substance abuse profession.• Potential Opposition: None Known
Rationale for Supporting Motion: As the MPSW Board covers the substance abuse credential, it is important to have the substance abuse profession represented on the Board.

SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment (ITC)
Motion: The Intervention and Treatment committee requests that SCAODA convene a meeting with key representatives from the public and private educational institutions in Wisconsin to alert them to the critical need of the current work force of substance abuse treatment professionals as well as the need for new persons entering into the field for specific education and training necessary for them to maintain a viable career as a treatment professional.
Related SCAODA Goal: Goal #4 - Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity: a. for effective prevention efforts across multiple target groups including the disproportionately affected b. for effective outreach, and effective, accessible treatment and recovery services for all in need
Background: The workforce issue has been a concern for SCAODA and State staff for a number of years; as well as a concern raised at a number of the SCAODA sponsored public forums. This motion addresses SCAODA's interest in addressing and prioritizing the workforce issues to enable those without a degree who are currently practicing and those who want to enter the field with degrees who need specific coursework. <ul style="list-style-type: none">• Positive impact: Citizens in need of treatment for substance use disorders receive quality, efficient and effective treatment from qualified professionals. Those professionals will be in sufficient supply and able to earn an adequate income throughout their career.• Potential Opposition: None Known
Rationale for Supporting Motion: There are currently individuals working as counselors and treatment professionals who do not possess the educational degrees necessary to continue to provide those services were the SAMHSA Scopes of Practice to be implemented nor are they reimbursable by most private insurance companies. As the current workforce ages out of the pool of providers, new individuals, including those who enter the field because of their personal life experience, need a mechanism to achieve the necessary education and training while employed full time.



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 & OTHER DRUG ABUSE

Planning and Funding Committee Meeting Minutes

Friday May 18, 11:00 A.M. – 3:00 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608 283-6426

MEMBERS PRESENT: Joyce O'Donnell, Duncan Shrout, Norman Briggs, Todd Campbell, Sally Tess, William McCulley, Karen Kinsey, Ken Wagner, Tom Fuchs

EXCUSED: Manny Scarbrough and Pamela Bean

STAFF: Lori Ludwig

I. Call to Order – Joyce O'Donnell

Joyce O'Donnell called the meeting to order at 11:00 A.M.

II. Review /Approval of April 13, 2012 Committee Minutes—Joyce O'Donnell

Norman Briggs made a motion to approve the minutes of February 17, 2012. Todd Campbell seconded the motion. The motion passed unanimously.

III. Report on Ad-hoc Needs Assessment—Todd Campbell, Norm Briggs and Sally Tess

Norman Briggs reported that there has been three meetings so far. The group is in process of identifying sources of data. There are massive amounts of data. In the mental health area, they do a lot of consumer satisfaction surveys. Within the area of substance abuse there isn't any aggregated consumer satisfaction data. Each provider administers and keeps their own data. This should be an objective for the future. There are lots of prevalence data, but not so on demand. There is lots of data on those being served, but not about those in need. Todd Campbell reported that there are five areas: prevalence, access to services, service array, quality of services and outcomes and effectiveness. The group will focus in on treatment resources and whether they are adequate in Wisconsin. What number of programs do we have at all levels of care? The national standard is 80% out-patient, 10% day treatment, and 10% residential. Mr. Campbell suggested we focus in on that. Mr. Briggs suggested that Wisconsin may have high quality out-patient service but it doesn't match the need. The frequency and intensity is not sufficient. People can't make that commute every day and we need programs located in places where they are accessible. Karen Kinsey remarked that there is a difference between women's services and co-ed services. Mr. Briggs added that we need to look at services by sex and age.

Todd Campbell spoke to special populations. Mr. Tom Fuchs asked if the needs assessment wasn't really about funding. Bill McCulley reported that there is no data on people denied services. Mr. Fuchs pointed out that we (St. Joseph's Hospital in Chippewa Falls) detox them, but out-patient is 50 miles away. Counties send us lists of people not covered (by any funding or insurance). Todd Campbell indicated that the National Survey on Drug Use and Health (NSDUH) is used to determine Wisconsin's need. Access is the dimension that determines how many seek help but are not able to access the service. Access is getting at that number (also asking and receiving). Bill McCulley felt the biggest issue is funding. Joyce O'Donnell made the point that the balance of funding and need needs to be shown. Mr. Fuchs asked Mr. Campbell about the situation when a person off the streets asks for services, how do you determine what service they get when they are uninsured. Mr. Campbell suggested that if capacity is exceeded they get wait listed. Mr. Fuchs asked what if the person comes back five times? Mr. Campbell indicated that they try something different, but don't deny them services. Mr. Fuchs relayed that some counties just deny services saying there is no money. Mr. Fuchs reviewed how funding works. Medical Assistance (MA or Medicaid) covers nothing beyond detox and out-patient. They do not cover residential. Some counties will pay residential because MA won't and others don't. Those who are insured get the services needed. However the uninsured are 100% dependent on what the County does. Mr. Briggs reported that his program gets referrals from Meriter Hospital when the insurance runs out. The person still needs treatment either through MA/HMO or regular insurance. Ms. O'Donnell asked about the Affordable Care Act (ACA) and when that comes into play. Mr. Fuchs reported that if the ACA holds, the continuum will hold. If not, we will see problems with mental health and substance abuse competing for dollars. Ms. O'Donnell asked if the group would like to have the ACA experts back. Mr. Briggs suggested they await the determination of the Supreme Court. Ms. O'Donnell asked how we can get counties working on taxing beer. Mr. Briggs pointed out that the Adams County Board was not at all supportive of substance use disorder services. They would not support a beer tax. Bill McCulley reported that in Portage County there are a few on the Board that would be supportive. Mr. Fuchs felt that we work in a complicated environment. Our target group is a hidden population. The Director of DHS should support them with GPR. If there is a surplus in the budget, why won't they spend it on treatment needs? In the County south of Chippewa Falls, they treat them two or three times and then they ship them to St. Joseph's Hospital in Chippewa Falls. Karen Kinsey and Tom Fuchs agreed that many people are not treated and they die on the streets. Ms. O'Donnell asked what if the majority of the resources go to just 5% (of those in need), is this the best use of funds? Mr. Fuchs felt that they are doing more and more case-management. Counties say if it's not in state statute, then don't do it. They establish a "Do not serve" list. The problem is that treatment costs money. If revenue is flat, there is less treatment available. The question is, who has access? Mr. Briggs spoke of information from the Epidemiological Study. As an example, Clark County showed that of all those in need, 13% received treatment. Duncan Shrouf added to the discussion that the culture does not promote people seeking help. That is the part that is always missing. Why is it that only 13% received treatment when a much larger estimate of need exists? At IMPACT 2500 to 4500 come seeking help and they can't get it. Twenty percent of those with a substance use disorder diagnosis seek treatment and can't get it. There is substantial unmet need. Ms. Kinsey pointed out that if you bring the criminal justice system into it, too, we are flooding the system. It is very expensive. How do you identify people who have need but don't ask? Mr. Shrouf felt that the State and the federal government should start paying for this. Ms. O'Donnell asked what

she should forward to SCAODA. Mr. Fuchs felt that we have to get at that number through Medicaid and County data about how many we serve. Mr. Shroul felt that we need to establish the number in WI with a diagnosed condition. We don't have that number.

IV. Lunch (on your own)

V. P & F Annual Report—Lori Ludwig

Ms. Ludwig reported that there were no suggestions for revision or addition to the P & F Annual Report. **Duncan Shroul made a motion to approve the Report, Ken Wagner seconded the motion. The motion passed unanimously.**

VI. Core Values—Norm Briggs

Mr. Briggs reported that the Intervention and Treatment Committee will make a motion that the State Council establish budget priorities so that the Executive Committee of the Council can be proactive in addressing legislation, that is, testifying at public hearings without the approval of the full Council. Duncan Shroul reported that he and Michael Waupoose, Norm Briggs and possibly Lou Oppor will be meeting regarding budget priorities with the Governor's Office staff.

VII. Intoxicated Driver Program—Joyce O'Donnell and Duncan Shroul

Duncan Shroul noted that he would not be attending the June SCAODA meeting as he will be in California. He would like to hold off on reporting on the IDP Legislative Audit Report until September. He reported that a review of the Safe Ride program (from the Report) costs and number of people served indicate that the cost of one ride is about \$100. What are the criteria to get a ride? Is it that you know the bar tender, or if you have had two drinks or if you are intoxicated. He suggested that the criteria probably vary by bar. Mr. Shroul posed the question, of the programs that are funded by IDP surcharges, which ones have an effect on OWI? He felt that the Safe Ride program is not one of them, it is not science based. Todd Campbell asked if more information from the Department of Transportation was called for?

VIII. Executive Committee and Legislators—Duncan Shroul

Mr. Shroul reported on meeting with the lead staff person of Senator Scott Fitzgerald. Duncan Shroul also met with Senator Harsdorf's aide and Michael Waupoose met with Mark Miller's aide. With any luck, these will work out. The Executive Committee met last Friday. He reported that he is also interested in moving SBIRT forward. SBIRT will be a subcommittee of Planning and Funding with three representatives from Planning and Funding and three representatives from Intervention and Treatment Committee and Dr. Rich Brown. At this point Duncan Shroul made the following motion: **To present recommendations (to SCAODA) regarding future funding for SBIRT and to present recommendations to SCAODA regarding additional implementation strategies by February 13th, 2013. Tom Fuchs seconded the motion and the motion passed unanimously. Mr. Shroul also made the**

motion: To request Lou Oppor as Acting Section Chief contact Scott Caldwell’s supervisor to allow Mr. Caldwell to work with this group. It is estimated that it would take 50 to 100 hours of time. Mr. Fuchs seconded the motion and the motion passed unanimously.

IX. WAAODA Conference May 21-23--Group

- **Public Forum 5:00 p.m. to 6:00 p.m.**

There were two documents in participants’ packets regarding the Public Forum. One was an agenda and the other was a short survey constructed by DHS staff asking participants about mental health and substance abuse needs and services. Mr. Briggs reported that Mike Quirke of the Bureau of Prevention Treatment and Recovery will hold a teleconference later this week to discuss findings of the Workforce Survey. The group then discussed the implications of the findings. Mr. Fuchs felt that it is in urban areas where AODA Counselors are most likely to have Masters degrees. Not so much in rural areas. Most have two year degrees or less. Some Masters level people are not as competent as two-year counselors with experience. Mr. ShROUT felt that people with X number of years of service should be recognized and allowed a period of time to continue to be reimbursed and x amount of time to complete their degrees. He cautioned the group not to use the term “grand-fathering.” Use the term “Grace period” instead. Todd Campbell referred to a similar motion from Planning and Funding from the Annual Report in December of 2011.

X. Draft SCAODA Agenda--Group

Joyce O’Donnell pointed out that she would like Mark Seidl’s plaque to be presented before lunch. Mr. Briggs thought he might want to change something in the By-laws regarding the rapid response section. Ms. Kinsey asked about the motion from last year to increase the size of SCAODA. Duncan ShROUT indicated that he would ask Senator Harsdorf to change the membership in Act 210 if she becomes a member.

XI. Committee Reports--Group

Ken Wagner reported that DPI is concluding a review of Safe and Supportive Schools and will be awarding a few more schools. He reported that Safe and Active Schools grant is ending June 30th. Bill McCulley reported on a new facility in Portage County. The Portage County AODA prevention coalition is coordinating with the University of Wisconsin to provide better prevention education programs. They are also pursuing a goal of educating every bartender in every training program. Tom Fuchs reported that LE Phillips Libertas is hiring a Director in their Green Bay facility. They will be going 100% tobacco free, treating tobacco like any other drug. Mr. Briggs asked Mr. Fuchs what happens if clients do not agree to stop their tobacco use. Mr. Fuchs indicated that they are referred to another facility and that has happened twice. Sally Tess noted that prisons are smoke free.

XII. Report on Women’s Services—Norm Briggs

Priority populations for SAMHSA include: highest priority for admission to treatment is given to pregnant women who are IV drug users, second priority is given to pregnant women, third priority is given to IV drug users and then all others. Wisconsin Women's Education Network (WWEN) is re-doing a directory of Wisconsin's women's-specific AODA treatment services. He reported that the 2008 study showed that women's-specific treatment programs could accommodate only 11% of women in treatment. Mr. Fuchs indicated surprise that the facility he directs (LE Phillips Libertas at St. Joseph's Hospital in Chippewa Falls, Wisconsin) was listed as a women's-specific treatment facility when they are really not. He suggested that they should be taken off that list.

XIII. Agenda Items for Next Meeting

- Update on SBIRT ad-hoc committee
- Legislative Audit Bureau's Intoxicated Driving Program Funding Report
- Scope of Practice/Workforce Issues

XIV. Adjourn

PLANNING AND FUNDING COMMITTEE MEETING

July 20, 2012, 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET

MADISON, WI

608/283-6426



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 & OTHER DRUG ABUSE

Planning and Funding Committee Meeting Minutes

Friday July 20, 11:00 A.M. – 3:00 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608 283-6426

MEMBERS PRESENT: Joyce O'Donnell, Duncan Shrout, Norman Briggs, Sally Tess, William McCulley, Steve Fernan, Tom Fuchs, Blinda Beason, Manny Scarbrough and Pamela Bean

EXCUSED: Todd Campbell, Mark Seidl and Karen Kinsey

STAFF: Lori Ludwig

GUEST: Joyce Allen and LeeAnn Cooper

I. Call to Order – Joyce O'Donnell

Joyce O'Donnell called the meeting to order at 9:30 A.M.

II. Review /Approval of May 18, 2012 Committee Minutes—Joyce O'Donnell

Norman Briggs made a correction to the minutes of May 18, page 2, line 16, strike “day-treatment or.” With that correction a motion to approve the minutes of May 18, 2012 was made by Duncan Shrout and seconded by Bill McCulley. The motion passed unanimously.

III. National Drug Control Strategy Report--Group

Joyce O'Donnell began the discussion by thanking Lou Oppor for agreeing to print hard copies of the Report (no hard copies were available from the Office of National Drug Control Strategy). She pointed out how the Report ties in with the Affordable Care Act (ACA). She announced that feedback on the National Drug Control Strategy Report for publication in 2013 was due in September. Mr. Scarbrough encouraged the others to look at the differences in states. States will have to do this (implement ACA). Some governors say they will not set up the exchanges, however Washington State finds savings. If not setting up the exchanges is for political reasons, it is ill-advised. Mr. Shrout reported that the Governor will do nothing until after the November elections. He pointed out that Joyce Allen, Director of the Bureau of Prevention Treatment and Recovery will be joining the group shortly to speak on the ACA. Joyce O'Donnell thanked Tom Fuchs for the information he brought to the groups attention. Mr. Fuchs circulated among

Planning and Funding members an article titled, “Advocacy Group: Educate State Lawmakers About Benefits of Addiction Coverage,” Legal Action Center, an advocacy group that provides legal assistance to people in recovery or still suffering from addiction. Mr. Fuchs also circulated an article titled, “Counselors Rules to be Set by States,” from Alcoholism and Drug Abuse Weekly, March 5, 2012. Norman Briggs’s review of the National Drug Control Strategy Report was that he felt that he would like to see a greater focus on treatment. Ms. O’Donnell also announced that the President has signed a bill which classifies synthetic drugs as Schedule I substances.

IV. Affordable Care Act—Impact on Wisconsin--Joyce Allen

Joyce Allen, Bureau Director of Prevention Treatment and Recovery (BPTR) in the Division of Mental Health and Substance Abuse Services (DMHSAS), Department of Health Services (DHS), thanked the group for inviting her. She described herself as not an expert on the subject matter, but could point to others who may know more. She felt that this was an opportunity to discuss what is important to the Planning and Funding Committee. She distributed a handout of a press release titled, “Secretary Dennis G. Smith Statement on U.S. Supreme Court Ruling.” She summarized that the Governor and Secretary Smith have the opinion that even though the Supreme Court ruled, their opinion is that it doesn’t end the controversy and that we need to await the outcome of the elections in November. They see the ACA as a “tax.” Wisconsin has done a study of the ACA impact on Health Insurance. Ms. Allen provided the first page of the study to the group members. The study is titled, “The Impact of the ACA on Wisconsin’s Health Insurance Market.” It was prepared for DHS by Gorman Actuarial, LLC and is dated July 18, 2011. Ms. Allen encouraged the group to read the report. Its findings were that some things increased and some things decreased. The document is on the Governor’s website under “News.” It is about 30 pages back to back.

This is important to know:

- Wisconsin had even before the ACA, coverage above what the ACA would establish.
- Wisconsin has an expansive Medicaid benefit.
- Families up to 150% of the poverty line are eligible to receive Medicaid benefits without any premiums.
- ACA will allow all individuals whose income is up to 133% of the poverty line.
- Wisconsin has been expanding coverage even above the 150% standard by requiring a premium payment.
- Wisconsin also includes childless adults in the Medicaid system (currently capped due to budget cuts). Participation has been falling off.
- The ACA is different for every state. Different states have done different things. Some states haven’t expanded Medicaid not even at the poverty level.
- In Wisconsin the ACA will take us backwards, some say, by moving back to 133% of the poverty line where premiums would begin. If the state refuses to implement the exchanges, the Federal Government will create an exchange. Federal subsidies begin at 133% and above.

Mr. Briggs thought the Medicaid component was found to be unconstitutional. Ms. Allen reported that the component as it exists is not unconstitutional, but the Supreme Court ruled that

states cannot be forced to expand Medicaid coverage. Pamela Bean asked if the State has decided when to subsidize. Ms. Allen reported the state includes people from 133% to 150% without premiums. 150% is for families, not individuals. Mr. ShROUT reported that some in the group between 133% and 150% have been decertified and are losing coverage. Over time we will see that. Ms. Allen agreed. If the state chooses not to participate, we will not receive the childless adults subsidy. Mr. Briggs brought up the Block Grant. If the Block Grant is not covering, there will be no option for those folks. Ms. Allen responded that under Governor Doyle, there were wait lists with 60,000 childless adults. There will always be a group of people who don't seek insurance—as has been found in Massachusetts. Tom Fuchs agreed, that those folks are likely to be those with mental health and substance use disorders. Ms. Allen pointed out that Massachusetts has found that there is a need for the Block Grants. The majority of our Block Grants goes to those people now. Mr. ShROUT reasoned that if we could identify a large group of people uncovered by health insurance and seeking help, we could make a better case to take to the legislators. This is a group that needs help. They are dying on the street, clogging up hospitals and they need help. Mr. Scarbrough pointed out that unfortunately the culture of that population is a major barrier. Ms. Allen recited considerations advanced by Dr. Westley Clark, Director of SAMHSA's Center for Substance Abuse Treatment (CSAT): Are our services what they want? Does stigma prevent people from obtaining treatment? Some people don't feel they need treatment. Mr. Fuchs stressed that as we remove Block Grant funding, that leaves even more of a gap.

Ms. Allen pointed out that:

- The ACA doesn't reference Block Grants.
- SAMHSA and the Administration are arguing that if more people are covered under ACA—where are the offsets?
- Congress has been very supportive of the Block Grants.
- The Senate has said “no” to changes in the Block Grants.

Joyce O'Donnell indicated that Planning and Funding wants to keep the ACA on the forefront. What is beneficial and what is detrimental. If Wisconsin is already ahead, what does that mean?

Joyce Allen suggested taking a look at Medicaid, that is where the State decisions will be made. The Legislative Audit Committee's website has an evaluation of the Medicaid Program.

<http://legis.wisconsin.gov/lab/reports/11-15highlights.pdf>

<http://legis.wisconsin.gov/lab/reports/11-15full.pdf>

As of July 1st, there will be changes in “Forward Health” enrollment and benefits:

<http://www.dhs.wisconsin.gov/forwardhealth/>

Ms. Allen suggested David Riemer or John Peacock from the Department of Children and Families, or Brett Davis from the Bureau of Health Care Access and Accountability as experts on Medicaid.

Tom Fuchs shared that ultimately it is about what they will pay for—essential health care benefits. Ms. Allen relayed that essential benefits packages are up to the states. If the legislature doesn't set it, “the largest group health package in the state that is with parity” will be

implemented. There were a number of questions about those under 133% of the poverty line, or above and childless, or 151% and above, or under 133% and childless and what subsidy they would receive. Ms. Allen referred them to Brett Davis and John Peacock for answers. Pregnant women will get access to Medicaid. Mr. Briggs pointed out that over 35% of women in treatment at ARC cannot conceive. Pamela Bean asked about the November elections. Will the elections determine by going one way or the other, who will get help? Mr. ShROUT felt that we need a better handle on it in Wisconsin. Who is not going to get coverage? Mr. Scarbrough shared that there are individuals on heroin and other drugs. They must wait a long time to get methadone and suboxone services. Meanwhile, they are sick on the street. Mr. Fuchs summarized that there are two issues: Who is going to be covered? What is going to be covered? There is the Core Plan where a psychiatrist or a physician (must document the need for services). There is Badger Care where mental health and out-patient substance abuse treatment is covered. Can we enter into those conversations about what is going to be covered? Ms. Allen responded that yes, this Council has an impact on people who use substance abuse services. The Department is looking for ideas to stem the increasing cost of welfare. Some alternatives are more cost effective than detox. That's the kind of thing you could influence. Gather together your studies and take them to Kevin Moore. Mr. ShROUT felt that we need to pin it down. We need that number. His concern was that SCAODA is not focusing on the bigger picture. Dr. Bean asked how he would do it? Mr. ShROUT suggested the Population Health Institute. Ms. Allen pointed out that if you focus on the number of people in need, the Needs Assessment Ad-hoc group is doing just that. They are examining the prevalence of the problem and the number treated to determine the number in need. Their report is due by the end of the year. Mr. Fuchs explained that when you talk about Needs Assessment, the focus is on what counties are funding. It leaves out Badger Care. His concern was that a broader approach is needed. Counties count who they serve and they make arbitrary decisions about who they serve. Mr. Briggs felt there are a number of elements to consider about need. There is demand and unmet need, and there are sufficient services, delivered at the right intensity, for the right duration and at the right time. Ms. Allen explained the public health approach. Look at population-based databases, such as National Survey on Drug Use and Health (NSDUH), a survey that is administered door to door, and the Youth Risk Behavior Survey (YRBS), also the Health Survey in Wisconsin. These are population-based data in the Needs Assessment. Look at who the counties are serving. Some are served by Medicaid and Badger Care; some by insurance and some through self-pay. Get as close as possible to treated prevalence rates—Medicaid and Badger Care and HSRS and Family Care and bring them all together. Ms. Allen suggested to Mr. Fuchs that any questions can be taken to the Needs Assessment Committee. Mr. Briggs pointed out that it is hard to get at the private pay population. Mr. Scarbrough described a client who opted out of the Drug Court and chose jail instead. Not everyone wants to be treated.

Joyce O'Donnell thanked Joyce Allen. Mr. ShROUT suggested a caveat. If at the end of the Needs Assessment, we still need more information, we will take it up. Mr. Briggs indicated that the Needs Assessment Committee will identify areas in need of further research. Ms. Allen agreed that there are holes. If not through the Needs Assessment, the information may not be available. The Committee has identified hundreds of questions—many we can't find the answers to. Staff have spent many hours looking and if they can't find it, it probably doesn't exist (Tim Connor who is from the Population Health Institute, is staffing the Needs Assessment, researching data along with Mike Quirke and Amy Owen). Ms. Allen reminded the group that Forward Health

will change. Mr. Briggs reported that those in correctional institutions are being looked at. Ms. Allen recommended that someone from DSPS should be on the Council. She reiterated that DHS doesn't do Counselor certification. DHS doesn't do those rules. They are set by the Legislature and DSPS implements them. Norm Briggs asked if there is an anticipated 4.8% reduction in the Block Grant next year. Ms. Allen shared that the instruction she is receiving from SAMHSA was that we need to apply for the same amount as last year. On October 1st, if there is a continuing resolution, the Block Grant will stay funded. If there is sequestration, there will be an estimated 8% reduction. Mr. McCulley asked if it is possible that there will be a redistribution between prevention and treatment. Ms. Allen explained that yes, and this Committee could have an influence on that. Currently there is a requirement that 20% of the Block Grant be spent on prevention and that there is a federal requirement that 5% be spent on women with dependent children and pregnant women and a state requirement that 10% be spent on women. There is flexibility beyond that. The Needs Assessment will be the basis of that funding. Where are the needs? Where are the gaps?

The group thanked Joyce Allen again for her time and her expertise.

V. SBIRT Update—Duncan Shrout

Mr. Shrout reported that the SBIRT Ad-hoc Committee will be comprised of three members from P & F: Tom Fuchs, Dr. Pamela Bean and Duncan Shrout and three members of the ITC Committee: Steve Dakai, Shel Gross and Dave Macmaster. Additionally, Dr. Rich Brown, Medical Director of SBIRT and Mike Davis of NIATX will be participating. They will be meeting next Friday, July 27th at 9:00 a.m. They will be looking at two things: 1) Who pays for SBIRT and 2) current opportunities. Rich Brown is of the opinion that SBIRT should be available in the private sector and that health insurance should pay for it. Less than 1% of those screened are referred to treatment. The group will meet six times before it sunsets next February. The group may bring in others from the insurance industry. Pamela Bean shared that Rogers Hospital is very interested. Mr. Briggs informed her that it is a public meeting and anyone can participate. They just need to dial in or attend.

VI. Update on Counselor Certification—Norm Briggs

Mr. Briggs reported that at the last SCAODA meeting ITC and the Diversity Committee were asked to work together with representatives from the Department of Workforce Development and the Department of Safety and Professional Services on the Scopes of Practice. Mr. Briggs will be in touch with Rebecca Wigg-Ninham and Kevin Moore. The Oversight Committee that oversees Counselor Certification requirements needs an AODA representative. A member of the ITC Committee asked about this and reported back that Secretary Ross indicated the matter was out of his control. Mr. Briggs continued that Kevin Moore is the third most powerful person in DHS and hopefully will use his power and influence. Mr. Briggs reported that Co-Chair Roger Frings and he went to the Rural Institute in Menominee. At the Public Forum there, there were many concerns about the Scopes of Practice and who can practice. There was also a focus on the Needs Assessment Committee and the need for looking at the population north of Highway 10 (north of Stevens Point). The ratio of counselors to clients is much lower there. Tom Fuchs wanted to reiterate that if you live in the North, that is an area in need of therapists willing to

serve in that role. The Federal Government feels that counselors should be Medicaid prepared and Wisconsin is saying they should have at least a Bachelor's degree. It seems incredible if counselors with two year degrees and able to draw down on Medicaid today, why not in 2013? There is a Tsunami coming. If we move in the same direction as Mental Health we need to recognize good people out there who we need to retain. Mr. Briggs added that there is also the aging of the workforce. The AODA field is losing many counselors and we're going to be in a world of hurt. Mr. Shrouf felt that it was related to the ACA. Mr. Briggs pointed out that the two are unrelated. Mr. Shrouf explained that health insurance companies may have standards.

VII. P & F Accomplishments for Executive Summary

Joyce O'Donnell reported that the Committee needs to identify 3-4 Accomplishments to send to Michael Waupoose for the Executive Report to the Legislators. She suggested: 1) Analyzing and reviewing the IDP program and 2) the Everclear bill. Duncan Shrouf thought that there are a few other legislative matters that were important such as 3) increased hours of alcohol sales which P & F opposed 4) inaccessibility of treatment for certain groups and 5) promoting the alcohol tax. Mr. Briggs agreed with accessibility to treatment and duration of treatment. Availability at a point in time when the individual is ready to receive it. Mr. McCulley felt that the Public Forums that P & F hosted were an important part of the Committee's work. Ms. O'Donnell pointed out to Mr. Shrouf that since he is on the Executive Committee, he could add whatever he wanted. Mr. Briggs described the purpose of the accomplishments was to develop a brochure and publish it to the Legislators.

VIII. Biomarkers—Dr. Pamela Bean

Dr. Bean distributed a handout of the Biomarker Power-Point slides that she then presented. The presentation focused in on what biomarkers are and how we are using them in Wisconsin. They are being used in Wisconsin to establish evidence based practices by using biomarkers. A biomarker is a biological indicator which varies with the amount of alcohol consumed. There are two types of biomarkers. There are "Direct" biomarkers which are a metabolite of alcohol and "Indirect" biomarkers which measure the effects of alcohol in the body. EtG is a metabolite of ethanol formed by the body and can be found in urine, nails and hair. It remains in nails for 3 months; toes for 12 months. This biomarker is useful to monitor alcohol use in programs requiring abstinence. PEth can be found in blood. An individual consuming two drinks per day will produce a positive PEth result in 10 days. PEth can be measured for 2 to 3 weeks following the most recent alcohol consumption. Biomarkers go away with lowered drinking and can stay in blood for months based on quantity and frequency. EDAC test is a biomarker invented in the 80's. It combines routine laboratory tests to derive a probability of drinking. The threshold is 4 drinks daily for men and 3 drinks daily for women. Currently it is being used in repeat offenders and family Courts. Dr. Bean reported that currently there are programs in several Wisconsin counties that use biomarkers. They are: Forest, Oneida Vilas; Waukesha; Dane and Kenosha. Dr. Bean presented actual data from her studies that show how the results of biomarker testing can be used in programs to identify those who relapse but don't admit to it. Biomarkers can also

identify high-risk drivers at assessment and the non-compliant population. The group was very interested in Dr. Bean's work and suggested that she bring the presentation to the State Council.

IX. Legislator Contacts—Duncan Shrou

Mr. Shrou reported that there has been no change since the last SCAODA meeting. He reported that Michael Waupoose continues to contact Mark Miller for an appointment and he (Mr. Shrou) will continue to contact Senator Vukmir. Ms. O'Donnell suggested contacting Senator Alberta Darling. Mr. Shrou indicated he would follow-up.

X. Safe Rides Program—Duncan Shrou

Mr. Shrou directed the group to the handout in their packets which provided statistics on the number of riders by county, the cost of rides, the average cost, participation, percent of membership and total cost of the program by county. He reported that the Driver Improvement Surcharge funds the Safe Rides Program. There was a motion last year that the Planning and Funding Committee ask for an audit of the IDP surcharge. \$552,935 were spent from the surcharge. Mr. McCulley indicated that Portage County engages in compliance checks of its bars, restaurants and grocery stores. Blinda Beason pointed out that taverns do not have to be in the Tavern League to get into the Safe Rides program. Ms. O'Donnell indicated that it was not presented that way at SCAODA. Mr. Shrou continued that knowing the needs of the counties, do we believe the Safe Ride program is an appropriate use of Driver Surcharge funding? When Driver Surcharge was initiated in 1990 it was "solely to help counties." The 1999 Act 109 was passed and signed because historically the funds were underspent and the state decided it would set aside 3.7% for the Drivers Safe Ride program. In Act 111, 2007, the surcharge was raised to \$365 with a 40/60 state/county split. Safe Ride Program rose to 9.75%. Department of Transportation (DOT) determines who the providers are for the Safe Ride Program. Mr. Shrou asked again if the Safe Rides Program was an appropriate use of funds or if the money be returned to DHS to pay for treatment and prevention programs. Ms. O'Donnell felt that it should go to treatment and prevention programs. Manny Scarbrough asked if Safe Ride has prevented deaths and injuries? Mr. Shrou responded that there is no way to tell. Mr. Scarbrough asked how many could be treated if the money is returned. Ms. LeeAnn Cooper reported that \$725,000 is the amount of funding and treatment cost approximately \$975 per person. (The number of people who could be treated for the same amount that the Safe Rides Program costs turns out to be 744). Ms. Beason reported there was concern about extra money sitting in an account. The Tavern League said it's theirs and yet the State had it. The State lapsed the money and the Tavern League responded by going to the Governor. Mr. Shrou repeated that P & F has already made a motion at SCAODA that lapsed funds should be returned to DHS. Have we reduced alcohol-related crashes because of Safe Ride Program? Ms. Beason suggested asking DOT for the data. Is this where we want the money to go? Sally Tess asked if one has to be intoxicated for a ride. Mr. McCulley reported that it is determined individually, it's seen as a taxi ride home. Pamela Bean pointed out that 65,000 people are getting a ride vs. about 700 who could get treatment. Mr. Shrou reasoned that if it weren't Drivers Surcharge money, if it were tax

dollars DOT wouldn't get \$500,000 to give people rides home. The group decided to continue the discussion at the August meeting.

XI. Budget Priority Discussion—Group

SCAODA has been asked to provide the Governor's Office with funding priorities. The Executive Committee decided to ask the Committees for their input. This is different from the Budget priorities motion a SCAODA. It is the next step. Joyce O'Donnell asked Mr. Briggs for his suggestions. Mr. Briggs thought that funding ought to be proportional to the service. For example, 28% of the treatment population is female. So the allocation of 10% of the block grant is not representative of the percent of women. Mr. ShROUT responded that that is one approach, the other approach is to identify specific programs and priorities. Mr. Scarbrough identified the priority of alternative sanction programs with the intent to divert people from jail. They ought to be better funded. Programs like DART (Diversion Alternatives and Referral to Treatment) and the Drug Court are money savers. We need to expand the capacity of the system. Mr. ShROUT identified the next priority: That the SBIRT (Screening Brief Intervention and Referral to Treatment) program be implemented in primary care and other centers. Mr. Briggs thought that increasing the capacity of the women-specific treatment system in Wisconsin was an important priority. Mr. McCulley thought that counselor certification and credentialing should include expanded funding to counselors to gain or maintain certification. The workforce is aging out or is without the educational background for certification. **Duncan ShROUT made a motion that these four priorities be advanced to the Executive Committee of the State Council. Manny Scarbrough seconded the motion. All were in favor and the motion passed unanimously.**

XII. By-Laws Review—Joyce O'Donnell

Joyce O'Donnell asked Mr. Briggs if he wanted to change something in the By-laws related to rapid response. Mr. Briggs responded that ITC will make a recommendation. Ms. O'Donnell felt that as it is, the By-laws appear to be ok. If something comes up, it will be added to the August agenda.

XIII. Update Needs Assessment Ad-hoc—Norm Briggs, Todd Campbell and Sally Tess

Mr. Briggs pointed out the Ad-hoc Needs Assessment Committee has been reviewing a lot of prevalence data. There appear to be many gaps and contradictions. He would recommend in the future that there needs to be better data gathering. Mr. ShROUT felt that at some point there should be a decision about the percentage of the total that should be treated. Mr. Briggs responded that there are a number of elements to consider about need. There is demand and unmet need, and there are sufficient services, delivered at the right intensity, for the right duration and at the right time.

XIV. Medicaid Shortfall and the Beer Tax—Joyce O'Donnell

Ms. O'Donnell reiterated that the group heard about the Medicaid shortfall from Joyce Allen this morning. She felt that the P & F Committee could help by promoting the beer tax. Duncan ShROUT reported that Health First Wisconsin is working on increasing the tax on alcohol.

Maureen Busalacchi is the Director of Health First Wisconsin. Perhaps P & F should over-ride a previous goal of P & F's (that unspent Driver surcharge funds should be returned to DHS to pay for treatment) and instead recommend that the money should go to help people with their health coverage. Pamela Bean suggested that we refer to the tax as an alcohol tax or a liquor tax. Wisconsin feels like a beer tax is an attack on the culture, like cheese. Call it an alcohol tax instead of a beer tax, which would include wine, liquor or beer. Mr. ShROUT added that each would be taxed at different levels. The last time the beer tax was increased was 1969. Dr. Bean then shared that of 160 representatives in the Assembly, only one or two pay attention to alcohol tax. Are we in a position to make a difference? Mr. ShROUT felt that Health First Wisconsin has a good chance of affecting change. Dr. Bean reported that the Dane Co. Coalition for Change on Alcohol no longer exists. We should take into consideration what we can change. With much effort we could help, but the effort needs lots of work. Plus, she added, the strategies for alcohol and tobacco need to be very different.

XV. Four Chairs Conference—Joyce O'Donnell

Joyce O'Donnell will schedule and lead the Four Chairs Conference call prior to the meeting September 7th.

XVI. Public Forum Minutes—Joyce O'Donnell and Lori Ludwig

Duncan ShROUT made a motion to approve the minutes of the Public Forum held May 21, 2012 at the Sheraton Hotel in Madison as part of the WAAODA conference. Norm Briggs seconded the motion. Pamela Bean suggested that the previous Public Forum minutes should be read at each Public Forum. **The motion passed unanimously.**

XVII. Committee Reports—Group

Sally Tess reported that the Department of Corrections (DOC) finds a lack of interest in the provision of AODA services using certified counselors. Therefore, they will be working with County governments to provide the services.

Ms. O'Donnell thanked Pamela Bean for her Biomarkers presentation and indicated the presentation would be a good one for SCAODA. Dr. Bean responded that she would like to do that with SCAODA. Ms. O'Donnell announced that Lou Oppor has been appointed Section Chief and Steve Fernan will represent the Department of Public Instruction (DPI) on P & F since Ken Wagner has retired.

XVIII. Report on Women's Services—Norm Briggs

Mr. Briggs reported that the UW Extension is offering a certificate in programming for women's specialized services. It is 90 hours and includes Motivational Interviewing and Evidence-Based Practices. WWEN (Wisconsin Women's Education Network) traditionally publishes the Women's Services Directory. They are now refining it to women's-specific (specialized) programming.

XIX. Agenda Items for Next Meeting—Joyce O’Donnell

Ms. O’Donnell announced that the next P & F meeting would be held on August 17th. Blinda Beason indicated that she would not be able to attend and Sally Tess indicated she would be on vacation. Ms. O’Donnell announced that items for the agenda would include:

- The Intoxicated Driver Program Surcharge Funding
- By-Laws review
- Follow-up on Legislators

XX. Adjournment

Duncan Shrout made a motion to adjourn. Blinda Beason seconded the motion. There was unanimous consent and the motion passed.

PLANNING AND FUNDING COMMITTEE MEETING
August 17, 2012, 9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET
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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
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Friday August 17, 2012 – 9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608/283-6426

Please call Lori Ludwig at (608)267-3783 or e-mail Lori.Ludwig@wisconsin.gov to advise if you will not attend.

- 9:30 a.m. I. Call to Order – Joyce O’Donnell
- 9:35 a.m. II. Review of July 20, 2012 Minutes – Joyce O’Donnell
- 9:40 a.m. III. Update on SBIRT—Duncan ShROUT
- 10:00 a.m. IV. Update on Ad-hoc Needs Assessment Committee—Todd Campbell, Sally Tess, Duncan ShROUT and Norman Briggs
- 10:30 a.m. V. Safe Ride Program—Duncan ShROUT
- 11:00 a.m. VI. Budget Priorities and Template—Joyce O’Donnell
- 11:30 a.m. VII. P & F Accomplishments—Joyce O’Donnell
- 12:00 p.m.. VIII. Lunch (on your own)
- 12:30 p.m. IX. Huffing/Aerosol Can Intoxicant—Group Discussion
- 1:00 p.m. X. Scopes of Practice—Norman Briggs
- 1:20 p.m. XI. Driver Improvement Surcharge Funding Legislative Audit Report—Duncan ShROUT
- 1:45 p.m. XII. Report on Women’s Services—Norm Briggs
- 2:00 p.m. XIII. Committee Reports—Group
- 2:15 p.m. XIV. Agenda Items for Next Meeting—Joyce O’Donnell
- 2:30 p.m. XV. Adjourn

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

Please submit budget ideas for consideration. This information will be brought to the full State Council on Alcohol and Other Drug Abuse as they consider proposing budget initiatives to the Governor's Office and the State Legislature. Please be brief but provide sufficient information so the Executive Committee has an adequate understanding of what the initiative is intended to do and why it is needed. Please provide no more than three budget initiatives. Your budget initiative should include the following information and should not exceed one page.

Name of SCAODA Committee: Planning & Funding

Title of Initiative: Alternative Sanction Programs

Goal or Outcome: To divert drug and alcohol offenders from jails and prisons thereby decreasing rates of incarceration, drug and alcohol use and breaking the cycle of drug driven crimes and incarceration.

Description (including issue/problem to be addressed): It has been nationally recognized that the nation's jails and prisons are filled with non-violent drug and alcohol offenders at a cost that is prohibitive compared to community based programs. In order to decrease the numbers of offenders incarcerated for drug and alcohol crimes and drug and alcohol driven crimes, evidence based programs such as Drug Treatment Courts, the Treatment Alternative Programs (TAP), the Treatment Alternatives and Diversion programs (TAD), the Veterans Courts, Family Courts and other problem solving courts such as first offender programs for adolescents and the Second Chance program effectively address drug and alcohol abuse through treatment and support services in the community instead of incarceration.

Estimated Length of Time to Complete: Our goal with this initiative is to create one of these programs in every county of the state. Our intent is to keep going until this is attained.

Other Comments (optional): The Department of Corrections budget now exceeds the UW System budget for the first time ever. Is this a Wisconsin value? We need to create better citizens so they don't reoffend.

Estimated Cost: Unknown

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Name of SCAODA Committee: Planning & Funding

Title of Initiative: Screening Brief Intervention and Referral to Treatment (SBIRT)

Goal or Outcome: Our goal is to screen at a minimum adolescents and adults in primary care settings, trauma centers and emergency departments and in schools (students from middle school through college).

Description (including issue/problem to be addressed): People who need assistance will be referred to assistance and followed-up.

Estimated Length of Time to Complete: Our goal is to have the program in place to scale within 5 years.

Other Comments (optional): None

Estimated Cost: Unknown

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Name of SCAODA Committee: Planning & Funding

Title of Initiative: Evidence-Based Women's Treatment Services

Goal or Outcome: To increase the number of women's specialized treatment completions and decrease drug and alcohol abuse among women.

Description (including issue/problem to be addressed): Data indicate that women do better in treatment with specialized services.

Estimated Length of Time to Complete: Approximately 5 years for program development and staff training to observe outcomes.

Other Comments (optional): None

Estimated Cost: Unknown

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Budget Proposal for 2013 – 2015 Biennial Budget Consideration

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Name of SCAODA Committee: Planning & Funding

Title of Initiative: AODA Counselor Certification

Goal or Outcome: Increase the number of certified AODA counselors prepared to practice under the requirements of insurance companies (Scopes of Practice).

Description (including issue/problem to be addressed): Treatment access is an issue in northern and rural Wisconsin for substance abuse services. It is incumbent on us to plan to meet this need.

Estimated Length of Time to Complete: This is an on-going priority.

Other Comments (optional): This is really a quality of service issue. We want to preserve their capability to do this.

Estimated Cost: Unknown



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

May 21, 2012

PUBLIC FORUM¹

Minutes

5:00 p.m. – 6:00 p.m.

WAAODA 46 Annual Spring Conference

Sheraton Hotel

706 John Nolen Drive

Madison, WI 53713

(608) 251-2300

I. Introductions/Welcome/Agenda—Planning and Funding Committee, State Council on Alcohol and Other Drug Abuse—Joyce O’Donnell

Joyce O’Donnell introduced the panel from the State Council on Alcohol and Other Drug Abuse (SCAODA) including Norman Briggs, Tom Fuchs, Duncan ShROUT, Todd Campbell and Bill McCulley. SCAODA Chairperson Michael Waupoose was present in the audience. State staff present were: Joyce Allen, Pat Cork, Lou Oppor and Lori Ludwig. Ms. O’Donnell welcomed the group. There were seventeen participants who signed in. The organizations they represented were as follows: Spanish speaking counseling services, Addiction Resource Council, Hope Haven-Rebos United, Department of Corrections, Attic Correctional Services, Wisconsin Association on Alcohol and Other Drug Abuse Board member, Hope Council, Kenosha, WI, Department of Health Services, Kenosha Human Development Services, Alliance For Recovery Advocates, North Central Health Care, and LE Phillips.

II. What are your thoughts concerning the direction of the utilization of Substance Abuse Block Grant funds? What trends do you see?

1. in the people you serve?
2. in general?
3. in funding?

Duncan ShROUT asked the group if they had any questions about the Scope of Practice issues. The State Council is interested in survey results which will be available later this summer. The issues include substance abuse counselor’s degrees, experience and licensure. An Intervention and Treatment Committee (ITC) member reviewed for the group that last year state staff Susan Gadacz talked about the potential for financial assistance. There were no promises made, but part of the plan was to find a way to financially help those without degrees to get a degree.

¹ Please note that minutes of the Public Forum will be posted to SCAODA’s website <http://scaoda.state.wi.us/> without identifying anyone testifying by name.

People in the field who are not degreed are concerned about what will happen to them. Ms. O'Donnell informed the group that this issue has been discussed at SCAODA. The Planning & Funding Committee made a motion to grand-father people who are between five and 10 years of retirement. A question was asked regarding the Scopes of Practice and the Affordable Care Act (ACA)—how are the “Scopes” tied in with the ACA? Michael Waupoose responded that to his knowledge, there is no tie in. Joyce Allen responded that the “Scopes” have more to do with reimbursement from insurance companies. The more people who have insurance, the more likely counselors will need either a Master’s degree or a Bachelor’s degree for reimbursement through insurance. An experienced counselor in the group pointed out that some clients are working with people in training. She thought it was odd that insurance works with mental health providers in training, but with AODA it’s “backwards.” Joyce Allen explained that in mental health and substance abuse we can create categories of activities. In the mental health field Masters degrees were required, now the trend is to provide coverage for peer providers. A member of the audience pointed out that some insurance companies say they will pay for Masters in training, others say they won’t. Mr. Tom Fuchs reported that the preliminary data show that 54% of Wisconsin substance abuse counselors have Master’s degree. This may be more of an urban situation than rural. An AODA counselor without a degree expressed that since the licensing function was moved from the Bureau of Prevention Treatment and Recovery (to the Department of Safety and Professional Services (formerly known as the Department of Regulation and Licensing), it appears that no more counselors in the field are coming in. Those who show interest in becoming a counselor, they have no money for a degree. No way they can afford a degree to be counselors. Many say just because they have a degree, without experience, people don’t want to talk to them. All those people don’t want to talk to someone with a degree. Ms. Allen felt that was an excellent point. People with lived experience have a role in this. There has to be a way to bill for it. People with lived experience need to be a part of this system. The question is for which activities they would be reimbursed. For example, people with Masters could diagnose and perform assessments and people with lived experience would do more group work. The counselor from the audience asked if the people who pay the bills, would they recognize this. Ms. Allen indicated that the people who pay the bills call the shots. The counselor wanted to know who initiated these changes because previously things were just fine. Another counselor in the audience shared that she has been in recovery from IV drug abuse for four years. She has obtained her associates degree and Bachelor’s degree and is working on her Masters. She challenged the assumption that recovering addicts can’t obtain their Master’s degree. Mr. Waupoose added that the challenge is to overcome the assumption that there is only one way to be of service. The Scopes show that there are many places for people. We short change ourselves when saying because I’m in recovery, I can’t get a degree. Another audience member shared that she has been recovering for fifteen months and has a 3 year old daughter, and she has obtained straight A’s in school. For sure you can do it. You will be tired and sacrifice, but if you want to come out with a degree, get a degree. If you are not ready for school, there is a place in peer-based programs. Financial aid is available to help you. This semester she didn’t pay a dime. Another audience member indicated that Wisconsin needs more peer recovery coach training. There are only about 50 trained recovery coaches in Wisconsin. All over the state things are happening. We need the state to help us, not just 12-step fellowships. Another member agreed and pointed out that we need to keep this conversation going, we need partnerships. A psychotherapist in the audience asked if the degreed people were on the reservations. He felt the certified counselors who do a good job are being squeezed out.

An audience member raised the issue of adolescent treatment services. It is difficult to get adolescent treatment services. This is a growing group. AOD use is beginning very early and this is a high risk population. In Waukesha last year there were 200-220 IDP (Intoxicated Driver Program) clients with a diagnosis of dependence. We need to drug test 100% of these drivers. However, state drugs tests take 6 months to come back (except alcohol). She expressed concern about how the DSM (Diagnostic and Statistical Manual) would interact with Wisconsin diagnostic criteria. Substance-induced bi-polar disorder and other diagnoses are well past due. She asked if the WAID could be used for counties to utilize when billing for insurance. A member of the audience indicated that with IDP the insurance company was not paying for Court ordered treatment, they pay for the assessment but not the treatment.

III. Testimony from the Public: Other areas of concern are also welcome to the discussion.

Joyce O'Donnell pointed out that these are critical issues. She asked if the group had any thoughts about the block grant. How many of your programs are funded by the block grant, she asked the audience. A person in the audience responded that in La Crosse, funding is drying up. It seems like all the money is going to the alcohol and drug courts. Another participant felt that counties are not assertive enough in getting detox patients into treatment. They need to address people assertively. The county will say they need to come to an appointment, but there needs to be more case-management up front. Clients are failing. Another participant pointed out that there is only one adolescent treatment program in Wisconsin. We need to do more treatment in high schools. People are younger and younger when they are initiating alcohol and drug abuse. We do prevention, but some kids are past that point. We need to assertively treat them and case-manage them so that if out-patient fails, the next level is available. We need to invest (in our kids) early. A woman in the audience informed the group that with insurance, if someone is in recovery, they must fail at out-patient before they can get in-patient. Another pointed out that in the realm of health, if 3% of the students have the flu, the school is closed. In junior high school and high school we must increase prevention rather than do nothing. We need to be out there talking about things. Joyce O'Donnell suggested looking at the Children's Code. The way it is now, we jeopardize parents' ability to work with child. Parents are not aware when kids are referred to treatment. The Children's Code conflicts with parents rights. Another member of the audience stated that people from agencies used to be in the schools, but DPI kicked them out. Another agreed, in the '80's we used to be able to go into school and run a group. Now we can't do that anymore. Parents knew. We were a team working together—schools and parents.

A participant asked to go back to the block grant. He indicated that he had no idea of what was funded with the block grant. He asked where we get it and what we do with it. Lou Oppor explained that Wisconsin receives a 27 million dollar block grant which is utilized to fund counties and tribes through the community aids formula. Counties must spend 20% of their block grant allocation on prevention. Special projects are also funded by the block grant. For example the methamphetamine grants. The largest share of the block grant goes to county human service agencies that contract for services or provide services themselves. The participant asked if the money was from the state or the federal government. Mr. Oppor explained that the federal government provides funds to the state and then the state passes the funding on to

counties, providers and tribes. A different participant asked about the money coming through Medicaid. Are there assurances that steps are in compliance with Civil Rights Act. The implication is that private vendors are likely to be more highly educated and minority counselors are not there. In the prison system, the majority of inmates need AODA and mental health services. There is the possibility of abandoning ways for minorities to get an education, that is, cuts to MATC, etc. However, there are no alarms going off. Mr. Tom Fuchs reported that it is a crisis. There is an awareness of potential disparities. He encouraged the participant to keep attending. Her voice needs to be heard. Another participant asked if there was anything for people in recovery through the criminal justice system. It seems like there are no opportunities. She indicated that she was also looking into partial expungement. She had felonies from two years ago, but no trouble now. Ms. O'Donnell indicated that expungement is a great concern. We will hear more about it. Mr. Fuchs relayed that he came to a Public Forum and then became a member of the Planning and Funding Committee. He asked participants to join one of the SCAODA Committees if they want to have a voice. Mr. Waupoose indicated there are a number of SCAODA Committees looking for Committee members.

IV. Please take 5 minutes to fill out a short survey on mental health or substance use needs.

Joyce O'Donnell explained that there is a brief survey that she would like participants to complete concerning the service needs of Wisconsin citizens in the area of substance use and mental health. The survey was distributed and completed by seventeen participants. The findings from this survey are in a separate report attached.

V. Adjourn – Joyce O'Donnell

The meeting was adjourned at 6:00 p.m.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

May 9, 2011

THE HONORABLE SCOTT WALKER
WISCONSIN GOVERNOR
115 E CAPITOL
MADISON WI 53702

Dear GOVERNOR WALKER:

The Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) is a Governor-appointed council charged with, among other tasks, advising the Governor and the Wisconsin legislature on issues concerning the abuse of alcohol and other drugs in our state.

As you know, Wisconsin is, once again, rated as **Number 1 in the United States in self-reported drunk driving and binge drinking**. Every day, there are news reports of individuals being arrested for their 3rd, 6th, or even 10th OWI offense, often after an innocent victim has been killed or severely injured. Wisconsin must do better!

In order to begin to make an impact on intoxicated driving, we must change the "alcohol culture" in Wisconsin. In addition, effective treatment for substance use disorders must be available to individuals who need treatment. Although treatment is not inexpensive, it is less costly than incarceration.

An estimated forty-nine percent of individuals in Wisconsin (15,276 in 2009) convicted of Operating While Intoxicated (OWI) were referred for treatment. Based on a recent survey, approximately 40% of this group was indigent and unable to pay for treatment. In the circumstance of indigence, the cost of treatment shifts from the individual to the county of residence.

The State of Wisconsin has been able to provide Wisconsin Counties with limited financial relief. In 2010:

- 32 Wisconsin counties applied for an Intoxicated Driver Program (IDP) Supplemental/Emergency Fund Grant that is administered by Department of Health Services.
- Each applicant county received less than 26% of its request; \$844,900 was available from the Driver Improvement Surcharge to fund over \$3.2 million in requests from 32 counties.

The under-funding of Wisconsin Counties for their Intoxicated Driver Programs has existed since at least 1982 when DHS started issuing IDP supplemental/emergency grants.

A lengthy review of the Intoxicated Driver Program funding sources was undertaken in order to correct this problem. The following motions passed SCAODA **unanimously** on March 4, 2011:

- To ask selected legislators to request through the *Joint Legislative Committee on Audit* an audit of the Driver Improvement Surcharge Fund current allocations.

- To ask selected legislators to create legislation through the 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.
- **To ask selected legislators to request the introduction of legislation in the 2011-2013 budget that would produce an additional annual allocation of \$2.5 million dollars of general purpose revenue or other funding source to the Department of Health Services.** (This allocation would be dispersed to counties to help cover excess treatment costs for IDP clients.)

SCAODA is asking for your assistance to implement these motions. Without appropriate and effective treatment resources for substance use disorders, Wisconsin will continue to fail to address this very serious, and potentially deadly, public health issue.

Please contact me at (920) 388-7039 or Duncan ShROUT, chair of the IDP Funding Subcommittee and a SCAODA member, at (414) 256-4813 or by email at dshROUT@impactinc.org, if you have any questions.

Respectfully,



Mark Seidl, Chair
State Council on Alcohol and Other Drug Abuse

This letter was also sent to:

Wisconsin State Senate Members
Wisconsin State Assembly Members
Kitty Rhoades, DHS Deputy Secretary
Kevin Moore, DHS Executive Assistant
SCAODA members

**Report 12-5
March 2012**

Driver Improvement Surcharge Funding

STATE OF WISCONSIN



Legislative Audit Bureau 

Driver Improvement Surcharge Funding

Joe Chrisman – State Auditor

Prepared by

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Report Design and Production – Susan Skowronski

Legislative Audit Bureau

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Website: www.legis.wisconsin.gov/lab ■ Toll-free hotline: 1-877-FRAUD-17

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Alberta Darling
Kathleen Vinehout
Julie Lassa

Assembly Members:

Samantha Kerkman, Co-chairperson
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Andy Jorgensen
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STATE OF WISCONSIN
Legislative Audit Bureau

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Toll-free hotline: 1-877-FRAUD-17

Joe Chrisman
State Auditor

March 1, 2012

Senator Robert Cowles and
Representative Samantha Kerkman, Co-chairpersons
Joint Legislative Audit Committee
State Capitol
Madison, Wisconsin 53702

Dear Senator Cowles and Representative Kerkman:

We have completed our review of driver improvement surcharge funding, as requested by the Joint Legislative Audit Committee. When a court imposes a fine or forfeiture on an individual for operating a vehicle while intoxicated, statutes require that it also impose a \$365 driver improvement surcharge.

The county in which a surcharge is imposed retains 60.0 percent of the surcharge to help fund an intoxicated driver program that provides alcohol and drug abuse services to individuals convicted of offenses related to operating a vehicle while intoxicated. The county is statutorily required to transfer 40.0 percent of each imposed surcharge to the State.

Surcharge funds transferred to the State are distributed to five state agencies, which in fiscal year (FY) 2010-11 spent a total of \$4.5 million in surcharge funds on a variety of activities that supported local efforts to address alcohol and drug abuse issues. For example, surcharge funds were used to purchase breath alcohol testing instruments for local law enforcement agencies and provide free training on how to use them. In addition, the Department of Health Services awarded \$744,300 to 29 counties in calendar year 2011 as supplemental grants to help fund intoxicated driver programs. The other 43 counties did not request supplemental grants.

To help meet statutorily required budget reductions, we found that state agencies chose to lapse \$755,000 in surcharge funds to the General Fund in FY 2009-10 and \$120,000 in FY 2010-11.

We appreciate the cooperation extended to us by the five state agencies that spent surcharge funds.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Joe Chrisman".

Joe Chrisman
State Auditor

JC/DS/ss

Driver Improvement Surcharge Funding

When a court imposes a fine or forfeiture on an individual for offenses related to operating a vehicle while intoxicated, s. 346.655, Wis. Stats., requires that it also impose a driver improvement surcharge of \$365. Statutes have required the surcharge since 1981. Statutes currently stipulate that the county in which the surcharge was imposed retains 60.0 percent of the surcharge, which is used to help fund an intoxicated driver program that provides alcohol and drug abuse services to individuals convicted of offenses related to operating a vehicle while intoxicated. Statutes require counties to transfer 40.0 percent of each imposed surcharge to the State.

Counties transfer the State's portion of the surcharge to the Department of Administration (DOA), which is statutorily required to deposit the funds into an appropriation administered by the Department of Health Services (DHS). These funds are then distributed to other appropriations administered by DHS and the departments of Justice (DOJ), Public Instruction (DPI), and Transportation (DOT), as well as the University of Wisconsin (UW) System. These five agencies use the funds for a variety of activities that support local efforts to address alcohol and drug abuse issues. For example, DHS awards supplemental grants to help fund counties' intoxicated driver programs.

Concerns have been raised about the allocation of surcharge funds between the State and counties, as well as about how the State spends its portion of the funds. Therefore, at the request of the Joint Legislative Audit Committee, we:

- identified the statutorily required surcharge amount during each of the past 15 years, as well as the percentage that was transferred to the State and the percentage that was retained by counties;
- determined how the five state agencies spent surcharge funds from fiscal year (FY) 2007-08 through FY 2010-11;
- reviewed the methodology DHS used to award supplemental grants to counties to support their intoxicated driver programs; and
- contacted ten counties, including five that requested supplemental grants for calendar year 2011 (Dane, Kewaunee, Menominee, Waukesha, and Winnebago) and five that did not (Ashland, Chippewa, Eau Claire, Milwaukee, and Waupaca).

A determination of how often courts statewide imposed the surcharge in recent years or whether counties transferred the correct surcharge amounts to the State was outside the scope of this audit.

As shown in Table 1, the surcharge increased from \$300 in FY 1996-97 to \$365 in FY 2010-11. Because the percentage of the surcharge transferred to the State increased from 29.2 percent to 40.0 percent over this 15-year period, the amount of each imposed surcharge transferred to the State increased from \$88 to \$146, or by 65.9 percent. In contrast, the amount retained by counties increased from \$212 to \$219, or by 3.3 percent.

Table 1

Allocation of the Driver Improvement Surcharge

Fiscal Year	Surcharge	Percentage Transferred to the State	Amount Transferred to the State	Percentage Retained by Counties	Amount Retained by Counties
1996-97	\$300	29.2%	\$ 88	70.8%	\$212
1997-98 to 1998-99	340	37.6	128	62.4	212
1999-2000 to 2000-01	345	38.5	133	61.5	212
2001-02 to 2006-07	355	38.5	137	61.5	218
2007-08 to 2010-11	365	40.0	146	60.0	219

As shown in Table 2, counties have annually transferred to the State more than \$4.3 million in surcharge funds since FY 2007-08.

Table 2

Driver Improvement Surcharge Funds Transferred to the State

Fiscal Year	Amount
2007-08	\$4,421,800
2008-09	4,635,500
2009-10	4,641,400
2010-11	4,341,600

State Agency Use of Driver Improvement Surcharge Funds

All surcharge funds that counties transfer to the State are initially deposited into an appropriation administered by DHS. Statutes require that 9.75 percent of the surcharge funds annually transferred to the State be appropriated to the Safe-Ride grant program, which is administered by DOT and provides rides home for patrons of drinking establishments. At DOA's direction, all of the remaining funds are distributed to program revenue appropriations administered by

five agencies, based on the amounts requested by the agencies and approved by the Legislature and Governor during the biennial budget process. The five agencies include:

- DHS, which awards supplemental grants to counties to help fund intoxicated driver programs;
- DOT, which purchases breath alcohol testing instruments, provides them at no cost to law enforcement agencies statewide, and trains law enforcement officials on their use;
- UW System, which funds the State Laboratory of Hygiene’s tests for alcohol and other drugs in blood samples taken from individuals suspected of operating a vehicle while intoxicated;
- DPI, which funds traffic safety education for teenagers and alcohol and traffic safety projects; and
- DOJ, which provides services to victims of crimes, including those related to operating a vehicle while intoxicated.

Table 3 shows the expenditure of surcharge funds by the five state agencies from FY 2007-08 through FY 2010-11. Total expenditures in a given fiscal year do not match the amount of surcharge funds transferred to the State in that year because agencies are not required to spend the funds in the year they were transferred. To help meet statutorily required budget reductions, DOT, UW System, and DPI chose to lapse a total of \$755,000 in surcharge funds to the General Fund in FY 2009-10. DOT chose to lapse \$120,000 to the General Fund in FY 2010-11.

Table 3

Driver Improvement Surcharge Expenditures, by State Agency¹

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	Percentage of Total in FY 2010-11
DHS	\$1,000,000	\$1,000,000	\$ 527,800	\$ 852,900	18.9%
DOT	1,642,900	1,631,600	1,642,100	1,832,800	40.6
UW System	1,629,200	1,653,000	1,668,100	1,571,100	34.8
DPI	211,500	250,100	263,400	201,400	4.5
DOJ	59,100	59,400	60,700	54,200	1.2
Total	\$4,542,700	\$4,594,100	\$4,162,100	\$4,512,400	100.0%

¹ Excludes \$755,000 in FY 2009-10 and \$120,000 in FY 2010-11 that state agencies chose to lapse to the General Fund to help meet statutorily required budget reductions.

In FY 2009-10, DHS spent \$987,800 on supplemental grants for counties, funded in part by \$527,800 in surcharge funds. DHS used a federal Social Services Block Grant program to help fund the supplemental grants for counties in that year because some surcharge funds initially appropriated to DHS were redistributed to the other agencies, which used these additional amounts for surcharge-related activities and to help meet statutorily required budget reductions.

Department of Health Services

As noted, counties use surcharge funds to operate intoxicated driver programs that provide alcohol and drug abuse treatment services. Counties we contacted indicated that funding is typically used for outpatient treatment, such as counseling and group therapy. The counties' programs are also funded by fees charged to participants based on their ability to pay for the services. A county may be awarded a supplemental grant from DHS to help fund its intoxicated driver program if the surcharge revenue the county retains, as well as revenue from participant fees and participants' insurance coverage, are insufficient to fully fund the costs of its program.

Because the amount of surcharge funding distributed to DHS in recent years was less than the total amount requested by counties, DHS awarded available funding to counties proportionally, based on each county's request. DHS did not use any surcharge funds for its own administrative costs.

Table 4 shows the number of counties to which DHS awarded supplemental grants for calendar years 2008 through 2011. In 2011, DHS awarded 29 counties 22.8 percent of the \$3.3 million the counties had requested. The appendix lists the amount each county requested and was awarded for 2011. We contacted five counties in order to determine why they had not requested a supplemental grant in 2011, but none responded.

Table 4

Supplemental Grants DHS Awarded to Counties for Intoxicated Driver Programs

Calendar Year	Number of Counties	Amount Requested	Amount Awarded	Amount Awarded as a Percentage of Amount Requested
2008	31	\$3,217,300	\$1,000,000	31.1%
2009	34	3,043,900	990,000	32.5
2010	32	3,276,100	844,900	25.8
2011	29	3,258,200	744,300	22.8

Although most counties have not requested supplemental grants in recent years, some counties indicated to us that their supplemental grants did not fully fund the costs of their intoxicated driver programs. For example, Dane County estimated that it would have needed an additional \$104,400 to fund program costs but was awarded a supplemental grant from DHS of only \$23,800 in 2011.

Counties indicated that local property tax revenue helps pay for intoxicated driver program costs in excess of surcharge funds, supplemental grants, and other revenue. For example, Winnebago County estimated that 45 percent of its behavioral health services, including services provided by its intoxicated driver program, are funded by local property taxes. In 2011, it requested a \$200,800 supplemental grant from DHS but was awarded only \$45,900.

Department of Transportation

DOT receives surcharge funds through three state appropriations that fund:

- the purchase of breath alcohol testing instruments that are provided at no cost to state and local law enforcement agencies, which use the instruments to measure the blood alcohol level of individuals suspected of operating a vehicle while intoxicated;
- chemical testing, training, and related services that are provided by 13 staff who certify breath alcohol testing instruments, provide free training to state and local law enforcement officials, and complete other related duties; and
- the Safe-Ride grant program, which in FY 2010-11 funded 65,042 rides home for patrons of drinking establishments. Because the Tavern League of Wisconsin requests reimbursement on behalf of all of its members, information was not readily available on the number or location of the drinking establishments that requested reimbursement.

Table 5 shows DOT's expenditures of surcharge funds from FY 2007-08 through FY 2010-11. Although the Safe-Ride grant program is appropriated 9.75 percent of the surcharge funding transferred to the State, DOT indicated that the program has not always spent all of these funds. As a result, DOT chose to lapse \$511,000 in surcharge funding for the Safe-Ride program to the General Fund in FY 2009-10 and \$120,000 in FY 2010-11 to help meet statutorily required budget reductions. In FY 2009-10, DOT also lapsed \$109,900 in other surcharge funding that it had received for chemical testing, training, and related services.

Table 5

DOT Expenditures of Driver Improvement Surcharge Funds

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Breath Alcohol Testing Instruments	\$ 232,600	\$ 281,100	\$ 281,100	\$ 264,000
Chemical Testing, Training, and Services				
Salaries	667,000	624,000	589,600	681,000
Fringe Benefits	268,600	264,000	275,900	299,200
Travel and Training	113,900	91,600	76,200	35,500
Supplies	81,700	72,600	51,000	42,300
Other ¹	115,400	133,600	111,800	112,600
Subtotal	1,246,600	1,185,800	1,104,500	1,170,600
Safe-Ride Grant Program				
Aids to Tavern League of Wisconsin Members	163,700	164,700	256,500	398,200
Total	\$1,642,900	\$1,631,600	\$1,642,100	\$1,832,800

¹ Includes reimbursements to hospitals that draw blood from individuals suspected of operating a vehicle while intoxicated.

University of Wisconsin System

Table 6 shows the State Laboratory of Hygiene's expenditures of surcharge funds from FY 2007-08 through FY 2010-11. The State Laboratory of Hygiene, which is part of UW-Madison, used the surcharge funds for costs related to 16 staff in its toxicology unit. These staff tested for alcohol and other drug levels in blood samples taken from individuals suspected of operating a vehicle while intoxicated. They also provided expert testimony in court cases involving the blood samples they analyzed.

The State Laboratory of Hygiene estimated that it tested 22,400 blood samples for the presence of alcohol in 2010, including 3,300 that were also tested for the presence of other drugs. One test determines the presence and level of alcohol, while multiple tests are needed to determine the presence and level of other drugs. The State Laboratory of Hygiene indicated that the number of blood samples tested for the presence of drugs other than alcohol increased 19.5 percent from 2008 through 2010, and that the time needed to receive and finalize these drug tests increased considerably.

Table 6

State Laboratory of Hygiene Expenditures of Driver Improvement Surcharge Funds

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Salaries	\$ 847,500	\$ 901,900	\$ 887,100	\$ 874,800
Fringe Benefits	389,700	426,200	444,200	463,800
Travel and Training	30,900	30,200	31,800	32,900
Supplies	237,800	235,000	277,500	186,600
Other ¹	123,300	59,700	27,500	13,000
Total	\$1,629,200	\$1,653,000	\$1,668,100	\$1,571,100

¹ Includes printing and other administrative and operating costs.

Department of Public Instruction

Table 7 shows DPI's expenditures of surcharge funds from FY 2007-08 through FY 2010-11. These funds paid for an alcohol and traffic safety education consultant who provided driver safety educators with technical assistance, such as workshops that the driver safety educators needed to renew their licenses. Driver safety educators provided traffic safety training to individuals under the age of 18 who were eligible to receive a driver's license. DPI also distributed surcharge funds to school districts and Cooperative Education Service Agencies (CESAs), which used the funds to award grants to schools and groups that completed alcohol and traffic safety projects.

Table 7

DPI Expenditures of Driver Improvement Surcharge Funds

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Salaries	\$ 94,800	\$ 98,400	\$100,200	\$ 96,200
Fringe Benefits	36,700	38,700	40,800	41,400
Travel and Training	2,500	6,200	700	400
Supplies	37,600	29,900	28,400	16,500
Aids to School Districts and CESAs	13,600	63,100	72,100	31,900
Other ¹	26,300	13,800	21,200	15,000
Total	\$211,500	\$250,100	\$263,400	\$201,400

¹ Includes costs related to workshops and materials for driver safety educators.

Department of Justice

Table 8 shows DOJ's expenditures of driver improvement surcharge funds from FY 2007-08 through FY 2010-11. DOJ used the surcharge funds for costs related to one staff member who administered payments from its Crime Victim Compensation Fund, which provides compensation for deaths, injuries, and damages caused by crimes, including those related to operating a vehicle while intoxicated.

Table 8

DOJ Expenditures of Driver Improvement Surcharge Funds

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Salaries	\$32,000	\$31,300	\$32,400	\$28,000
Fringe Benefits	20,400	21,400	22,700	23,900
Travel and Training	100	-	-	-
Other ¹	6,600	6,700	5,600	2,300
Total	\$59,100	\$59,400	\$60,700	\$54,200

¹ Includes lease and insurance payments for DOJ office space and membership in the National Association of Crime Victims Compensation Boards.

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Appendix

**Supplemental Grants DHS Awarded for
Intoxicated Driver Programs, by County**
Calendar Year 2011

County	Amount Requested	Amount Awarded	Percentage of Total Awarded
Clark	\$ 50,800	\$ 11,600	1.5%
Crawford	37,500	8,600	1.1
Dane	104,400	23,800	3.2
Door	42,100	9,600	1.3
Dunn	98,400	22,500	3.0
Forest, Oneida, Vilas ¹	217,600	49,700	6.7
Kewaunee	175,500	40,100	5.4
La Crosse	158,200	36,100	4.8
Lafayette	25,000	5,700	0.8
Langlade, Lincoln, Marathon ¹	348,300	79,600	10.7
Marinette	280,700	64,100	8.6
Marquette	54,400	12,400	1.7
Menominee	18,300	4,200	0.6
Monroe	75,400	17,200	2.3
Outagamie	33,400	7,600	1.0
Pierce	101,600	23,200	3.1
Polk	197,700	45,200	6.1
Portage	60,600	13,800	1.8
Richland	67,700	15,500	2.1
Shawano	27,300	6,200	0.8
St. Croix	103,200	23,600	3.2
Waukesha	442,500	101,100	13.6
Waushara	128,900	29,500	4.0
Winnebago	200,800	45,900	6.2
Wood	207,900	47,500	6.4
Total	\$3,258,200	\$744,300	100.0%

¹ Some counties jointly applied for a supplemental grant.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Planning and Funding motions to accept the Legislative Audit Bureau's "Driver Improvement Surcharge Funding Report," Report 12-5 March 2012
Related SCAODA Goal: SCAODA Goal #4: Wisconsin will have adequate, sustainable infrastructure and fiscal, systems and human resources and capacity for effective outreach, and effective, accessible treatment and recovery services for all in need.
Background: The Intoxicated Driver Program Funding Ad-hoc Committee through the Planning and Funding Committee made 3 motions at the March 2011 SCAODA meeting which were all passed. One requested that the Joint Legislative Committee on Audit perform an audit of the Driver Improvement Surcharge Fund current allocations. The Joint Legislative Committee on Audit did perform an audit of the Driver Improvement Surcharge Fund resulting in a published report, the "Driver Improvement Surcharge Funding Report," Report 12-5 March 2012. <ul style="list-style-type: none">• Positive impact: The Report provides useful information to guide SCAODA's actions in establishing adequate infrastructure and accessible treatment and recovery services through the Intoxicated Driver Program's Driver Improvement Surcharge funding allocations for offenders convicted of OWI (Operating While Intoxicated).• Potential Opposition: none
Rationale for Supporting Motion: The Report provides information to help inform SCAODA and other policy-makers regarding how the Driver Improvement Surcharge Funds are allocated.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: Two-part motion: The Planning and Funding Committee motions to 1) request that the Department of Transportation (DOT) provide any information they have on the effect of the Safe Rides Program and its impact on decreasing the number of people driving intoxicated in Wisconsin; and 2) requests the Department of Public Instruction (DPI) provide any information they have on the Driver's Education Program and its impact on decreasing the number of people driving intoxicated in Wisconsin.
Related SCAODA Goal: SCAODA Goal #4: Wisconsin will have adequate, sustainable infrastructure and fiscal, systems and human resources and capacity for effective outreach, and effective, accessible treatment and recovery services for all in need.
Background: The Joint Legislative Committee on Audit performed an audit of the Driver Improvement Surcharge Fund resulting in a published report, the "Driver Improvement Surcharge Funding Report," Report 12-5 March 2012. The Report provided no information or evidence that either the Safe Rides Program or the Driver's Education Program are preventing or reducing intoxicated driving in Wisconsin. Consequently, we are requesting that information from DOT and DPI. <ul style="list-style-type: none">• Positive impact: The Report provides useful information to guide SCAODA's actions in establishing adequate infrastructure and accessible treatment and recovery services through the Intoxicated Driver Program's Driver Improvement Surcharge funding allocations for offenders convicted of OWI (Operating While Intoxicated).• Potential Opposition: None
Rationale for Supporting Motion: The Report provides information to help inform SCAODA and other policy-makers regarding how the Driver Improvement Surcharge Funds are allocated.

STATE of WISCONSIN



OFFICE of the GOVERNOR

Proclamations

WHEREAS, the term "fetal alcohol spectrum disorders" (FASD) is a general term that describes the wide variety of effects that can occur in a fetus whose mother drank alcohol during pregnancy; and

WHEREAS, Wisconsin has the highest rates of several alcohol indicators including binge drinking among adults, chronic heavy drinking among adults and binge drinking among pregnant women; and

WHEREAS, fetal alcohol spectrum disorders are a leading cause of mental retardation, learning and behavioral disabilities in Wisconsin; and

WHEREAS, each year approximately 70-80 Wisconsin babies are born with fetal alcohol syndrome and an additional 150-200 are born with other negative effects related to prenatal alcohol exposure; and

WHEREAS, the State of Wisconsin encourages programs that provide services to women at risk of alcohol-exposed pregnancies and individuals at risk for FASD, along with their families

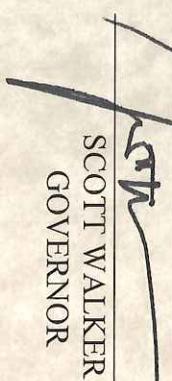
NOW, THEREFORE, I, Scott Walker, Governor of the State of Wisconsin, do hereby proclaim Sunday, September 9, 2012, as

FETAL ALCOHOL SPECTRUM DISORDERS AWARENESS DAY

throughout the State of Wisconsin, and I commend this observance to all of our citizens.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this 28th day of August 2012.


SCOTT WALKER
GOVERNOR

By the Governor:


DOUGLAS LA FOLLETTE
Secretary of State

BY-LAWS
of the
State of Wisconsin
State Council on Alcohol and Other Drug Abuse
As Approved
June 6, 2008
Amended 9-10-10 and 9-9-11

<please note: lines underlined below are taken directly from statute.>

ARTICLE I

Purpose and Responsibilities

Section 1. Authority

The council is created in the office of the governor pursuant to sec. 14.017 (2), Wis. Stats. Its responsibilities are specified under sec. 14.24, Wis. Stats.

Section 2. Purpose

The purpose of the state council on alcohol and other drug abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

Section 3. Responsibilities

The state council on alcohol and other drug abuse shall:

- a. Provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state.

- b. Meet at least once every 3 months.
- c. By June 30, 1994, and by June 30 every 4 years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs. The state plan shall include all of the following:
 - i. Goals, for the time period covered by the plan, for the state alcohol and other drug abuse services system.
 - ii. To achieve the goals in [par. \(a\)](#), a delineation of objectives, which the council shall review annually and, if necessary, revise.
 - iii. An analysis of how currently existing alcohol and other drug abuse programs will further the goals and objectives of the state plan and which programs should be created, revised or eliminated to achieve the goals and objectives of the state plan.
- d. Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, review and make recommendations to the governor, the legislature and state agencies, as defined in [s. 20.001 \(1\)](#), regarding the plans, budgets and operations of all state alcohol and other drug abuse programs.
- e. Provide the legislature with a considered opinion under [s. 13.098](#).
- f. Coordinate and review efforts and expenditures by state agencies to prevent and control alcohol and other drug abuse and make recommendations to the agencies that are consistent with policy priorities established in the state plan developed under [sub. \(3\)](#).
- g. Clarify responsibility among state agencies for various alcohol and other drug abuse prevention and control programs, and direct cooperation between state agencies.
- h. Each biennium, select alcohol and other drug abuse programs to be evaluated for their effectiveness, direct agencies to complete the evaluations, review and comment on the proposed evaluations and analyze the results for incorporation into new or improved alcohol and other drug abuse programming.
- i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse.

- j. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- k. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- l. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages to address alcohol, tobacco and other drug abuse problems.

ARTICLE II

Membership

Section 1. Authority

Membership is in accordance with section 14.017(2), Wis. Stats.

Section 2. Members

- 2.1** The 22-member council includes six members with a professional, research or personal interest in alcohol, tobacco and other drug abuse problems, appointed for four-year terms, and one of them must be a consumer representing the public. It was created by chapter 384, laws of 1969, as the drug abuse control commission. Chapter 219, laws of 1971, changed its name to the council on drug abuse and placed the council in the executive office. It was renamed the council on alcohol and other drug abuse by chapter 370, laws of 1975, and the state council on alcohol and other drug abuse by chapter 221, laws of 1979. In 1993, Act 210 created the state council on alcohol and other drug abuse, incorporating the citizen's council on alcohol and other drug abuse, and expanding the state council and other drug abuse's membership and duties. The state council on alcohol and other drug abuse's appointments, composition and duties are prescribed in sections 15.09 (1)(a), 14.017 (2), and 14.24 of the statutes, respectively.

The council strives to have statewide geographic representation, which includes urban and rural populated areas, to have representation from varied stakeholder groups, and shall be a diverse group with respect to age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

2.2 There is created in the office of the governor a state council on alcohol and other drug abuse consisting of the governor, the attorney general, the state superintendent of public instruction, the secretary of health services, the commissioner of insurance, the secretary of corrections, the secretary of transportation and the chairperson of the pharmacy examining board, or their designees; a representative of the controlled substances board; a representative of any governor's committee or commission created under [subch. I](#) of ch. 14 to study law enforcement issues; 6 members, one of whom is a consumer representing the public at large, with demonstrated professional, research or personal interest in alcohol and other drug abuse problems, appointed for 4-year terms; a representative of an organization or agency which is a direct provider of services to alcoholics and other drug abusers; a member of the Wisconsin County Human Service Association, Inc., who is nominated by that association; and 2 members of each house of the legislature, representing the majority party and the minority party in each house, chosen as are the members of standing committees in their respective houses. [Section 15.09](#) applies to the council.

2.3 Selection of Members

From Wis. Stats. 15.09 (1)(a); Unless otherwise provided by law, the governor shall appoint the members of councils for terms prescribed by law. Except as provided in [par. \(b\)](#), fixed terms shall expire on July 1 and shall, if the term is for an even number of years, expire in an odd-numbered year.

2.4 Ex-Officio Members

- a. Ex-officio members may be appointed by a majority vote of the council to serve on the council, special task forces, technical subcommittees and standing committees. Other agencies may be included but the following agencies shall be represented through ex-officio membership: The Wisconsin Departments of: Revenue, Work Force Development, Regulation and Licensing, Veteran Affairs and Children and Families, and the Office of Justice Assistance, the Wisconsin Technical Colleges System and the University of Wisconsin System.
- b. Ex-officio members of the council may participate in the discussions of the council, special task forces, technical subcommittees, and standing committees except that the chairperson may limit their participation as necessary to allow full participation by appointed members of the council subject to the appeal of the ruling of the chairperson.

- c. Ex-officio members will serve four-year terms.
- d. An ex-officio member shall be allowed to sit with the council and participate in discussions of agenda items, but shall not be allowed to vote on any matter coming before the council or any committee of the council, or to make any motion regarding any matter before the council.
- e. An ex-officio member may not be elected as an officer of the council.
- f. An ex-officio member shall observe all rules, regulations and policies applicable to statutory members of the council, and any other conditions, restrictions or requirements established or directed by vote of a majority of the statutory members of the council

2.5 Selection of Officers

Unless otherwise provided by law, at its first meeting in each year the council shall elect a chairperson, vice-chairperson and secretary from among its members. Any officer may be reelected for successive terms. For any council created under the general authority of [s. 15.04 \(1\) \(c\)](#), the constitutional officer or secretary heading the department or the chief executive officer of the independent agency in which such council is created shall designate an employee of the department or independent agency to serve as secretary of the council and to be a voting member thereof.

2.6 Terms of Voting Members

- a. Voting members shall remain on the council until the effective date of their resignation, term limit or removal by the governor, or until their successors are named and appointed by the governor.
- b. Letter of resignation shall be sent to the governor and council chairperson.
- c. Each voting member or designee of the council is entitled to one vote.

2.7 Code of Ethics

All members of the council are bound by the codes of ethics for public officials, Chapter 19, Wis. Stats., except that they are not required to file a statement of economic interest. Ex-officio members are not required to file an oath of office. As soon as reasonably possible after

appointment or commencement of a conflicting interest and before voting on any grant, members shall reveal any actual or potential conflict of interest. Chapter 19.46 of Wisconsin State Statutes states that no state public official may take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest or use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.

2.8 Nondiscrimination

The council will not discriminate because of age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

2.9 Nomination Process for Appointed Members and Officers

As per Article II, Section 2.1, the governor is required to appoint six citizen members. In addition, the council elects the chairperson, vice-chairperson and secretary, annually. The council will follow this process when making recommendations to the governor concerning appointments and nominating a slate of officers:

- a. The council, along with the office of the governor and department staff, will monitor when council terms will expire. It will also monitor the composition of the council with respect to the factors specified in Article II, Section 2.1.
- b. The vice-chairperson of the council shall convene a nominating committee and appoint a chairperson of that committee as needed to coordinate the process for all appointments to the council as outlined in Article II, Section 2 and annually put forth a slate of officers as identified in Article II Sections 3.1, 3.2 and 3.3. The Council Chairperson may ask for nominations from the floor to bring forth nominations in addition to the slate of officers brought forth by the nominating committee. The nominating committee shall make recommendations to the council regarding nominations and appointments prior to the September council meeting and have such other duties as assigned by the council.
- c. The nominating committee of the council, with support of bureau staff, will publicize upcoming vacancies, ensuring that publicity

includes interested and underrepresented groups, including alcohol, tobacco and other drug abuse agencies, alcohol, tobacco and other drug abuse stakeholder groups, consumers, and providers. Publicity materials will clearly state that council appointments are made by the governor. Materials will also state that the governor normally considers the council's recommendations in making council appointments.

- d. While any person may apply directly to the governor according to the procedures of that office, all applicants will be asked to provide application materials to the council as well. Bureau staff will make contact with the office of the governor as necessary to keep the committee informed regarding applicants, including those that may have failed to inform the committee of their application.
- e. Applicants shall provide a letter of interest or cover letter, along with a resume and any other materials requested by the office of the governor. The nominating committee, in consultation with department staff, may request additional materials. The nominating committee, with support of bureau staff, will collect application materials from nominees, including nominees applying directly to the governor. The nominating committee or staff will acknowledge each application, advising the applicant regarding any missing materials requested by the nominating committee. The nominating committee or staff will review each application to ensure that all required nomination papers have been completed.
- f. The nominating committee may establish questions to identify barriers to attendance and other factors related to ability to perform the function of a member of the state council on alcohol and other drug abuse and to identify any accommodations necessary to overcome potential barriers to full participation by applicants. The nominating committee may interview applicants or designate members and/or staff to call applicants. Each applicant shall be asked the standard questions established by the committee.
- g. The nominating committee shall report to the full council regarding its review of application materials and interviews. The report shall include the full roster of applicants as well as the committee's recommendations for appointment.
- h. The council shall promptly act upon the report of the nominating committee. Council action shall be in the form of its recommendation to the governor. Department staff shall convey the council's recommendation to the office of the governor.

2.10 Removal from Office

The Governor may remove appointed members from the council. The council may recommend removal but the Governor makes the final decision regarding removal.

Section 3. Officers

3.1 Chairperson

The chairperson is the presiding officer and is responsible for carrying out the council's business including that motions passed be acted upon in an orderly and expeditious manner and assuring that the rights of the members are recognized. The chairperson may appoint a designee to preside at a meeting if the vice-chairperson is unable to preside in their absence. The chairperson is also responsible for organizing the work of the council through its committee structure, scheduling council meetings and setting the agenda. The chairperson may serve as an ex-officio member of each council committee. The chairperson shall represent the positions of the council before the legislature, governor and other public and private organizations, unless such responsibilities are specifically delegated to others by the council or chairperson. The agenda is the responsibility of the chairperson, who may consult with the executive committee or other council members as necessary.

3.2 Vice-Chairperson

The vice-chairperson shall preside in the absence of the chairperson and shall automatically succeed to the chair should it become vacant through resignation or removal of the chairperson until a new chairperson is elected. The vice-chairperson shall also serve as the council representative on the governor's committee for people with disabilities (GCPD). If unable to attend GCPD meetings, the vice-chairperson's designee shall represent the council.

3.3 Secretary

The secretary is a member of the executive Committee as per Article IV, Section 5. The secretary is also responsible for carrying out the functions related to attendance requirements as per Article III, Section 6.

3.4 Past Chairperson

The immediate past chairperson shall serve as a member of the council until expiration of their appointed term, and may serve as an ex-officio

member during the term of her or his successor if the term of office as member of the council has expired.

3.5 Vacancies

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.

ARTICLE III

Council Meetings

Section 1. Council Year

The council year shall begin at the same time as the state fiscal year, July 1.

Section 2. Meetings

2.1 Regular and special meetings

Regular meetings shall be held at least four times per year at dates and times to be determined by the council. Special meetings may be called by the chairperson or shall be called by the chairperson upon the written request of three members of the council.

2.3 Notice of meetings

The council chairperson shall give a minimum of seven days written notice for all council meetings. An agenda shall accompany all meeting notices. Public notice shall be given in advance of all meetings as required by Wisconsin's Open Meetings Law. If a meeting date is changed, sufficient notice shall be given to the public.

2.3 Quorum

A simple majority (51%) of the membership qualified to vote shall constitute a quorum to transact business.

Section 3. Public Participation

Consistent with the Wisconsin Open Meetings law, meetings are open and accessible to the public.

Section 4. Conduct of Meetings

- 4.1** Meetings shall be conducted in accordance with the latest revision of Robert's Rules of Order, unless they are contrary to council by-laws or federal or state statutes, policies or procedures.

Section 5. Agendas

- 5.1** Agendas shall include approval of minutes from prior meetings, any action items recommended by a committee, an opportunity for public comment, and other appropriate matters.
- 5.2** Requests for items to be included on the agenda shall be submitted to the chairperson two weeks prior to the meeting.

Section 6. Attendance Requirements

- 6.1** All council members are expected to attend all meetings of the council. Attendance means presence in the room for more than half of the meeting.
- 6.2** Council members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3** Any member of the council who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council to discuss the reasons for absence and whether the member will be able to continue serving. Appointed members who do not believe that they can continue should tender their resignation in writing to the secretary of the council. Any resignations will be announced to the council and forwarded to the appointing authority.
- 6.4** At any time the secretary of the council, after consultation with the appointed member, believes that a member will not be able to fulfill the duties of membership, he or she should bring the matter to the chairperson. When the chairperson confirms that recommendation, he or she shall place the matter on the next council agenda. The

chairperson shall ensure that the member at issue is given notice that the council will consider a recommendation to the appointing authority regarding the membership. When the council, after the member at issue is given the opportunity to be heard, agrees with the recommendation, it shall recommend to the appointing authority that the member be removed from the council and a replacement appointed to fulfill the member's term.

- 6.5** If a statutory member or their designee are absent from two meetings within a year, they will be contacted by the secretary of the council to discuss the reasons for absence and whether the member will be able to continue serving. In the event that a statutory member believes they are unable to continue, the secretary of the council shall inform the council chairperson and upon confirmation the chairperson will provide written notice to the governor of the need for an alternate or replacement.

Section 7. Staff Services

The division of mental health and substance abuse services shall provide staff services. Staff services shall include: record of attendance and prepare minutes of meetings; prepare draft agendas; arrange meeting rooms; prepare correspondence for signature of the chairperson; offer information and assistance to council committees; analyze pending legislation and current policy and program issues; prepare special reports, and other materials pertinent to council business.

Section 8. Reimbursement of Council and Committee Members

According to Section 15.09 of Wisconsin Statutes: Members of a council shall not be compensated for their services, but, except as otherwise provided in this subsection, members of councils created by statute shall be reimbursed for their actual and necessary expenses incurred in the performance of their duties, such reimbursement in the case of an elective or appointive officer or employee of this state who represents an agency as a member of a council to be paid by the agency which pays his or her salary.

ARTICLE IV

Committees

Section 1. Committee Structure

- 1.1** There shall be an executive committee as provided below. The executive committee is a standing committee of the council.

1.2 The council may establish other standing committees and subcommittees as necessary or convenient to conduct its business. Of the standing committees established by the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to interdepartmental coordination, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. Subcommittees are a subset of a standing committee. Subcommittees are standing committees, which by another name is a permanent committee. Standing committees meet on a regular or irregular basis dependent upon their enabling act, and retain any power or oversight claims originally given them until subsequent official actions of the council (changes to law or by-laws) disbands the committee. Of the standing subcommittees established by the state council on alcohol and other drug abuse, at least one shall have a focus on children youth and families and is a subcommittee of the intervention and treatment committee, at least one shall have a focus on the Americans with Disabilities Act (ADA) for deaf, deafblind and hard of hearing and is a subcommittee of the cultural diversity committee, at least one shall have a focus on cultural competency and is a subcommittee of the cultural diversity committee, and at least one shall have a focus on epidemiology and is a subcommittee of the prevention committee.

Ad-hoc committees are established to accomplish a particular task and are to be temporary, with the charge being well-defined and linked to SCAODA's strategic plan, not to exceed duration of twelve calendar months. Ad-hoc committees are formed by standing committee chairs. Ad-hoc committees must report their progress at the meeting of their standing committee. Ad-hoc committees can be granted extensions by the standing committee chair.

It is the intent of this section that:

- There should be periodic review of the structure and progress of the work of the committees, subcommittees and ad-hoc committees.
- If the officers have concerns about the work of the standing committees, subcommittees or ad-hoc committees, they could convene an executive committee meeting to discuss options, "for the good of the order."
- The intent of this group is to recommend that ad-hoc committees be time-limited (recommend one year) and the committee chair determines if the work should go forward beyond the original charge.

- The charge should be well-defined and linked to SCAODA's strategic plan.
- The committee chairs should be primarily responsible for creating and disbanding ad-hoc groups.
- The committee chairs should be responsible for monitoring the work and duration of the work in coordination with SCAODA.

1.3 Committees may determine their own schedules subject to direction from the full council.

Section 2. Composition of Committees

2.1 Council committees may include members of the public as well as council members.

2.2 The council chairperson may appoint a chairperson who must be a member of the council, for each committee. The council chairperson, with the advice of the committee chairperson may appoint other committee members.

2.3 Committees may designate subcommittees including ad hoc committees, as necessary or convenient subject to limitation by the full council.

2.4 A council member shall not chair more than one committee.

2.5 A committee chairperson's term shall not exceed the length of their appointment or four years whichever comes first. With the majority vote of the council, a chairperson may be reappointed.

Section 3. Requirements for all Committees

3.1 A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.

3.2 All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.

3.3 Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.

3.4 Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson

or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.

- 3.5 Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.
- 3.6 The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

Section 4. Requirements for Committee Chairpersons

The chairperson of each committee is responsible for:

- a. Ensuring that the by-laws and every applicable directive of the council are followed by the committee as indicated in Chapters 15.09, 14.017 and 14.24 of Wisconsin Statutes;
- b. Ensuring that recommendations of the committee are conveyed to the full council;
- c. Submitting meeting minutes in the approved format to the council; and
- d. Coordinating work with other committees where items could be of mutual interest.

Section 5. Executive Committee

- 5.1 The executive committee shall be comprised of at least three members, including the council chairperson, vice-chairperson and secretary. The immediate past chairperson of the council may also be invited by the council chairperson to be a member of the executive committee.
- 5.2 The executive committee will have the following responsibilities:
 - a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.
 - b. Meet at the request of the chairperson as needed;

- c. Provide for an annual review of the by-laws;
- d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and
- e. Other duties designated by the council.

5.3 Rapid Response

The executive committee may act on behalf of the full council only under the following circumstances:

- a. When specifically authorized by the council;
- b. When action is needed to implement a position already taken by the council;
- c. Except when limited by the council, the executive committee may act upon the recommendation of a committee, other than the executive committee, if such action is necessary before a council meeting may reasonably be convened, provided that if more than one committee has made differing recommendations concerning the subject, the executive committee may not act except to request further study of the subject; or
- d. Except when limited by the council, the executive committee, by unanimous consent, may take such other action as it deems necessary before a council meeting may reasonably be convened.

ARTICLE V

Amendments

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.

DRAFT MEMORANDUM TO STATE COUNCIL AND ADVISORY GROUP MEMBERS RE: ARRANGEMENTS FOR OVERNIGHT ACCOMMODATIONS

The Division of Mental Health and Substance Abuse Services has been notified that the Division may not use a state credit card, called a “p-card” in state government, to cover the cost of non-DHS employee hotel, airfare and other business expenses for attending DMHSAS meetings or conferences. In order to be reimbursed, non-DHS personnel, including Council and Advisory Group Members, will need to first obtain a state vendor number using the attached form in order to be registered in the state system. Then after the expense has been incurred, the individual submits a travel reimbursement voucher.

The reason for this restriction on state p-cards is because the state’s accountability plan for the use of the p-cards assures that state p-cards will only be used for expenses that DHS can identify as tax-free. In some instances, for some individuals, travel reimbursements may be taxable income.

According to Section 15.09 of Wisconsin Statutes: “Members of a council shall not be compensated for their services, but, except as otherwise provided in this subsection, members of councils created by statute shall be reimbursed for their actual and necessary expenses incurred in the performance of their duties, such reimbursement in the case of an elective or appointive officer or employee of this state who represents an agency as a member of a council to be paid by the agency which pays his or her salary.”

This state law requires a reimbursement mechanism for actual and necessary expenses of Council members.

In addition another part of state law addresses advisory bodies as follows:

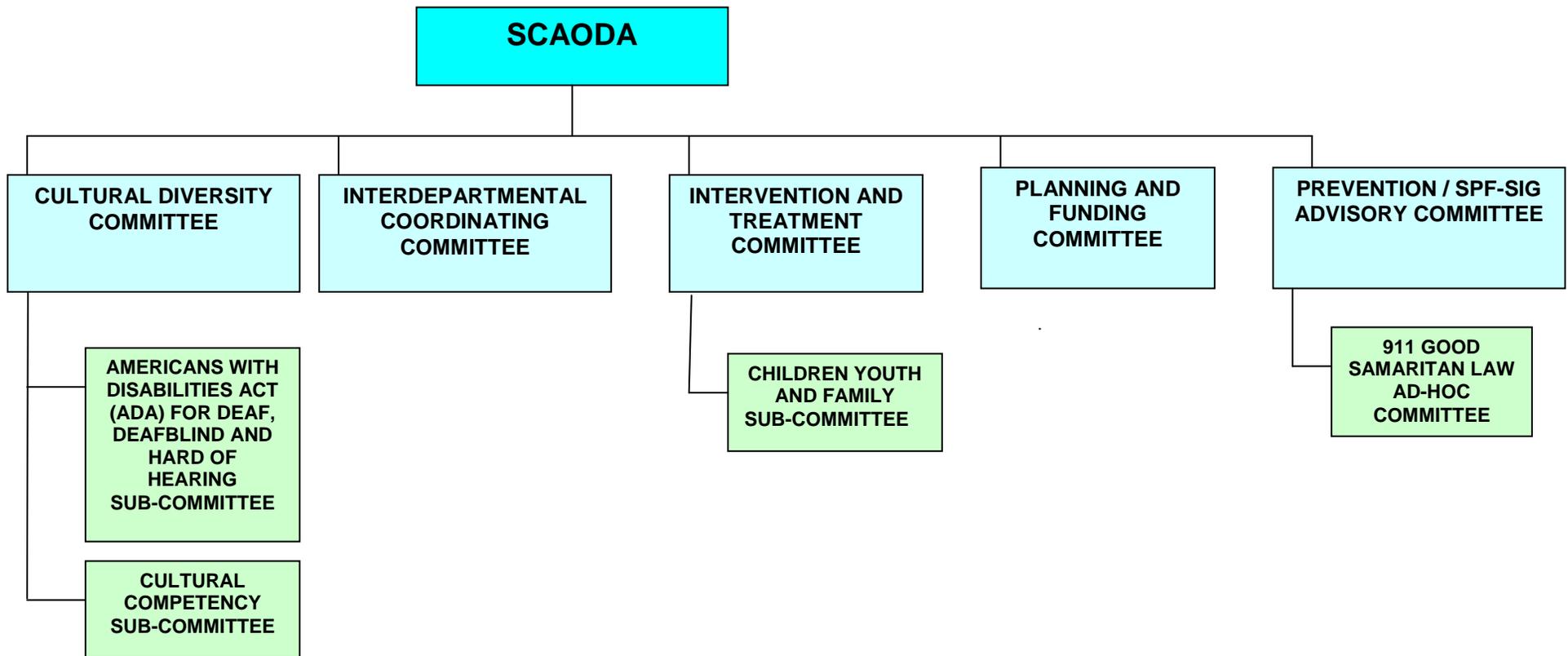
15.04(1)(c)

(c) *Advisory bodies.* In addition to any councils specifically created by law, create and appoint such councils or committees as the operation of the department or independent agency requires. Members of councils and committees created under this general authority shall serve **without compensation, but may be reimbursed for their actual and necessary expenses incurred in the performance of their duties** and, if such reimbursement is made, such reimbursement in the case of an officer or employee of this state who represents an agency as a member of such a council or committee shall be paid by the agency which pays the officer's or employee's salary.

SCAODA Organization Chart

May 2012

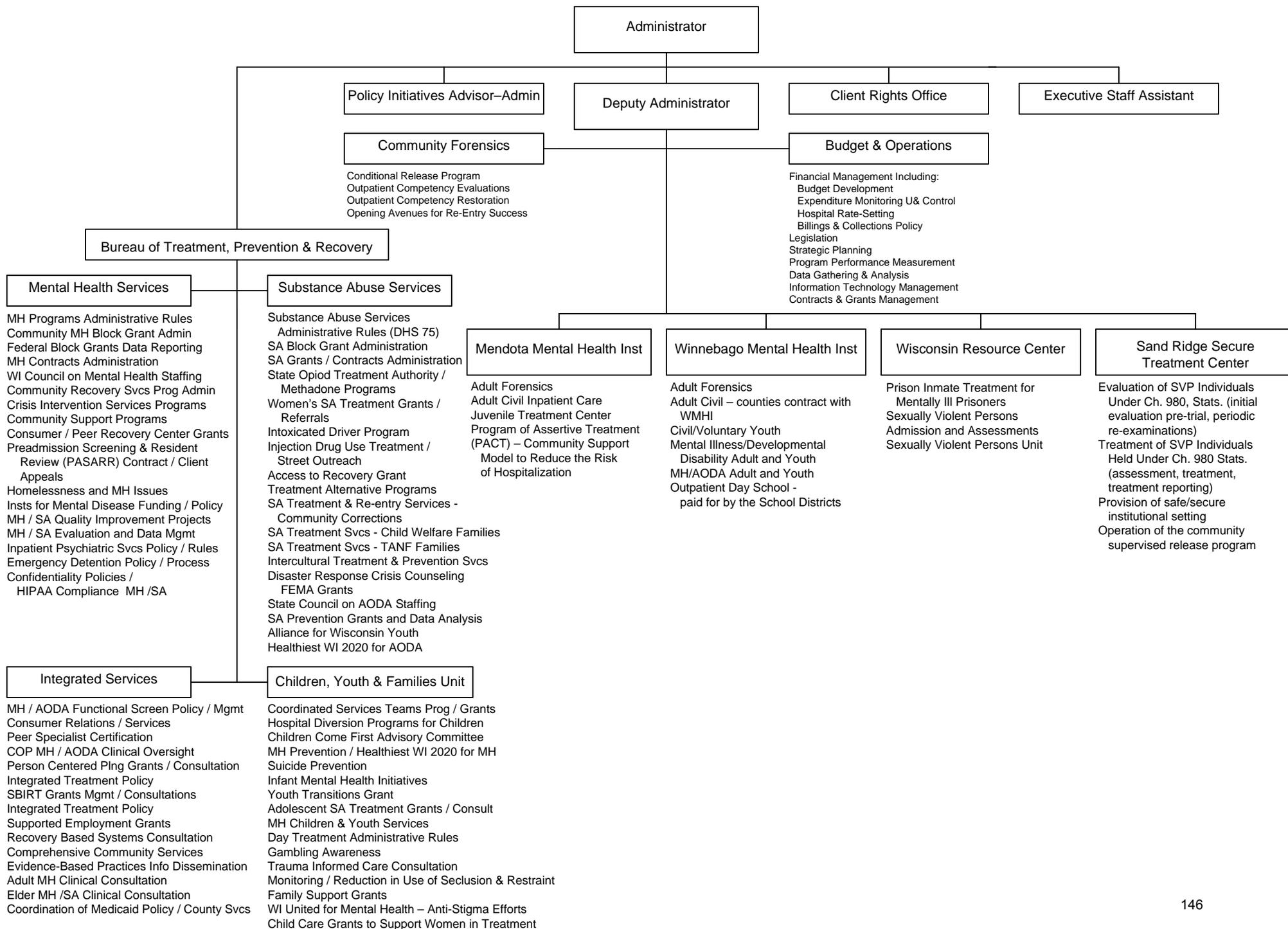
1. Cultural Diversity Committee
 - a. Americans with Disabilities Act (ADA) For Deaf, Deafblind and Hard of Hearing Sub-Committee
 - b. Cultural Competency Sub-Committee
2. Interdepartmental Coordinating Committee
3. Intervention and Treatment Committee
 - a. Children Youth and Family Sub-Committee
4. Planning and Funding Committee
5. Prevention / SPF-SIG Advisory Committee
 - a. 911 Good Samaritan Law Ad-Hoc Committee



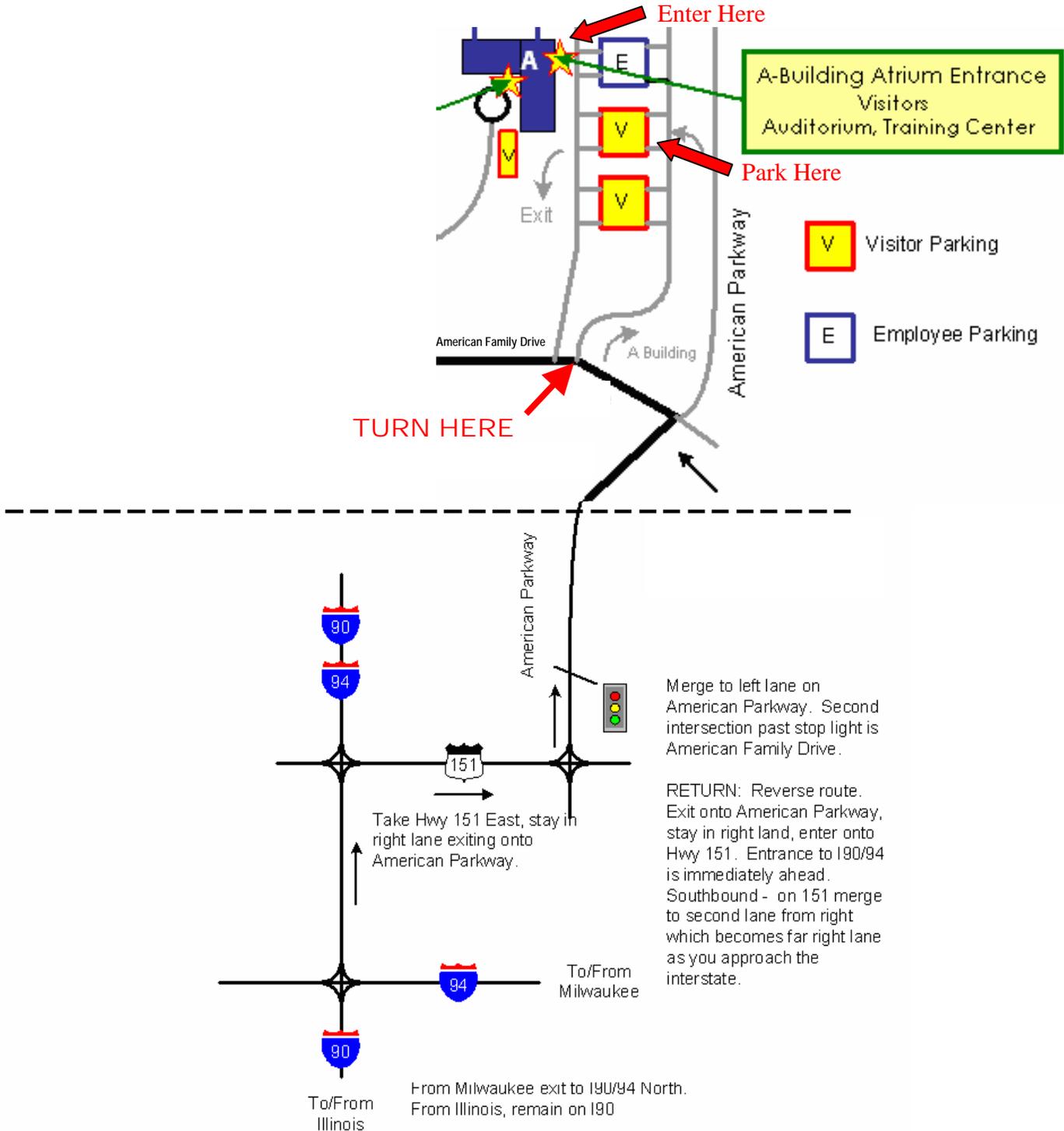
Department of Health Services
Division of Mental Health and Substance Abuse Services

April 2011

Functions



Directions to American Family's Training Center and Auditorium



Highway Directions to AF-NHQ Campus