WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

December 10, 2010
MEETING

Mark Seidl
Chairperson

JIM DOYLE
Governor

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 need[1].
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.

This page has been intentionally left blank and does not contain any information.

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.

This page has been intentionally left blank and does not contain any information.

SCAODA 2010 Meeting Dates

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

~~**March 5, 2010**~~	~~**9:30am to 3:30pm**~~	~~**Room A3151**~~
~~**June 11, 2010**~~	~~**9:30am to 3:30pm**~~	~~**Room A3151**~~
~~**September 10, 2010**~~	~~**9:30am to 3:30pm**~~	~~**Room A3151**~~
December 10, 2010	**9:30am to 3:30pm**	**Room A3151**

This page has been intentionally left blank and does not contain any information.

SCAODA 2011 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

EXCEPTION---The September 9th meeting will be held in Building "C"

Room number CL3300B

The meeting dates are:

March 4, 2011

June 10, 2011

September 9, 2011

December 9, 2011

This page has been intentionally left blank and does not contain any information.

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice Chairperson

Scott Stokes
Secretary

State Council on Alcohol and Other Drug Abuse

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

December 10, 2010
MEETING AGENDA
9:30 a.m. – 3:30 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783 Room A3141
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 – Mark Seidl
- Recognition of Representative John Townsend on the occasion of his retirement and his service to SCAODA
- Welcome to Joann Stephens who joins us as a representative from the Mental Health Council

9:35 a.m. II. Review /Approval of September 10, 2010 Minutes – Mark Seidl pp. 12-24

9:40 a. m III. Public Input—Mark Seidl

9:55 a.m. IV. State Agency Reports to SCAODA—Mark Seidl
- Eileen Mallow-Office of the Insurance Commissioner: Proposed Administrative Rules (re: implementation of statutory adjustments made to the insurance mental health mandate)
- Steve Fernan-Department of Public Instruction: Safe and Supportive Schools Summary and Budget Proposal "Every Child a Graduate" pp. 38-39 and 40-44 respectively
- Ray Luick-Office of Justice Assistance

10:30 a.m. V. WI Epidemiological Report—Chris Hill Sampson and Amanda Jovaag

11:00 a.m. VI. Infra-Structure Study Update and Discussion on Health Care Reform—Dr. John Easterday and Staff

11:15 a.m. VII. Prescription Monitoring Program Report from the Pharmacy Examining Board—Lou Oppor

11:30 a. m VIII. Working Lunch

12:15 p.m. IX. K-2 Presentation—Lou Oppor pp. 46-50

- Motion 1: The Prevention Committee recommends that SCAODA recommend a legislative ban on synthetic compounds that mimic the effects of marijuana and other illicit drugs. p. 52
- Motion 2: The Prevention Committee recommends that the State Council send a letter to the Federal Drug Administration encouraging the investigation and prosecution of manufacturers and/or suppliers of synthetic compounds that mimic the effects of marijuana and other illicit drugs. p. 54

12:45 p.m. X. Committee Reports: SCAODA Goals

1. Provide Leadership	2. Change the Culture	3. Educate Citizens	4. Sustain Infrastructure	5. Address Disparities

- Diversity…pp 56-67
  - Motion: To oppose the following proposal for revision to WI Admin code MPSW 1.09: pp. 68-69

    Revise Wis. Adm. Code s. MPSW 1.09 to allow licensed marriage and family therapists, professional counselors and clinical social workers to engage in substance abuse counseling without seeking separate certification as a substance abuse counselor under s. 440.088, Wis. Stats. Additionally, the intended revision will eliminate the provisions for applying for and receiving a substance abuse specialty within s. MPSW 1.09, Wis. Admin. Code.
- ITC…pp. 70-79
- Planning and Funding…pp. 80-88
- Prevention…pp. 90-100

2:00 p.m. XI. Healthy Wisconsin 2020—Margaret Schmelzer

2:30 p.m. XII. Stretch Break

2:40 p.m. XIII. IDP Funding Sub Committee—Duncan Shrout

3:05 p.m. XIV. Agenda Items for March 4, 2011 meeting—Additional Items?—Mark Seidl
- Health Care Reform presentation from federal representatives

3:15 p.m. XV. Announcements—Sue Gadacz

3:30 p.m. XVI. Adjourn—Mark Seidl

Jim Doyle
Governor

Mark Seidl, WCHSA
Chairperson

State of Wisconsin

Karen E. Timberlake
Secretary

Scott Stokes
Secretary

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
September 10, 2010
9:30 a.m. – 3:30 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783
Room A3141

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

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

Members Absent: Eileen Mallow, Linda Mayfield.

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

Ex-Officio Member Excused: Larry Kleinsteiber.

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

Staff: Joyce Allen, Sue Gadacz, Lori Ludwig, Kate Johnson, Jerry Livings, Gail Nahwahquaw, Susan Endres, Bernestine Jeffers, Lila Schmidt, Kathy Thomas.

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

I. Introductions/Welcome/Agenda—Mark Seidl

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

DRAFT

II. Elections—Joyce O'Donnell

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

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

Janet Nodorft made a motion to amend the by-laws to read: "In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other Drug Abuse, the following procedure should be followed:

In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibilities of Chairperson until such time as new Officers are elected according to the procedures outlined in the by-laws.

In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibilities of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the by-laws.

In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory membership until such time as new Officers are elected according to the procedures outlined in the by-laws."

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

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

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

DRAFT

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

V. Public Input—Mark Seidl

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

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

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

DRAFT

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

VII. Committee Reports

Diversity Committee:

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

Prevention Committee:

DRAFT

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

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

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

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

DRAFT

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

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

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

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

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

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

DRAFT

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

Intervention and Treatment Committee:

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

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

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

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

DRAFT

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

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

Planning and Funding Committee

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

VIII. State Agency Reports to SCAODA

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

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

DRAFT

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

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

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

IX. IDP Funding Sub-Committee

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

X. FASD Awareness Governor's Proclamation—Raina Zwadzich

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

DRAFT

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

XI. Agenda Items December 10, 2010—Mark Seidl

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

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

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

XII. Announcements—Sue Gadacz

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

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

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

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

XV. Adjournment: Duncan Shrout made a motion to adjourn the meeting. Steve Fernan seconded the motion. The group responded with all ayes. The meeting was adjourned. The next meeting is scheduled for December 10, 2010 from 9:30 a.m. to 3:30 p.m. at American Family Insurance Conference Center, Room A3151.

SCAODA 2010 Meeting Dates		SCAODA 2011 Meeting Dates	
~~March 5, 2010~~	~~9:30 am - 3:30 pm~~	March 4, 2011	9:30 am – 3:30 pm
~~June 11, 2010~~	~~9:30 am - 3:30 pm~~	June 10, 2011	9:30 am – 3:30 pm
~~September 10, 2010~~	~~9:30 am - 3:30 pm~~	September 9, 2011	9:30 am – 3:30 pm
December 10, 2010	9:30 am – 3:30 pm	December 9, 2011	9:30 am – 3:30 pm

DRAFT

This page has been intentionally left blank and does not contain any information.

Jim Doyle
Governor

Karen E. Timberlake
Secretary

Mark Seidl, WCHSA
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

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

Members Present: Mark Seidl, Douglas Englebert, John Easterday, Joyce O'Donnell, Representative John Townsend and John Flynn, his designee, Sandy Hardie, Duncan Shrout, Blinda Beason, Steve Fernan, Scott Stokes, Rebecca Wigg-Ninham, Renee Chyba, Linda Mayfield, Pamela Phillips.

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

Members Absent: Eileen Mallow.

Ex-Officio Members Present: Linda Preysz, Matt Vogel, Kim Eithun-Harshner for Department of Children and Families' Mark Campbell.

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

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

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

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

I. Introductions/Welcome/Agenda—Mark Seidl

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

II. Review/Approval of Minutes—Mark Seidl

Mr. Seidl asked for approval of the March 5, 2010 meeting minutes. **Duncan Shrout moved for approval of the minutes, Joyce O'Donnell seconded the motion. The minutes were approved without modification.**

III. Public Input—Mark Seidl

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

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

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

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

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

Scott Stokes, Chair of the Prevention Committee explained to the group that regarding the ACE Report, a diverse workgroup was convened in 2009 led by Julia Sherman. The ACE Report was presented at the previous, March SCAODA meeting. Since then 1500 hard copies of the glossy report were printed. They are to be widely disseminated. The recommendations of the ACE Report will be a standing agenda item for the Prevention Committee. Blinda Beason announced that she will be taking the ACE Report to the National Leadership Conference to distribute. Joyce O'Donnell recognized the ACE Report as an impressive report. She brought a motion from the Planning and Funding Committee. **Ms. O'Donnell made a motion to amend page 2 of the ACE Report to include two extra bullet points for "highest rates in the nation, "1) women of child bearing age and 2) pregnant women." Duncan Shrout seconded the motion.** Discussion revealed that any update of the ACE Report will take the motion into consideration. Lou Oppor explained that the Epidemiological Study on alcohol and other drug use and consequences in Wisconsin, will be released sometime in August and will highlight women of child bearing age and pregnant women. Mark Seidl asked if there will be a re-publication of the

ACE Report. Sue Gadacz explained that we're stuck. The ACE Report has been printed and Mark Seidl's letter introducing the report is out for printing. We can, though, make this concern a priority for the Epi Study. She explained that women of child bearing age and pregnant women were ranked number 5 and 6 in order of priority with the other four mentioned in the report coming first. **Joyce O'Donnell agreed to pull the motion and refer to the Epi Report with the consensus of the person seconding the motion. Mr. Shrout agreed and the Chair announced that the motion was withdrawn as well as the next motion concerning the ACE Report** (see information packet). **Ms. O'Donnell proceeded to introduce the second motion concerning the ACE Report: On behalf of the Planning and Funding Committee Ms. O'Donnell motioned to amend page 4 of the ACE Report to include an extra bullet point highlighted in the center of the page. The bullet point would read, "Resources be made available so all Wisconsin citizens who have alcohol abuse issues have access to treatment and care."** Duncan Shrout recognized that the ACE Report is a living document and while it is a great document, a great start, our concern is to work with them to continue to disseminate the report. He felt that the Coalitions should have the ACE Report. Lou Oppor reported that the Coalitions, the Alliance for Wisconsin Youth, the SPF-SIG projects, the County Human Service Departments the Legislators, the County Administrators, the County Board Chairs and the Tribes will receive the Report. Blinda Beason pointed out that she was on the ACE Committee. She indicated that while the information has always been available, this is the first time it has been pulled together. She thanked Joyce O'Donnell for reading the report. Mark Seidl thanked Scott Stokes for the hard work on the ACE Report.

XI. Nominating Committee volunteers—Joyce O'Donnell

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

XII. By-Laws Review—Scott Stokes

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

membership until such time as new Officers are elected according to the procedures outlined in the By-Laws. Mark Seidl asked for any discussion. He explained that there should be a section 3.5 created titled "Vacancies."

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

V. Presentation on Returning Veterans—Dan Naylor

Sue Gadacz introduced Dan Naylor, a Vietnam Veteran with whom she has worked on the Coordinated Services Teams approach to caring for children with long-term mental health and/or other chronic care needs. Mr. Naylor was appointed to the Wisconsin Board of Veterans by the Governor. He currently serves as the Board Vice Chair and Chair of the Long Term Care Committee. In 1974 Dan assisted in the establishment of Vets House, a service center for Vietnam era Veterans in Madison and was instrumental in establishing Vets Houses nation-wide. He introduced David Reith, a Regional Coordinator from the Department of Veterans Affairs. There will be two others joining them. Mr. Naylor reported that two of his 3 kids served in Iraq and he thanked the Council for its work. He talked about returning Vets and how the Vietnam Vets were stigmatized. Many are now productive citizens but some still struggle. He reported that 3200 National Guard troops returned in the past year, many having served their 2nd and 3rd deployment. He felt that we are fortunate to live in Wisconsin where Vets and their families are cared for, have benefits such as school and mortgages. Jeff Johnson and Yvonne Duesterhoeft were introduced. Mr. Johnson reported that since his discharge from the military he has been working with Iraqi returning vets, helping them to coordinate federal, state and local resources. He asked the group to think about a relative who served. If they saw quite a bit, they will be forever changed. This group of veterans is no different. They usually have had a number of deployments, are young, and from single parent families. 2003-2006 were the bloodiest and most brutal years in Iraq. Afghan was bloody in 2001-2, then calm and now brutal again. People who saw traumatic amputees, their best friend blown up over and over again yet they must carry on. They must have their head in the game because it is a dangerous environment. When they get home it is hard to unwind and then wind up again. Reserve and National Guard troops are not meant for these 12-18 month-long deployments. In terms of available help, the military mental health model is heavy on psychiatrists and short on psychologists. Troops are getting a lot of drugs. It is not unusual to be on deployment and getting prozac, morphine, then methadone and discharged with a few bottles of methadone and good luck. For example, Bethesda Maryland is north of Washington DC. Soldiers must wait 6 weeks for therapy and drive a heavily travelled, boxed in route which is very stressful, to receive treatment. The vets in that situation usually don't elect to continue therapy. Another example, Mr. Johnson's son saw combat and came home with anger issues, having to drink to get to sleep. It takes about 3 weeks to see a mental health professional which is disturbing as a parent. The VA has good resources

in Madison. There are more psychologists, therapists and comprehensive care. There is a certain kind of vet coming out of this war who will crash and burn. 98% of them come from single parent homes. Dad is out of the picture and they are most vulnerable. There is inpatient treatment in Tomah for substance abuse. They can't treat for PTSD until substance abuse issues are addressed. Follow-up care is important. David Reith from the Department of Veteran Affairs reported that his son is currently in Iraq. He distributed to the group a directory of services called "State Programs and Services for Wisconsin Veterans 2010-2011." There are benefits for veterans in tuition, vehicle registration, hunting and fishing licenses, mortgages and many others. Recently held in Wisconsin was a Mission Welcome Home Coordinated with LZ Lambeau. 400-500 Vets never applied for benefits. He announced the phone number for telephone help: 1-800 WIS VETS to talk to a real person and www.wisvets.com for information. Yvonne Duesterhoeft introduced herself as a Veteran Services Officer in Jefferson County. It is her job to asses the person in life for help. She explained that there are 3 parts to the VA. 1) service-connected disability compensation; 2) UHHA-VA Health Administration to sign up for VA Health Care and 3) non-service connected pension for people who have lost their way. She left contact information for the Veteran Services Officers in every WI County and Tribe. Dan Naylor indicated that a Department of Health Study of suicides in Wisconsin showed that 20% are veterans. There is interest in establishing Vet's Courts. The group left their cards and contact information along with many handouts and fact sheets. The most important message: There are caring people and resources. Joyce O'Donnell asked a question about pregnant women returning from service and being discharged because of pregnancy. Mr. Naylor indicated that there have been improvements regarding that issue in the last seven years. In fact, it is on the agenda of the Vets Board meeting next week. It is a significant issue. David Reith indicated that the Vets Centers are for combat veterans or sex trauma victims. Matt Vogel felt that University faculty need training on how to approach vets in class. If there are opportunities for training in higher education, yes, it is needed. Mr. Naylor reported that such training is available. Mr. Vogel reported that there is research on MDMA (the drug ecstasy) being used in conjunction with therapy to treat PTSD. The evidence appears very hopeful. He suggested that consideration is being given to reschedule MDMA to Schedule 2. Mr. Vogel asked if this study is familiar. Mr. Johnson reported that the issue is untangling Traumatic Brain Injury (TBI) with PTSD symptoms. They use a hyperbaric chamber to treat TBI. The VA is looking at this. He suggested a website called www.military.com and searching on PTSD and ecstasy.

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

Dr. John Easterday reported on the history of the Infra-Structure Study. Stage I: During 2008-9, Reggie Bicha directed John Easterday and Joyce Allen to do a study of the Wisconsin mental health and substance abuse system delivery of services. Access, effectiveness and accountability were to be gauged in Wisconsin compared to other states. A formal steering committee was formed. SCAODA Chairperson Mark Seidl was on that small group which gave guidance on how to conduct the study. The study looked at the mental health and substance abuse systems in New Mexico, North Carolina, Ohio, Oregon and Minnesota. The report was descriptive and really made no recommendations, just providing information and options to consider. Then there was a Summit meeting inviting stakeholders in the system and over 300 people attended. Presenters appeared from three of the other states referenced in the study. Stage II: We are asking stakeholders to make recommendations to feed into the biennial budget process. There

will be a new Governor in January. The Department will take the recommendations, at least some of them, and will try to influence the new Governor. Mark Seidl temporarily gave the gavel to Scott Stokes, indicating that he would not be speaking as Chair, but as a member of the Wisconsin County Human Service Association. He felt that there have been good discussions during the Infra Structure Study. Benefit levels, pilots, and concerns at the County level have been discussed. Counties ask that things should slow down. John Easterday acknowledged that he feels like he is in a race to have recommendations ready by December 30, 2010. The expanded steering committee formulated for Stage II, consists of about 70 people, everybody who wants to be on it is on it. He felt the more the merrier. Two subgroups have done the work in terms of identifying core benefits and pilot projects. The intent of the projects would be to increase access, increase effectiveness and increase accountability. Dr. Easterday announced that June 30th will be the last work group meetings to formulate recommendations and July 30th would be the last meeting. The Department will craft the recommendations into a proposal but there is no guarantee it would go into the biennial budget. There will be an opportunity for Public Comment at the July 30th meeting as well. Now that there is health care reform, he continued, 2010-2014 really is a brave new world. Things are changing. By 2014 everyone will have insurance and all will be insured by 2014 through private insurance, the exchanges or Medicaid. The pilots will incorporate collaborations between counties and look for pilots combining primary care and behavioral health care. There will be budgets for the pilots, the first step will be developing RFPs based on the recommendations of the Infra Structure Study. Dr. Easterday asked for questions. Duncan Shrout reported that he read the report. He feels that Milwaukee does have a system of access and screening for mental health and substance abuse services. Because Milwaukee adopted this approach, he continued, there are a variety of sources of funding. The key element is, he continued, no matter what the source of payment, the goal of people achieving the highest level of functioning possible. Dr. Easterday reiterated that access and effectiveness were key outcomes of the Infra Structure Study. Mr. Shrout felt that the current system is fractured and it is critical to include the perspective of the consumer. It is not clear that that is the case from the substance abuse side. Dr. Easterday agreed that that's been a struggle. While there is a fair representativeness of consumers, the inability to get substance abuse consumer input is partly due to the timeframe. This is just stage II, he emphasized, and not the end. Mark Seidl acknowledged that the substance abuse system does not have the equivalence of NAMI or the grass roots empowerment organization such as Mental Health America. Joyce O'Donnell expressed a concern that there should be a broadening of the conversation. Substance abuse providers are generally unaware of the implications of this study. Planning and Funding would like to facilitate the conversation between substance abuse advocates, clients , etc. The Planning and Funding Committee has been raising the topic at public forums, SCAODA and will also do so at the July 30th Public Input session. She reported issues raised during the Public Forum at the WAAODA conference; there is an impact on Tribal health care; Medicaid parity and worries about the national health care plan. Dr. Easterday explained that much is not determined yet. SCAODA has set aside this time to discuss today. The hope is to receive input. Mark Seidl, put his gavel aside again and speaking as a member of the WCHSA (not SCAODA Chair) he reported that 50% or more of the cost for Behavioral Health Services at the county level comes from County tax levy. Dr. Easterday pointed out that in Oregon, there is a County-based to Regional-based system but the counties had no buy-in. In Ohio, counties kicked in a lot and there was lots of county variation. The controversy is not in core benefits definition, it is in the pilots, the regional based services, not the county based

services. Joyce O'Donnell asked if services become regionalized, what happens to the County voice? Joyce Allen pointed out that there is often a low incidence of need for some services at the county level. That is the reason to regionalize specialized services. Ms. O'Donnell felt that more input is needed. Dr. Easterday reported that by the next SCAODA meeting, the recommendations from the Infra Structure Study will be available. Mark Seidl pointed out that Scott Stokes represents SCAODA on the Infra Structure study. Joyce O'Donnell asked the audience if there were concerns. Mark Seidl asked the group for comments. Norm Briggs revealed that on the core services workgroup there is a discussion of services but not a discussion of the types of services that would be covered according to the levels of care (out-patient, in-patient, Day Treatment). For example at ARC Day Treatment, we need a comprehensive program and Day Treatment Medicaid pays only 45% of the services provided. There are limitations in what is covered and for how long. Medicaid doesn't cover much of the programming. It would be great to have a benefit if you can access it. There will be gatekeepers, though. Counselors submit weekly reports and Mr. Briggs gets calls daily. There are lots of unforeseen consequences, so many unknowns, planning is extra difficult. Dr. Easterday countered that between now and 2014 unknowns will be known. Joyce Allen added that SAMHSA is working on it. The philosophy is get out of the gate quick. A blue print drawn would be beneficial. Dr. Easterday believes the benefit of the work of the Intra Structure Study is that it will influence the "Exchange" piece in Wisconsin. Sue Gadacz projected that there will be standards adopted for every population. Dave Macmaster hypothesized that within the advocacy groups for mental health and substance abuse services, the folks there want everything and are sincere, but in the end, there is no way the state can afford all that. We need a creative way to fund ourselves. Dr. Easterday agreed that at some point there will be whittling. The question will be who pays for it? Mark Seidl asked if there were more public comments. Sandie Hardie expressed the concern that in rural areas transportation and accessibility is a huge issue. Dr. Easterday used Idaho as an example of a state that spends the most money on transportation. In a regionalized system, there should be more than one location, transportation and tele-treatment. Mark Seidl asked if there were any other issues. If so, he suggested channeling them to Norm Briggs, Scott Stokes and Tom Fuchs.

VIII. Committee Reports

Planning and Funding Committee:

Joyce O'Donnell made a motion to support Planning and Funding Committee's resumption of the historical function of receiving reports from the State departments and agencies concerning their draft budgets, initiatives and anticipated outcomes related to alcohol and drug services prior to the passage of the 2011-2013 biennial budget bill. Duncan Shrout seconded the motion. Discussion: Joyce O'Donnell explained that previously, the Planning and Funding Committee asked for SCAODA members representing state agencies for comments about where funds pertaining to drug and alcohol programs were in included in the state agencies' budgets. She felt that it was very beneficial to receive the reports back and ask questions about the funding decisions and make suggestions. Women's funding has been addressed in the last few years. Planning and Funding wants to get back on board. Renee Chyba asked a question about Mark Seidl's e-mail asking for agencies that wish to report to the Council

on their agency's activities within the alcohol and drug service and issue arena, to make such reports known to the Council. She then saw this motion in the packet and can do that but feels she needs advice from the Secretary and Administrators within the Department of Corrections (DOC). Ms. O'Donnell reiterated that she was interested in obtaining from DOC, only the areas pertaining to alcohol and other drugs. Dr. Easterday explained that she would be presenting to this group what they put in their budget. Mark Seidl clarified that Ms. O'Donnell and Ms. Chyba were talking about two different things. An attempt was made to separate Mark Seidl's e-mail request and Ms. O'Donnell's motion. Ms. O'Donnell's motion has to do with a legislative directive for SCAODA (Planning and Funding) to review and coordinate state agencies' budgets regarding alcohol and drug abuse services and issues. Mr. Seidl's request was a voluntary opportunity for members to share information about their agency's work in the AOD field, or other topics of importance to the Council. Ms. Chyba wondered when the budget is shared with Planning and Funding. Joyce Allen informed that it should be shared with Planning and Funding after September when it is a public document. **Without further discussion the motion was passed with one abstention from Renee Chyba.**

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

Diversity Committee:

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

Prevention Committee:

Scott Stokes reported that the SPF-SIG projects end September 30, 2011. There may be some carry over after that. The State Prevention conference will be held June 22-24. The SCAODA Public Forum will be held during the conference. He announced that Lou Oppor is receiving the State Prevention leadership award. Mr. Stokes informed the group that the Controlled Substances Workgroup is being formed. The Epidemiological study will be issued in August.

Mr. Stokes made a motion that under the Prevention Committee of the State Council on Alcohol and Other Drug Abuse, create a Capacity Development Sub-Committee or Workgroup to examine substance abuse prevention training needs in the state of Wisconsin. Joyce O'Donnell seconded the motion. Discussion: Linda Preysz, Chairperson of the Intervention and Treatment Committee has been examining the workforce issue. She felt that it was great that the Prevention Committee was also looking at this particular issue. There is a national study that will issue information on the AOD workforce issues. Cultural competency needs to be included. She offered that if ITC can be of additional support, please call on us. Steve Fernan asked if this motion is primarily for prevention specialists. He would like it to be focused on prevention. Joyce O'Donnell asked if the Sub-Committee would look at training for certification. There is a concern about hours for training. Mr. Stokes indicated that that is more pertaining to treatment and this Sub-Committee would not be studying that issue. **The motion passed unanimously without further discussion.**

Intervention and Treatment Committee:

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

IX. Discussion State Agency Reports to SCAODA

Mark Seidl explained that he e-mailed SCAODA members associated with state agencies around June 1st about their interest in providing reports about their agency's AOD activities to the Council. He indicated that he received only one e-mail response from Steve Fernan of the Department of Public Instruction (DPI). Steve thought it was a good idea. Steve Fernan added that perhaps we could structure periodic updates and work with the Planning and Funding motion. We could all contribute. Mr. Fernan felt that it is important to have a requirement for Prevention Specialists. He then proceeded to give an update of the Safe and Drug Free Schools Program. It represents the single largest source of prevention funding in the state, and for all states, presumably. It is the source of prevention programming for all schools K-12. It

provides $6 Million in funding in Wisconsin, $5 Million of which goes to DPI. $1 Million goes to the Governor's Office. All of this is going away after 23 years. Local money is just not there. Tobacco money in the schools is gone, too. Wisconsin will receive a state appropriation of $5 Million. This situation relates to SCAODA goals in terms of sustaining an infrastructure. He is shocked that crime hasn't risen. Prevention activities must be kept in mind. There are a number of things going on at DPI. There is the conference "Heart of the Matter," there is funding occurring through the CESA networks, there is a webinar series for prevention educators in the schools. He ended by asking that SCAODA please keep this situation in mind.

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

XIII. Health Information Exchange—Dan Zimmerman

Dan Zimmerman is a Contract Administer in the Bureau of Prevention Treatment and Recovery. Currently he participates in the development of the Department of Health Services' eHealth Program. The eHealth Program's mission is to facilitate improvements in Wisconsin's health care quality, safety, transparency, efficiency and cost effectiveness through statewide adoption and use of electronic health records (HER) and health information exchange (HIE). He distributed a handout titled, "Wisconsin eHealth Initiative" which outlines the process for implementing the "WIRED for Health Act," a new law which designates the process for establishing a permanent governance entity to implement and operate statewide HIE services. Mr. Zimmerman informed the group that there will be a process to submit plans and a Board has been appointed to set up a structure for the process. They are working on a plan to operationalize "meaningful use" of health information. The "Architecture Committee" of the Board is concerned with developing 1) a record locator system, 2) a central data warehouse and 3) a hybrid between the two. Only de-identified information can be pulled out for analyzing. Mark Seidl brought up a situation with a psychiatrist working in Kewaunee County twice a month. Where do you start to develop a policy on electronic records? Mr. Zimmerman felt that "meaningful use" is a key concept. For example an emergency room physician should be able to access medications. Whole records do not need to be accessed for meaningful use. Which

medications are ineffective may be useful. Mr. Zimmerman suggested the website www.hipaacow.org for more information. Denise Johnson felt that from a client perspective this information is disconcerting. How do we get rid of the information when mental health and substance abuse issues are stigmatizing. We can't shred the information. Dr. Easterday indicated that paper is less secure than electronic. Rules for violations make it protected as much as possible. Linda Preysz asked if the information is purged at some point or is it there forever. Mr. Zimmerman informed the group that currently the information is available for seven years past treatment. He pointed out that consumers are very concerned about this. Who has access to look at what controls security which cannot be done with paper records. Amendment 5140 (5142 CFR) 5130-consumer health services are covered entities and there is no sharing of information with law enforcement. Mr. Zimmerman felt that the statutes should remain as they are and permission should be obtained to share information for treatment purposes. There is a way. Joyce O'Donnell asked if this was a state or nationwide initiative. Dr. Easterday indicated that it was both. There are decisions to be made at the state and federal levels. Ms. O'Donnell informed the group that the military has all their data on a plastic card. Mr. Zimmerman pointed out that the VA has gone with e-health records. They can pull up records in Washington DC on a Tomah client. Mr. Zimmerman ended his presentation by informing the group that the plan will be submitted in August, and that is just the first step.

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

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

- Parity
- Elections
- By-laws
- Infra Structure Study
- Department/Agency Reports
- Epi Profile

XV. Announcements—Sue Gadacz

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

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

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

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

XV. Adjournment: Joyce O'Donnell made a motion to adjourn the meeting. Scott Stokes seconded the motion. The group responded with all ayes. The meeting was adjourned. The

next meeting is scheduled for September 10, 2010 from 9:30 a.m. to 3:30 p.m. at American Family Insurance Conference Center, Room A3151.

SCAODA 2010 Meeting Dates

March 5, 2010	9:30 am - 3:30 pm
June 11, 2010	9:30 am - 3:30 pm
September 10, 2010	9:30 am – 3:30 pm
December 10, 2010	9:30 am – 3:30 pm

SCAODA 2011 Meeting Dates

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

Wisconsin Safe and Supportive Schools Project

The Wisconsin Department of Public Instruction (DPI) will carry out a four year project (2010-2014) to improve conditions for learning in 14 to 19 school districts, selected on the basis of high numbers and/or rates of disruptive drug- and violence-related incidents at school. Participating school districts will receive significant support from DPI in the forms of funding, professional development, and technical assistance. This support will be used by the high school staff and administration to develop, implement, and evaluate a three year intervention plan to improve the conditions for learning in the selected high schools.

The selected high schools will be required to complete a thorough needs assessment that will include analysis of data on school incidents of student misbehavior, student self-reported risk behaviors related to drug use and violence, student engagement and school environments. This needs assessment will use the Wisconsin Online Youth Risk Behavior Survey (OYRBS) and aggregate data similar to that reported via the Individual Student Enrollment System (ISES) Discipline Report. Using the OYRBS schools must collect data on ATODA, violence and weapons, perceptions of safety, mental health, suicide, and school-connectedness. Districts may add other questions approved by DPI. Data analyses will generate school safety scores, based on a formula developed in consultation with the participating school districts. Scores will be used to select high schools in which new or expanded evidence-based interventions, selected by school districts and approved by DPI will be implemented and evaluated. In years 2-4 the high schools will implement the selected interventions and track student behavior, perceptions, and incidents. In year four the needs assessment will be completed again in all participating high schools and student incident and health behavior data will be collected in the 14 to 19 participating school districts. During all phases of the four year project DPI will closely monitor progress and outcomes and provide supportive financial, training, and technical assistance.

School District Requirements	2010-11	2011-12	2012-13	2013-14
Assign coordinator with dedicated time to lead project	O	X	X	O
Participate in orientation and planning sessions (phone & on-line)	O	X	X	X
Consult with DPI on the development of School Safety Score formula	O			
Administer the online Youth Risk Behavior Survey: • Sample of students from every high school • Sample of students from each participating high school	O	 X	 X	O
Report to DPI certain types of incidents for current school-year	O	X	X	O
Complete a school-wide assessment of current AODA and violence prevention programs, policies, and strategies.	O	X	X	O
Complete a thorough needs assessment, to include analyses of data on safety-related incidents, self-reported behaviors, and perceptions of school climate	X			
Carefully select new or current evidence-based strategies to expand to address key safety/support need in selected	X	X	X	X

School District Requirements	2010-11	2011-12	2012-13	2013-14
secondary schools (e.g. PBIS, policy changes, other intervention strategies)				
Develop a work plan that includes goal(s), objectives, activities, timeline, and staffing	X	X	X	X
Participate in professional development and DPI-led technical assistance to support implementation of evidence-based strategies.	X	X	X	X
Participate in all DPI-led evaluation activities and data collection efforts: • Process evaluation • Outcome evaluation	 X 	 X X	 X X	 X X

Table Key:
O = All high schools in the participating school districts
X = Only high schools selected to participate in the project based on their School Safety Score

Grant awards
In 2010-11 the 14 to 19 school districts receive a planning grant for $25,000-$100,000 to manage the project, consult with DPI on safety score and complete the needs assessment. Those with high schools selected to implement interventions will also participate in data analysis, select the intervention(s), develop a project workplan, and participate in DPI-led professional development.

The size of the grant award to manage and implement the selected school-based interventions in years 2-4 will depend on the number of schools qualifying as an intervention site based on their School Safety Score. It is estimated that 50 schools will be eligible for intervention sites. Based on this number awards to school districts would range from be $50,000 to $60,000 per high school per year.

More information:

Program information: http://www2.ed.gov/programs/safesupportiveschools/applicant.html
Survey information: http://dpi.wi.gov/sspw/oyrbsindex.html
Individual Student Enrollment System http://dpi.wi.gov/lbstat/isessupprt.html

Contact:
Steve Fernan, Assistant Director, Student Services/Prevention and Wellness
608-266-3889, steven.ferna@dpi.wi.gov

10/26/10

DPI 2011-13 BIENNIAL BUDGET REQUEST

DECISION ITEM 6004 – FAIR FUNDING FOR OUR FUTURE: CATEGORICAL AID REFORM

205 – Grants for advanced placement courses
s. 20.255 (2) (fw)

213 – Supplemental aid
s. 20.255 (2) (ad)

217 – Every child a graduate grants (New)
s. 20.255 (2) (bs)

219 – Grants for preschool to grade 5 programs
s. 20.255 (2) (do)

230 – Aid for children-at-risk programs
s. 20.255 (2) (bc)

251 – Grants for nursing services
s. 20.255 (2) (dL)

253 – Supplemental special education aid
s. 20.255 (2) (be)

276 – Alternative education grants
s. 20.255 (2) (cf)

278 – Grants for alcohol & other drug abuse prevention & intervention programs
s. 20.255 (2) (dm)

280 – English for Southeast Asian children
s. 20.255 (2) (ce)

283 – Grants for science, technology, engineering, and mathematics programs
s. 20.255 (2) (fz)

FISCAL SUMMARY		
	2011-12 Request	2012-13 Request
Requested Aid	$20,824,900	$22,567,000
Less Base	$22,024,900	$22,024,900
Requested Change	-$1,200,000	$542,100

Request/Objective

The department requests -$1,200,000 GPR in FY12 and $542,100 GPR in FY13 to reform categorical aid funding for public school districts in Wisconsin and establish a new categorical aid program focused on increasing graduation rates and reducing dropout rates in targeted districts throughout Wisconsin.

Background/Analysis of Need

At over 89 percent, Wisconsin has one of the highest high school graduation rates in the nation; however, the department's agenda is Every Child a Graduate. State Superintendent Evers has said: "We should not be satisfied that, on average, most Wisconsin children graduate. Our goal must be that **every** Wisconsin child graduates ready to succeed in higher education, the workplace, and life."

While 65,000 public school pupils in our state graduate each year, almost 7,000 drop out. Between pupils who drop out and those who graduate there are large disparities by race, ethnicity, disability, and socio-economic status:

- African American pupils are six times more likely to drop out than white pupils in Wisconsin. For the class of 2008, one in three Black pupils failed to earn a diploma, one of the largest graduation gaps in the country.
- American Indian and Hispanic pupils are four times more likely to drop out than white pupils in Wisconsin. For the class of 2008, one in four American Indian and Hispanic pupils failed to graduate.
- Pupils with disabilities and economically disadvantaged pupils are twice as likely as their peers to drop out.
- Pupils who have been expelled are ten times more likely to drop out.

While nearly every school district can work to improve graduation and dropout rates, some of the most pervasive graduation and dropout issues are limited to about 10-15 percent of Wisconsin school districts.

For example:

- In 2008-09, 50 of Wisconsin's 425 school districts, or 12 percent of districts, had graduation rates below the statewide average of 89 percent.
- On average, about 50 percent of Wisconsin dropouts are located in one district (Milwaukee Public Schools). 60 percent of Wisconsin's dropouts are concentrated in 10-11 school districts, and 80 percent are located in approximately 50 school districts across the state.

In March 2010, State Superintendent Evers convened the first ever Graduation Summit, in partnership with the America's Promise Alliance, focused on providing targeted technical assistance to over 50 Wisconsin school districts with the highest dropout rates in the state. As part of that summit, State Superintendent Evers reiterated his commitment to Every Child a Graduate, and expressed his commitment to providing Wisconsin school districts the flexibility necessary to promote innovative local approaches that show promise in increasing graduation rates. He promoted **investing early to identify pupils who begin to demonstrate early warning signs of dropping out, and offering them effective prevention, intervention, and later, recovery programs** to keep them in school and on a pathway to success.

As a means of providing such technical assistance and investment, the department is requesting to collapse some of its current categorical aids and instead target these existing funds to advance graduation outcomes in those districts with the most persistent graduation and dropout issues.

This new categorical aid, Every Child a Graduate (ECAG) grants, is to begin in FY13 and will be in the form of multi-year competitive grants. The department proposes to use $20 million GPR to fund the program in FY13 ($542,100 new GPR, the rest is reallocated from the department's current base level categorical aid funding). The purpose of the grants will be to increase statewide and district-wide graduation rates in targeted districts throughout Wisconsin so that every Wisconsin child graduates ready for success.

Consolidation of Categorical Aids

The department worked for several months during 2010 to develop proposals around the consolidation of categorical aids and the establishment of a new categorical aid to improve graduation and dropout rates. As a result of those efforts, the department has identified the following ten GPR categorical aids for consolidation (almost one-third of the total) to fund ECAG grants, representing $19,457,900 GPR in FY13, or approximately 3.25 percent of all GPR categorical aids.

Categorical Aid	FY13 Appropriation to be Consolidated
Preschool – Grade 5 (P-5)	-$7,096,400
AODA Prevention Grants	-$4,361,800
Children At Risk	-$3,377,500
Alternative Education Grants (phased-out)	-$2,258,000
Special Education – Supplemental	-$1,750,000
Grants for Nursing Services	-$241,200
Supplemental Aid	-$120,600
Advanced Placement Grants	-$96,500
English for Southeast Asian Pupils	-$96,500
STEM Grants	-$59,400
Total	**-$19,457,900**

The department believes that consolidating these ten categorical aids into the new ECAG grants will permit the state to better leverage these existing education dollars to directly address graduation and dropout problems in a targeted cohort of school districts. While each of the ten identified categorical aids have worthy goals and impacts, each is too small and disparate to effectively impact broader statewide efforts in their respective programs. The targeted ECAG grants have the potential to "move the needle" on graduation and dropout rates in those districts that have the largest identified problems.

For two of the listed grants, the department is proposing changes in addition to, or in place of, full program consolidation in FY13:

- Preschool-Grade 5 (P-5): There are 38 schools currently receiving P-5 program grants. One of the requirements of P-5 is to limit class sizes. As part of the proposal to consolidate the P-5 program funding in FY13, the department is also proposing a one-time window for FY12 P-5 schools that are in P-5 in FY12 to apply to become a Student Achievement Guarantee in Education (SAGE) school in FY13. SAGE is a class size reduction grant program and under current law there is no opportunity for a new school to enter into a SAGE contract. A school cannot receive both P-5 and SAGE grants.
- Alternative Education (Alt Ed): The department is proposing to phase-out Alt Ed grants. Alt Ed grants are awarded for five years, per administrative rule. Under this proposal, the department will continue to honor the existing Alt Ed grants that have been awarded to districts, while not awarding any new Alt Ed grants in FY12. Under this proposal, the department will reduce the Alt Ed appropriation by $1,200,000 in FY12 and $2,258,000 in FY13 from the FY11 base. These reductions will leave funds in the appropriation each year to cover the costs of the existing Alt Ed grants. The department will continue to phase-out the Alt Ed grants with the final grant payments occurring in FY15.

Every Child A Graduate Grants

Funding level: The proposed funding level is $20 million GPR beginning in FY13.

Length of grant awards: The ECAG grants will be competitive, multi-year grants. This recommendation is based on the fact that strategies will take several years to make an impact on the graduation/dropout rate, and that a multi-year timeframe will allow districts to focus on middle school and transition years as well as high school strategies.

Eligible pool of applicants: The department recommends that the program be targeted to districts with persistently low graduation rates and persistently high dropout rates/numbers. Eligible districts are those persistently performing in the lowest 5 percent of districts for graduation rates, dropout rates, or dropout numbers over a rolling three year period. Districts could qualify by meeting one of the three thresholds.

Based on an initial analysis of current data, approximately 40 urban and rural districts could be eligible to apply for funding under this proposal. The targeted eligibility list will change as the graduation and dropout information will change each year. For the first year, it is proposed that data from the 2007-08, 2008-09 and 2009-10 school years be used to establish grant eligibility. It is not certain that 2010-11 data will be finalized in time to establish the eligibility pool in FY12 so that districts have time to complete ECAG grant applications.

Grant parameters and activities: The department recommends a "tight on ends, loose on means" approach that would allow local districts to advance the strategies that they believe would be most effective at advancing graduation outcomes. The goal of the grant is to substantially increase graduation outcomes by the end of the grant period. A district may apply to the department for funding to pursue a district-developed, evidence-based strategy that is designed to significantly increase the district's graduation rate and reduce the district's dropout rate. Through this grant program, the department encourages districts to propose innovative strategies aligned to local needs. As a result, mandated program requirements will be minimal, but continued funding levels will be based on results.

To be eligible for the grant, a district would need to perform a robust data analysis and needs assessment focused on diagnosing the reasons behind the district's low graduation rates and high numbers/rates of dropouts. The district's grant proposal must directly address the issues identified in the data analysis/needs assessment and incorporate accountability for meeting annual "on track" indicators based on both state-required and locally-identified needs.

Finally, a district may be requested to meet state-developed assurances, as developed in rule, in order to be eligible for the grant. At a minimum, these could include:

- Offering educational services to expelled pupils; and
- Requiring pupils to earn a minimum of 21 credits for a high school diploma.

Grant deliverables: Districts awarded an ECAG grant must demonstrate significant improvement by the end of the grant period. Districts must report annually their graduation and dropout rates/numbers disaggregated by subgroup to demonstrate progress toward this goal. Districts must also measure, report, and demonstrate improvement on annual "on track" indicators which research has demonstrated contribute to increased graduation outcomes. These annual "on track" indicators must include, but are not limited to:

- Number of pupils passing core courses and earning sufficient credits to graduate high school.
- Attendance.
- Other locally determined indicators as determined through a district data analysis and needs assessment (i.e. suspension and/or expulsion reduction, etc.).

Additional grant details are to be defined in rule.

Grant design and funding: The department recommends establishing by rule a process for awarding grants to districts. A district may apply for the amount of funding necessary to accomplish the goals set out in its proposal, up to a maximum funding level prescribed in rule. A district's proposal must commit to some local maintenance of effort, and describe in its proposal how the district will maintain funding for the program in the event that funding is reduced, either through program design (i.e. descending funding levels) or as a result of penalties for failing to meet "on-track" indicators.

To advance accountability for performance, the department proposes to establish a variable funding model that provides a set funding amount in the first year, and a variable funding model in subsequent years based on whether a district meets or misses its annual "on track" indicators. Districts that meet indicators may be eligible for additional bonus or incentive funds to continue to scale up successful programs, while districts that are not meeting targets may have funding reduced. Districts that receive additional bonus funds must commit those resources to advancing graduation outcomes and cannot supplant other funding.

Statutory Language

The department is proposing statutory language related to this request.

51° F

Crime and Courts: The move is on to ban fake pot

- Story
- Discussion

Font Size:

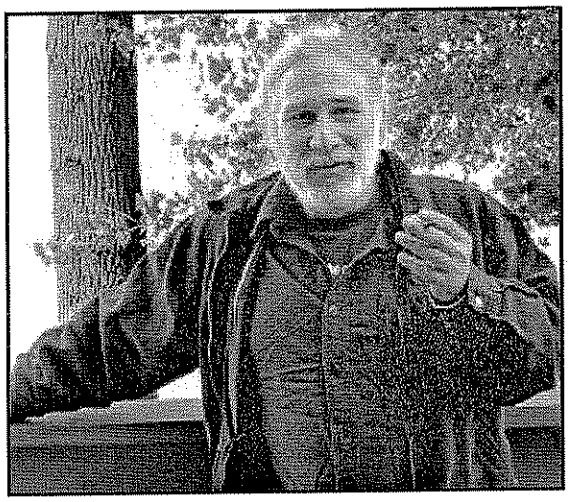
Default font size

Larger font size

Crime and Courts: The move is on to ban fake pot

STEVEN ELBOW | The Capital Times | selbow@madison.com madison.com | (9) Comments | Posted: Thursday, November 11, 2010 5:05 am

- 1
- Recommend Be the first of your friends to recommend this.



Buy this photo Ben Masel, Madison, samples a smokeable herb that mimics the effects of marijuana. STEVE ELBOW - The Capital Times STEVE ELBOW

Related Stories

- Related: Synthetic pot hits state; regulators already on its trail

About Steve Elbow

Steven Elbow has covered police and court issues for more than a decade in Wisconsin. He joined The

Capital Times in 2000, where he has covered city, county and state government in addition to law enforcement. He has also worked for the Portage Daily Register and has written for the Isthmus weekly newspaper in Madison.

Amid balancing the budget and creating jobs, the new Republican state legislative majority is targeting fake pot.

State Rep. Garey Bies, R-Sister Bay, a former cop, says in a news release that synthetic marijuana "is becoming a real problem drug and like the real stuff that it mimics, needs to be made illegal."

He says he'll introduce a bill to ban the stuff in the next legislative session.

Known as K-2, Spice and any number of other names, synthetic pot's popularity took off this summer as head shops, including at least three in Madison, began stocking the product. Sold as incense, fake pot is typically a blend including damiana leaves, which is often used in non-tobacco cigarettes. It's sprayed with a substance that mimics the effect of THC, the active ingredient in marijuana.

Sold as incense, it's not meant for human consumption.

I asked well-known pot advocate Ben Masel to take a few puffs for a story this summer, and he said it was similar to, but not quite the same as, the real stuff. Its popularity stems from the fact that it can't be picked up on a drug test, and it can be bought when there is a dearth of pot available on the street.

Several states have outlawed it outright, and in Wisconsin, it's been banned in Milwaukee, Waukesha, Wausau, Eau Claire and Superior.

Copyright 2010 madison.com All rights reserved. This material may not be published, broadcast, rewritten or redistributed.

Posted in Blog on *Thursday, November 11, 2010 5:05 am* Updated: 9:27 am. Garey Bies, Ben Masel, Marijuana, Synthetic Marijuana

Share This Story

Print Email ShareThis

Add or View Comment

Login to post your comment. If you don't have an account, you may register for one.

K2 Fact Sheet

Developed by a Clemson University chemist in the 1990s and tested on mice, K2 has had a resurgence recently prompting states, municipalities and institutions to issue emergency bans on the substance due to its effects that mimic an intense marijuana experience. Sweden, Switzerland, South Korea, Chile, Germany and France, about 15 states (Arkansas, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Michigan, Missouri, New Jersey, New York, North Dakota, Ohio, Tennessee and Utah), Milwaukee, Neenah and Waukesha have voted for or instituted bans on K2. The K2 substance is sprayed on leaves or herbs, sold as incense or potpourri, and ingested through smoking.

Four marijuana-like compounds have been identified in K2 and the State of Iowa has labeled K2 as an imitation controlled substance. The synthetic cannabinoids in K2 are similar to the tetrahydrocannabinol (THC) in marijuana in their hallucinogenic and addictive effects. However, these K2 substances are much more potent than the THC from marijuana and there may be contaminants in some batches of K2 that cause adverse reactions similar to poisoning. K2s effects, depending upon how much is smoked, can last six hours. Wisconsin Poison Control Center experience indicates that users who have adverse reactions have the same kinds of effects as people who smoke too much pot such as increased heart rates, palpitations, chest discomfort, agitation, sweats, nausea and shortness of breath. Some persons can become so intoxicated from smoking or ingesting K2 that the person can end up in the emergency room with seizures, tremors, acute anxiety, panic, elevated blood pressure, vomiting, hallucinations, rapid heart rate, rapid respiration and loss of consciousness.

K2s cannabinoid compounds include the following and NMS Labs, Pennsylvania, has just recently developed a urine test to detect K2 compounds JWH-018 and JWH-073:

a. Phenol, CP 47, 497 and homologues, also known as HU-210.
b. Dexanabinol, also known as HU-211.
c. JWH-018.
d. JWH-073.

Like THC, the active ingredient in marijuana and other forms of cannabis, K2s synthetic cannabinoids turn on the cannabinoid receptors found in many cells in the brain and body. The Clemson researcher created K2 because it binds much better to the cannabinoid receptors than THC does. THC, in fact, only partially binds to these important regulators of body function. K2 cannabinoids fully activate these receptors in the brain that are important for temperature control, appetite, hormone function, immune system function, perception, memory, and problem solving. A person under the influence of K2 will appear as someone using marijuana with characteristics such as reddening of the eyes and lethargy. Persons who have used K2 over a long period of time experience a continuous need for K2 and when K2 use is stopped the individual will experienced unrest, craving, nightmares, sweating, nausea, tremor, headache, high blood pressure, and racing heartbeat. These withdrawal symptoms go away when K2 use is resumed.

For states, municipalities or institutions that have not yet banned K2, if a person uses K2 and is impaired, it can be a violation of an “under the influence” policy or law. So if a state, municipality or institution already has a law making it illegal to be under the influence of a mood-altering substance, use of K2 could fall under that. A K2 bill is expected to be introduced in the Wisconsin Legislature in 2011.

References:

DeNoon, Daniel (2010) Legal herbal products laced with designer drugs: not your father’s marijuana, Internet site www.webmd.com
State of Iowa, Governor’s Office of Drug Control Policy, Des Moines
Wisconsin Poison Control Center, Milwaukee

This page has been intentionally left blank and does not contain any information.

News Release

FOR IMMEDIATE RELEASE
November 24, 2010
Contact: DEA Public Affairs
Number: 202-307-7977

DEA Moves to Emergency Control Synthetic Marijuana

Agency Will Study Whether To Permanently Control Five Substances

NOV 24 -- **WASHINGTON, D.C. –** The United States Drug Enforcement Administration (DEA) is using its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol) used to make "fake pot" products. Except as authorized by law, this action will make possessing and selling these chemicals or the products that contain them illegal in the U.S. for at least one year while the DEA and the United States Department of Health and Human Services (DHHS) further study whether these chemicals and products should be permanently controlled.

A Notice of Intent to Temporarily Control was published in the *Federal Register* today to alert the public to this action. After no fewer than 30 days, DEA will publish in the *Federal Register* a Final Rule to Temporarily Control these chemicals for at least 12 months with the possibility of a six-month extension. They will be designated as Schedule I substances, the most restrictive category, which is reserved for unsafe, highly abused substances with no medical usage.

Over the past year, smokable herbal blends marketed as being "legal" and providing a marijuana-like high, have become increasingly popular, particularly among teens and young adults. These products consist of plant material that has been coated with research chemicals that mimic THC, the active ingredient in marijuana, and are sold at a variety of retail outlets, in head shops and over the Internet. These chemicals, however, have not been approved by the FDA for human consumption and there is no oversight of the manufacturing process. Brands such as "Spice," "K2," "Blaze," and "Red X Dawn" are labeled as incense to mask their intended purpose.

Since 2009, DEA has received an increasing number of reports from poison centers, hospitals and law enforcement regarding these products. Fifteen states have already taken action to control one or more of these chemicals. The Comprehensive Crime Control Act of 1984 amends the Controlled Substances Act (CSA) to allow the DEA Administrator to emergency schedule an abused, harmful, non-medical substance in order to avoid an imminent public health crisis while the formal rule-making procedures described in the CSA are being conducted.

"The American public looks to the DEA to protect its children and communities from those who would exploit them for their own gain," said DEA Acting Administrator Michele M. Leonhart. "Makers of these harmful products mislead their customers into thinking that 'fake pot' is a harmless alternative to illegal drugs, but that is not the case. Today's action will call further attention to the risks of ingesting unknown compounds and will hopefully take away any incentive to try these products."

This page has been intentionally left blank and does not contain any information.

SCAODA Motion Introduction

Committee Introducing Motion: .Prevention Committee
Motion: SCAODA to recommend a legislative ban on synthetic compounds that mimic the effects of marijuana and other illicit drugs.
Related SCAODA Goal: Goal 2: Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and suport methods to transform the state's AODA problems into healthy behavioral outcomes.
Background: Chemicals used to mimic marijuana are sprayed on leaves or herbs, sold as incense or potpourri, and ingested through smoking. Sold as such products named K-2 or Spice. Developed by a Clemson University chemist in the 1990s and tested on mice, K2 has had a resurgence recently prompting states, municipalities and institutions to issue emergency bans on the substance due to its effects that mimic an intense marijuana experience. Sweden, Switzerland, South Korea, Chile, Germany and France, about 15 states (Arkansas, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Michigan, Missouri, New Jersey, New York, North Dakota, Ohio, Tennessee and Utah), Milwaukee, Neenah and Waukesha have voted for or instituted bans on K2. • Positive impact: Restricts the sale of products that mimic the effects of marijuana. • Potential Opposition: Manufactures who produce these products.
Rationale for Supporting Motion: These products contain chemicals that when smoked or injested mimic marijuana. Although these products are sold as incense, they may cause a potential danger then smoked or injested and should be controlled by the DEA and/or FDA. The Drug Enforcement Agency has taken emergency action to outlaw five chemicals (JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol) that are used to make synthetic marijuana, meaning it will be illegal to possess or sell them in the U.S. for at least one year. The chemicals used to make "fake pot" products, known by a number of different names such as K2 and Spice, will be studied by the Department of Health and Human Services to determine whether the chemicals and the products should be permanently controlled. Although baned by the Drug Enforcement Administration, local law enforcement has indicated that a State law may still be necessary in order to cite individuals or businesses who continue to consume or sell these products.

This page has been intentionally left blank and does not contain any information.

SCAODA Motion Introduction

Committee Introducing Motion: Prevention Committee
Motion: Recommend that SCAODA to send a letter to the Food and Drug Administration encouraging the investigation and prosecution of manufacturers and/or suppliers of synthetic compounds that mimic the effects of marijuana and other illicit drugs.
Related SCAODA Goal: Goal 2: Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and suport methods to transform the state's AODA problems into healthy behavioral outcomes.
Background: Chemicals used to mimic marijuana are sprayed on leaves or herbs, sold as incense or potpourri, and ingested through smoking. Sold as such products named K-2 or Spice. Developed by a Clemson University chemist in the 1990s and tested on mice, K2 has had a resurgence recently prompting states, municipalities and institutions to issue emergency bans on the substance due to its effects that mimic an intense marijuana experience. Sweden, Switzerland, South Korea, Chile, Germany and France, about 15 states (Arkansas, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Michigan, Missouri, New Jersey, New York, North Dakota, Ohio, Tennessee and Utah), Milwaukee, Neenah and Waukesha have voted for or instituted bans on K2. • Positive impact: Restricts the sale of products that mimic the effects of marijuana. • Potential Opposition: Manufactures who produce these products.
Rationale for Supporting Motion: These products contain chemicals that when smoked or injested mimic marijuana. Although these products are sold as incense, they may cause a potential danger then smoked or injested and should be controlled by the DEA and/or FDA. The Drug Enforcement Agency has taken emergency action to outlaw five chemicals (JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol) that are used to make synthetic marijuana, meaning it will be illegal to possess or sell them in the U.S. for at least one year. The chemicals used to make "fake pot" products, known by a number of different names such as K2 and Spice, will be studied by the Department of Health and Human Services to determine whether the chemicals and the products should be permanently controlled. Although baned by the Drug Enforcement Administration, local law enforcement has indicated that a State law may still be necessary in order to cite individuals or businesses who continue to consume or sell these products.

This page has been intentionally left blank and does not contain any information.

Jim Doyle
Governor

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
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 Minutes (Approved as Amended)
Tuesday, August 31, 2010
10:00-12:00pm
Department of Health Services
1 W. Wilson St, Room 850A
Madison, WI 53703

Attendees:

1. Michael Waupoose
2. Denise Johnson
3. Gail Kinney-Teleconference
4. Angela Rivera

Absent- Excused

1. Sandy Hardie

Absent-Unexcused

1. Dino Arestegui
2. James Crawford
3. Jerry Kaye
4. Steve Dakai
5. Angela McAlister
6. Harold Gates

State Staff:

Gail M. Nahwahquaw –Staff Person

Diversity Committee Meeting Minutes

I. Call to order:
Meeting was called to order at 10:10am. Members reviewed the July minutes. No quorum, unable to approve the minutes. Edit the Public Forum section for the Infrastructure Study.

Membership: Not on the agenda, but an issue considering attendance and quorum expectations. In email and phone conversation Michael suggested letters go out to members who have not attended a committee meeting in well over a year to be dismissed from the membership. Gail didn't have a mailing address for Dino but spoke to him directly. He voiced his interest and wants to remain on the committee. Since Dino was given the opportunity Gail also called and left a message for James to talk about his interest. James has not returned the call or emailed his ongoing interest. Neither have been in touch to offer suggested meeting dates or have participated in feedback about the Strategic Plan even after direct discussion about these issues. The Committee agrees sending letters thanking them for their participation, but that they have been removed as members is reasonable. Gail N will send the letters. Denise suggests we emphasize that while this group is a committee of SCAODA it is really a workgroup and much of the activity of SCAODA happens in these workgroups. This will be an important fact when recruiting for new members.

Gail will also contact Jerry Kaye about his interest as he's not attended a meeting nor replied to suggested meeting dates either.

II. Healthcare Reform:
A number of Bureau staff recently attended the State Systems Development Program Conference in Washington D.C. Sue Gadacz and others will present a Healthcare Reform overview at the next SCAODA meeting, September 10, 2010. But the issue of the Substance Abuse Counselor field going the direction of licensure versus certification was brought up at this conference. Gail K.-where is this coming from? So people or organizations have some direction about who, what, where to advocate or direct discussion toward. Gail N. can get more materials from co-workers who attended the conference and share that with the committee. Indications are that CMS will only pay for services by licensed professionals once healthcare reform is implemented in 2014.

Michael-Medicare is already very specific about who is eligible for reimbursement and it's masters level trained professionals (licensed clinical social workers?). Angel R added masters level, post 3000 hours of AODA experience. At this point there is not a strong lobbying body for the substance abuse counselors. Denise-the Minority Counselor Training Institute has been a significant entity for ethnic minority community to gain entry into the field. They should continue to play a role to get the information out about where the field is going.

DRLs-Substance Abuse Counselor Advisory Committee at one point were advocating for the field to go in the direction of a degreed profession. But members held diverse views about where the profession should land, with some advocating more lenience about who is a certified counselor versus those who advocate for masters level trained. Gail K. there has to be a middle ground. While she has always advocated for more education and directing interested students toward accredited programs, she feels by this proposed action the bottom will fall out of the field and a number of people will be left without jobs. Denise/Michael -Can DRL help bring an understanding as to how many people this may affect potentially, by providing the number of certified versus degreed counselors in the state? Gail N. will check with DRL to try and identify how many certified counselors have masters degrees.

The community will need more education about where the field is going. Angela R. (Milwaukee) currently works with a 60 yo, Associate degreed, SAC-IT who has not been able to find a job in the field for a year now. Gail K-again feels this is a regional experience. Students in the western region graduate with SAC-ITs are able to find a job and in a year have their SAC and are promoted and actively working within the field. Many students have found jobs in Minnesota, because they're well qualified having received their education at an accredited institution.

Michael-Diversity committee need more information, is this truly the direction the substance abuse counseling field is going? If the field is going in the direction of degreed professionals maybe one role for MCTI is to offer the AODA specialty training for masters level trained practitioners. Angela R. another role maybe for MCTI to offer the continuing education classes which are very hard to find. This will be an ongoing issue and remain on the Diversity Committee agenda as more information comes about. Gail K is particularly interested in this issue as it will affect 4-5 technical college AODA programs. Gail K viewed the DRL website and found a number of college programs offering masters level counseling with AODA emphasis. Marquette, Hazelton, Edgewood, Springfield College, Marshfield, Whitewater, Viterbo. This list is not exhaustive and some of the schools offer various levels from an associates, bachelors to masters level. Angela R.-has heard there is concern that the newer schools are not accredited programs and field placement locations will not take a student from a non-accredited program.

County Infrastructure: Public Forum is meeting concurrently with this meeting Michael attended briefly. There was one region signed-up to offer testimony. The Core Benefits/Eligibility Guiding Principles: list 2-3 principles with specific mention of culturally competent service and providers. See attachment.

III. SCAODA Strategic Plan:

A final draft was emailed to the committee with no additional comments. The final version has been forwarded for inclusion in the SCAODA Strategic Plan. State staff are still working on the print version and most likely will not be available for the September SCAODA meeting.

IV. Subcommittee:

Cultural Competence-No report

ADA-Follow-up on a final report of the DHH survey. Denise will review the document she sent earlier to be sure it's in a final report format and send it to Michael.

Primarily the subcommittee completed their goals out of the last Strategic Plan. The Diversity Committee will need to decide how to move forward with implementation of their newly defined goals and objectives.

V. Federal Rule Privacy Changes:

Gail N. found a videocast hyper link of the August 4, 2010 stakeholder meeting sponsored by SAMHSA. Essentially Administrator Pamela Hyde shared that SAMHSA will not advocate to have CFR 42, Part II opened for changes at this point considering e-health record implementation. The purpose of the stakeholder meeting is to review the FAQ's and to learn what other questions stakeholders still have for SAMHSA to develop responses. SAMHSA is committed to having treatment information included in health records and vice versa, primary health care records shared with behavioral health.

Medical providers are due to receive monetary incentive for complying with Health Information Transfer (HIT) and e-Health Record implementation however the Behavioral Health practitioners are not included in the incentive initiative at this point. There is a House bill, HR-5040 authored by Representative Kennedy, with 69 sponsors and a companion bill in the senate by Senator WhiteHouse. The bill supports the inclusion of behavioral health practitioners (community mental health, private psychiatric hospitals, clinical

psychologists and social workers) as eligible recipients of stimulus incentives for e-HR compliance. There is still work to be done regarding e-HR and behavioral health practice. Note the videocast is about 2hrs and 40 minutes long.
http://videocast.nih.gov/Summary.asp?File=16051

Stakeholder attendees voiced concern that language access and culturally relevant information for consumer education materials be considered. The Office of National Coordinator for Health Information (ONC) suggested this effort occur on a more local level. Population information will be more readily available at a local level to help steer consumer education efforts.

Michael-knows of the local "Care Everywhere" effort in Dane County by which a physician can view health records outside of their network to provide better service to the patient. The patient and physician agree to what will be shared and the provider signs up for the service.

Michael sees the inclusion of treatment services within a person's health record as a big step toward decreasing the stigma associated with mental health and substance abuse services.

VI. Announcements:

UW-Gateway Recovery received a mindfulness based relapse grant allowing Michael to do direct service with meditation and yoga sessions.

Angela R. will soon be a Masters Crystologist and will add that to her credentials for service.

Next Meeting-October 2010 TBD. Gail N. will send out another meeting survey.

Suggested 2010 Meeting Dates Wednesdays

~~**January 20, 2010**~~
~~**February 17, 2010**~~
~~**April 4, 2010**~~
~~**May 19, 2010**~~
~~**July 27, 2010**~~
~~**August 31, 2010**~~
October, 2010
November 20, 2010

SCAODA 2010 Meetings
9:30-3:30pm
~~**March 5, 2010,**~~
~~**June 11, 2010**~~
September 10, 2010 &
December 10, 2010

Jim Doyle
Governor

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
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 Minutes (Approved as Amended)
Tuesday, July 27, 2010
10:00-12:00pm
La Casa de Esperanza
Back room to Café Esperanza
410 Arcadia Avenue
Waukesha, WI 53186

Attendees:

1. Michael Waupoose
2. Steve Dakai-Teleconference
3. Denise Johnson
4. Gail Kinney-Teleconference
5. Angela McAlister

Absent- Excused

1. Angela Rivera
2. Harold Gates
3. Sandy Hardie

Absent-Unexcused

1. Dino Arestegui
2. James Crawford
3. Jerry Kaye

State Staff:

Gail M. Nahwahquaw –Staff Person

Diversity Committee Meeting Minutes

I. Call to order:
Meeting was called to order at 10:15am. Members reviewed the May minutes. Page 2, ¶ 3, restate Diversity Goal. Page 3, ¶ 5 change "…translated correctly" to "…incorrectly"

May minutes approved as amended.

Café Esperanza telephone service can only accommodate three phone lines total. Harold and Sandy both confirmed to join the meeting via teleconference however Gail N. was not able to join them because of the phone line limits.

II. La Casa de Esperanza Overview:
Lee Wipfli, AODA Program Director, and Megan Sprigger, Marketing Director gave an extensive overview of the programming offered by La Casa. Handouts were emailed to the committee, noting the Hispanic population growth in Waukesha County. The Child Care service just received a DHHS grant to expand the care to ~75 more children. La Casa is the only child care agency in Waukesha that offers service through the 2nd Shift work time which has proven to be necessary for low-income families. La Casa also hosts the largest weatherization program in the state.

La Casa is the only bi-lingual clinic in Waukesha County, and the AODA Program is housed at his facility. The AODA program provides prevention and treatment services and notably; Prevention Education curriculum to the Summer Youth Program, court mandated treatment services for Domestic Violence perpetrators, utilizing the counties Threshold Curriculum translated into Spanish, and offer a nine week anger management program, HIV testing and counseling and is working to offer HIV Rapid Testing soon.. La Casa has a bi-lingual mental health therapist, and Lee is working on a master's degree in counseling, because the need is so great.

Why is the Hispanic community growing so quickly in this area? Lee/Megan-for various reasons, but there has always been a strong Hispanic presence in Waukesha County, as foundries in the 1940-'50s recruited for workers out of the Texas area. Word of mouth advertizing has help boost the growth, and Lee shares that "Now it's considered okay to be known as Hispanic, and to speak out." Where before people were afraid and lived quietly in the area. There are some racial tensions, primarily in the schools and incidences are handled case-by-case. Both Lee and Megan report that Waukesha is a collaborative place. The county and other provider agencies work well together. The Waukesha Police, offer a Citizen's Police Academy and for the first time this will be offered in Spanish by La Casa in an effort to help defray stigma by community members of the Waukesha police and to build relationship within the community.

Michael-What are the greatest needs of La Casa and how best can the Diversity Committee advocate to SCAODA on your behalf? Lee anticipates housing/shelter will be a huge issue this year. There is a housing shortage in the area already, but add the population reintegrating from corrections and the need for residential treatment services, and shelter with treatment services. In Waukesha County AODA related criminal offenses rate #1 and Domestic Violence is #2. Transportation is the other huge issue for the Hispanic community in Waukesha County. Waukesha does not have a good public transit system outside of Waukesha city proper and many people are moving to the outer regions of the county. When considering budget cuts get all the facts and ask for outcomes data before decisions to cut.

Michael-Has the Hispanic community been able to access the Minority Counseling Training Institute? Lee Wipfli is a graduate of MCTI and has referred numerous people to the program. Language interpretation is a challenge in access to MCTI. One or two Spanish speaking trainers is crucial and will help to increase the participation from the Hispanic community, Lee is willing to help. Megan suggests inviting Angela to the Hispanic Collaborative Network to give a presentation about MCTI. Angela agrees she recently lost two Hispanic students out of the MCTI because of language issues.

III. SCAODA Strategic Plan:

Primarily Michael would like the Diversity Committee to develop a work plan that is achievable in the next four years. Gail N. reports that the ITC and Diversity Committees are in similar positions in that each has met and drafted work plans, and are working against the deadline to get a final version.

The committee discussed the following edits and Michael, Gail K. and Steve will work on rewriting various sections of the work plan.

2010 – 2014 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.

   ~~*AODA service providers will measure their preparedness to and/or effectiveness in providing culturally competent services for the communities they serve*~~

   Examine how service providers and unique communities can best be assisted in determining what practices are effective within their own communities (Broader and achievable goal, is inclusive of the stricken goal above.)

   - *Develop a cultural competence score card system to evaluate providers on their preparedness to provide culturally competent care.* (Embed into bullet 4)

   - *All Wisconsin treatment providers participate in a process of self assessment to determine their preparedness to provide culturally competent care.* (Re-list as #2, here programs are deciding if they can do things related to cultural competency))

   - *Provide technical assistance to programs that provide culturally specific interventions to encourage the evaluation and documentation of the success with their culturally specific interventions.* (Re-list as #3, Programs can do things related to cultural competency)

   - *Diversity website becomes a clearinghouse for cultural competence assessments, education tools, work plans, and reporting provider self-assessment results. It becomes a repository for listing those programs that have engaged in an organization cultural competence self-assessment.* (Re-list as #1, include reference to bullet 1 above and 4 below as sub-statements)

   - *Develop an application process for providers to be listed on the website as culturally competent or working towards cultural competence.* (Embed in bullet 4 above)

   - ~~*Ensure that PSAs are delivered in a culturally congruent format*~~ (Move to 2nd Goal, below)

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.

For all communities, promote consistency between their values and standards and the substance-related behavioral practices of their members.

- *Disseminate the Alcohol, Culture and Environment Report and the Epi Report*
- *~~Communities of Color~~ are invited to participate in ~~the development of a social marketing campaign directed at~~ reducing the level of acceptance of substance use in their communities.*
- Add Bullet 5 from #1 Goal above

The committee can incorporate educational tools already established or due to be updated soon, like the Alcohol, Culture and Environment (ACE) Report and the pending Epidemiologic (Epi-Report) Update.

Gail K.-Reads Goals 2 & 3 as a focus for different target sectors for the Diversity Committee. #2 action steps can be directed at providers. Providing consistent, research based information that in turn helps them to educate the communities they serve affecting change overall.

Denise-"communities of color" statement leaves out many other communities, like the Deaf and Hard of Hearing or LGBT. Committee agrees and will come up with a more inclusive statement for diverse communities.

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).
   Consumers ~~are able to determine if~~ choose prevention, intervention, or treatment services that are ~~providers deliver~~ culturally competent ~~services that are effective~~ in meeting their needs.

   - *Insure that Wisconsin's ~~communities of color~~ understand the impact of substance abuse in their communities to include, the disparities that exist relative to prevalence, access to treatment and public policy.*
   - *Wisconsin's citizens are encouraged to use the Diversity webpage to understand the components of a culturally competent program, which programs in the state have engaged in a process of self assessment, and how to access culturally competent care.*

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.[1]
   Influence qualified minority group members to seek training and employment ~~in preparation for work~~ in providing treatment and recovery services.

   - ~~*Wisconsin's Communities of Color understand their right to culturally informed care.*~~
   - ~~*Wisconsin's Communities of Color know what programs are prepared to provide culturally competent care and how to access those programs*~~
   - *Wisconsin adequately funds culturally specific training programs*
   - *Wisconsin requires that all AODA / MH conferences receiving any funding from the Division have at least one workshop on providing culturally competent care.*

[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.

- ~~*All treatment programs receiving funding through the Division are required to engage in a process of cultural competence assessment and develop and submit a work plan for improving cultural competence.*~~ (Address in Goal 1)
- *Wisconsin ensures that its workforce is prepared to provide culturally competent care.*

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.

    - *The State of Wisconsin and its leaders issue apologies to the indigenous people of Wisconsin for the historical trauma inflicted on them.*

[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.

IV. Federal Rule Privacy Changes:

Discussion was tabled until the next meeting. Gail K. asked if anyone from Wisconsin was participating in the SAMHSA sponsored stakeholders meeting on August 4th, as referenced in the most recent JoinTogether article. Gail N, will check with Sue Gadacz as she participates on a national committee and has updated the Substance Abuse section on this issue. Michael also suggested that this be presented at the next SCAODA meeting.

V. Announcements:

Angela McAlister is participating on the Core Benefits subcommittee of the ongoing County Infrastructure Study; the last meeting is scheduled for July 30, 2010 and an Open Forum is scheduled for August 31st.

UW-Gateway Recovery is still interested in hiring a Masters level trained Mental Health therapist, ideally licensed and certified.

Next Meeting-August 2010 TBD. Gail N. will send out another meeting survey.
Suggested 2010 Meeting Dates Wednesdays

~~**January 20, 2010**~~
~~**February 17, 2010**~~
~~**April 4, 2010**~~
~~**May 19, 2010**~~
~~**July 27, 2010**~~
August, 2010
October, 2010
November 20, 2010

SCAODA 2010 Meetings
9:30-3:30pm
~~**March 5, 2010,**~~
~~**June 11, 2010**~~
September 10, 2010 &
December 10, 2010

This page has been intentionally left blank and does not contain any information.

State of Wisconsin

DEPARTMENT OF REGULATION AND LICENSING

Scope Statement

Marriage and Family Therapy, Professional Counseling and Social Work Joint Board

---

August 2010

Subject:

To revise Wis. Adm. Code s. MPSW 1.09 to allow licensed marriage and family therapists, professional counselors and clinical social workers to engage in substance abuse counseling without seeking separate certification as a substance abuse counselor under s. 440.088, Wis. Stats. Additionally, the intended revision will eliminate the provisions for applying for and receiving a substance abuse specialty within s. MPSW 1.09, Wis. Admin. Code.

POLICY ISSUES:

Objective of the Rule:

The objective of the rule change is to allow chap. 457, Stat., licensed professionals to engage in substance abuse counseling without requiring them to become certified substance abuse counselors under s. 440.88, Stat. The Board also intends to eliminate the specified education hours and training required for the substance abuse specialty, as well as the granting of the substance abuse specialty under s. MPSW 1.09 Wis. Admin. code. For those providing ongoing treatment of substance abuse counseling, the amended rules will require an as of yet unspecified amount of hours in continuing education. The changes pursued by the Board will allow licensed marriage & family therapists, professional counselors and clinical social workers to provide therapy for primary and co-occurring substance abuse disorders if they are adequately trained to do so without need of additional certification. Other master's level credential holders i.e. certified advanced practice and independent social workers, marriage & family therapist and professional counselor training license holders could provide such services under adequate supervision. The envisioned changes to the rule will require certified social workers to pursue substance abuse counselor certification under s 440.88, Stat. in order to provide substance abuse counseling services.

Existing Policies Relevant to the Rule, New Policies Proposed and Analysis of Policy Alternatives:

Currently, under Wis. Admin. Code s. MPSW 1.09, a person credentialed by the board may use the title "alcohol or drug counselor" or "chemical dependency counselor" only if he or she is certified as an alcohol and drug counselor or as a chemical dependency counselor through a process recognized by the Department of Health (*Note: 2005 Wis. Act 25 transferred the authority for regulation of substance abuse counselors from the Department of Health Services to the Department of Regulation & Licensing*). A person credentialed by the board may treat alcohol or substance dependency or abuse only if he or she is qualified to do so by education, training and experience.

Under s. 457.02, Stat., marriage & family therapists, professional counselors and social workers are not authorized to treat alcohol or substance dependency or abuse as a specialty unless the individual is a certified substance abuse counselor, or unless the individual satisfies educational and supervised training requirements established in rules promulgated by the examining board. The statutory guidelines for promulgation of those rules advise the board to consider the existing requirements for State certification of substance abuse counselors, however the statute does not direct the Board to adopt or use state rules as a guideline.

Finally, it is the position of the Board that licensed professionals who have had the requisite education, training and experience in treatment of substance abuse may provide substance abuse therapy as treatment of such is included with the definition of psychotherapy and the provision of psychotherapy is within their legal scope of practice. The limiting factor of the disorders that a therapist treats is their prior training and experience and is an issue of ethics, i.e. a therapist may not ethically practice in areas in which they lack competence.

Statutory Authority:

Wis. Stat. ss. 15.08(5)(b) & (6); 227.11(2); 457.02 (5m); 457.03.

Existing or Proposed Federal Legislation: None.

Entities Affected by the Rule:

Marriage and family counselors, professional counselors and social workers, all levels will all be affected by the rule (credential holders).

Estimate the amount of state employee time and any other resources will be necessary to develop the rule:

Approximately 120 hours

SCAODA Motion Introduction

Committee Introducing Motion: Jointly introduced by ITC and Diversity
Motion: To oppose the following proposal for revision to WI Admin code MPSW 1.09: Revise Wis. Adm. Code s. MPSW 1.09 to allow licensed marriage and family therapists, professional counselors and clinical social workers to engage in substance abuse counseling without seeking separate certification as a substance abuse counselor under s. 440.088, Wis. Stats. Additionally, the intended revision will eliminate the provisions for applying for and receiving a substance abuse specialty within s. MPSW 1.09, Wis. Admin. Code.
Related SCAODA Goal:
Background: Currently, under Wis. Admin. Code s. MPSW 1.09, a person credentialed by the board may use the title "alcohol or drug counselor" or "chemical dependency counselor" only if he or she is certified as an alcohol and drug counselor or as a chemical dependency counselor through a process recognized by the Department of Health (Note: 2005 Wis. Act 25 transferred the authority for regulation of substance abuse counselors from the Department of Health Services to the Department of Regulation & Licensing). A person credentialed by the board may treat alcohol or substance dependency or abuse only if he or she is qualified to do so by education, training and experience. Under s. 457.02, Stat., marriage & family therapists, professional counselors and social workers are not authorized to treat alcohol or substance dependency or abuse as a specialty unless the individual is a certified substance abuse counselor, or unless the individual satisfies educational and supervised training requirements established in rules promulgated by the examining board. The statutory guidelines for promulgation of those rules advise the board to consider the existing requirements for State certification of substance abuse counselors, however the statute does not direct the Board to adopt or use state rules as a guideline. The objective of the rule change is to allow chap. 457, Stat., licensed professionals to engage in substance abuse counseling without requiring them to become certified substance abuse counselors under s. 440.88, Stat. The Board also intends to eliminate the specified education hours and training required for the substance abuse specialty, as well as the granting of the substance abuse specialty under s. MPSW 1.09 Wis. Admin. code. For those providing ongoing treatment of substance abuse counseling, the amended rules will require an as of yet unspecified amount of hours in continuing education. The changes pursued by the Board will allow licensed marriage & family therapists, professional counselors and clinical social workers to provide therapy for primary and co-occurring substance abuse disorders if they are adequately trained to do so without need of additional certification. Other master's level credential holders i.e. certified advanced practice and independent social workers, marriage & family therapist and professional counselor training license holders could provide such services under adequate supervision. The envisioned changes to the rule will require certified social workers to pursue substance abuse counselor certification under s 440.88, Stat. in order to provide substance abuse counseling services. • Positive impact: To assure a qualified, experienced workforce, there is no positive impact if this proposal is endorsed. • Potential Opposition: ITC and Diversity oppose this proposal (see rationale for details)

Rationale for Supporting Motion: Motion to oppose proposal

While a licensed mental health professional presumably has the background and training to work therapeutically with people, they do not have the knowledge base or training to effectively treat substance use disorders without the specialty education. Even the American Medical Association and the American Psychiatric Association have recognized that psychiatrists do not necessarily have the expertise to treat addiction without additional training – hence the American Society of Addiction Medicine which requires that licensed psychiatrists pass an examination in order to use the title addictionologist. We do not believe the current education requirement is so excessively burdensome that it justifies the proposal.

The substance abuse specialty credential assures appropriate knowledge and practice experience to deliver substance use disorder services. SCAODA has supported treatment strategies that have a strong emphasis on quality and successful outcomes. As a matter of public protection and to increase the likelihood that those in treatment for substance use disorders receive quality, efficient and effective care, this proposal should be rejected.

Jim Doyle
Governor

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, August 10, 2010
10:30 am - 2:30 pm
Department of Corrections
Madison, WI

MINUTES

Present: Norm Briggs, Dan Nowak, Tami Bahr, Linda Preysz, Andrea Jacobson, Kate Johnson - staff
Absent: Renee Chyba, Dave Macmaster, Sheri Graeber, Nina Emerson, Sheila Weix
Guest: Mike Quirke

Welcome, Introductions, and Review of Minutes
Linda brought the meeting to order at 10:40 am and reviewed the minutes. Kate identified one change needs to be made on the top of page 2 based upon additions from Tami. Minutes were approved with the identified change.

Presentation about Treatment for Compulsive Gambling
Mike Quirke provided information about options being considered by the Division of Mental Health and Substance Abuse Services (DMHSAS) to allow substance abuse counselors to provide treatment for people with compulsive gambling problems. Linda explained that while treatment for compulsive gambling has not been included in ITC's strategic plan, the committee is interested in hearing about progress regarding the provision of treatment for compulsive gambling.

Mike provided background about the inability of substance abuse counselors to provide treatment to people with compulsive gambling problems. ITC has also received feedback at Public Forums from substance abuse counselors who are frustrated about not being able to treat or access treatment services for clients with compulsive gambling problems. The official opinion from the Department of Regulation and Licensing (DRL) is that treatment for compulsive gambling is outside of the scope of practice for SACs and that they should not be providing this service. DMHSAS developed recommendations for changes outlined below to allow Substance Abuse Counselors (SACs) to provide treatment for compulsive gambling.

The two proposed changes include:
1. Amending the existing s. 440.88(11) to include language allowing treatment for compulsive gambling to be within the scope of practice for substance abuse counselors with identified training and supervision requirements.
2. Adding a new section in s. 440.88 to create a subsection (12) to allow substance abuse counselors to provide treatment for compulsive gambling with education and supervision to be established by DRL.

The proposal will have to proceed through the legislature since it involves statutory change.

A statewide workgroup including addiction counselors, a psychologist, and some members who are certified to provide treatment for compulsive gambling through the Wisconsin Council on Problem Gambling developed these options from research and discussions. In the process of researching various aspects of this issue, the group discovered that Medicaid reimburses services for treatment for compulsive gambling provided by SACs if a client also has a substance abuse disorder/diagnosis. Insurance companies are not consistently providing or reimbursing for treatment for compulsive gambling.

Mike reviewed statistics from a Fact Sheet he developed that also includes a comparison of requirements for treating compulsive gambling in surrounding states. According to research, compulsive gambling and substance use disorders involve similar genetic and environmental factors, neurobiological processes, diagnostic criteria, treatment modalities, progress in treatment, and approaches. In Wisconsin, people with compulsive gambling problems are underidentified and underserved, according to the very low number reported on HSRS and Medicaid. Many areas in Wisconsin have no treatment resources or Gamblers Anonymous self-help groups.

The next version of the Diagnostic and Statistical Manual (DSM) is proposing to reclassify compulsive gambling as an addiction disorder rather than a mental health disorder. Mike has briefed Secretary Timberlake in the Department of Health Services and the Wisconsin County Human Services Association (WCHSA), both of whom agree with the proposal. The National Association of Social Workers (NASW) in Wisconsin opposed any proposal that would impact the scope of practice of social workers and advocated for any change to be a formal public process. ITC is the last stakeholder group Mike plans to consult with.

Linda asked about funding. Mike explained that funding for gambling-related services comes from gambling tax revenue at the state level. Approximately $250,000 in state funding is given to the Wisconsin Council on Problem Gambling.

The group discussed the details of this proposal and provided feedback, including:

- Edits to statutory proposals - Add specific mention of the scope of practice and supervisory consultation to the second language option. Add language about getting training from an accredited or approved organization.
- Language, terms, and scope - Cautioned proceeding carefully with this issue because the term addiction has been used very loosely. This is the State Council on Alcohol and Other Drug Abuse, and there were concerns about adding other addiction disorders to substance abuse and associated funding implications. Scope of practice issues concerned some ITC members.
- DSM classification - If the classification of compulsive gambling does not change in DSM-V, then it will be difficult to implement changes and possibly challenging for the field to support.
- Funding, reimbursement – There may still be problems with clinicians who aren't able to get reimbursed. Focus on reimbursement and how agencies can get paid for the service.
- Limited resources – There was a concern about taking funds away from substance abuse services. Treatment for compulsive gambling should not be in the Bureau that works on prevention, treatment and recovery from substance abuse.

- Access and capacity - There is a lack of providers even if clients are identified to have compulsive gambling issues. This proposal assumes that there are substance abuse providers in rural areas, which may not be the case; this change might not increase capacity because there might not be the pool of potential counselors/providers.

Some members of the group seemed in favor of the proposal, some were concerned about expanding services without addressing funding, and others had concerns about the DSM classification. There was discussion about reimbursement from private insurance and the way in which the service was requested – compulsive gambling vs. impulse control. Linda requested that Mike notify the group when a formal proposal is drafted.

Children, Youth and Families Subcommittee Update – Tami Bahr
The Children, Youth, and Families Subcommittee hasn't met since last meeting and has their next meeting scheduled for Thursday. Tami plans to review the SCAODA strategic plan and bureau conference. Linda is interested in the subcommittee's perspective about the proposals, timelines, and scope of ITC's strategic plan. She would like to see more detail from each subcommittee related to their goals.

NIATx issued a proposal aimed at helping agencies improve business practices related to billing systems, and Tami is discussing with Susan Endres in DMHSAS the potential for adolescent treatment providers to apply. The proposal provides support, training, and coaching services for at least one year and up to three years.

Norm asked if there were any plans to do another assessment of agencies and capacity of treatement providers. Tami said that Susan did follow-up calls with providers this spring, but she didn't know the outcome of those calls. Members made a formal request to DMHSAS relating to adolescent treatment providers over the past years, including: the number of adolescent treatment providers per year and level of care over the past 20 years if possible.

WiNTiP Update
Mac is on vacation.

Intoxicated Driver Program (IDP) Subcommittee Update
Andrea provided an update about the subcommittee. The group reviewed the eight rules and tasks assigned to it from ITC and then continued discussion about the strategic planning grid. Andrea and Nina intend to finish the grid discussion and then move to the nominal group decision process to prioritize specific items at upcoming meetings.

Mark Seidl joined the conference call at the recent IDP Subcommittee meeting and shared that there will be a planning meeting during the lunch of the full SCAODA meeting in September to discuss the creation of the IDP Funding Subcommittee. The IDP Funding Subcommittee is being created to specifically focus on funding issues related to the Intoxicated Driver Program and will report to the Planning and Funding Committee. Members discussed the need for clear communication between the two IDP subcommittees once the Funding Subcommittee is operational.

SCAODA and ITC Strategic Planning – Linda
Linda reviewed the priority areas developed at the July meeting, which include:

1) Access: access to care specifically for women, elderly, adolescents, IDP.

2) Quality of Care: improved treatment processes via evidence-based practices, including integration of nicotine treatment, integrated treatment with mental health, diversity.
3) Workforce: ensuring sufficient qualified, gender and culturally competent workforce capacity.

She encouraged the IDP Subcommittee to re-examine its goal included on the ITC chart because it is related to funding and the IDP Funding Subcommittee will now be addressing funding issues. The group examined the strategic planning narrative and discussed the item related to women's treatment. Linda said that ITC has done some work on these issues but there is more that can be done.

The goal for women's treatment is to: increase the percentage of women who need treatment and receive appropriate and quality treatment and get more women in treatment and recovery.
Some next steps or action items that the group discussed included:

- Examine national treatment standards and availability, what other states are doing, research best practice models and TIP 51
- Address stigma
- Make recommendations for gender-specific resources in parity
- Communicate/dialogue with outside agencies
- Issue a statement (written and/or verbal) at the Infrastructure Study hearings related to gender-specific treatment and including female-specific treatment in the core benefits
- Dedicate a one-day meeting to focus on women's-specific treatment

Linda also recommended inviting Bernestine Jeffers, the new Women's Treatment Coordinator in the Bureau, to the October ITC meeting to introduce herself and discuss ITC's work with women's treatment issues. Kate will contact Bernestine to see her availability for this meeting.

Additional item
Michael Waupoose resigned from ITC due to time constraints and commitments. Norm recommended Steven Dakai as a new member.

Adjourn
The meeting was adjourned by Linda.

Next meetings and dates:

1. ITC
   October 12, 2010; 10:30 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee
   2nd Thursday of the month (ongoing by teleconference).
3. IDP Subcommittee
   Friday, September 17; 9:30 am – 12:00 pm; Department of Workforce Development; Madison
4. SCAODA
   September 10, 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

Jim Doyle
Governor

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, October 12, 2010
10:30 am - 2:30 pm
Department of Corrections
Madison, WI

MINUTES

Present: Norm Briggs, Dan Nowak, Tami Bahr, Linda Preysz, Andrea Jacobson, Dave Macmaster, Renee Chyba, Sheri Graeber
Lila Schmidt- staff
Absent: Nina Emerson, Sheila Weix
Guest: Bernestine Jeffers

Welcome, Introductions, and Review of Minutes
Linda brought the meeting to order at 10:40 am with introductions and review of minutes. Minutes were approved with no identified change.

Presentation on Women's Treatment – Bernestine Jeffers
Linda welcomed Bernestine, noting that women's treatment services are one of ITC's focus areas and priorities. Benestine began her presentation by distributing three maps to the group illustrating:
1. Counties with Women's specific treatment programs.
2. The status of collaborative systems of care for children and families within the state.
3. The Department of Health Services Area Administration regions.

Bernestine reported that the existing women's treatment programs are currently resubmitting applications for 2011 funding but noted that these contracts will go out for competitive bid for the 2012 contract year. In her position with the state, Bernestine has had the opportunity to visit all the women's treatment programs and has identified a number of barriers for women accessing treatment. The following is a summary of the barriers she discussed:

- In the Northern region of the state, many women have to travel long distances to obtain treatment. In Douglas County in the Western Region women have to travel between 125 to 150 miles to obtain suboxone treatment. Due to a lack of personal transportation, women are bused by Greyhound or sent by cab if there are not buses available. Some women may also need to travel with children. There is also concern with the exposure women have in riding the bus to and from treatment, placing women in potentially high risk situations. The long commutes also make it impossible for women to receive daily programming.

  Women who are geographically closer to obtaining services in Minnesota are unable to do so, as Wisconsin's Title 19 is not recognized in Minn., unlike WI which accepts Minnesota's Title 19. Bernestine notes that Dept of Health Services plans to connect with their

counterpart in Minnesota to address this issue. Low Medicaid reimbursement also results in many providers who won't accept this type of payment, resulting in even fewer resources to women.

- UCHIPS issues include the need for training and the need for facilities for pregnant women. In the more rural sections of the state there is a need for training on UCHIPS as people are unaware of the legislation on this issue. The lack of facilities available for pregnant women is also a problem across the state. Even in a large city such as Milwaukee facilities are lacking and as a result, pregnant women are being placed in an inpatient facility where costs are increased dramatically. This can take a huge hit on small budgets as is the case in Pepin County with an annual budget of $12,000. In Brown County, there is an increase in the number of women being made for substance abuse treatment overall, which has limited the resources available specifically for pregnant women.

- The Tri-County area is very rural. They don't have buses so there are a number of service coordinators that travel to see the women. Communication is significantly impacted as there are limits on their cell phone reception and internet service capabilities. The communities there lack a sense of hope. Jobs there are extremely limited. Much of their economics is reliant on seasonal work. Employment opportunities, especially for women, rest on part time cleaning or fast food jobs. Making $7.25 an hour doesn't allow for affordable housing. Medical services are lacking. The residential program in Minocqua lost their funding from the tribes due to political reasons and is now totally reliant on the county funding.

- Fond du Lac county has two women's programs (ARC and Beacon House) offering residential and continuing aftercare. The Community there has embraced the programs and has donated services to support remodeling efforts. There are a small number of beds. Addressing the needs of pregnant women and children is a challenge. There is a need to establish partnerships with the hospitals.

- Funding is a huge concern, especially with changes on the Federal level. Health care reform doesn't address the need for residential services since there are no funding codes for residential. There are also very few treatment or recovery facilities that allow for women to live with their children statewide.

- The good news! With health care reform there is integration of services. Substance Abuse is no longer the stepchild but is now at the table with Mental Health and Medical services. Dept of Health Services is looking at expanding services to women and families. There are many single parent household (as is illustrated in map 2) and many of these families are struggling with substance abuse issues. Additional funding for CST (Coordinated Services Team) includes an additional $65,000 from the SABG and $70,000 increase from GPR. TANF funds which focus on needy families are providing substance abuse services to the whole family. Milwaukee County was awarded ATR III, and will now add Waukesha County and VETS.

Bernestine passed around a handout on the pre-conference session for the Mental Health and Substance Abuse Training conference (Navigating the Changing World of Women's Treatment Services) There are currently 80 people signed up. During this session folks will be discussing the impact of Parity and Health Care reform and the Public MH/SA Infrastructure on women's treatment

programs. Bernestine mentioned that these changes will likely result in the loss of a number of providers. She stressed the need to increase services and to do so creatively.

Norm mentioned that the majority of funding for women's treatment comes from Corrections. Linda stated that there is a need for women to be included in the parity language. Linda mentioned the importance of national treatment standards, (looking at what other states are doing) and the need to reduce stigma; both of which are included in the strategic plan. As an example of stigma, Bernestine shared the problem of getting women to sign up for FAS screening despite the value of the screening results for the women who participate. Norm commented that there is no organized way to screen for substance abuse problems. He shared data that was collected from Child Protective Services in Dane County which identified a 28% rate of SA problems for their case loads as compared to rates of 50 to 75% nationally. Norm commented that this could be a change team initiative. There is certainly a need for a more universal screening tool.

Mac recommended having a centralized place for listing treatment service resources for counties that are unable to provide services. Bernestine mentioned that the Western and Northern regions are developing coalitions to help address this issue.

ARC Family Based Treatment – Norm Briggs
Norm presented a slide show on the ARC programs followed by video segments of testimonials from women who have participated in ARC services:

Project Respect- for women involved in prostitution

Smart Start- provided for the women involved in ARC services with education on FASD, and FASD intervention based on Motivational Interviewing. Norm mentioned that women who are screened for FAS find it very helpful and affirming to have an explanation for their experience.

Center for Women and Children (CWC)- women's-specific, alcohol and other drug abuse day treatment program with services specifically for the children of the mothers served, including on-site child care.

Health Beginnings - women-specific day treatment AODA services for women who are pregnant or postpartum. Both CWC and HB provide therapeutic child care on site, including developmental screenings.

Fond du Lac Day Treatment - provides 10 slots for women specific day treatment substance abuse services for women and their children in the Fond du Lac area.

Intensive Outpatient (IOP) – provides babysitting on site or through a contract with 4C's.

Recovery Oriented Family Based program – 3 year grant which implements a SAMHSA best-practice model for the treatment of family members including individual counseling and educational groups.

Norm stressed the difference between women specific services which is what the ARC programs provide and programs that offer women specific groups. He stated that relationships issues are the key to providing effective treatment and in preparing for and addressing relapse for women.

Norm noted that about 40% of ARC treatment services are determined to be medically necessary and therefore reimbursable.

Children, Youth and Families Subcommittee Update – Tami Bahr
Tami reports that the next Children, Youth, and Families Subcommittee meeting is scheduled for Thursday. Tami reported an update on the NIATx Technical Assistance grant which focuses on a six month time frame. Offers $1000 stipend to each agency with an in person meeting in November followed by monthly service calls. They are working with Mike Quirke and Susan Endres on increasing the number of treatment admissions for persons under age 18.

The new web page ready to go, and is just waiting for final approval at DHS before going online. Announced the 3rd annual adolescent tx provider training on opiates, anxiety and withdrawal. Recovery Foundation and Voices for Recovery lunch; the message for successful recovery is about doing something good with my life versus I am clean and sober.

Per the request made to the State for data on the number of adolescent treatment providers and level of care over the past 20 years, Mike Quirke pulled HSRS data for the last ten years (1999-2009) which documented a steady decline in the number of adolescent AODA service admissions. The data does not included information from the private sector and does not go back more than 10 years given limited reporting at that time. Susan Endres is recommending the idea of having students from the sober high school in Waukesha conduct interviews with providers, an anecdotal study of sorts, to document the historical changes in adolescent treatment services over the last two decades. Currently most adolescent treatment is done on an outpatient basis. There are very few residential level services offered. There is also a trend in going back to family dynamics and their subcommittee is looking at how to bring families into the process. Tami notes that in the last seven years WI has developed three sober High schools. WI is the only state to have more than one. Janesville and Waukesha are schools within a school and Madison is a freestanding school.

Tami reported on a letter sent to the Management Group, Inc. summarizing the responses of the Child, Youth and Family Treatment Subcommittee on the Infrastructure study recommendations. Highlighted was the need for school based MH/SA initiatives and developmentally sensitive models, more specificity on prevention, integration of systems for information exchange and the expansion of the current service system to include a continuing care after treatment for 0-26 year olds. Linda acknowledged the good points of the letter and reminded the group that any documents being sent need to be endorsed by the ITC before they are sent out from the subcommittee.

WiNTiP Update – Dave MacMaster
Mac distributed a four page update on WINTIP.
WINTIP is directed and accountable to a steering committee, chaired by Bruce Christiansen. It was noted that Sue Gadacz from DMHSAS has been appointed to the steering committee. The project is approaching its last year of funding with a final report to the Division of Public Health. Mac reported that this year's contract was cut in half, though he is optimistic that the money will continue given that it is a small amount. He mentioned approaching the cancer folks for support and reported they are willing to meet.

Mac pointed out the outreach that has occurred with clinicians and providers and found that 92% agreed that they were ethically and clinically responsible for addressing the nicotine addiction of

their clients. The need is to get this piece built into our standards of practice. Having a training of trainers aimed at clinical supervisors was recommended for implementing the integration, though health care reform may change the treatment focus as clinicians will be supervised by physicians/medical model. The implementation of integration that has occurred in New York State will help support the goals of WINTIP in this area. Providing financial incentive for early adaptor providers, who could then be a guide for others, is one model. Mac notes that tobacco use continues to increase and the need to provide a blended approach of prevention and treatment is key to addressing the problem.

Mac presented at a National Conference which focused on the significance of legislation to support funding to address this issue as is the case in Indiana. The Rally for Recovery provided an opportunity for making connections with advocacy groups with a goal of including tobacco in future rally efforts. There are now 40 different agencies supporting WINTIP. The importance of getting out to the associated membership is important.

Intoxicated Driver Program (IDP) Subcommittee Update – Andrea Jacobson
Andrea reported on the announcement that was made at their last meeting to discontinue the IDP work group in lieu of an IDP funding work group being formed under the Planning and Funding Committee. Andrea and Nina were invited by Mark Seidl to be members of the newly formed IDP funding subcommittee.

ITC members discussed their reactions to the announcement. The committee accepts the decision made, though goes on record for not being in agreement. Both Andrea and Nina as the IDP subcommittee co-chairs were invited and encouraged to continue their participation on the ITC committee. Andrea and Nina were thanked for their committee's good work and a recommendation was made for the co-chairs to write up a summary of their groups focus and accomplishments.

SCAODA and ITC Strategic Planning – Linda Preysz
Linda recommends that we hold off discussion on our strategic planning until the next meeting given the limited amount of time remaining. She asks committee members to think of and come prepared to identify specific tasks that can be worked on, which will have measurable outcomes. The committee wants to address the diminished service system and find a way to energize the system. Finding ways to report out progress and ongoing activities beyond the current passive website where committee minutes are filed. Also identified is formulating actionable items from our committee.

Adjourn
The meeting was adjourned by Linda.

Next meetings and dates:

1. ITC
   November 12, 2010; 10:30 am – 2:30 pm. Department of Corrections, Madison

2. Children, Youth and Families Treatment Subcommittee
   2nd Thursday of the month (ongoing by teleconference).

3. WINTIP Webinar
   November 4, 2010 (noon to 1pm)
   My Clients Don't want to quit: How to talk with your clients/patients about nicotine addiction
   http://wisc.nay.acrobat.com/p175573619

4. SCAODA
   September 10, 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

Jim Doyle
Governor

Karen Timberlake
Secretary Department
Health Services

State of Wisconsin

Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice-Chairperson

Scott Stokes
Secretary

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 July 16, 2010
ARC Center for Women and Children
Madison, WI

MEMBERS PRESENT: Joyce O'Donnell, Duncan Shrout, Norm Briggs, Bill McCulley, Tom Fuchs

EXCUSED: Sally Tess, Manny Scarbrough, Karen Kinsey

GUESTS: Mark Seidl, Tom Saari

STAFF: Lori Ludwig

I. Call to Order – Joyce O'Donnell:

Joyce O'Donnell called the meeting to order at 9:35 A.M.

II. Review of May 14, 2010 Meeting Minutes – Joyce O'Donnell

Tom Fuchs motioned to approve the minutes of May 14, 2010. Duncan Shrout seconded the motion. The minutes were approved without modification.

III. Public Forum at the Wisconsin Association on Alcohol and Other Drug Abuse conference (WAAODA) —May 11, 2010 5:00 P.M.—Joyce O'Donnell

Lori Ludwig reviewed for the group the main points summarized in the minutes of the Public Forum held during the WAAODA Conference. The County Infra Structure Study was a major topic of discussion. Sue Gadacz and Tom Fuchs did a good job of reporting the facts concerning the County Infra Structure Study. The majority of the time was spent discussing implications of the Infra Structure Study. **Tom Fuchs motioned for approval of the Public Forum minutes; Bill McCulley seconded the motion. All were in agreement and the motion passed unanimously.**

IV. By-Laws Addition—Joyce O'Donnell

Joyce O'Donnell suggested that the Chair of SCAODA should be noted in the By-Laws as an ex-officio member of all the Committees of SCAODA. **Duncan Shrout motioned to add to the By-Laws an addition noting that the Chairperson is an ex-officio member of all of the Committees of SCAODA. Tom Fuchs seconded the motion. All voted in the affirmative**

and the motion passed unanimously. Mr. Briggs suggested that all Planning and Funding Committee minutes and agendas also be forwarded to Mr. Seidl.

V. Intoxicated Driver Program Sub-Committee on Financing—Mark Seidl and Tom Saari

Mr. Seidl presented preliminary information regarding how the state has funded the County-based Intoxicated Driver Program (IDP) over the years. The current situation is that counties are extremely underfunded for the IDP program. Mr. Saari reported that he received only 30% of funds requested. Mr. Seidl is trying to find out where allocated funds for IDP are going. He explained that in 2007, the Chairperson of SCAODA at that time, Senator Roessler, asked for a legislative audit, but that didn't happen. Subsequently, SCAODA motioned to create a Sub-Committee on IDP, under the ITC Committee, with a primary charge to address funding issues. He felt that the current Sub-Committee on IDP was not focusing on funding. Mr. Saari agreed that the work of the current Sub-Committee was good, but the focus was not in line with the initial charge of the Sub-Committee. There was further discussion about the two alternatives the Sub-Committee could take. One is to continue with the current Sub-Committee but re-focus on funding; the other is to develop a secondary Sub-Committee under Planning and Funding to address the funding issue. Mr. Seidl thought that the group which focuses on funding should be comprised of a member of each house of the legislature; 2 members of the Wisconsin County Human Service Association (WCHSA); 2 representatives from the Department of Administration; two representatives from the Department of Corrections and two representatives from the Department of Health Services, Office of Policy Initiatives and Budget. Mr. Seidl recommended that the current ITC IDP Sub-Committee be limited to 12 months, and any recommendation to come out of the ITC IDP Sub-Committee with a fiscal impact of any kind be referred to the Planning and Funding Committee. The funding piece has to be reviewed by the Planning and Funding Committee. Mr. Seidl will schedule a meeting shortly with Linda Preysz, the two Co-Chairs of the IDP Sub-Committee of ITC, and WCHSA representatives. There was a discussion of the IDP population, Medicaid eligibility, health care reform, relationship with the Department of Corrections, and trends towards County coverage of treatment. Also discussed was the IDP funding structure. Duncan Shrout suggested that the Chair of the Sub-Committee on IDP funding should be someone from the Planning and Funding Committee. Mr. Briggs thought that that person should also represent providers. Mr. Shrout agreed to accept the Chairperson role of the newly established IDP Sub-Committee on funding. Mr. Shrout works at IMPACT, a Milwaukee based organization which screens over 4,000 IDP individuals in a year. Mr. McCulley felt that a critical issue would be to find out about the Counties that don't apply for supplemental IDP funding—do they have money left over?

VI. Infra-Structure Study—Tom Fuchs

Mr. Fuchs referred to three attachments to today's agenda. These documents include a proposed continuum of care for mental health and substance abuse core benefits; essential services and core services; and shared service and regional pilots work-group recommendations. Counties are concerned they are payer of last resort. Ms. O'Donnell reported that recommendations resulting from the Infra-Structure Study will not be going into any budget recommendations. Mr. Fuchs felt the recommendations are important, however, because they will influence federal statutes for health reform. Mr. Briggs reported that on July 30, 2010, the work groups will come together to agree on recommendations.

VII. SCAODA 2010-2014 Four Year Plan—Group

Lori Ludwig distributed a work plan for the Committee's goals for 2010-2014. Ms. O'Donnell suggested adding SCAODA's goals on the cover page.

VIII. Reviewing State agencies' biennial budget proposals re: AODA Services—Group

Lori Ludwig brought letters from the Planning and Funding Committee to be sent to each of the state agency members of SCAODA requesting from them their biennial budgets regarding operations of alcohol and other drug abuse programs and services. She obtained Mark Seidl's signature on each of the letters. The letters will be sent out September 3, 2010.

IX. Follow-up on P & F Motions at the June 11th SCAODA meeting—Lori Ludwig

Lori Ludwig reported that the letters asking Senators Feingold and Kohl to support legislation that would restore FMAP (Medicaid) funding to states budgets were sent out on July 6, 2010.

X. Committee Reports—Group

Joyce O'Donnell reported that she gave the ACE Report to her local alderman who will share the report with the West Allis Common Council licensing committee. She also reported that her representative Tony Staskunas had already received the report by way of SCAODA.

Ms. O'Donnell also reported that the Bureau Conference is coming up in October. She asked Lori Ludwig to distribute the brochure when it is available to the Planning and Funding Committee.

Ms. O'Donnell also reported that the next meeting of the State Council is September 10, 2010.

XI. Women's Specialized Services—Norm Briggs

Mr. Briggs reported that women's issues have been retained in ITC's 2010-2014 Strategic Plan. They will continue to look at access and level of service issues.

XII. Adjourn: The meeting was adjourned. The next meeting is: Friday, October 15, 2010 from 9:30 a.m. to 2:30 p.m.

PLANNING AND FUNDING COMMITTEE MEETING
October 15, 2010
9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET
MADISON, WI
608/283-6426

This page has been intentionally left blank and does not contain any information.

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

Mark Seidl, WCHSA
Chairperson

Blinda Beason
Vice-Chairperson

Scott Stokes
Secretary

STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE
Planning and Funding Committee Meeting Minutes October 15, 2010
ARC Center for Women and Children
Madison, WI

MEMBERS PRESENT: Sally Tess, Bill McCulley, Duncan Shrout, Joyce O'Donnell, Norm Briggs, Manny Scarbrough, Tom Fuchs. Steve Fernan will be returning to the Planning and Funding Committee from the Department of Public Instruction.

EXCUSED: Karen Kinsey

GUESTS:

STAFF: Susan Endres

I. Call to Order – Joyce O'Donnell:

Joyce O'Donnell called the meeting to order at 9:35 A.M.

II. Review of July 16, 2010 Meeting Minutes – Joyce O'Donnell

Tom Fuchs motioned to approve the minutes of July 16, 2010. Duncan Shrout seconded the motion. The minutes were approved without modification.

III. Public Forum at Bureau Conference—Joyce O'Donnell

A Pubic Forum will be held at the Bureau Conference at the Kalahari Resort in Wisconsin Dells. The Conference is on October 26th and 27th. The Public Forum will be held Tuesday evening, October 26, from 4:45 p.m. to 5:45 p.m. Tom Fuchs and Steve Fernan plan to be attending with Joyce O'Donnell.

IV. Intoxicated Driver Program Update—Duncan Shrout and Joyce O'Donnell

Representative Tony Staskunas who co-authored Act 100 IDP penalties and possibly Senator Dave Hanson will be joining the IDP Funding Sub-Committee. The IDP Funding Sub-Committee under Planning and Funding was established in addition to the IDP Sub-Committee under the ITC. The two committees were merged into one; focusing on fiscal issues at the direction of SCAODA Chairperson Mark Seidl. Sue Gadacz will staff the committee. The

merger is due to loss of a staff person. There is a desire to bring the fixed fee to where it could be to support the cost of treatment. Duncan chairs the IDP Funding Sub-committee. Over the years there have been multiple programs paid for out of the IDP funds. One of them is the Tavern League's Safe Ride Program. Duncan expressed gratitude for the work completed by the previous IDP Sub-Committee and the new IDP Funding Sub-Committee will be carrying forth the ideas generated. One of the projects will be to complete a fiscal map of where the current funding is going and publicly distribute it for educational purposes. Secondly, the group will identify future funding sources. The IDP Funding Sub-Committee will include Tom Saari from Winnebago County Human Services, the new IDP Program Coordinator, Duncan Shrout, Mark Seidl, Joyce O'Donnell, two representatives from the Department of Administration, two representatives from the Department of Corrections, Sue Gadacz (staff) and two budget analysts from DHS, two members of each legislative body, and representative(s) from the Department of Transportation. Nina Emerson and Andrea Jacobson have been extended an invitation to participate . Also needed are Republican representatives from the Senate and Assembly. Duncan advised that everyone should read the previous IDP Sub-Committee minutes on the SCAODA website. Here is the link:
http://scaoda.state.wi.us/docs/meetings/scaodaPacket091010.pdf

V. Infra-Structure Study Update—Joyce O'Donnell and Tom Fuchs

The final meeting of the Wisconsin Mental Health and Substance Abuse Infra-Structure Study was held at American Family Insurance on July 30, 2010. The process began in 2009- 2010. Two groups were developed. One group was to identify an essential benefit set and the second to discuss regionalization of services. Joyce Allen spoke recently in a meeting in a northern County regarding consolidated county services and regional provider partnership. John Easterday has been sharing the same message. Recently, a Request for Information (RFI) for programs and services fitting the Infra-Structure Study recommendations was released. Three policy issues are converging; the Infra-Structure Study; Parity for Substance Abuse and Mental Health treatment; and Health Care Reform.

Legislative changes are needed to enable HCR. Health Care Reform will mean the medicalization of services. The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) provide funding for prevention, treatment and recovery services. Drug courts and case management are examples of services that may or may not be included in a core benefit package.

What is the role of SCAODA in Health Care Reform? There are many questions. Who will determine practice protocols and medical necessity for treatment? Will the wait list increase due to the new demand for services? All of this is at a cost to providers to implement. Health Information Exchanges are record keeping systems. One provider spent $110,000.00 for a record keeping system and additional maintenance fees. Tom is drafting a one page paper.
A good portion of the Planning & Funding November meeting will be set aside to discuss the role of SCAODA in Health Care Reform. Planning and Funding would like to have a motion to take to the Council in December. What are the pros and cons of Health Care Reform?
We need to analyze and determine the impact of HCR on substance abuse treatment.

Tom Fuchs motioned that Planning & Funding take an active role in leading the discussion about what SCAODA's role is in monitoring HCR as it moves forward. Duncan Shrout seconded the motion. The motion was passed.

VI. Update on Returning 17-Year-Olds to the Juvenile Justice System—Susan Endres and Sabrina Gentile, Wisconsin Council on Children and Families (WCCF)

Sabrina Gentile from WCCF gave an update to the group. WCCF is a statewide advocacy organization for multiple issues affecting children such as health care, juvenile justice and early education issues. Most of the funding for WCCF is from non-state funding sources. Ms. Gentile informed the group that the only time a 17 yr-old is considered an adult is in the court system. The cost of returning 17-year-olds to the juvenile justice system has been estimated at $50 Million to $80 Million per year. The cost is all the counties' responsibility and it would be an additional population for them to serve. About half of the cost is just in Milwaukee County. The daily rate is $268 dollars a day for incarceration. As the population declines the rate goes up. DOC submitted a budget to close a juvenile facility unnamed. During the next Legislative session, WCCF plans to build a coalition in the Legislature. There is more law enforcement on board and more DAs to sign on. The Medical Society's pediatricians will advocate to return the juveniles to the justice system. The following are organizations in support: State Bar; Wisconsin Education Association Council, the National Association of Social Workers, and State public defenders.

In Dane County the policy is that diversion from incarceration is the best practice. The County exhausts all means possible before sending a juvenile to corrections.

What is the percentage of incarcerated 17-yr olds related to the larger number of kids in the juvenile justice system? It is cheaper to serve them as adults because no services exist for them. We are suffering from a decline in services. Make this the next action in Planning & Funding's strategic plan .

Next steps: Susan said she would contact OJA for a speaker on minority incarceration. Manny will share the minority disparity bullet points from Dane County.

VII. Lunch

VIII. Alcohol Policy Conference—Joyce O'Donnell and Duncan Shrout

On September 22, 2010 Joyce and Duncan attended the training. They felt is would be helpful for the coalitions to increase their understanding of the ordinances. It is a follow-up of the ACE report. Rodger Johnson and Nina Emerson presented at the Conference. It was very worthwhile and demonstrated the importance of creating a positive alcohol environment in your community. Joyce and Duncan said it was very well organized with representation from law enforcement and was a culturally diverse audience. They were very impressed by Maureen Busalacchi, Executive Director from Smoke Free America, who discussed distribution, demand and supply issues. Information was presented on the Social Host Ordinance, too. Magazine advertising has changed and this is positive.

IX. Reviewing State Agencies Biennial Budget Proposals re: AODA services—Group

P& F would like the budget request letters to be sent out after the elections and a new administration is in place. Reviewing the response of the agency budgets will occur after the new department heads have been named. Lori Ludwig will clarify the DHS budget

X. Committee reports—Group

Joyce O'Donnell clarified that SCAODA's Chairperson (Mark Seidl) is an ex-officio member of all SCAODA Committees and that is already in the by-laws.

Sally Tess reported that DOC is busy working on the 2nd and 3rd OWI offender proposal. Monitoring equipment seems to be the most costly part of the budget. The Department of Corrections is beginning to get people on paper for the new OWI law. Equipment has been the most time consuming and costly initiative so far. Renee Chyba from the Department of Corrections is retiring and she is responsible for the treatment portion of the new OWI law.

Manny Scarbrough talked about two Dane County Alcohol and Drug Offender diversion programs; the Drug Court and the Treatment Alternative Program (TAP). The programs need more money to serve the African American men in Dane County. Both programs have high success rates. However, the Drug Court looks more successful because the majority of men are not homeless. TAP men tend to have felony offenses and are homeless.

In Madison, Manny reported a house was purchased for the homeless. The homeless people in the Britingham Park use this house and there have been decreased park problems. Vilas Park has experienced crime related police calls, also. In the Vilas Park area, the City is looking at environmental strategies to reduce the problem. Manny continues to urge that policy developers include people who have experience working with alcohol and dependency.

Bill McCulley gave a Portage County Update:
In Portage, An Oxford House program opened. It has 6 beds and is called the Riverview House It is in Stevens Point and is for women coming out of the Corrections System. One of the graduates has opened a successful restaurant.

Duncan Shrout commented that the majority of IDP offenders are white men ages 18-35 who own cars. In Milwaukee County, 80-90% of IDP clients are not rearrested for new offenses within a five-year period.. Discussions continue regarding looking at the Safe Street Program in Winnebago County. IMPACT runs a modified version of this. Case-management services seem to be critical to reducing re-offending.

The Boys and Girls Club has indicated that youth are saying they are using K2 instead of pot.

Duncan reported on Access to Recovery III- Wisconsin won another ATR grant. The program will be expanding taking place in three other counties; Washington, Waukesha, and Ozaukee and is also focusing on returning veterans.

Norm Briggs: Norm is greatly pleased that DMHSAS voted ARC to be their representative in the United Way campaign, Partners in Giving.

In another project, Norm has been working with the new Director of Dane County Child Protective Services. Nationally, protective services workers report that their caseload has 75%-80% of clients identified with substance use issues. In Wisconsin, child protective service workers identify slightly over 50% of their caseloads with such issues. Dane County child protective service workers identified only 28% of their families as substance abuse involved. CPS workers in Dane County do not routinely screen for AODA issues. Norm is working with Dane County on how to educate case workers and identifying alternatives for the parents.

Norm reported on a problem raised by Bernestine Jeffers, the Women's Treatment coordinator in the Bureau of Prevention Treatment and Recovery. She reported to the Intervention and Treatment Committee that women in the north western part of the state need to travel 3 hours by bus for Suboxone which is prescribed for multiple days. This creates a problematic climate for women in reuse and selling the Suboxone.

Next meeting:

PLANNING AND FUNDING COMMITTEE MEETING
November 19, 2010
9:30 A.M. – 2:30 P.M.
ARC CENTER FOR WOMEN & CHILDREN
1409 EMIL STREET
MADISON, WI
608/283-6426

This page has been intentionally left blank and does not contain any information.

Jim Doyle
Governor

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
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

Prevention/SPF SIG Advisory Committee Meeting Minutes

Tuesday May 20, 2010
9:30 a.m. – 1:30 p.m.
Wisconsin State Patrol Southwest Regional Office
911 w. North Street
Deforest, WI 53532

Members present: Chair Scott Stokes, Rick Peterson, Chris Wardlow, Mark Campbell, Julia Sherman, Lee Wipfli, Jane Larson, Francie McGuire Winkler, Stacy Stone, Doug Merrill, Gary Sumnicht, Alan Iverson

Others Present: Kathy Thomas, Bureau of Prevention Treatment and Recovery (BPTR), Louis Oppor, BPTR, Christy Niemuth, BPTR/ UW PHI, Robin Lecoanet – University of Wisconsin, Population Health Institute (UW PHI), Penny Black, UW PHI, Nancy Kendall – Wisconsin Clearinghouse for Prevention Resources

Call to Order, Welcome/Introductions and Review of Agenda

Chair Stokes called the meeting to order at 9:35 a.m. and welcomed members. Committee members introduced themselves.

Approval of the Minutes

Chair Stokes requested the committee review meeting minutes from the January 21, 2010 meeting. The following change was requested: Ronda Kopelke's and Stacy names were spelled wrong. The motion to approve the minutes with the changes was made by Chris Wardlow, seconded by Rick Peterson and passed unanimously.

SCAODA Four Year Strategic Plan

Louis Oppor provided an update on the SCAODA Four Year Strategic Plan. SCAODA will be requesting that each of the four subcommittees create a work-plan for inclusion in the Four Year Strategic Plan. The plan should be completed by mid-August and should address the five goals outlined in SCAODA's Strategic Plan. A template should be available after SCAODA's June meeting. The subcommittee decided to add the creation of a work-plan to the agenda for the July subcommittee meeting. The committee will use the prevention subcommittee's strategic plan to help guide the creation of the work-plan.

Alcohol Culture and Environment Report Update & Distribution

Julia Sherman reported that 1,500 copies of the ACE Final Report have been ordered and should be delivered within a week. A cover letter will be written and the report will be

sent out to the legislature, county human service directors, county board executives, Alliance for Wisconsin Youth Coalitions, WI tribes, DOT, SPF SIG Coalitions, and CARD grantees, among others. Sherman suggested that the report would also be available as a pdf file and would be available for groups to post on their websites. Some groups considered included, The State Public Defenders' website, Sheriff and Police Department websites and The Alliance for WI Youth website.

Sherman reported that she has already received some media requests about the report. Peterson requested that members receive a copy of the cover letter and notice when distribution has taken place so that their coalitions can follow-up with those receiving the report. Sherman suggested that additional follow-up may be needed for groups targeted by specific recommendations.

County Human Service Prevention Services Update and WI Substance Abuse Prevention Training System

Lou Oppor presented background on the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) prevention set-aside. County's are required to spend 20% of their SAPT BG allocation on prevention services and report these services using the Substance Abuse Prevention Services Information System (SAP-SIS). After collecting data through SAP-SIS since 2007, the State has become concerned about the way County's are using their prevention funds. By the way counties are currently reporting their activities, the State is out of compliance with the federal SAPT BG requirements. Oppor reported that the State is considering several options to improve prevention spending

- Put more effort into training for county prevention staff
- Add more detailed language to county contracts about appropriate uses for prevention dollars

Oppor requested ideas from the committee on how to increase the training infrastructure in WI. For example, the administrative rules of the grant state that all counties receiving prevention funds from the State must have a certified prevention specialist on staff. However, the State does not have a prevention specialist training available.

The group discussed training issues including; identifying evidence-based programs, clearly defining terms, identifying environmental strategies, balancing population-based programming with individual-based programming, and reviewing the prevention specialist training and exam.

Wardlow made a motion to form a subcommittee from the prevention subcommittee to examine State prevention capacity building, training and infrastructure. Seconded by Peterson and unanimously approved by the subcommittee. Appointment of this committee will be on the July subcommittee agenda. Stone has been doing work with the tribes in this area and would be interested in being a member of this subcommittee.

SCAODA By-Law Changes
Oppor informed the group that an amendment to the SCAODA by-laws will be presented at the next SCAODA meeting in June. The amendment outlines the succession procedure when a SCAODA officer leaves prior to the end of their term.

Controlled Substance's Subcommittee Update
The controlled Substance's subcommittee will be chaired by Dorothy Chaney from the Norhtwoods Coalition. They have decided to expand their focus from just opiates, to other illicit drugs of abuse as well and have therefore re-names their group to the Controlled Substances subcommittee. They will be developing a letter and survey out to determine what other drugs are of concern and looking into education and technology to reduce over prescription and "drug-shopping".

Department Updates
Kathy Thomas (DHS) reported that the SPF SIG site visits are going well. They have been impressed with how well the coalitions are working with law enforcement and the media and are getting good community involvement. The SPF SIG project team is working on developing a website that will showcase coalition developed materials such as public service announcements, press releases, and information dissemination materials. Oppor (DHS) provided articles about what UW Stout Chancellor Sorenson is doing to combat drinking on campus. Sherman suggested the subcommittee add this as an agenda item to the July meeting because the chancellor is still working on some areas of his plan.

Gary Sumnicht (DPI) reported that they are writing for a bridge grant to help with the loss of Safe & Drug Free Schools funding. This will be a competitive process based on need that will make it harder for rural areas to get the funding.

Mark Campbell (DCF) – DCF funding that has been administered through the Department of Health Services CARS system will now be allocated directly to the counties via the DCF Core Contract Process. Mr. Campbell also reported that DCF has no official membership on the State Council on Alcohol and Other Drug Abuse.

WI Prevention Conference Update
Nancy Kendall provided prevention conference brochures. The conference will focus on coalition development, sustainability and technology. Registration is now available online.

Local Program Sharing
Sherman reported that more communities are approaching the law school for help with their licensing problems and how to use environmental strategies to make policy change. Wardlow would like the committee to review the medical marijuana bill and identify a prevention message regarding specific points in the bill.

Wipfli reported that Waukesha has been working on proper drug disposal brochures and drop-off locations.

Stone has been working with tribes on sustainability and final baseline assessments.

Adjourn

The meeting adjourned at 12:45.

Jim Doyle
Governor

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
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

Prevention/SPF SIG Advisory Committee Meeting Minutes

September 16, 2010
9:30 a.m. - 1:00 p.m.
Wisconsin State Patrol Southwest Regional Office
911 W. North Street
Deforest, WI 53532

Members Present: Scott Stokes, Chris Wardlow, Steve Ferman, Claude Gilmore, Rick Peterson, Kathy Marty, Racquelle Bell, , Jane Larson, Ronda Kopelke, Mark Campbell, Phil Collins, Carol Wright, Francie McGuire Winkler, Alan Iverson, Julia Sherman, Nancy Kendall

Others Present: Louis Oppor, Bureau of Prevention Treatment and Recovery (BPTR)
Amanda Jovaag, University of WI Population Health Institute (UWPHI)
Christy Niemuth, BPTR/UWPHI

Call to Order, Welcome/Introduction & Review of Agenda

Chair Scott Stokes called the meeting to order at 9:35 a.m. and welcomed members. Committee members introduced themselves.

Approval of Minutes

Stokes requested the committee review the meeting minutes from the July 15, 2010 meeting. Mark Campell clarified discussion on state statute 48.685 on pg. 8. Campell reiterated that determination of child abuse or neglect was based on a preponderance of evidence. The implication is a lifetime denial of licensure without a heavy burden of proof.

Motion to approve the minutes made by Peterson and seconded by Wright. Minutes were approved.

State Council on Alcohol and Other Drug Abuse Four Year Strategic Plan

Members reviewed the document, "State Council on Alcohol and Other Drug Abuse (SCAODA) Four Year Strategic Plan Goals." The document lays out the five SCAODA four year goals and aligns each of SCAODA's subcommittees' goals with these five overarching goals. The group reviewed the alignment of the prevention subcommittee's goals to the five SCAODA goals located on pages 6 and 7 of the document. SCAODA is looking to summarize the work of their committee as well as the work of their subcommittees into a large poster. This would be used to track the work of each

committee with respect to where they are with their goals and get reports back on how each of the committees are achieving these goals.
There was some discussion around the best placement of the prevention committee's goals with respect to the SCAODA goals and whether the plan should reflect the prevention subcommittee's workgroups (controlled substances, and workforce development). Chair Stokes advised that the development of a workgroup is a reflection that the subcommittee is achieving or working toward the goal. Members agreed. Oppor clarified that once the document is submitted it will be seen as a "working document" that can be added to and changed as work progresses.

Next steps for this document:

- The work of each off SCAODA's subcommittees should relate to these goals with sub-areas representing the committee's action steps
- Motions to SCAODA should reference back to a specific goal within the strategic plan

Creation of Workforce Development Workgroup:
Oppor reported that the creation of a Workforce Development Workgroup has become a larger issue. Wardlow raised the prevention committee's concerns regarding this issue with SCAODA. Chair, Mark Seidl indicated that every SCAODA subcommittee has expressed the need to form a workforce development group. As a result, a broader workforce development committee will be convened with state-wide representation from multiple stakeholders. Discussion about workforce issues included;

- Fears that if prevention is a piece of a larger committee, it may get lost. Along with concern about prevention goals getting folded into something broader.
- What health care reforms means to the way the Block Grant is spent and how that impacts prevention.
- Federal interest in broadening the scope of prevention, which will change workforce needs. A workgroup would need to look at a broader, more public health and wellness approach to prevention.
- Feelings that federal focus will be on high risk communities and using evidence-based programs to address prevention in communities of high risk
- The need for evidence-based program adaptation or development specific to high-risk populations such as tribal nations or inner-city communities.

Kopelke suggested forming an ad hoc committee to identify the workforce development issues that are important to prevention. Wardlow offered to present this work to SCAODA or at the larger workforce development committee meeting (date unknown at this time). Gilmore requested information on this meeting, when it is available, to assure that a representative from the Division of Public Health can attend. Volunteers for the workforce development ad hoc committee included; Nancy Kendall, Carol Wright, Chris Wardlow, Francie McGuire Winkler, Jane Larson, Scott Stokes and Rhonda Kopelke.

Controlled Substances Prevention Workgroup Status Update
Oppor reported that this is a very diverse committee, with representation from many sectors. The committee initially struggled to define their mission due to wide scope of the

problems and the diversity of the members involved. It was determined that focus will be on pharmaceutical drugs (FDA approved prescribed or non-prescribed medications). Six areas of focus have been agreed upon. The recommendations will be related to these areas. The Controlled Substances Workgroup next meeting will is Oct. 15, 2010. The agenda for this meeting will include, prioritizing drugs in relation to their lethality, developing a better surveillance system and establishing consistent death certificate reporting. Gilmore recommended including a public health officer as a member of this committee. Oppor will call Dr. Fodey for a recommendation.

Epidemiological Profile on AODA Status Update
Oppor informed the group that the next study is currently going through DHS administrative office for approval and is close to being published and released. Oppor led the discussion and report out on some of the new findings, including;

- In Wisconsin, the incidence of alcohol-related motor vehicle deaths and injuries have gone down;
- Underage binge drinking rates have gone down sharply over the last few years from 1st to 7th in the nation, and are now just above the national average;
- A trend in delayed onset of drinking behavior over the past few years;
- Use of prescription drugs for non-medical purposes has increased;
- Wisconsin adults continue to have highest rates of alcohol consumption and binge drinking in the nation; and
- Wisconsin women of child bearing age are more likely to drink than those in other states.

Profile distribution will be across the state. The next time this report will be revised is in 2012, which will be the last year of funding.

Review of Synthetic Marijuana (K-2 or designer cannabinoids) Issues
Oppor provided a handout from an online site that sells K2 (spice). It is a mixture of herbs that is sprayed with synthetic marijuana. The cities of La Crosse and Superior have already outlawed the use and sale of these products. The committee wondered if there was movement to get legislative action. Oppor reported that the controlled substances board has banned HU-210, but there would need to be legislative action to ban other forms of this product. It is unknown at this time whether there is a legislature who is looking to propose legislation. The committee agreed that to bring a motion to SCAODA in support of a ban on K-2.

Winkler made a motion to:
Recommend to SCAODA that they recommend a legislative ban on synthetic compounds that mimic the effects of marijuana and other illicit drugs.
Motion was seconded by Fernan. The motion carried.

Iverson made a motion to:
Recommend to SCAODA to send a letter to the Food and Drug Administration encouraging the investigation and prosecution of manufacturers and/or suppliers of synthetic compounds that mimic the effects of marijuana and other illicit drugs.
Motion was seconded by Wardlow. The motion carried.

Follow up on Act 258 – State law:
Act 258 changes requirements and mandates for involuntarily commitment for mental health or substances, disqualifying a person from using firearms. Under federal law, drug offenses and drug arrests are federal firearms disqualifiers for up to 12 months. This applies to people operating while intoxicated. When a person is involuntarily committed due to mental health, alcohol incapacitation or other substance use, the judge makes the determination whether they should be disqualified under federal law. The judge reports this to the Department of Justice (DOJ). Firearm retailers have to call DOJ or the FBI to get approval to sell a firearm. At this point, a person who had been involuntarily committed would get denied the sale of a firearm.

Strategic Prevention Framework State Incentive Grant Update
The Strategic Prevention Framework State Incentive Grant (SPF SIG) is entering its fifth year with the possibility of some sixth year carry-over. Oppor reported that baseline evaluation has been conducted and that UWPHI completed a mail survey of 18-35 year olds licensed drivers, with data back soon. The survey will be repeated again next year. Jovaag is also working on a survey of municipal clerks about local alcohol policy. This survey should go out within the next month. Oppor reported that UWPHI is also looking into creating a report on contributing factors in states that, like Wisconsin, have high drinking rates. Members reported seeing people starting to challenge their licensing boards locally across the state (not just in SPF SIG communities). It may take making recommendations over the period of several decades in order to create good public policy. Members felt that these efforts should be advanced in front of SCAODA.

Department Updates
Department of Public Health Update: Healthy Wisconsin 2020 is published and on the Department website. There are no current plans to publish in hard copy. The overarching concepts are social and economic factors, including education, and disparities. Next steps will be moving forward with implementation.

Department of Public Instruction Update: DPI is pursuing federal grants to replace Safe and Drug Free school funding, which have been submitted. They are trying to sponsor professional development events for educators at low or no cost. Units of education are around several health topics, tobacco, obesity etc. DPI will be looking WATODAN network. Do schools have the ability to purchase the services? Perform a customer satisfaction survey to look at what services they are utilizing, the money they can spend on services, their degree of satisfaction and whether there are needed changes to the network. Perhaps money should go somewhere else to better serve the school districts.

Department Of Justice Update: Wisconsin Endangered Children is being used as a model in Arizona specifically with the Indian nations.

Other Updates
Kopelke thanked the committee for the nominations in support of Marshfield Clinic's Dr. Doug Reding. The support website has seen a great out-pouring from this. Marshfield

Clinic also wrote and was awarded 20 Americore members to be placed in afterschool settings.
Winkler: recognized that several new DFC grants have been awarded around the state (maybe four or five new ones in the state).

Adjourn
Next meeting scheduled for Nov. 18, 2010 at the State Patrol Southwest Regional Office
Agenda items: Marijuana
The meeting adjourned at 12:45 p.m.

This page has been intentionally left blank and does not contain any information.

FOR RELEASE: Wednesday, November 10, 2010

CONTACTS: Seth Boffeli, Department of Health Services, 608-266-5862
Laura Smith, Office of the Governor, 608-261-2162

Doyle: Tobacco Sales to Wisconsin Kids Decreases Again

Decline attributed to state youth prevention efforts

MADISON – Governor Jim Doyle today announced a significant decrease in tobacco sales to Wisconsin minors. The state's 2010 Synar sales compliance survey, which determines the number of retail outlets that are selling tobacco illegally to minors, shows a noncompliance rate of 4.7 percent—down from 5.7 percent last year.

"In Wisconsin, we are working hard to protect our kids from the scourge of tobacco," Governor Doyle said. "This is direct evidence that funding a comprehensive tobacco prevention program pays off."

Governor Doyle thanked retailers for helping keep tobacco out of the hands of minors and for their dedication to protecting young people from tobacco's harmful effects.

The annual Synar survey randomly selects retail outlets from across the state to determine a reliable estimate of the rate of illegal tobacco sales to minors.

2010 marks the eighth straight year that Wisconsin's efforts have resulted in an illegal sales rate below the Federal target rate of 20 percent. Failure to meet this rate jeopardizes 40 percent of the state's federal block grant funds for substance abuse prevention and treatment - approximately $10 million.

The state's Wisconsin Wins program provides the framework for reducing tobacco sales to youth. The program is managed by the Wisconsin Tobacco Prevention and Control program of the Wisconsin Department of Health Services (DHS). Wisconsin wins works with local partners, including health departments and other local agencies to conduct investigations to determine retailer compliance. The program also provides free online retailer training for Wisconsin businesses at www.smokecheck.org and provides education to members of the community and the media

"Limiting youth access to tobacco products means fewer teen smokers and lower healthcare costs for the state." said DHS Secretary Karen Timberlake. "We're very proud of all the Wisconsin Tobacco Prevention and Control Program has accomplished with its Wisconsin Wins campaign during the last eight years."

For more information Wisconsin's comprehensive tobacco control program, please visit http://dhs.wisconsin.gov/tobacco.

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

<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, (ad hoc committees, workgroups and task forces) 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. These committees may make recommendations to the council and perform such other duties as designated by the council. These committees may not act on behalf of the council except when given such authority with respect to a specific matter and within specific limitations designated by the full council.

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 and vice-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 other officers and subcommittees including ad hoc committees, workgroups or task forces, 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

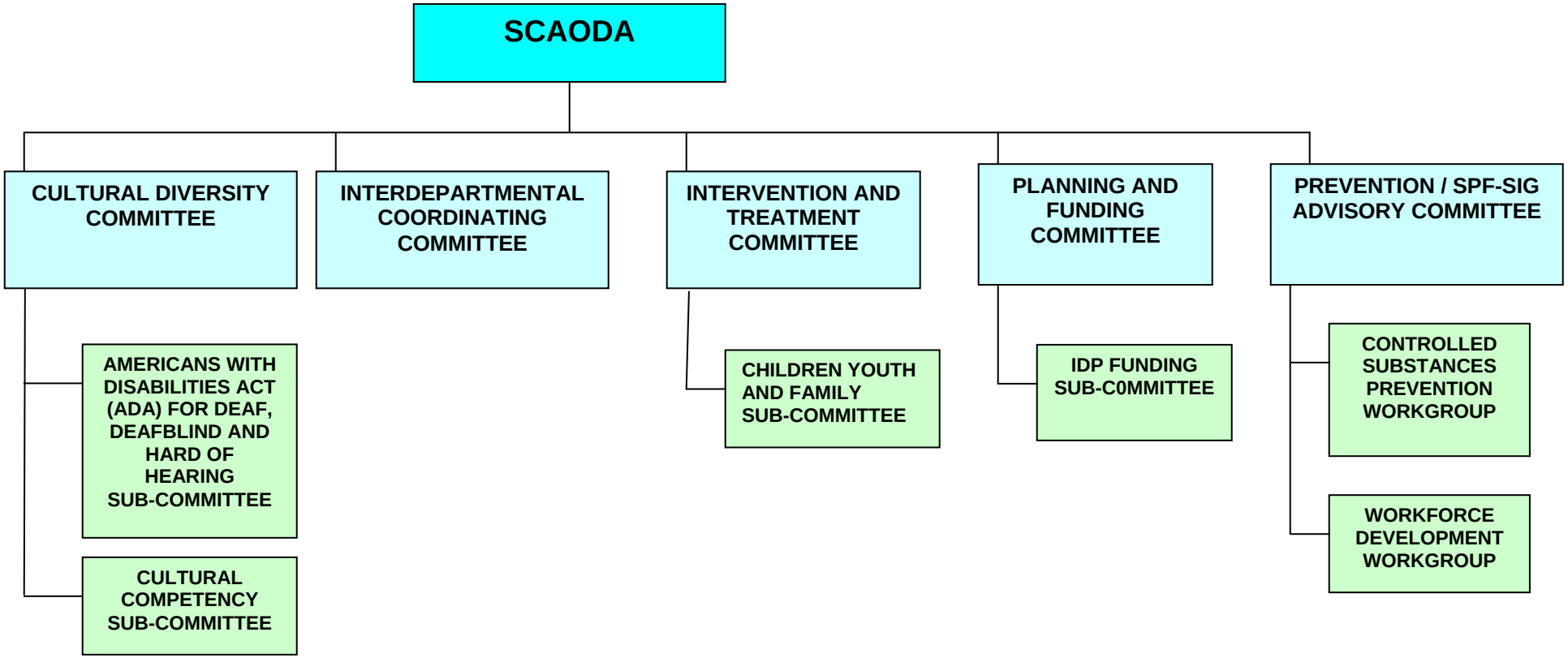
Amendments

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.

SCAODA Organization Chart

November 2010

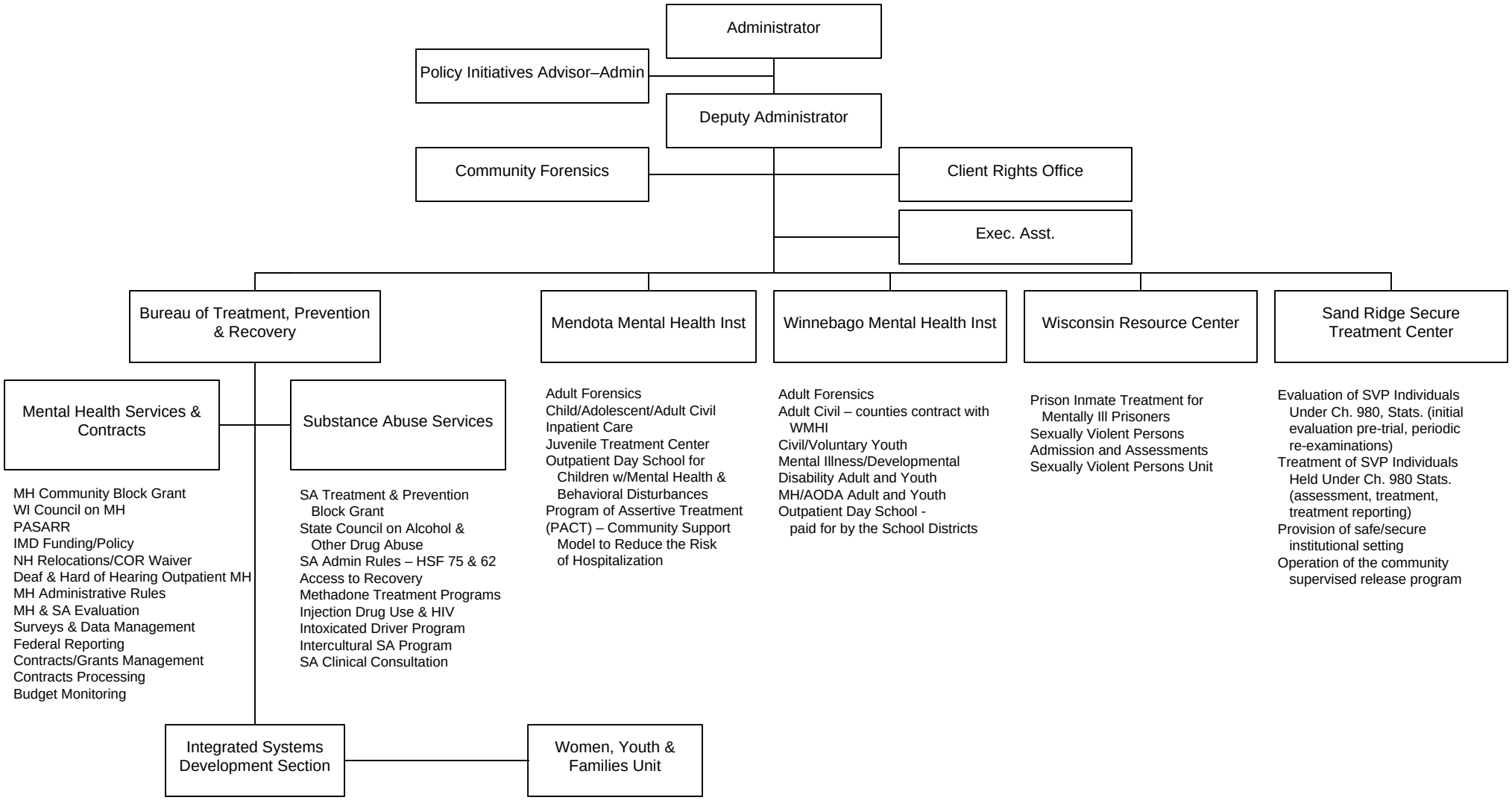
1. **Cultural Diversity Committee**
    a. **Americans with Disabilities Act (ADA) For Deaf, Deafblind and Hard of Hearing Sub-Committee**
    b. **Cultural Competency Sub-Committee**
2. **Interdepartmental Coordinating Committee**
3. **Intervention and Treatment Committee**
    a. **Children Youth and Family Sub-Committee**
4. **Planning and Funding Committee**
    a. **Intoxicated Driver Program Funding Sub-Committee**
5. **Prevention / SPF-SIG Advisory Committee**
    a. **Controlled Substances Prevention Workgroup**
    b. **Workforce Development Workgroup**



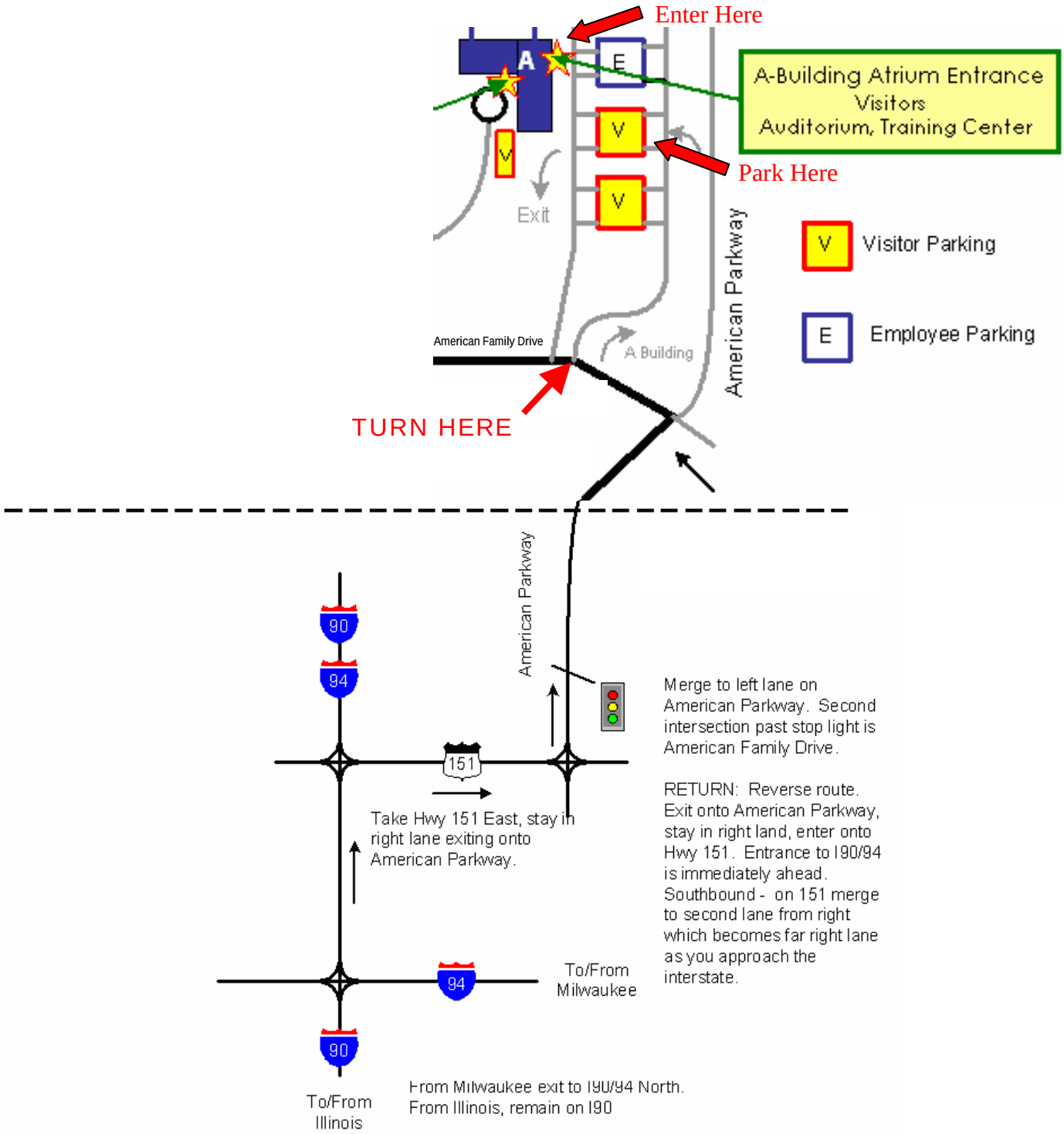
Department of Health Services

August 2008

Division of Mental Health and Substance Abuse Services
Functions



Directions to American Family's Training Center and Auditorium



Highway Directions to AF-NHQ Campus