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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

March 6, 2009

9:30 a.m. – 12:30 p.m.

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

Members Present: Mark Seidl, Joyce O'Donnell, John Easterday, Representative John Townsend, Renee Chyba, Eileen Mallow, Sandy Hardie, Janet Nordorft, Greg Phillips, Scott Stokes, Duncan Shrout, Michael Waupoose

Members Excused: Linda Mayfield, Coral Butson, Mary Rasmussen, Pamela Phillips, Douglas Englebert, Gary Sumnicht.

Members Absent:

Ex-Officio Members Present: Randall Glysch, Ray Luick, Susan Crowley, Linda Preysz.

Ex-Officio Member Excused: Roger Johnson.

Ex-Officio Member Absent: Thomas Heffron, Peggy Wichman, Larry Kleinsteinber.

Staff: Joyce Allen, Lori Ludwig, Jamie McCarville, Sue Gadacz, Kathy Thomas, Raina Zwadzich, Kate Johnson, Jerry Livings, Lou Oppor, Susan Endres.

Guests: Norm Briggs, Steve Dakai, Harold Gates, Manny Scarbrough, Dave McMaster, Angela Rivera, Tami Bahr, Tom Fuchs, Carol Lobes, Julie Wesenberg, Jerry Kaye, Todd Campbell, Jim Moeser, Cynthia Green, Eric Heiligenstein.

Introductions/Welcome/Agenda

Mark Seidl, Secretary, called the meeting to order at 9:35 am. He welcomed the group and asked the group to introduce themselves.

Approval of Minutes

Mark Seidl announced that the draft minutes from the December 5, 2008 meeting were mistakenly not included in the packets, or on-line. They will be posted on the SCAODA website as soon as possible and voted on for approval next time.

Public Input

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

Department Human Service Update

John Easterday apologized for Secretary Timberlake's inability to be at the SCAODA meeting. There was another pressing matter which called her away. John Easterday reported on the proposed budget. He indicated that the Division of Mental Health and Substance Abuse Services (DMHSAS) took its fair share of the proposed cuts. However, they weren't nearly as bad as in other states where 14-15% cuts were taken in substance abuse systems. In Minnesota, the community aids budget was cut in half. He reported on changes affecting DHMSAS.

- The Screening Brief Intervention Referral and Treatment (SBIRT) program will be able to bill Medicaid for Medicaid recipients in 2011. SBIRT is a part of primary health care screenings. The Medicaid coverage is a huge achievement.
- The TANF grant will go out for bid and it was also cut.
- GPR and Program Revenue were technically cut 1% across the board. That was the single largest cut.
- Dually diagnosed individuals will be covered under the Medicaid 1915i waiver and will be eligible for residential support services (Wisconsin will be applying/Counties will pay a match).
- One million dollars has been added for Community Support Services (CSP) crisis intervention and Comprehensive Community Services (CCS).
- Regarding mental health services, counties will now be charged for the Medicaid match when elderly and children are admitted to the Institutes. Law enforcement must have approval of the Community Services Board before admissions to the Institute can occur. Counties will have to seek alternatives to institutionalization. Greg Phillips expressed concern as an officer on the street. Mendota was the last alternative. Emergency detentions happen late at night. Mr. Easterday suggested that counties seek other alternatives such as placement in a crisis program if the Institute is not available. Joyce Allen spoke to the fact that there are 4 million dollars over the biennium available to bolster community services. Currently most admissions to the Institutes are for the short term. This new policy really is good practice and it will save state dollars. This topic stimulated more discussion. It appears to be the single most controversial item in the budget.
- Other questions concerned the 1% cut to Community Aids and whether the reductions will be replaced with SABG funds. Ms. Allen explained that while we get SABG for one year, we have two years to spend it. The plan is to swap one year of GPR (the 1% reduction) with SABG funds in order to achieve a savings in GPR. Increased SABG funding means that those funds must be spent on increased substance abuse services (not on general community aids).

Seventeen-Year Olds in the Adult Justice System

Mr. Jim Moeser from the Wisconsin Council on Children and Families (WCCF) was introduced. He explained that it is the oldest non-profit in the state. Its mission is to oversee the well-being of children in the State. He reported that about ten years ago, all 17 year-olds were moved into the Adult Criminal Justice System. Wisconsin was just one of 40 states changing the Juvenile Code in response to increasingly violent crimes in the 1980's. However, by the time the law was changed, the crime rate had dropped. Mr. Moeser distributed hard copies of a power point presentation which summarizes how the law governing 17 year old offenders was changed.

- Notably, in the 1990s Wisconsin took juvenile delinquency out of the Children's Code and created a new Juvenile Justice Code in 1995.
- All Wisconsin 17 year-olds in the criminal justice system were put into adult court jurisdiction.
- In subsequent years, however, national research has challenged the notion that the adult system is better at controlling kids.

Julie Wesenberg, a graduate social work student working for WCCF reported that WCCF analyzed a sample of 1,000 17 year-old youth with initial convictions in the year 2001 in order to look at subsequent convictions. The average follow-up was 6.5 years. Results were reported in their publication "Risking their futures: Why trying nonviolent 17 year-olds is bad policy for Wisconsin." The conclusions were that

- 70% of the sample was reconvicted;
- 80% of those initially sent to jail were reconvicted and
- 80% of African Americans and 46% of Whites were sentenced to jail.
- policy initiatives should focus on returning 17 year-olds to Juvenile Court;
- maintain waiver provisions;
- make the effective date January 1, 2012, and;
- devise a plan for estimating costs and allocating funds and create an implementation committee to finalize a fiscal plan.

To address the question: How many juveniles are arrested for alcohol and drug offenses? Ms. Wesenberg further analyzed Wisconsin arrest data for 17 year-olds. She reported that

- About 24% of the 26,000 17 year olds arrested, included those with drug and alcohol offenses. (sales (1%), possession (5%), DWI (2%) and liquor law violations (17%)).

Mr. Ray Luick pointed out that arrest data reflects police activity and is not a reflection of what happens to the kids. He felt that 26,000 is a huge number versus those processed into the system. Mr. Moeser added that in general, in the adult system, 17 year-olds are under assessed, and under treated. It is a critical time for kids in the system. If they are in jail, they are a part of a small group of kids and generally receive the same services as adults, which are non-existent to minimal and don't include education, or mental health services. Probation and Parole have enormous caseloads and kids don't receive any special attention.

The group had several questions for the presenters. In general, Mr. Moeser reported that

- the juvenile system is much richer in services,
- crisis services are generally for adults and not the best system to deal with kids,
- about 95% or higher of kids in the system are more appropriately treated in the juvenile justice system and that less than 1% are convicted of violent crimes.

Susan Endres reported that statewide there is a huge variation in how we deal with juveniles. There is only one juvenile Drug Court in the state. She suggested that Project Fresh Light would like to partner with WCCF. Manny Scarbrough pointed out that the future in Wisconsin is that there will be a large population of Latinos and a large population of African Americans. Typically Latinos and African Americans are disproportionately represented in jail. Why so many? Why jail and not diversion? Tami Bahr asked if we move 17 year-olds into the juvenile justice system, what happens at 18? Mr. Moeser agreed that we need more than adult services for 18 year olds. We need transition services. We're not doing that currently. Mr. Luick explained that the Governor has a commission looking at disparities in the justice system. Discussions should be held on tribal land. There is a justice re-investment initiative going on, including the Treatment Alternative and Diversion (TAD) program. They are looking at what happens before a person is in front of a judge. The pre-sentence report is not good enough. They will look at issues in terms of reducing jail populations. Harold Gates suggested a review of the CLAS standards. This is really a global issue. We need to provide appropriate services for kids in the community. Mr. Moeser agreed. Early childhood education is important,

including 4 year-old Kindergartens as well as workforce development opportunities—a whole range of things are needed. The group thanked the presenters for their information.

Committee Reports

Planning and Funding Committee:

- Introduction of Motions: Joyce O'Donnell registered her concerns about a procedure agreed to during a teleconference with the four Chairpersons of the SCAODA Committees, Mark Seidl and staff. That agreement was to introduce motions separately from the Committee reports, during a different agenda item. Then, the idea was to wait until the next SCAODA meeting to vote on that motion. She is used to making motions during the Committee report time and no longer agrees with the suggestion made during the teleconference. Mark Seidl had researched the topic and found that the introduction of a motion could be made as a resolution. Linda Preysz reminded the group that when discussed at the Four Chairs teleconference, there was a concern for more background information prior to voting on a motion; presenting the information at one meeting and then taking action at the next meeting. Ms. O'Donnell felt that that would be fine if we met monthly but we only meet four times a year. Issues would be dead in the water after months have passed. She agreed to present her motions later on.
- Ms. O'Donnell announced that Planning and Funding would be staffing the Public Forum on May 18th at the WAAODA conference from 5:30 to 7:30. Duncan Shroust will be sharing information from a Prevention conference held earlier that day. Mr. Shroust added that several Universities will be hosting a conference on that date. He asked that Lori Ludwig distribute the registration information when it becomes available.
- Ms. O'Donnell then announced that the Planning and Funding Committee has a new member as a result of a Public Forum. He is Tom Fuchs, Director of LE Phillips Libertas AOD Treatment Center in Chippewa Falls.
- Ms. O'Donnell also thanked Manny Scarbrough for pursuing the report on 17 year-olds in the justice system. She asked how the Council will support that initiative.

Prevention Committee:

- Scott Stokes reported that in the last two years, the Prevention Committee which is also SPF/SIG Advisory body completed a state prevention plan and an RFP. The last two meetings of the Prevention Committee have been spent planning for goals and objectives. March 27th was the last time the Prevention Committee met and they finalized their goals and objectives for the next two years.
- Also, the ACE (Alcohol Culture and Environment) Sub-Committee has formed and is chaired by Julia Sherman. They are looking at state law, local ordinances, legal, cultural and financial barriers to change.
- The RFP was released two weeks ago; the bidders conference was held; and so far 24 letters of intent have been received. The grants focus on environmental strategies that would decrease under age drinking among 12-20 year olds; decrease binge drinking among 18-25 year-olds and decrease motor vehicle fatalities and injuries among 18-24 year olds. There will be 24 grants. Joyce O'Donnell asked if the Prevention Committee was managing the grants. Mr. Stokes responded that the Prevention Committee receives updates from state staff.

Diversity Committee:

- Michael Waupoose reported that the Diversity Committee has discussed the Governor's position on the beer tax for the last two meetings. They are disappointed in the

Governor's position against increasing alcohol taxes. There are horrendous consequences associated with alcohol consumption, just as there are for tobacco consumption. Yet we lack an increase in the alcohol tax. Increasing taxes reduces use and increases revenue for treatment and prevention. The Diversity Committee hopes the Council continues to provide information to the Governor on that issue.

- Mr. Waupoose also reported that the Deaf and Hard of Hearing Sub-Committee has posted a survey on the SCAODA website under Diversity. It asks for respondents including members of WAAODA, WADAP and WADPTA about their knowledge of the treatment needs of deaf and hard of hearing population.
- Mr. Waupoose also reported on the Public Forum held at the Tribal Conference. He reported that a reasonable amount of people showed up. It was a good listening session.
 - Regarding evidence-based practices—there is a lack of evidence-based practices for minorities; lack of funding in Tribal services. Indian people know their treatment needs and should have the ability to use methods that they know work, rather than being required or encouraged to use EBP. No one model can meet the needs of people in all 11 tribes in the state.
 - There was a concern about insurance companies who won't insure non-Masters level therapists. There was the perception of a lack of attention paid to tribes on treatment of trauma. Treatment services in general get lost in terms of Tribal Communities. Treatment in urban settings is less appropriate for Tribal peoples.
 - There was a recommendation that one seat at SCAODA be for the Tribes.
 - Mr. Waupoose also announced that the National Association of Alcohol and Drug Abuse Counselors selected Michael Waupoose as "Advocate of the Year." He is being presented with an award. There were warm congratulations and applause for Mr. Waupoose.

Intervention and Treatment Committee:

- Linda Preysz thanked Dave Macmaster for the posters that he brought to the meeting. The posters depicted the importance of tobacco cessation to the recovering community.
- Ms. Preysz reported that the Committee discussed the Intoxicated Driver Program with Mark Seidl and Tom Saari of the IDP Sub-Committee of WCHSA participating by phone. There were two conclusions:
 - advocating for treatment for IDP clients rather than just punishment, and
 - securing appropriate funding for the IDP program.
- Ms. Preysz also reported that the ITC looked at current legislation being introduced. The overall concern of the Committee was that whatever moves forward should contain provisions for treatment and funding.
- Child and Youth Sub-Committee minutes were referenced to access its endorsements.
- Regarding the Workforce motion: The Committee talked about anecdotal information about treatment and demand. There may not be treatment personnel available. The Committee just can't get its arms around the information we need. What would we do with the information? Things are still very much in the air. The Committee has discussed with Jeff Scanlon from the Department of Regulation and Licensing the matter of reciprocity and treatment.

Report on IDP

Mark Seidl presented a power point presentation on the Intoxicated Driver Program. He added that he would like to combine this agenda item with the Discussion on OWI legislation. He reported that he met with Senator Alberta Darling, Representative Peggy Krusick and

Representative Jim Ott regarding current proposals. He proceeded to give a brief history of the IDP program:

- beginning with the federal highway safety act back in 1966, at that time a person arrested with a .29 BAC would have their charge reduced to reckless driving and fined either \$375 or 30 days in jail.
- 1969-70 Driver Improvement Analysts were hired by DMV
- 1971 Development of Group Dynamics Traffic Safety Schools
- 1974 and Interagency Agreement Developed between DHFS and the Bureau of Driver Control within DMV
- 1977 Chapter 193—Courts were given the option to refer the offender for assessment and development of driver safety plan
- 1975—NCA Criteria developed for the diagnosis of alcoholism
- 1981—Chapter 20 required 100% of all persons arrested for OWI to be assessed. Counties were made responsible to pay for treatment costs of indigent persons.
- 1983-1988—the WAID assessment instrument was developed and used as part of a battery of assessment instruments that took 6-8 hours to complete.
- 1993 Wisconsin Act 16—changes the funding stream. Counties now retained 85% of the surcharge dollars and sent the remainder to the State Treasurer to be distributed by DHSS, DOT, the UW System and DPI. DHSS appropriation was \$1,200,000 to be distributed to the counties who experience excess expense for indigent offenders.
- Since 1997, the DHS appropriation has varied from 1.2 million to 1.15 million to 1.45 million to 1,000,000 dollars.
- In 2002, \$1, 517,152 was requested by the counties for supplemental IDP to the department. The appropriation was \$1,000,000 leaving a \$517,152 deficit to be absorbed by the counties.
- In 2006, \$1,958,900 was requested by the counties leaving a \$958,900 deficit.
- In 2007 \$2,848, 788 was requested leaving a \$1,848,788 deficit.

Conclusions:

- There has never been sufficient funding for treatment of OWI offenders provided by the state through any of the legislation passed since 1966.
- Historically, due to the insufficient fiscal notes for OWI, there has been a disproportionate amount of treatment funding coming from the county tax levy.
- The state funding which has been appropriated did not over the years take into account inflationary trends in the percentage allocation of the surcharge retained by the counties nor the appropriation for DHS to allocate supplemental treatment dollars to counties.
- We don't need a complete overhaul of the system; assessment and treatment referrals are in place. What we need is funding for the referrals. For example, an increase in the surcharge should go to the counties. Or, an increase in the beer tax but prosecutors are also looking at that.

Steve Dakai wanted to weigh in on the discussion in terms of disparities and inequities. Tribal governments have the responsibility to provide treatment but no funding from the counties. Please consider Tribal governments in the discussion. Mark Seidl asked that the Tribes be included in on-going efforts.

WINTIP

Dave Macmaster thanked the Council for the time to talk about the Wisconsin Nicotine Treatment Integration Program. He introduced the program's Medical Director Dr. Eric Heiligenstein. They have been unable to get a plenary session at the WAAODA conference or

the Bureau conference. Dr. Eric Heiligenstein is from UW's Center for Tobacco Research. Dr. Heiligenstein presented a power point presentation that made the following points:

- In the last 20 years, tobacco use has declined on the whole, but some groups have been left behind: ethnic minorities, those with low socio-economic status, and those with psychiatric disorders.
- People with psychiatric disorders represent 22% of all adults and they, as a group, consume 45% of tobacco products
- They have an additive mortality risk for tobacco-related disease (increased risk)
- Heavy smokers are the sickest patients
- Nicotine treatment is neglected—only 38% of primary care visits can a smoker get cessation counseling
- Challenges to reducing tobacco use:
 - Smoking is seen as self-medication
 - Smoking is seen as a right to smoke (it is an addiction not a choice)
 - Does not effect alcohol and drug cessation
 - Tobacco increases abstinence from other substances
- Need to include nicotine dependence treatment with other mental health and substance abuse services.
- Provider barriers include:
 - Not in my scope of practice
 - My patients or clients don't want to quit
 - Tobacco cessation threatens progress of more important problems
 - I don't have the necessary support

Mr. Norman Briggs made the point that many consumers have never been asked if they want to quit. He has done focus groups regarding the desire for tobacco cessation and a minority expresses the desire to quit. Mr. Tom Fuchs pointed out that the issue of employees smoking complicates things. He added that his medical doctors need help with what pharmaceuticals do help.

Introduction of Motions

Mark Seidl announced that after conferring with Joyce O'Donnell on parliamentary procedures it is apparent that if we want to change current procedures (i.e. introduce motions at one meeting and then vote on them at the next) then we need to ask for a motion for procedural change. Until then, we can take action on Ms. O'Donnell's motions today. Linda Preysz explained that the reason she asked for delay in voting was because they didn't get enough information on a motion and needed more time for discussion or review. Ms. O'Donnell pointed out that meeting every 3 months is a hindrance. If we have to wait until June to vote on these motions, the budget will be in Committee by then. She also suggested that members should rely on the Committee making the motion. Support documents are included in the packets. Ms. Preysz responded that if something needed attention in a more timely manner, the executive committee can meet. She reported that she felt that more background information is necessary. Mark Seidl suggested meeting more frequently. Renee Chyba added that with extra time, she could take motions back to her Secretary and ask for direction on the vote. Michael Waupoose echoed Joyce O'Donnell's concerns about the lack of time to effect change. As a Committee Chair, though, he felt blindsided by motions presented at the meeting and he would like to seek more information for his Committee members. Ray Luick asked if receiving materials two weeks ahead of time would help. Mark Seidl indicated that limits sometimes have to be placed on discussions or they go on for months. Ms. O'Donnell felt that staff time is an issue. Discussing motions between the four Committee Chairs excludes others bringing motions. There are reports we could have acted upon—motions of support—that are missed. Scott Stokes asked if we couldn't table a motion?

Ms. O'Donnell responded that if you table a motion, it takes action to get it back on the table. Ms. Preysz stressed that she felt the Council needs more background information. Mark Seidl tabled the discussion for today.

Joyce O'Donnell made a motion on behalf of the Membership Workgroup:

The Membership Workgroup recommends that the five new members to be added to SCAODA when legislation is passed be comprised of: 1. A Tribal representative ~~to be appointed by Great Lakes Inter-Tribal Council (GLITC) on a rotating basis to a term to be determined by GLITC~~; 2. An Officer or Board Member of Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA); 3. A representative of the Wisconsin Department of Children and Families (DCF); 4. A Researcher in the field of alcohol and other drug abuse; and 5. A Women's Treatment representative. Further, the Membership Workgroup recommends that the last three recommendations (a representative of DCF; a Researcher in the field of alcohol and other drug abuse and; a Women's Treatment representative) be racially diverse representatives. Duncan Shroul seconded the motion.

Discussion: John Easterday indicated that the Department and State cannot invite all the Tribes. He did not feel GLITC was the organization to go through. GLITC doesn't represent the Tribes. Mr. Seidl asked for a friendly amendment. **Ms. O'Donnell asked to strike after "A Tribal representative."** **With that amendment Duncan Shroul seconded the motion. With no further discussion the motion passed unanimously.** Ms. O'Donnell reported that the work of the Workgroup is complete and recommended it be relieved of its duties.

Joyce O'Donnell made a motion on behalf of the Planning and Funding Committee: To advance to the Governor a "Nickle a Drink" (5 cents) user fee on alcoholic beverages. Funds generated will be dedicated to treatment and prevention services. Duncan Shroul seconded the motion. John Easterday pointed out that as a representative of the Governor, he must abstain with apologies. Greg Phillips also abstained. **The motion passed unanimously.**

Announcements

Janet Nodorft announced funding opportunities at DOT regarding Driver Safety. SBSIRT and Drug Courts have some potential funding available through their website, under Safety Plans. Or, contact Ms. Nodorft directly.

Sue Gadacz announced the appointment of a new legislative Liaison, Rachael Currans-Sheehan.

Agenda Items for June 5th meeting Meeting

County Infra Structure Study report

Adjournment: The meeting was adjourned. The next meeting is scheduled for June 5, 2009 at 9:30 am to 3:30 pm at American Family Insurance Conference Center.

SCAODA 2009 Meeting Dates

March 6, 2009	9:30 am - 12:30 pm
June 5, 2009	9:30 am - 3:30 pm
September 11, 2009	9:30 am - 12:30 pm
December 4, 2009	9:30 am - 12:30 pm