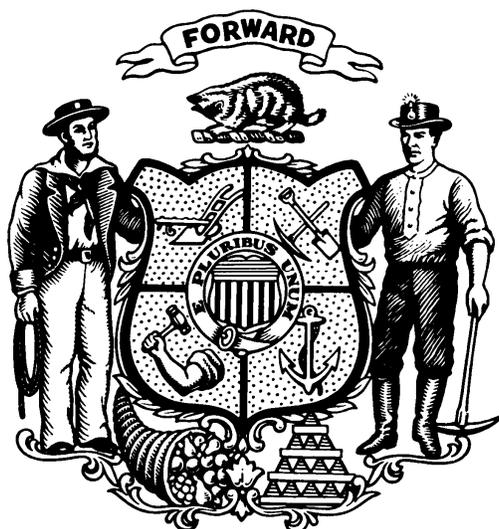


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



September 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<sup>1</sup>.
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.

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

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## **Tobacco-Free Environment**

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

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

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

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

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## SCAODA 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

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# **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**

**The meeting dates are:**

**March 4, 2011**

**June 10, 2011**

**September 9, 2011**

**December 9, 2011**

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Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

Karen E. Timberlake  
Secretary

### State Council on Alcohol and Other Drug Abuse

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

Scott Stokes  
Secretary

September 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](mailto: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
  - Welcome David Spakowicz, Attorney General’s designee, replacing Greg Phillips
- 9:35 a.m. II. Elections—Joyce O’Donnell
- 10:05 a. m III. **Motion** to adopt amended by-laws which include “Vacancies” language—Janet Nodorft ...pp. 13,15
- 10:15 a.m. IV. Review /Approval of June 11, 2010 Minutes – Mark Seidl...pp. 17-28
- 10:20 a.m. V. Public Input—Mark Seidl
- 10:35 a.m. VI. Infra-Structure Study Update and Discussion on Health Care Reform—Dr. John Easterday and Staff
- 11:45 a. m VII. Working Lunch
- 12:15 p.m. VIII. Committee Reports: SCAODA Goals

1. Provide Leadership	2. Change the Culture	3. Educate Citizens	4. Sustain Infrastructure	5. Address Disparities
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- Prevention
- Diversity...p. 45
- ITC...p. 53
  - IDP...p. 61
  - **Motion** of endorsement and support for the Adolescent Treatment Framework and Guidelines...p. 79
- Planning and Funding...p. 81

- 1:15 p.m. IX. State Agency Reports to SCAODA—Mark Seidl
- 1:45 p.m. X. Stretch Break
- 2:00 p.m. XI. FASD Awareness Governor’s Proclamation—Raina Zwadzich...p. 87
- 2:20 p.m. XII. IDP Funding Sub Committee—Mark Seidl
- 2:50 p.m. XIII. Agenda Items for December 10, 2010 meeting—Additional Items?—Mark Seidl
- Community Coalitions presentation
  - Epidemiological Report
  - Healthy Wisconsin 2020
- 3:05 p.m. XIV. Announcements—Sue Gadacz
- September is Recovery Month
  - Recognition Renee Chyba, Janet Nodorft, Greg Phillips
  - Bureau Conference October 26-27, Kalahari, WI Dells, Public Forum Oct. 26, 4:45 p.m. to 5:45 p.m.
- 3:30 p.m. XV. Adjourn—Mark Seidl

## SCAODA Motion Introduction

Committee Introducing Motion: Prevention
<p>Motion: Amend the SCAODA by-laws to read:</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p>
Related SCAODA GOAL: Not Applicable
<p>Background: A vacancy of Vice-Chairperson currently exists on the State Council on Alcohol and Other Drug Abuse. The SCAODA by-laws, as currently written, do not address a procedure for filling vacancies of Council Officers.</p> <p>Amended language would be inserted at the end of Section 2.5 – Selection of Officers.</p> <p>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.”</p> <p>Note: It is anticipated the approved motion would be brought to the Council for adoption at the September 10, 2010 meeting. This is also the date when new officers would be elected. As the by-laws do not currently address this issue, the Chairperson may appoint members to serve in an acting capacity, to fill Officer vacancies, until such time when the new officers are elected according to procedures outlined in the by-laws.</p>
Rationale for Supporting Motion: Language would establish a procedure for filling vacancies among Council Officers.

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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.

## **2.1 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**



Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

Karen E. Timberlake  
Secretary

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 Dueterhoeft, 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 Shroul 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 Shroul 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. Shroul 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 Shroul 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 5<sup>th</sup> 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 2<sup>nd</sup> and 3<sup>rd</sup> 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](http://www.wisvets.com) for information. Yvonne Duesterhoeft introduced herself as a Veteran Services Officer in Jefferson County. It is her job to assess 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](http://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 30<sup>th</sup> will be the last work group meetings to formulate recommendations and July 30<sup>th</sup> 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 30<sup>th</sup> 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 Shroul 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. Shroul 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 30<sup>th</sup> 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 long term care 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 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](http://www.wisconsinwintip.com) to view Dr. Eric Heilgenstein's video. There will be a webinar on June 24<sup>th</sup> 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](http://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 1<sup>st</sup> 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 1<sup>st</sup>, 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 Administrator 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](http://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 9<sup>th</sup>. However, this September, the 9<sup>th</sup> is Rosh Hashanah, a Jewish holiday. Therefore, FASD Awareness Day will occur on September 10<sup>th</sup> 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

DRAFT



Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

Karen E. Timberlake  
Secretary

Scott Stokes  
Secretary

State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

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

**March 5, 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, Joyce O'Donnell, Minette Lawrence, Sandy Hardie, Greg Phillips, Duncan Shrouf, Michael Waupoose, Blinda Beason, Gary Sumnicht, Joyce Allen, Janet Nodorft, Scott Stokes, Coral Butson, Rebecca Wigg-Ninham, Renee Chyba and Darold Treffert for Douglas Englebert

**Members Excused:** Douglas Englebert, Pamela Phillips, Linda Mayfield and Mary Rasmussen

**Members Absent:** Eileen Mallow

**Ex-Officio Members Present:** Linda Preysz, Ray Luick and Susan Pastor (representing UW System for Matt Vogel)

**Ex-Officio Member Excused:** Larry Kleinsteiber

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

**Staff:** Sue Gadacz, Lori Ludwig, Kate Johnson, Jerry Livings, Gail Nahwahquaw, Susan Endres, Kathy Thomas, Leah Watson, Christy Niemuth and Lou Oppor

**Guests:** Julia Sherman, Dave Macmaster, Norm Briggs, Chris Wardlow, Barry Busby, Nina Emerson, Alan Iverson, Angela Rivera, Steve Dakai, Angela Rivera, Andrea Jacobson and Kim Ethan-Harshner

**I. Introductions/Welcome/Agenda—Mark Seidl**

The meeting was called to order at 9:20. 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 January 8, 2010 meeting minutes. **Joyce O'Donnell moved for approval of the minutes, Coral Butson seconded the motion. The motion passed unanimously without discussion.**

### **III. Public Input—Mark Seidl**

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

### **IV. Alcohol Culture and Environment (ACE) Sub-Committee Report—Julia Sherman, Chris Wardlow, Barry Busby, Nina Emerson and Alan Iverson**

Julia Sherman referred the group to the ACE Report included in their informational packet. She reported that there were 49 recommendations in the report. The report focuses on a vision for creating a healthy environment with regard to alcohol use in Wisconsin. Recommendations to achieve a healthy environment are included for state government, municipalities, schools, businesses, churches and civic groups. Strategies to achieve these recommendations focus on the promotion of environmental strategies that have an impact on: alcohol access, affordability, attractiveness and acceptance. The recommendations are consistent with national and international groups. Ms. Sherman stressed the importance of local control and the importance of availability.

Nina Emerson highlighted recommendations requiring legislative or state action. Most concerning were 1) Alcohol control handled at the local level is a Wisconsin tradition. Localities should be given the authority to ban certain beverages like caffeine and alcohol drinks. 2) The recommended age for alcohol servers should be consistent with the minimum age for purchasing alcohol, i.e., 21 or older. The state should require this and if not, municipalities should have the authority. 3) Law that allows children to be served alcohol when accompanied by parents should stipulate no one under the age of 21 will be served. 4) Act 100 just passed, but it did not go far enough for OWI recommendations, e.g., first offense OWI should be a misdemeanor, 2<sup>nd</sup> offense OWI should be a misdemeanor with increased fines, 3<sup>rd</sup> offense should be a felony. Incarcerated felony offenders should have access to AODA treatment. 5) Absolute sobriety should be the policy for underage drinking violations. Officers don't have incentives for penalties. Usually underage drinking tickets are written. There is a need to write violations. 6) Occupancy tax rates should increase to raise money for law enforcement, treatment and prevention.

Al Iverson, a police officer and alcohol control enforcement officer from La Crosse found that in general the community upheld enforcement activities but were light on educating officers for alcohol enforcement and education. The following are what officers can do to reduce alcohol consequences in their communities: 1) compliance checks 2) responsible beverage service 3) freshman orientation for college kids 4) public intoxication training 5) underage drinking offenses from the first offense on, there should be a total count of the number of underage offenses until the age of 21. 6) occupancy tax is a funding issue 7) accessibility at gas stations—people get gas and then drink 8) municipalities should require programs informing and educating potential sellers about the responsibilities in obtaining a license to sell alcohol 9) social host fines

should be increased 10) there should be sober server ordinances 11) games such as beer pong should be banned in establishments 12) keg registration should be enforced in order to follow-up where the alcohol goes.

Chris Wardlow summarized recommendations for educators or educational institutions. He referred the group to page 43 of the information packet. 1) Unified code of conduct for WIAA. It takes heat off school districts and coaches. Violations should be put on students' permanent records. 2) School-based, evidence-based prevention programs should be required in all schools. Community, civic and faith-based groups should adopt alcohol policies meeting the same standards recommended for Class "B" Temporary permits: 1) Create secure perimeter around licensed area with a double fence, a single entrance and photo id check. 2) Use wrist bands and hand stamps in rotating patterns to identify age 21 and older customers for alcohol purchase. 3) Age 21 is age 21, no exceptions. 4) Servers have responsible beverage training and do not drink while serving. Employers should organize a workgroup charged with making formal alcohol in the workplace policy. Consequences of alcohol use should be made clearly to workers.

Barry Busby is the Coroner in the Oshkosh area, now retired from law enforcement. He has seen the effects on families when a youngster has died as a result of alcohol. Alcohol contributes to lots of deaths, divorce and sex assaults. Consider deaths from binge drinking, cirrhosis and cardiac death. Other negative consequences include injuries in the workplace. For example, someone who is at .15 BAC at 2:00 a.m., at 7:00 a.m. they are at .08 BAC. It takes 10 hours to get the alcohol out of their system. Mr. Busby suggested testing for alcohol use in the workplace in conjunction with education and training. He reported that 37% of all deaths on Wisconsin County highways or 15,000 deaths involve alcohol. Compared to other states, Wisconsin is number one for alcohol-involved crashes resulting in injuries and death, he reported.

Linda Preysz thanked the group for their presentation. As Chairperson for the Intervention and Treatment Committee, she reported that they always push for treatment and prevention—not just punishment—as part of recommendations. She suggested that consideration of diversity issues should be a part of all recommendations. Julia Sherman acknowledged that the report did not talk about messages. One major problem is that we don't know what people think about alcohol use and consequences. There are no surveys. We do know from research, however, that poorly structured information campaigns can actually increase drinking. Greg Phillips pointed out that often the message becomes, "Do as I say, not as I do." Mr. Busby summed up by pointing out that we all bear responsibility. Be a responsible drinker. Have a designated driver and know your limit. Sue Pastor shared that it is important to bring forward education. For example, the liver processes only so much alcohol per hour and one drink per hour isn't safe.

Scott Stokes thanked the group for their work on the ACE Report. **Mr. Stokes made a motion to endorse and adopt the Alcohol Culture and Environment final report and disseminate it. Duncan Shrout seconded the motion. There was unanimous consent to approve the motion.** Joyce O'Donnell asked where the group planned to disseminate the report. Mr. Stokes reported that there was no plan yet, but it should go to all counties and follow-up with the legislature and municipalities. This will be an on-going agenda for the Prevention Committee. Julia Sherman reported that through her work at the UW-Madison Law School, she recommends

reaching out to professional organizations. Joyce O'Donnell pointed out college rathskellers as an example of a double message being given students. Michael Waupoose suggested that the report be disseminated to Tribes as well. Mark Seidl thanked the group for its report.

## **V. Medical Marijuana—Senator Jon Erpenbach and Dr. Mike Miller**

Senator Erpenbach reported on the history of the introduction of the medical marijuana bill. For ten years two of his constituents who use marijuana medically have been asking for legislation on medical marijuana. He promised his constituents that he would if the Chair of the Public Health Committee would hold a hearing. For the first time this year, a hearing was held and there is a co-sponsor in the Senate. Law-abiding citizens with cancer, glaucoma, and HIV testified that especially with cancer medicines, marijuana is helpful to sleep at night. The Medical Society doesn't support it and the US FDA (Food and Drug Administration) doesn't approve it. Still it can help you. However, it is still illegal and even though street marijuana and medical marijuana are different, the bill will probably not pass this session. The grow your own provision is unpopular with legislators. In California, marijuana shops are very prevalent. That wouldn't go over here. He doesn't support that. A doctor would have to ok use. Thirteen to fourteen states have laws on the books. Many support the use of medical marijuana, according to surveys, but not legalization. Someone with cancer or AIDS is looking for relief. Legislation is behind the curve about what people will support. Law enforcement cannot support grow your own. Eventually, this will pass in the state. Pharmaceuticals do not want this legalized. Nasal spray is available in Canada, but not here. Whether legal or not, patients will do this. This situation shouldn't be. The bill will not pass this session, but it will go through eventually, and the governor will sign the bill into law. This may happen at the national level. President Obama has backed off medical marijuana prosecution. Dr. Treffert interjected that the nasal spray will probably be available within a year. The FDA will look at it. We have been down this road three times. Dr. Treffert pointed out his concern is that marijuana is not harmless. Youth see it as giving marijuana a pass. That is his fundamental concern. Michigan gets 1,000 applicants a day. New Hampshire passed a law. They threw out the grow your own provision and went to state dispensaries. Senator Erpenbach indicated that the only difference between our bill and New Hampshire's is the grow your own provision. The bill identifies very specific diseases which are specified in the bill, it is not left open. DHS would set up a panel which would review studies. Regarding kids using marijuana, Senator Erpenbach remarked that he has two kids. He is responsible to his kids as a parent. He is not trying to legalize marijuana. That is not the case. Parental involvement is huge. This is a matter of the right thing to do.

Dr. Treffert asked about why patients don't go the usual route, obtaining marinol from the pharmacy. Senator Erpenbach responded that there are certain situations where marinol works and certain situations where only smoked marijuana will work. Dr. Treffert raised concern about the long list of conditions in the bill that would be appropriate for treatment with marijuana, asking what evidence indicates that marijuana is effective for all those conditions. Senator Erpenbach sited the lack of research as a problem. Greg Phillips asked how we keep medical marijuana from being diverted. He continued that it appears oftentimes children are taking their parents medicines from the medicine cabinet. How do we know what is an optimal dosage? These are issues for law enforcement. Senator Erpenbach countered that one cannot legislate common sense for parents. The purpose of medical marijuana should be addressed at some

point. There is a purpose for medical marijuana for some people at some time. It works for some.

Dr. Michael Miller began his presentation by acknowledging Senator Erpenbach as a friend to addiction treatment, and that they agree on some points. However, there are disagreements as well. He indicated that he was delighted that the bill won't go anywhere this session. He reported that he doesn't use the term medical marijuana because it legitimizes its use. He cautioned not to assume that marijuana is safe and non-addictive, or that compassionate centers are necessarily compassionate. He explained that in order to say that marijuana works like a drug, you must go through the US FDA (Food and Drug Administration). The FDA establishes dosage, routes of administration and risks. They have established criteria. NIDA and NIAAA do the research. In the bill currently introduced, the WI Department of Health Services (DHS) has the authority to expand approved indications. That is beyond their scope. Dr. Miller explained that cannabinoids work (THC is one of them). Pharmacological companies are waiting to make a fortune. He predicted that medications will be available in five years. This legislation, he pointed out is not about the terminally ill. This legislation does not address persons determined to be terminally ill and then sanctioning marijuana as appropriate for those persons. Most of the users are not terminally ill, they are young people. The bill provides immunity from prosecution for use based on condition. Finally, this bill is not about legalization of marijuana, but it is part of a broader process to reduce opposition. Proponents of the bill want to create a medical legitimacy argument. To contend that this is not part of a broader strategy is folly, he warned. Dr. Miller reported that marijuana is a dangerous drug—far less dangerous than oxycodone, alcohol or tobacco, but still dangerous. It can produce addictions and there is a problem with developing adolescent brains. Dr. Miller felt that public referenda and legislators should take their hands off the issue of providing marijuana for a medical purpose.

Duncan Shrouf reviewed that marijuana should be taken off Schedule 1 and moved to Schedules 2-5. Dr. Miller agreed that it needs to be non-one, non-two. Mr. Shrouf continued, that the goal would be to allow research. Dr. Miller reported that research can be done now, but moving the drug off Schedule 1 would facilitate the research. Dr. Treffert offered that just yesterday he spoke about hemp at the Controlled Substance Board. He felt that the organization NORML was behind the hemp discussion and cautioned about the larger agenda. Joyce O'Donnell agreed and reminded the group that SCAODA addressed this issue years ago. This Council's reputation would be effected if we endorsed marijuana, she cautioned. Greg Phillips had a question about marijuana smoke being carcinogenic. Dr. Miller indicated that there was conflicting evidence on that matter.

## **VI. Follow-up Brighter Futures Initiative—Kim Eithun-Harshner**

Kim Eithun-Harshner appeared on behalf of Mark Campbell and the Department of Children and Families (DCF) to update the group on arrangements regarding the transfer of GPR funds from DCF to Department of Health Services (DHS) in order to enable DHS to count the GPR allocation to the Brighter Future Initiative (BFI) towards the Maintenance of Effort (MOE) requirement of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). The issue was discussed at the SCAODA meeting of January 8, 2010. It became of critical importance when DCF and DHS split into two Departments and BFI became organizationally

housed in a different Department from the one which applies for the SAPTBG. Ms. Eithun-Harshner informed the group that DHS and DCF staff met and a Memorandum of Understanding (MOU) was drafted. She reported that it is currently being edited. The MOU will be signed and then the funds will flow through DCF to DHS and back again. Thus the funds can be counted toward the MOE for the SAPTBG. She reported that the funds transfer will be retroactive to 2009. There were no questions or comments for Ms. Eithun-Harshner. Mr. Seidl thanked her for her report.

## **VII. SCAODA Appointment of Department of Children and Families—Mark Seidl**

**Joyce O’Donnell motioned to include the Department of Children and Families as an Ex-Officio member of SCAODA until such time that they can be included as a statutory member. Duncan Shroul seconded the motion.** Discussion: Linda Preysz thought it was a great idea and Michael Waupoose agreed. Without further discussion, Mr. Seidl called for a vote. **The vote was unanimous and the motion passed.**

## **VIII. Committee Reports**

Planning and Funding Committee:

**Joyce O’Donnell made a motion to oppose AB 554 and SB 368 which prohibit arrest or prosecution of a qualifying patient, who acquires, possesses, cultivates, transports, or uses marijuana to alleviate the symptoms or effects of his or her debilitating medical condition or treatment. Duncan Shroul seconded the motion.** Discussion: Scott Stokes indicated that the Prevention Committee also opposes AB 554 and SB 368. He reported that the Prevention Committee honed in on the grow your own portion of the bill. Dr. Treffert reported that the Council on Science and Public Health, “ Even if marijuana were rescheduled under current law it could not be marketed or medically available for general prescription use unless it was reviewed and approved by FDA under the Federal Food, Drug and Cosmetic Act (FFDCA).” Dr. Treffert continued indicating that the federal government is not opposing research—there is lots of research in the pipeline. Renee Chyba asked for a point of clarification regarding schedule 1. Dr. Treffert responded that Schedule 1 drugs can be researched and then go through the FDA process to get it moved from Schedule 1. Greg Phillips explained that there are 5 schedules under federal and Wisconsin law. Schedule 1 says that there is no medical use and that there is a high potential for addiction and abuse. Schedule 2 indicates that there is limited medical use and some potential for abuse. Schedule 1 drugs have no accepted medicinal use in the U.S. Ms. Chyba pointed out that reference to Schedule 1 is in the Planning and Funding motion. Dr. Treffert pointed out that physicians can prescribe marinol because it is on Schedule 3; and cannot prescribe smoked marijuana because it is on Schedule 1. Duncan Shroul pointed out that his research into the matter led to review of three published articles on clinical studies which stated unequivocally that no national research will be done on smoked marijuana, because marijuana is not on Schedules 2-5. The federal government is not willing to pay for the research. Dr. Treffert agreed that that is true for smoked marijuana. They can’t do the research because they can’t have a controlled placebo. Mark Seidl asked again if Schedule 1 could be researched, but isn’t. Mr. Shroul agreed. The studies he reviewed indicated that the reason smoked marijuana is not researched is because it is a Schedule 1 substance. Greg Phillips added that the schedule does

not preclude research being done—but there is the potential for addiction. Dr. Treffert indicated that there is a process in place to reschedule a drug. Michael Waupoose shared that there is no medical use for drugs on Schedule 1, because it hasn't been studied enough. Diversity addressed the issue and was in opposition to the detail of the bill regarding specific conditions listed as appropriate for medical marijuana. Conditions such as PTSD and the presence of HIV concerned the Diversity Committee. Diversity Committee's opposition is to that. Joyce O'Donnell pointed out that the fact of marijuana being on Schedule 1 and the relationship to research doesn't affect the motion. **Mark Seidl called for a roll call vote on the motion. The motion passed with 11 concurring and 3 abstaining.**

**Joyce O'Donnell then made a motion to support AB 732 which would return 17-year-olds to the juvenile justice system from the adult court. Duncan Shroul seconded the motion.** Discussion: Susan Endres pointed out that ITC's Sub-Committee on Children and Families is supporting the bill. Mark Seidl pointed out that there is no Senate bill on the matter. With no further discussion **Mr. Seidl called for a voice vote: All ayes were heard, no nays, but 4 abstained. The motion passed.**

Prevention Committee:

Scott Stokes provided an update of the Prevention Committee's activities. He announced that the Epidemiological Profile will be updated and published in July 2010. It will contain information on prescription drug abuse. The Prevention Committee is interested in investigating other drugs of abuse. The Prevention Committee is in the process of identifying communities for town hall meetings which would begin the last week in March. Currently there are 30-40 coalitions organizing town hall meetings. Also underway is a billboard campaign as part of the Parents Who Host Lose the Most strategy. There are several trainings being planned in the state including a law enforcement training on March 11 and March 31, sustainability trainings for SPF SIG grantees August 11 and 12. The Prevention conference is planned for June 22-24 at the Chula Vista Resort in Wisconsin Dells. **Scott Stokes then motioned to support points 3 and 4 in the legislative summary of AB 598, section 3 of the legislative summary raises the age of absolute sobriety on a snowmobile from anyone under 19 to anyone under 21. Section 4 increases the penalties for operating a snowmobile under the influence if the snowmobile is operated with a passenger under 16 years of age. Michael Waupoose seconded the motion. There was no discussion. All ayes were heard with two abstaining. The motion passed.**

**Scott Stokes made a motion to oppose AB 335, which allows private colleges and universities to establish an area to sell alcohol without a permit. Duncan Shroul seconded the motion. Without discussion the group voted by voice in favor of the motion with the exception of two who abstained.**

**Scott Stokes made a motion to oppose AB 390, which allows passengers on quadricycles to drink alcohol. Joyce O'Donnell seconded the motion. On a voice vote there was all ayes, no nays, and two abstaining. The motion passed.**

**Scott Stokes made a motion to support AB 227, which would require pharmacies to create a registry for schedule 2 and 3 drugs.** Discussion: Representative Townsend is the author of

this bill, offered Minette Lawrence. She reported personal knowledge of a loved one who became addicted to oxycodone and vicadin. A year later, Ms. Lawrence reported that she drafted the bill. Now, that person is clean. She continued that she would like to amend the bill to get help for the victims. Dr. Treffert reported that the purpose of this bill is to oversee pharmacists and doctors. The Pharmacy Examining Board is responsible for administering this bill, according to Dr. Treffert. Without federal funds, though, we will get nowhere. The Medical Examining Board is in favor of this legislation, Dr. Treffert informed the group. Ms. Lawrence added that there will be crossover tracking into Minnesota and Illinois. **Duncan Shrout seconded the motion.** Linda Preysz asked if the federal government is providing funds to put the system in place. Ms. Lawrence thought that the funding was uncertain. Dr. Treffert informed the group that a grant is available to put the system in place and a second one to support the program. The privacy issue is important, he continued, and the Pharmacy Examining Board will look at each of the issues. Estimated costs are between \$800,000 and \$1 Million per year. Greg Phillips shared that during the last year, one investigation yielded an individual with a “book” containing information on where he shopped and what he told each pharmacy. **Mr. Seidl asked for a voice vote. There were all ayes, no nays and one abstained. The motion passed.**

Gary Sumnicht reported to the group on the highlights of the Youth Risk Behavior Survey (YRBS). It is a valid sample of 9<sup>th</sup>-12<sup>th</sup> graders from across the state. The survey has been administered every two years since 1993 (except 1995). The bad news is that federal prevention dollars are going away (Safe and Drug Free Schools). State tobacco prevention money also went away. Mr. Sumnicht predicts that these funding decreases will lead to future increases in substance use trends among youth. Currently, however, the YRBS data show an overall decrease in current alcohol use, and binge drinking. Regarding other drug use: there is an overall (since 1993) decrease in amphetamine use and an overall decrease in the use of ecstasy. There is, however, an overall increase in “ever” used marijuana since 1993 and current use of marijuana (but trends are down from 2001 levels). There is an overall decrease in the number of youth reporting that they were offered drugs on school property. There is a slightly increasing trend in the abuse of prescription drugs. Regarding traffic safety, Mr. Sumnicht continued that there has been a decrease in youth riding in a car with a driver who was using alcohol or drugs, and an increase in seat belt usage. The percentage of students engaging in cigarette smoking is steadily decreasing. However, the use of smokeless tobacco and cigars is increasing. The point is, Mr. Sumnicht argued, that prevention dollars have made a difference. Overall, the data indicate that youth are doing well. However with the loss of federal funds our fear is that trends toward more substance use will begin to increase. For a full report of the YRBS data please go to the Department of Public Instruction (DPI) website at [www.dpi.wi.gov](http://www.dpi.wi.gov). Michael Waupoose asked if all schools participate in the YRBS survey and Mr. Sumnicht responded that the survey is a representative sample of all students. Joyce O’Donnell asked Mr. Sumnicht how the State Council could help with funding. Mr. Sumnicht responded that the State Council did try to prevent the loss of Safe and Drug Free Schools funding. Now, there will be competition at the federal level for prevention funding.

Mr. Sumnicht announced to the group that his funding source has changed. In the future he will be working with the 21<sup>st</sup> Century Learning Centers and will no longer be able to represent DPI at SCAODA meetings or Prevention Committee meetings. He reported that Steve Fernan will be

taking his place. Both Scott Stokes and Mark Seidl thanked Gary for his time and commitment to SCAODA. Mr. Seidl wished Mr. Sumnicht well and informed him it had been a pleasure working with him. There was a round of applause.

#### Diversity Committee:

Michael Waupoose reported that the Diversity Committee has been looking at the SCAODA draft Strategic Plan for 2010-2014, the process and priorities. The Americans with Disabilities Act Sub-Committee has been working on the deaf/deaf blind survey. Are providers adequately serving that community? Diversity will continue to work with the Minority Counselor Training Institute. There has not been the best feedback from the Tribal community on that. Historically, there was the belief that Tribes were underrepresented. Also, we have been working on the Impaired Professionals Program of the Department of Regulation and Licensing. Thanks to Coral Butson, Mr. Waupoose was able to arrange a meeting between the Diversity Committee and a representative from the Impaired Professionals Program. As a result, **Mr. Waupoose made a motion to request the Department of Regulation and Licensing invite the Substance Abuse Counselor Advisory Committee to advise the Department of Regulation and Licensing on the Administrative Rule 7 re-write. Joyce O'Donnell seconded the motion. There was no further discussion and Mr. Seidl called for a voice vote. There were all ayes, no nays, no one abstained. The motion passed.**

#### Intervention and Treatment Committee:

Linda Preysz reported that the Intervention and Treatment Committee is still discussing workforce issues. Norman Briggs alerted the group to a national survey which will provide data by state and region on workforce issues. The Children and Youth Subcommittee held an open forum which was well attended. They discussed among other things the Len Bias and Good Samaritan Law. Scott Stokes added that there was a great cross section of people there including law enforcement, youth, parents and providers. Ms. Preysz reported that the Children and Youth Sub-Committee is also 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. Mr. Dave Macmaster reported on WINTIP. He distributed to the group a document titled "WiNTiP Statewide Mental Health/AODA Conference Survey Results." Mr. Macmaster reported on the data collected at last year's Bureau conference where 86% of clinicians there felt ethically responsible to include tobacco cessation treatment with substance abuse treatment. Almost half indicated that they had not had training in the area. 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](http://www.wisconsinwintip.com) to view Dr. Eric Heilgenstein's video. Dr. Heilgenstein will also be presenting at the WAAODA conference's Plenary session. There will also be a training there worth 6 hours of credit. Also, Mr. Macmaster informed the group of a 6-hour web based training program for clinicians on the [www.tobaccorecovery.org](http://www.tobaccorecovery.org) website. He concluded by pointing out that of the population in Wisconsin with mental health and substance abuse disorders, 3600 people die from tobacco related diseases.

## **IX. Update SCAODA 2010-2014 Four Year Strategic Planning—Joyce O’Donnell**

Joyce O’Donnell referred the group to page 165 of their information packets for a review of the most recently updated work of the strategic planning group from their meetings of 11-20-09 and 1-28-10. She explained that the ultimate intent is to produce a current, concise and focused, high-level strategic directions document that provides priority focus areas for SCAODA and guides direction for the work of the SCAODA working committees. She encouraged the group to provide input. The primary outcome goal is to have WI no longer ranked in the top ten states for AODA and problems related to AODA. Five goals for SCAODA include 1) fulfilling statutory dictates 2) changing the culture regarding AODA use in WI 3) educating citizens regarding AODA issues including disparities 4) seeing that there are adequate resources and 5) remedying historical racial/ethnic and other systems bias in AODA systems. Strategic and Capacity Objectives include increasing the viability and visibility of the Council, meeting with leaders, addressing emerging issues and legislation and forming collaborative relationships to solve problems. Ms. O’Donnell asked members to please review the document in the packet. The Strategic Planning Group plans to reconvene on April 15<sup>th</sup>. Ms. O’Donnell then reviewed for the group Planning and Funding Committees draft Strategic Priorities which include statutory dictates, reviewing legislation, supporting an increase in the beer tax, supporting legislation that prevents adults from taking underage children into bars, overseeing prevention, treatment and recovery funding infrastructure and participating in the Bureau’s Infra-Structure study. The Planning and Funding Committee is planning to address the racial and ethnic disparities among drug offenders arrest, charging and sentencing rates in Wisconsin. Scott Stokes reviewed for the group the Strategic Priorities of the Prevention Committee. The main goal is to reduce use through evidence based practice. Strategic Priorities are to advance best practices and policies, collaborate with stakeholders at all levels and strengthen the capacity of the Prevention Committee. Linda Preysz spoke to ITC’s discussions about their priorities for 2010-2014. Topics of discussion included: increasing funding for Wintip, and education and outreach. The group hadn’t finalized their plans. She was of the opinion that the State Council planning goals didn’t help define Committee roles nor did it provide a lot of direction. Michael Waupoose noted that the Diversity Committee was in the same boat as ITC with regard to the draft Strategic Plan. Diversity Committee has held preliminary discussions but were having trouble with the Strategic Planning document. Mr. Waupoose reported that the Diversity Committee hasn’t figured out their priorities yet, but were discussing the following as possibilities: quality assessments from a racial/ethnic perspective, improving the cultural context of practices, improving training opportunities, addressing racial disparities in the workforce and discussing wages for therapists. Diversity is committed to making it work. Mark Seidl thanked the four Chairs and state staff for input into this important work.

## **X. County Infra-Structure Study Update—Joyce Allen**

Joyce Allen distributed to the group a document titled, “Wisconsin Public Mental Health and Substance Abuse Infrastructure Study, Final Report,” prepared for the Wisconsin Department of Health Services by the Management Group (TMG), dated December 18, 2009. She distributed

the first section of the report, the “Executive Summary.” The full report can be found at [www.uwsp.edu/conted/conferences/mhsasummit](http://www.uwsp.edu/conted/conferences/mhsasummit).

Ms. Allen informed the group that TMG performed the study which was a snapshot of the structure of financing for the mental health and substance abuse public systems including Medicaid managed care programs, which include Family Care, Badger Care and SSI Managed Care. It is a review of the number of people served and what changes could be made in the future to achieve equitable access to services across the state; accountability for outcomes, including the availability of evidence-based programs and the information technology to evaluate outcomes; equitable and affordable funding for services; and efficiency of service delivery. A review of what other states have done was undertaken. Major findings are:

- The county MH/SA system is the predominant system for publicly funded MH/SA services, funding more than 70 percent of all service expenditures.
- The county MH/SA system serves more than 40 percent of MH/SA consumers combined, including more than 70% of consumers with substance abuse issues.
- Approximately 73 percent of MH/SA consumers served are between the ages of 18 and 64.
- The per capita rate of MH/SA consumers served by DHS region ranged from an average high of approximately 48 to a low of approximately 31 per 1,000 of the total population.
- Per capita expenditures for all publicly funded MH/SA services by DHS region varied greatly throughout the state, ranging from an average high of approximately \$129 to a low of \$93.

Currently, DHS has requested additional analyses including a needs assessment, addressing the question, ‘what do the data tell us?’ Ms. Allen reported that DHS knows that data systems aren’t that good, in terms of the reliability of the data. We know we need to improve accuracy and consistency.

The study included data from a targeted county review. The study examined systems in nine Wisconsin counties and one Wisconsin multiple-county system. The study reviewed selected states: Minnesota, New Mexico, North Carolina, Ohio and Oregon. The study examined trends and initiatives in the literature that would impact public mental health and substance abuse systems. Three in particular were referenced: 1) Preference for integrated care models 2) Role of Medicaid as a major funding source for MH/SA services 3) Financial incentives and value-based purchasing for MH/SA services. Other influences to consider include changes in federal law and regulations such as MH and SA Parity. Recommendations from study participants were to look at things from a consumer point of view, do not reform the entire state at once, do pilots before moving forward, implement a core benefit set—do that first.

There were four models identified that included guiding principles established by the Steering/Advisory Committee; the experience of Wisconsin and other states implementing different models and the national trends impacting the financing and delivery of publicly funded MH/SA services.

- Model A—County-based Chapter 51/46—continued county-based system of a single or multi-county as an option.
- Model B—County collaboration as an optional system. Some counties come together.

- Model C—mandatory multi-county system structure
- Model D—public/private integrated care system of mental health, substance abuse and physical care.

Ms. Allen reported on the December 3<sup>rd</sup> Summit that was held in Stevens Point with 230 system stakeholders attending. Recommendations about what needs to happen to improve the system from the Summit can be found at the following website under ‘Study Addendum’:

[http://www.tmg-wis.com/mhsa\\_overview.asp](http://www.tmg-wis.com/mhsa_overview.asp)

Participants were asked, “What do you think needs to happen to improve in each of the benchmark areas identified in the MH/SA Infrastructure Study?”

They can be summarized as follows:

A. Equitable Access to Services Across the State

- Develop a core benefit package
- Increase service capacity
- Develop the workforce
- Revise the service approach
- Define populations and areas served
- Align System Incentives—for example align with Family Care and make sure incentives are in alignment.

B. Accountability for Outcomes

- Develop Outcomes
- Implement Evidence-Based and Best Practices
- Improved Data Systems

C. Equitable and Affordable Funding for Services

- Increase or Realign Funding—shift resources to prevention and early intervention; look at how funds are distributed; better structure community aids;
- Revise Medicaid funding and Responsibility for Medicaid match

D. Efficiency of Service

- Streamline requirements and Address Inefficiencies
- Integrate and Coordinate between Systems and Services

Ms Allen reported that next steps include embarking on a new Study Committee with invited additional people. March 25<sup>th</sup> is the next meeting, in Madison at the US Bank building for advice on next steps. DHS is working on two basic areas: the core benefit package definition and the pilot projects. Ms. Allen reported that there is a need to broaden the scope of the study to include child welfare and juvenile justice. Mark Seidl announced that he was stepping aside as Chair for a moment to report that a significant amount of tax levy dollars go into the system at the county level; the system cannot function without county tax levy. He asked a question about why the per capita spending varies from county to county. Linda Preysz asked if the Infrastructure Study would be posted to the SCAODA website. Ms. Allen said that she can do that.

## **XI. Report on CSAT Conference—“Strategic Planning for Providers to Improve Business Practices”—Kate Johnson and Dr. Steven Dakai**

Kate Johnson reported that this overview of the conference had been planned to have been given by two other individuals who attended the conference but who couldn't be present at today's SCAODA meeting. Those individuals are Norm Briggs, representing women's treatment providers and Sheila Weix, representing the treatment providers association. Unfortunately, Ms. Johnson explained both were called away from today's meeting. However, Dr. Steven Dakai, representing the Tribes, is present to explain to the group his perceptions of the CSAT conference. Dr. Dakai thanked DHS for the opportunity to travel to Washington, D.C. and participate in the conference. He has a treatment background and focus. He focused on what's happening and how we do business with national health care reform, which is coming? He explained that he seldom uses the word “scared,” but today, he expressed, he is scared about what is happening, that is, parity. Thousands of people will need services, and we don't have the infrastructure to do that now. How can we get students into educational and training programs so that their internships lead to them becoming certified counselors? His focus and his concerns are from the meeting. Dr. Dakai reported that Norm Briggs focused more on systems for billing. Dr. Dakai informed the group that he is concerned about how we're going to be doing things. He felt that we need to get the Department of Regulation and Licensing involved. The infrastructure is not here, he continued, not only for tribal but non-tribal peoples, too. He reported that Norm Briggs wanted to say thanks for the opportunity to attend, and Sheila Weix wanted everyone to know that she will be joining ITC.

## **XII. Report on Parity Legislation—Shel Gross**

Shel Gross reported that his presentation would cover three areas: 1) an overview 2) federal law and 3) State law (which is not law yet). He distributed to the group a handout titled, “Applicability of Federal and State Parity Laws By Employer Size and Insurance Type. It is a chart divided into four quadrants. It includes a summary of parity laws according to self-insured and commercial type health insurance plans and the number of employees in the business; 2-50 employees or 51 and more employees. He informed the group that the federal and state parity laws applied only to group plans and not the self-insured. Only State parity law applies to commercial insurance products of 2-50 employees, while federal parity laws do not apply until there are 51 or more employees. State parity and federal parity laws apply to those commercial insurance products covering businesses of 51 or more employees. Federal parity law is a result of the passage of the Wellstone-Domenici Act, which basically says, if you as an employer provide health insurance, you must provide it at parity levels. However, a loop hole is that the legislation does not say what conditions need to be covered. For example, locally, Woodman's Grocery, a Wisconsin self-insured employer with 51 or more employees would have to provide coverage at parity. They reasoned that if they didn't provide any mental health and substance abuse services, then they wouldn't have to provide them at parity with other medical services, and dropped all coverage of mental health and substance abuse services. Only the federal law applies to Woodman's because they are self-insured. In Wisconsin, our insurance commissioner decided that in fact, all DSM conditions need to be covered. Mr. Gross went on to explain that in the Wisconsin Parity law, the cost exemption process is quite laborious which is good, because

we in general would prefer not to see exemptions. Mr. Gross covered in detail the processes to determine more and less restrictive settings for service delivery; and prior authorizations. He also felt that the law was good regarding these determinations. The Wisconsin Mental Health and Parity Act will go into effect in 2011. The Act reverses previous mandatory minimums regarding substance abuse and mental health services. He reported that approximately 700,000 people are working in firms of less than 50 employees, in Wisconsin, and that potentially 350,000 could be affected by the new State law. Currently, the bill has passed the Senate and is waiting to get to the floor of the Assembly. Duncan Shroul commended Mr. Gross' presentation and announced that Community Advocates of Milwaukee is also working hard for parity in Wisconsin.

### **XIII. Agenda Items for June 11, 2010 Meeting—Sue Gadacz**

Sue Gadacz reported that the Four Chairpersons of the SCAODA Committees met via teleconference prior to today's meeting and identified some areas for future presentations: Medication assisted recovery, Prescription Drug Abuse, Len Bias vs. Good Samaritan laws, Departments Updates, Invite the Governor and legislators to the meeting, Cultural Diversity Training, Intoxicated Driver Program.

### **XIV. Announcements—Sue Gadacz**

At the June meeting there will be a By-Laws review, the Rural Institute conference will be held the second week in June (June 13-17). On June 15<sup>th</sup>, the ITC Committee will host a Public Forum at the Rural Institute conference. We will also discuss, at the June meeting, the topic of asking Departments to report to the Council. Michael Waupoose reported that the national Addiction Counselor magazine has nominated Stephanie Styman. He also pointed out that March is "Social Worker Month." He also noted that NASW of Wisconsin, south-central, selected Rebecca Layman as counselor of the year. Joyce O'Donnell announced that there will be a Public Forum hosted by Planning and Funding at the WAAODA conference, which is being held May 10-12. The Public Forum will be Tuesday evening at 5:00 p.m. Sue Gadacz announced that as part of prevention efforts, there will be 50 travelling billboards in 72 counties, advertising the "Parents Who Host" messages. Half can be moved. These billboards can be saved and used over. Kathy Thomas announced that Lou Oppor should be commended for these billboards as most of the cost has been donated.

**XV. Adjournment:** Mark Seidl thanked SCAODA members, Committees, guests and staff. **Greg Phillips made a motion to adjourn the meeting. Michael Waupoose seconded the motion. The group responded with all ayes.** The meeting was adjourned. The next meeting is scheduled for June 11, 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

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Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

State of Wisconsin

## State Council on Alcohol and Other Drug Abuse

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

Linda Mayfield  
Vice-Chairperson

Scott Stokes  
Secretary

### Diversity Committee Meeting Minutes (Approved)

Wednesday, May 19, 2010

10:00-12:00pm

Department of Health

1 W. Wilson St.

850A Conference Room

#### Attendees:

1. Angela Rivera
2. Michael Waupoose
3. Steve Dakai-Teleconference
4. Harold Gates
5. Sandy Hardie-Teleconference
6. Denise Johnson
7. Gail Kinney-Teleconference

#### Absent- Excused

1. Jerry Kaye

#### Absent-Unexcused

1. Dino Arestegui
2. James Crawford
3. Angela McAlister

#### State Staff:

Gail M. Nahwahquaw –Staff Person

#### Diversity Committee Meeting Minutes

##### I. Call to order:

Meeting was called to order at 10:05am. Members reviewed the April minutes. Page 2, ¶ 6, strike, “recently”. Page 4, ¶ 4 insert “to”...intervention and treatment services to measure....

April Minutes approved as amended.

##### II. SCAODA Strategic Plan:

Michael prepared additional measureable outcomes for the Diversity section of the strategic 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) are 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 collaborative broad-scale leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
  - *Develop a cultural competence score card system to evaluate providers on their preparedness to provide culturally competent care.*
  - *All Wisconsin treatment providers participate in a process to determine their preparedness to provide culturally competent care*
  - *Provide technical assistance to programs that provide culturally specific interventions to encourage the evaluation and documentation of the success with their culturally specific interventions.*
  - *Diversity website becomes a clearinghouse for cultural competence assessments, educational 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.*
  - *Develop an application process for providers to be listed on the website as culturally competent or working towards cultural competence.*
2. Wisconsin cultural norms change in that people vehemently reject social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
  - *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.*
3. Educate Wisconsin citizenry regarding the negative fiscal, human and societal impacts of AODA in WI, risk and addiction, prevention, stigma, treatment and recovery, including the disparities and inequities relative to these issues.
  - *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.*
4. Wisconsin has 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<sup>1</sup>
    - *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 treatment programs*
    - *Wisconsin requires that all AODA / MH conferences receiving funding from the Division have at least one workshop on providing culturally competent care.*

- *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*
  - *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 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.*

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<sup>1</sup> 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.

Discussion: Sandy-How big does this get and who will be responsible for monitoring any of the outcome goals once established? For instance whether or not an agency that reports cultural competency is actually providing the treatment service at that level? Harold-The CLAS Standards, which the Diversity Committee already adopted can be one means for agencies to measure their cultural competence, also the Diversity Committee can potentially review the measures that the Division of Quality Assurance uses for the recertification process to ensure agencies respond to questions about providing culturally competent care. Michael-Envisions agencies submitting (a report) their specific cultural competency initiatives and allowing clients the ability to give feedback (scorecard?) on these initiatives or to score the agency on whether they received the treatment in a culturally competent manner.

Denise-I have concern on a systemic level. If we use already existing tools (DQA) how do we know that the person assessing the service knows what cultural competence looks like?

Sandy attended the Women's Health Summit last week and really enjoyed the Cultural Diversity Panel. One of the panelists shared that cultural competence is not sending a staff member to a cultural competency workshop and as a result saying your agency is now culturally competent. Agencies need to have a support person to help monitor cultural competency, and not solely rely on the training. Denise-agrees that ensuring the monitoring occurs is important, she knows of hospitals providing sign interpretation from non-qualified interpreters and entering into contracts for interpreters services with agencies or individual interpreters that have not undergone any certification process. Who's responsible for monitoring? Angela R. has another experience in knowing when various documents have been translated incorrectly. She recently had materials translated into Spanish and once she received the materials back, noticed some mistakes that she had to correct. But what do staff do at agencies where there isn't a person to provide the quality assurance, to make sure the materials going out are accurate on a culturally contextual manner.

What are the next steps? Diversity Committee needs to come up with the measurable aspects of the Strategic Plan. The committee needs to review the strategic plan and

assess whether or not the action steps that can be accomplished or with reasonable progress toward accomplishing.

Angela R.-Ordered the SAMHSA Culture Card-for American Indian/Alaska Native population specifically. This is a great resource Diversity could post this information on the webpage giving access to EBP or vetted materials by a trusted resource. Harold likes this idea and it's something the committee is already doing. Another resource can be the workbook cited in previous meetings, Cultural Competence Practice and Process, Building Bridges by Juliette B. Rothman. Enhancing the resource information can help build personal and professional awareness and skills regarding cultural competence. The information can also be used to inform agencies, helping management with concrete tools for assessment.

Resources to review in developing the Diversity section of the strategic plan are the Alcohol, Culture and Environment (A.C.E.) Recommendations, the 2008 Epidemiological Profile on Alcohol and other Drug Use. The Planning and Funding Committee will recommend that issues affecting women and pregnant women be included in some manner. The ACE Committee does recognize the oversight and are working to include this demographic potentially in a press release. Denise-does any of the resources mentioned include statistics on domestic violence? This information is not in the ACE report Gail N. also shared some Women's Treatment statistics authored by Barbara McGrady, at the recent NIDA-Blending Conference.

Percent of Past Year Abuse or Dependence on Any Illicit Drug or Alcohol among Women 18 yrs>by Race/Ethnicity 2003, NSDUH  
American Indian/Alaska Native=19.9%,  
White=6.3%,  
Black=4.5%  
Hispanic=4.4%  
Asian=3.4%.  
(Note: McGrady also stated that the AI/AN women reported the largest number of abstainers)

Substance Dependence or Abuse by Age and Gender;  
12 yrs or Older; Male=11.5% Female=6.4%,  
12-17 yrs; Male=7.9% Female=8.2%,  
18yrs>=Male 12.0, Female 6.3%

Angela R.-these statistics correlate with the intimate partner violence and domestic violence rates as well. For the adolescent (12-17 yrs) subset, abuse rates climb.

(The weblink to the conference agenda is here, and you can access powerpoint sessions by clicking the speakers names (in blue). Barbara McGrady, Don Warne and Bill Miller's plenary sessions were exceptional).

<http://www.seiservices.com/blendingalbuquerque/topics.aspx>

Michael will not be at the June SCAODA meeting and asked Sandy to report on behalf of Diversity. Materials are due to Gail N by June 1 to be included in the SCAODA packet

Michael is asking that the committee communicate via email with suggested changes by June 1.

County Infrastructure Study-There has been regular updates on the Infrastructure Study at SCAODA meetings, but Michael would like the Committee to consider how the study and any recommendations may potentially affect diverse communities? Steve-at the Public Forum asked if the tribes were invited to participate, yes letters were sent to each of the eleven tribal chairpersons inviting their participation in the Infrastructure Study Summit. Oneida Tribe attended. Steve-Not sure everyone has been given an equal opportunity to be involved.

Gail N.-The Infrastructure Study is a means to create recommendations to inform the next biannual budget process. The fiscal infrastructure of 9 Wisconsin counties and a three county unit were reviewed in the first phase. Five other states were invited to the Summit to share their experiences in undergoing a similar process. Phase two of the study includes the formation of two workgroups. One group is working on developing Core Benefits and the other group is working on Shared Services/Regional Pilots. Harold-with pending changes to the public MH/SA system and healthcare reform the impact on public and private agencies will be significant. This is an opportunity to challenge agencies to utilize quality assurance/improvement tools and assess their organization's cultural competence. And there are national resources available to help with the skills building efforts around cultural competency. The National Quality Forum, the National Committee for Quality Assurance. What is the state doing to assure the use of Evidence Based Practices? The Joint Commission (JCHCO) has released cultural competent practice and language standards for healthcare organizations and hospitals.

Sandy-suggests writing a letter to the chairs of each of the workgroups noting the Diversity Committee's concerns, that the workgroups make the recommendations ensuring cultural competent, culturally specific services are the goal. Michael will write a letter and share it with the committee, Gail N. will check on the process for Michael to submit the letters.

Angela R.-is aware that there is great leadership representing the tribal communities, but is not familiar with those leaders in other racial/ethnic groups. There isn't a formal system to invite the leadership of other communities to participate in such activities. Harold-we know that Minnesota has a more structured approach to outreach efforts to diverse communities. WI-DHS has an Office of Minority Health, but there needs to be a means for better advocacy, and making people aware of the resources and services available. Sandy-agrees that she's experienced the participation from the Hispanic community in NE region waxes and wanes. Harold-the National Center for Cultural Competency another resource defines cultural broker and has a subset of tools. It also lists a Community Toolbox-Kansas.

### III. Federal Rule Privacy Changes:

Gail N. forwarded Diversity Committees suggestion that the Federal Rule Privacy Changes be an agenda item at SCAODA in a bureau meeting. It's on the list but will not be discussed at the June meeting. Gail K.-has anyone heard anything more about this, its

surprising how under the radar this topic is. Gail N. attended an electronic health records (eHR) breakout session at the WAAODA conference, but there was not any discussion about 42 CFR. NiaTx is researching software systems and interviewing agency staff who have undergone the shift to eHR.

IV. WAAODA Conference:

Public Forum-Steve attended the public forum at the WAAODA conference. Much of the discussion was about the Infrastructure Study. He testified to the lack of internship placements around the state for substance abuse counselors. He's aware of a person in Gillette who drives to Appleton for her internship placement.

3 W's meeting convened at the WAAODA conference as well. There was general consensus to create a task force to work on the feasibility of combining the three organizations into one group. The goal is to create a stronger advocacy body to inform state and federal legislature on AODA services issues. Generally the feedback was positive about going forward with this effort there was some posturing with little support. Gail K-can see the benefit of each direction, three organizations versus one and vice-versa. She has experienced a division in support, where does an individual place their support be it financial or otherwise and the leadership is lacking. Michael reports a similar experience in trying to decide where to place his support. He was on the WAADPA Board of Directors when the idea to join the three W's first started. Each of the W's represent very specific membership and they may not all have the same goal. There will be turf issues and it will be interesting to see how these early issues get resolved. Jerry Kaye has been in touch with NAADAC and they're in support of this change and have offered to be a working partner in this effort. Joining the 3 W's is felt to be important to address efforts taken on by other organizations, ie. The Marriage and Family Therapist Examining Board, not want the specific AODA training. Its felt a joint AODA body can move ideas forward with the hope of creating a stronger presence and a more unified voice.

V. Announcements:

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

Gateway has a therapist position open, Substance Abuse Counselor and ideally licensed mental health therapist as well.

Diversity Rx-hosts ongoing webinar trainings, the next one will be on Monday, May 24<sup>th</sup>  
<http://www.diversityrx.org/>

The Wisconsin Prevention Conference, 06/22-06/24 at the Chula Vista in WI Dells.  
Harold is presenting a breakout session on organizational cultural competency.

Georgetown Training Institute, Washington DC., 07/14-07/18/10. Harold will email the information to be shared with the committee.

The Wisconsin Warrior Project is hosting the Madison Warrior Summit on 06/15-06/16/10 at the Madison College (MATC). [www.wiwarriorproject.org](http://www.wiwarriorproject.org)

The Prairielands Addiction technology Transfer Center, PAATC submitted a supplemental proposal to SAMHSAS-CSAT for Native American communities in their service area. The Division of Mental Health and Substance Abuse and the Menominee Tribal Clinic submitted letters of support.

**Suggested 2010 Meeting Dates**

**Wednesdays**

**January 20, 2010**

**February 17, 2010**

**April 21, 2010**

**May 19, 2010**

**July 16, 2010**

**August 18, 2010**

**October 20, 2010**

**November 20, 2010**

**SCAODA 2010 Meetings**

**March 5, 2010, 9:30-3:30pm**

**June 11, 2010**

**September 10, 2010 & December  
10, 2010**



**State Council on Alcohol and Other Drug Abuse**

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

**INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING**  
**Tuesday, May 18, 2010**  
Madison, WI

**MINUTES - DRAFT**

Members Present: Sheri Graeber, Dave Macmaster, Dan Nowak, Norman Briggs, Linda Preysz, Tami Bahr, Sheila Weix (phone), Kate Johnson - staff

Members Absent: Nina Emerson, Andrea Jacobson, Michael Waupoose

**Introductions and Review of Minutes**

The meeting was called to order at 10:37 am by Chairperson Linda Preysz. There were no corrections to the April meeting minutes. Norm moved for approval of the April minutes; Dan seconded. The minutes were approved.

**Children, Youth and Families Subcommittee Update**

Tami provided updates about the activities of the Children, Youth, and Family (CYF) subcommittee. She presented at the Wisconsin Association of Alcohol and Other Drug Abuse (WAAODA) conference last week about the increase in youth opioid use. Her session included a presentation about Jefferson County's juvenile drug treatment court and opiate replacement therapy.

Tami shared the draft logic model for the subcommittee. CYF plans to focus on the following items: the gap analysis, increasing family involvement and access to services, creating a family involvement/access packet, adolescent treatment and SBIRT (Screening, Brief Intervention, and Referral to Treatment), and coordination with other systems, such as the Department of Public Instruction and Juvenile Justice System. The subcommittee is working on many topics and is trying to figure out how to focus their efforts. Their goal is to hold in-person meetings every quarter and use conference calls for other meetings.

Norm suggested that the subcommittee create an email group of all of the adolescent treatment providers in the state and send them the minutes from the subcommittee to increase their awareness of the State Council, ITC, the Subcommittee, and possibly engage them in the process. Tami said that Susan created a discussion board after the first adolescent opioid treatment meeting.

Other activities occurring with youth AODA issues included a meeting Susan Endres recently had with insurance representatives to discuss best practice models. LaFollette High School in Madison held a community forum with parents recently to discuss opiate use among adolescents, and there is a similar event scheduled for Rock County. The subcommittee has been talking about ways to get information out to the community about medication drop-off locations since opiate use among teens typically involves prescription drugs. The state is hosting a second Teen Intervene training in June with Ken Winters for \$10, and there will be the third annual youth treatment meeting at the Bureau of Prevention, Treatment, and Recovery conference in October. They are soliciting recommendations for topics.

The Subcommittee had a discussion about the definition and age range of “youth” since different organizations or entities use different age ranges (for example, the federal government defines youth as ages 12-17). They plan to explicitly define the age range they mean when they are talking about specific issues (i.e., underage drinking meaning 20 years and younger).

Norm asked if there are any representatives from youth AODA services participating in the Infrastructure Study Committee, and Mac asked if there were any representatives from the correctional system or pediatricians on the CYF subcommittee. Tami said that she doesn’t know of any adolescent providers on the Infrastructure Study Committee, and that the subcommittee does include an adolescent-specific psychiatrist. CYF is also interested in recruiting a member involved with SBIRT.

### **WiNTiP Update**

Dave Macmaster (Mac) provided an update about the activities on WiNTiP, which had a strong presence at the recent WAAODA conference. An audience of 400 listened to the keynote by Dr. Eric Heiligenstein, a spokesperson for WiNTiP. WiNTiP was involved in many other activities at the conference including an all-day training session about nicotine cessation, video-taping 12 interviews, obtaining 111 clinical surveys, and more. Mac appreciated Sheila’s involvement and example of how an agency can integrate nicotine cessation programs and materials.

Sheri asked if there has been any discussion about the upcoming statewide smoking ban. Mac said that the first WiNTiP webinar will be about the new law and will include Sheila and Dr. Rod Miller. The information presented will start with the smoking ban and then proceed with information about how to make agencies smoke-free.

WiNTiP has developed a subcommittee of lung, heart, cancer, and medical society representatives; they are educating subcommittee members about the WiNTiP message and requesting that they take information back to their organizations. Sheila voiced that these groups often present the “smoking is bad for you” message compared to the treatment message that the substance abuse field conveys.

Mac sent a mass mailing to all state legislators and national representatives and asked for a response; he did not receive any responses. He received some feedback from Shel Gross with the Mental Health Council who recommended examining the timing of the mailing. Mac will be meeting with Senator Kohl’s staff to share WINTIP info. The WCHSA (Wisconsin County Human Services Association) Behavioral Health PAC (Policy Action Committee) will be sending two representatives to WINTIP advisory council meetings.

At the last advisory group, Sheila recommended conducting outreach with insurance programs to increase resources to help patients stop smoking. One of the goals of WINTIP is to present to insurance companies and convey the message that this issue is important and will benefit them. Sheila added that smoking cessation should fall under parity because it is included under behavioral health.

WiNTiP is continuing to explore how to get information out for free via email, webinar, postings on web site, etc. ITC members had some suggestions for increasing attendance at seminar such as: holding training in off years of certification and connecting with hospitals because if nicotine gets included in treatment, then staff will need training.

### **Intoxicated Driver Program (IDP) Subcommittee Update**

Andrea Jacobson and Nina Emerson were absent, so Kate provided an update about the IDP Subcommittee’s activities. The subcommittee is continuing its work based upon the feedback provided at the April ITC meeting. At the most recently meeting, Julia Sherman presented the ACE (Alcohol Culture and the Environment) report which outlines a variety of recommendations at the state, municipal,

educational and employment levels to address the alcohol culture in Wisconsin. The IDP subcommittee was interested in what issues related to impaired driving are included in the ACE report and how that impacts IDP's recommendations.

Nina also gave a presentation about WI Act 100 which makes a variety of change to impaired driving laws in Wisconsin, most notably changing the option of ordering ignition interlock devices (IIDs) to a requirement for all 2<sup>nd</sup> offenses and higher and all first offenses with a blood alcohol content (BAC) of 0.15 and higher. A comprehensive explanation of the changes implemented in Act 100 is included in the spring 2010 edition of The Traffic Beat, a publication of the Wisconsin Resource Center on Impaired Driving starting on page 5. [http://law.wisc.edu/rcid/trafficbeat/spring\\_trafficbeatfinal.pdf](http://law.wisc.edu/rcid/trafficbeat/spring_trafficbeatfinal.pdf)

Linda said that she, Sue Gadacz from the Bureau of Prevention, Treatment and Recovery, Mark Seidl from SCAODA, and Tom Saari from WCHSA have a conference call in the next couple of weeks to discuss IDP-related funding issues and how much focus the IDP subcommittee should place on funding issues.

Norm said that there was a request for an audit of the IDP surcharge funds a few years ago that didn't get completed. He suggested that maybe IDP subcommittee should target new legislators after the election with the audit request.

The group discussed the ACE report. Norm said that there are few references to treatment in the report, including references in employment to inclusion of treatment in insurance plans. The study was convened by the Prevention Committee, so the ACE subcommittee focused more on prevention efforts. The subcommittee has completed with their work, so if any changes or additions are recommended, ITC would need to work with the Prevention Committee or SCAODA.

### **SCAODA and ITC Strategic Planning**

See separate Strategic Planning document.

### **Next steps and July meeting planning**

Meeting adjourned at 2:29pm.

### **Next meetings and dates:**

1. ITC  
July 13, 2010; 10:30 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
2<sup>nd</sup> Thursday of the month (ongoing by teleconference).
3. IDP Subcommittee  
~~June 7, 2010; 9:30 am – 12:00 pm;~~ Department of Workforce Development; Madison  
(This meeting was cancelled as of June 1<sup>st</sup>)
4. SCAODA  
June 11, 2010, 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at:  
<http://www.scaoda.state.wi.us/meetings/index.htm>

**State Council on Alcohol and Other Drug Abuse**

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

**INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING**

**Tuesday, July 13, 2010**

**10:30 am - 2:30 pm**

Department of Corrections

3099 E. Washington Ave

Room 1M-D

Madison, WI

**MINUTES**

**Present:** Dave Macmaster, Tami Bahr, Linda Presyz, Norm Briggs, Renee Chyba,  
Kate Johnson – staff

**Absent:** Dan Nowak, Andrea Jacobson, Nina Emerson, Michael Waupoose, Sheila Weix

**Welcome, Introductions, and Review of Minutes**

Linda called the meeting was called to order at 10:38am. Mac shared with the group that he was chosen as the state representative to the national Annual Recovery Walks! Rally for Recovery event on September 25<sup>th</sup> in Philadelphia.

The group reviewed the meeting minutes; no changes were recommended.

**Children, Youth and Families Subcommittee Update**

Tami outlined the activities of the Children, Youth, and Families Subcommittee. At the last subcommittee meeting two weeks ago, Tami updated the subcommittee about the broader SCAODA strategic plan. Also, Susan Endres is organizing a training in Rock County for providers about youth opiate use, and there was a Teen Intervene training in June that 75-80 people attended. Susan has used the attendee list to engage stakeholders by email.

The subcommittee is working on the fall Bureau conference presentation. There was a suggestion to finalize the adolescent treatment standards because it is currently in draft form. It is considered a work in progress, but providers are encouraged to start using the recommendations established in it. Linda asked if the standards could be reviewed and finalized before the fall conference and be unveiled in October at the conference. Tami said she would check with the subcommittee to see what their timeline might be.

Susan has a meeting with a variety of insurance providers to discuss treatment of adolescents with substance use disorders. Providers across the state have various challenges with different insurance providers. The issues with insurance include: 1) family involvement is critical for

youth recovery and most insurance programs don't cover family treatment or take it out of the adolescent's insurance/benefit limits, and 2) the lack of treatment options for adolescents, specifically lack of detoxification, inpatient, and residential treatment options for adolescents. Susan is looking at how to include adolescent providers in a NIATx project related to implementation of electronic health records.

Tami attended the College on Problems of Drug Dependence, a research conference, in June and will be bringing research related to teens and opiate abuse to subcommittee to the next meeting. Tami asked who can utilize codes to claim for SBIRT services in Wisconsin, a topic that was talked about at the conference. She also talked about concept of "medical home," the idea of having all a client's services coordinated by one agency, more comprehensive coordination of a client's care.

Linda participates on the board of the Dane County Alliance for the Mentally Ill. There is a meet and greet with Dane County board members on Thursday night. Linda shared the information for agencies to consider attending and sharing information about their agencies and the work they do.

The Mendota Mental Health Center's children's unit will be closing. Linda asked if anyone knew where children would be sent. Possible options discussed included crisis stabilization units in the county, psychiatric wards in hospitals, or pediatric wards in hospitals. Linda asked Tami to raise the issue with her subcommittee and see if they have any recommendations for changes or action.

### **WiNTiP Update**

Mac (Dave) provided an update about WiNTiP (the Wisconsin Nicotine Treatment Integration Project. See p. 5 for a copy of the written WiNTiP update). WiNTiP has some new training resources; they will be hosting two webinars and also have 24 hours of training from New York State available on their web site for no charge. Linda recommended sending the webinar announcement out through Susan's e-distribution list from last training. Tami suggested creating a link on their web site for interested people to subscribe to updates.

Mac is connecting with the New York State program on nicotine cessation about their outcomes; in areas where training was comprehensively provided, New York State has seen 70% compliance. The state didn't mandate what interventions must be done, but treatment centers are expected to address nicotine addiction in treatment plans and work to get clients tobacco-free. Mac is also gathering information from other states, such as Massachusetts, about the cost of running a nicotine treatment initiative at the state level, including staff costs, conference presentation costs, etc.

Mac contacted Coral Butson in the Governor's office to see if they would provide any talking points for him to use at the national recovery event and in interviews. He has been selected as the state rep to the National Recovery Event in Philadelphia. There are a variety of co-sponsors at this event that Mac wants to approach to advocate for nicotine addiction inclusion and services.

### **Intoxicated Driver Program Subcommittee Update**

Linda provided an update about the IDP subcommittee and related funding discussions. There have been strong advocates on the IDP subcommittee who want to the group to address funding issues. Linda, Tom Saari, Mark Seidl, and Sue Gadacz had a conversation about how to proceed with IDP funding issues, and they agreed that a separate subcommittee would be developed to address IDP funding issues, including potential legislative changes. The new IDP Funding Subcommittee will be under the Planning and Funding Committee. Membership will include: two legislators, one from each house; two representatives from the Wisconsin County Human Services Association (WCHSA); two representatives from the Department of Health Services including one budget specialist; and Sue Gadacz will staff the subcommittee. The existing IDP subcommittee will now be able to focus on the programmatic issues that ITC charged the subcommittee to work on.

Norm recommended that the report from IDP include action items and next steps, not just general recommendations. The next IDP Subcommittee meeting is scheduled for Friday, July 16<sup>th</sup> and will have a presentation by Shel Gross from Mental Health America of Wisconsin about mental health and substance abuse parity. Tami requested any information about parity from that meeting.

### **SCAODA and ITC Strategic Planning**

Linda explained to the group that the Department would like to develop a large poster with the SCAODA goals and each Committee's goals to bring to each SCAODA meeting as a visual reminder of the focus of the Council's work. The group discussed how ITC's work should be presented, and agreed to the following three topic areas recommended by Norm:

- 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.

The group also reviewed the two documents outlining details of ITC's strategic plan – a grid layout and narrative description. There was a recommendation to remove references to the different four year plans (i.e. 2006, 2010), to bullet each item under a category, and to make all of the items into action statements. The strategic plan and action items will be discussed in more depth at the August meeting.

### **Public Mental Health and Substance Abuse Infrastructure Study discussion**

Norman provided an overview of the Mental Health and Substance Abuse Infrastructure Study and committee work. This study examines the manner in which services for mental health and substance abuse treatment are provided in Wisconsin and suggests four models for alternative ways to provide these services. Two committees were developed to look at two components of the study: core benefits that should be required in any system, and concepts for regional pilots. The Infrastructure Study documents and committee products can be accessed at the following web site: <http://www.dhs.wisconsin.gov/mentalhealth/infrastructure/index.htm>

He highlighted some of the main points included in the study. The next steps in the process include a public input session, and final recommendations are expected to be presented to the

Department near the end of September. The recommendations will be used to prepare a position paper for the new Governor to consider.

### **Substance Abuse distribution list**

Kate presented a concept paper for the development of a statewide email distribution list for the Division of Mental Health and Substance Abuse Services to share federal and state updates about issues affecting the substance abuse treatment system in the state. She asked for feedback about the concept and any additional organizations or individuals who should receive updates. Renee said that the Department of Corrections should be added to the list. Contacts from the Department of Justice and Department of Transportation should be added as well.

The meeting adjourned at 2:35 pm.

### **Next meetings and dates:**

1. ITC  
August 10, 2010; 10:30 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
2<sup>nd</sup> Thursday of the month (ongoing by teleconference).
3. IDP Subcommittee  
Friday, July 16, 2010; 9:30 am – 12:00 pm; Department of Workforce Development; Madison
4. SCAODA  
September 10, 2010, 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>

# WiNTiP 2010

## Wisconsin Nicotine Treatment Integration Project

Funded by Division of Public Health Tobacco Prevention and Control  
Coordinated by UW-Center for Tobacco Research and Intervention

### Update Report to SCAODA/ITC

July 13, 2010

#### WINTIP Webinars

#1 – September 16 (Noon-1 PM): **Mental Health and Addiction Treatment in Smoke Free Environments presented by Rod Miller and Sheila Weix**

#2 – November 4 (Noon – 1 PM): **My Clients Don't Want to Quit: How to Talk With Your Clients/Patients About Nicotine Addiction presented by Eric Heiligenstein and Bruce Christiansen**

#### WINTIP Progress

WINTIP at WAAODA/Mac on Tobac interviews is in production. Robert Ingraham is editing 14 high definition/2 camera video. Segments will be posted on the WINTIP website.

The Clinician Survey from WAAODA and the Division of MHSA is completed and is being refined by CTRI for distribution as a research submission. A consumer survey is included from Bruce's work with the mental health mental health advocacy groups.

WINTIP has contacted New York State tobacco integration providers and OASAS (NYS single state agency) regarding what they have learned and are learning from nicotine integration into all levels of care.

Susan Gadacz has joined the WINTIP Steering Committee representing the Bureau of Prevention, Treatment and Recovery.

There has been no response to WINTIP's request for information and support from Prairielands ATTC. WINTIP is contacting Robert Woods Johnson to request funding for WINTIP as an integration model program. WINTIP is continuing funding search through Rebecca Young, Senator Kohl's Grants Manager

Information is expected on details of the Massachusetts tobacco/addiction program budget details and job descriptions of staff. Massachusetts has an organization/advocacy group from addiction with an interest in providing tobacco services in their addiction program. This concept may be an idea for a SCAODA/ITC subcommittee or special committee in WAAODA

A request will be made to include WINTIP at the 2011 National Rural Institute conference. The WINTIP website home page has been updated. There have been more than 1,700 website hits.

Respectfully submitted by:

David "Mac" Macmaster, CSAC, PTTS  
WINTIP Managing Consultant

[www.wisconsinwintip.com](http://www.wisconsinwintip.com)  
Or Google WINTIP

State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

Linda Mayfield  
Vice-Chairperson

Scott Stokes  
Secretary

**INTOXICATED DRIVER PROGRAM SUBCOMMITTEE MEETING  
Intervention and Treatment Committee**

**March 19, 2010**

**9:30 am – 12:00 pm**

Department of Workforce Development  
Madison, WI 53703

**MINUTES – DRAFT**

Members present: Andrea Jacobson, Janet Nodorft, Diane Wagner, Gregg Miller, Deb Newsome, Cheri Wotnoske, Stephanie White Eagle, Kate Johnson – staff

Members participating by phone: Nina Emerson

I. Welcome and Introductions

The subcommittee welcomed Diane Wagner from Miller-Coors. Diane has participated in meetings by phone, but this was the first meeting she was able to attend in person.

II. Review of February meeting minutes

Cheri requested a change to her last name from ending with an “i” to an “e.” Gregg moved to accept minutes as corrected. Cheri seconded. The February meeting minutes were approved with the requested change.

III. Review of subcommittee work

Andrea provided an overview of the process the subcommittee has undertaken this far starting with the charge for the subcommittee from the Intervention and Treatment Committee (ITC) and the State Council on Alcohol and Other Drug Abuse (SCAODA) through the current development and brainstorming of strategic plan ideas. At the last meeting in early February, the subcommittee developed strategic planning goals for the SCAODA four-year strategic planning process. Andrea and Nina shared those goals with ITC at a meeting on February 9th.

Andrea emphasized that the subcommittee is at the brainstorming stage and is gathering all ideas related to decreasing impaired driving. Members will continue to discuss and narrow down the suggestions as the subcommittee continues to meet - it is just in the beginning stages of development of suggestions. Subcommittee members discussed the importance of including background or contextual information on any analyses, data reports, or information sent out on behalf of the group to try to reduce possible misinterpretation of the goal or intent of the

subcommittee. Andrea asked subcommittee members to identify any other gaps that the subcommittee may not have talked about.

Andrea reviewed the SCAODA goals developed at the February IDP meeting. There was discussion about changing the word “uniformity” in the first bullet to “consistency.” At its February meeting, ITC requested the addition of a bullet to address issues of culture and diversity with the IDP. Diane questioned the use of the word “ensure” in the second bullet about resources; she didn’t think that this subcommittee could ensure that adequate resources are available. There was a recommendation to change the second bullet to read:

“Identify resources and how to access those resources, to increase efficiencies of services, to maximize limited funding, raise awareness of resources, being held accountable...”

Subcommittee members discussed the challenges of providing services in areas with few staff and briefly discussed current funding sources for IDP services. Kate mentioned the County Infrastructure Report, which examined how mental health and substance abuse services are currently provided in Wisconsin. Interested subcommittee members can access this report by visiting the following web site: [http://www.tmg-wis.com/mhsa\\_overview.asp](http://www.tmg-wis.com/mhsa_overview.asp)

Subcommittee members also discussed the importance of supporting good communication with all agencies working with the IDP – counties, assessment agencies, Driver Safety Plan providers, and the local technical colleges.

#### IV. Discussion of ITC goals

Janet led the group in a discussion about the roles and tasks assigned to the subcommittee by the Intervention and Treatment Committee (ITC) in the “Background of the IDP Subcommittee” document. This document was developed by ITC to provide background and direction to the IDP Subcommittee. This document can be accessed at the following link: <http://www.scaoda.state.wi.us/docs/intravention/idpDescription102309.pdf>

The group focused the discussion on the following two items from that list:

- 6) Review and provide input into assessor training curriculum.
- 4) Participate in planning of IDP Assessors conference.

The Intoxicated Driver Program – Assessor Training (IDP-AT) is currently being revised, a process led by Kristi Obmascher of the University of Wisconsin Division of Continuing Studies. The goals of the revisions are to update the materials to include issues relevant to current IDP clients and assessors, include new research and strategies such as motivational interviewing, make the materials more culturally relevant, and make the training more interactive. Gregg is involved with the training revisions and provided an update about the status of these revisions. He reported that a committee working on the revisions was scheduled to meet at the end of February to meet to review the final edits to the training and manual. There is a training

scheduled in May to use the new curriculum; Gregg is following up with Kristi Obmascher at the UW to determine the status of those revisions for the training.

Deb provided feedback about some issues that should be included in the revisions including circumstances which are appropriate and inappropriate for a referral to the technical college traffic safety schools. There were some questions about how current assessors could get the information included in the revised training and binder. The UW Division of Continuing Studies plans to send one copy of the new binder to all counties. Kate suggested that the Fall IDP Assessors Conference could include a review of the content of the revised IDP-AT.

The following recommendations were made regarding these two areas:

- 1) Encourage development of a partnership with local providers, including technical college educational providers, county agencies, and, if not the county, assessment agencies and treatment providers. Many problems can be addressed early in the process through relationship-building and information sharing.
- 2) Provide a training update for existing assessors. When the WAID (Wisconsin Assessment of the Impaired Driver, the assessment tool for Intoxicated Driver Program clients) was introduced, a half-day training was provided regionally across the state.
- 3) Refine ongoing training requirements for IDP assessors included in DHS 62. Provide an IDP refresher course on a regular basis (i.e every 4 years).

There was also an informal recommendation for a follow-up training for IDP supervisors, which, if mandated, would necessitate changes in DHS 62. There is an existing requirement in DHS 62 for ongoing training for assessors. Gregg also recommended development of an on-line resource for existing assessors to discuss ongoing IDP-related practice issues.

Discussion about a specific circumstance and provision of services illustrated the need to continue to focus on issues of diversity and provision of culturally-appropriate services.

#### V. Other discussion – WI Act 100

Diane asked if there was a plan to educate assessors and the general public about the new WI Act 100 requirements. WI Act 100 makes some significant changes to Wisconsin's OWI laws, including requirements for ignition interlock devices (IIDs) for first offenders with a blood alcohol content (BAC of 0.15 or higher and all multiple offenders, creates fines and penalties related to IIDs, increases some penalties related to OWIs, and other changes. An overview of WI Act 100 can be found in Spring 2010 version of The Traffic Beat, a publication of the UW Resource Center on Impaired Driving. This document can be found at the following link: [http://www.law.wisc.edu/rcid/trafficbeat/spring\\_trafficbeatfinal.pdf](http://www.law.wisc.edu/rcid/trafficbeat/spring_trafficbeatfinal.pdf)

Deb shared that the in-service for technical college instructors will include Act 100 updates, and she also emphasized the need to educate the public and providers about

the new law provisions. Janet shared that Department of Justice staff Tara Schipper is providing training for law enforcement. She said that she will communicate the suggestion to educate the public to Erin Egan, a colleague in the Department of Transportation (DOT). Kate shared that the suggestion was shared in the past with Sue Gadacz who said she was connecting with DOT about it. Cheri said that their local camping areas share information about underage drinking and fines when a family or group checks in for their camp site, and these agencies are also incorporating the new law requirements into their literature.

- VI. Next meeting dates: April 16th and May 14<sup>th</sup>  
Kate will work to identify meeting dates through the summer.
- VII. Adjourn  
The meeting adjourned at 12:12 pm.

**State Council on Alcohol and Other Drug Abuse**

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

**INTOXICATED DRIVER PROGRAM SUBCOMMITTEE MEETING**  
**Intervention and Treatment Committee**  
**April 16, 2010**  
Madison, WI 53703

MINUTES

Members present: Andrea Jacobson, Nina Emerson, Janet Nodorft, Gregg Miller, Diane Wagner, Stephanie White Eagle, Deborah Newsome, Susan Pastor, Kate Johnson - staff

Members participating by phone: Vana Steffen, Perry Ackert, Tom Saari

**Welcome and introductions**

Andrea notified the group that Margaret Parson is no longer able to participate due to work demands and thanked Margaret for her work with the subcommittee.

**Review March meeting minutes**

Janet made recommendations to further clarify and explain a few items in the March minutes. Nina moved to approve the minutes as amended; Gregg seconded. Minutes were approved with recommended changes.

**SCAODA and ITC Updates**

1) Strategic Planning process

Andrea attended the Intervention and Treatment Committee (ITC) meeting earlier this week and provided the group with an overview of ITC's progress developing its strategic plans for the broader State Council on Alcohol and Other Drug Abuse (SCAODA) four year plan. ITC members agreed to continue working on items that they have been working on from the current strategic plan and to further focus their work through the subcommittees – the Intoxicated Driver Program (IDP) and Children, Youth, and Families Subcommittees and the Wisconsin Nicotine Treatment Integration Project (WiNTiP).

The SCAODA four year plan will be presented and finalized at the June 11<sup>th</sup> SCAODA meeting. The meeting is open to the public, and more information about SCAODA meetings can be found at the following web site: <http://www.scaoda.state.wi.us>

2) Other Committee and Subcommittee updates

At the ITC meeting, Andrea summarized the mission and work of the IDP Subcommittee and gathered feedback from ITC members about the scope and progress of the subcommittee.

ITC members confirmed that the subcommittee should continue working within its current charge and tasks of brainstorming, discussing, and specifying recommendations related to IDP.

Andrea, Nina, Linda Preysz as the Chair of ITC, Tom Saari from the Wisconsin County Human Services Association (WCHSA), Mark Seidl from SCAODA, and Sue Gadacz from the Bureau of Prevention, Treatment and Recovery (BPTR) have discussed holding a meeting to share information among WCHSA, SCAODA, BPTR, and the IDP Subcommittee about the development and progress of the subcommittee. Andrea and Nina will provide updates about any information sharing or meeting that occurs.

The Alcohol, Culture, and the Environment (ACE) Subcommittee of the Prevention Committee of SCAODA presented their final report and recommendations of ways to address the drinking culture in Wisconsin at the March SCAODA meeting; Nina was an active participant on this subcommittee. A link to the report will be distributed to members when it is posted online.

The new SCAODA four year plan and ITC's goals place a strong emphasis on data-driven outcomes and evidence-based practices. Much of the work of SCAODA is being guided by data published in the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, also known as the Epi Study or Profile. The IDP subcommittee has already begun to gather data and use that data to inform the subcommittee's discussions and recommendations; the Epi Study may contain additional information to support the subcommittee's recommendations. Kate will forward the 2010 version of the Epi Study when it is released this summer.

The Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008 can be accessed at the following link: <http://dhs.wisconsin.gov/stats/pdf/epiprofile2008.pdf>

### **Legislative update**

Nina provided an overview of key legislative changes and proposals from the current legislative session, which ends April 22<sup>nd</sup>.

1. Implied consent law – 2009 WI Act 163, effective March 30, 2010

Wisconsin statute has established the principle that a driver has already given consent to gather blood, breath, or urine by sake of driving on Wisconsin roads. When an officer arrests a driver for intoxicated driving, the officer is required to read the Informing the Accused form to notify the driver of his or her given consent for a sample of blood, breathe, or urine to determine intoxication.

With 2009 WI Act 163, the legislature expanded the ability of law enforcement to gather evidence of impairment prior to arrest in the following situations: 1) the driver is involved in any accident that caused felony substantial bodily harm to any person and the officer detects any presence of alcohol or other drugs or 2) if the person is involved in any accident that causes death or great bodily harm (felony) to any person and the officer has reason to believe the driver violated any state or traffic law, then the officer has the authority to request sample of breath, blood, or urine. The person does not need to be arrested in order for the law enforcement office to request a sample. This changes the bar

for requesting a sample to test for intoxication from reasonable cause to cause of harm. This is important because any delay in gathering a sample could impact the ability of the person to be prosecuted. People can still refuse, but, under this subsection, they may be arrested for refusing. Then, once the individual has been arrested, an officer can subsequently gather evidence.

2. Texting ban

The Governor is scheduled to sign a bill prohibiting texting or emailing while driving; the effective date is 7 months from publication.

3. Minimum age for serving minors accompanied by a parent, guardian, or spouse

The Assembly held a special session on AB 106, which proposes to establish a minimum age at which a child could legally be served alcohol with a parent, guardian, or spouse to 18 years and older. Minors under the age of 18 could not legally be served. It is now referred to the Senate; the passage of the bill is uncertain.

4. Assembly proposal for recreational vehicle and OWIs

AB 841 proposes to link OWIs received on recreational vehicles to an individual's driver's license; recreational vehicles include ATVs, boats, and snowmobiles. It is not expected that any further action will be taken this session.

5. Senate proposal for snowmobiles and OWIs

SB 406, which included some similar provisions to AB 841 related to snowmobiles, did receive a public hearing.

Nina explained that the increase in proposed legislation related to OWIs indicates that the legislature is shifting to examine and address issues related to intoxicated driving. The names of legislators who voted or sponsored bills related to OWI issues will be helpful to IDP as it moves forward to examine legislative issues.

Deb recommended that Nina provide legislative updates at every subcommittee meeting.

### **Discussion of IDP Roles and Tasks from ITC (see page 2 of Agenda)**

Janet asked for any additional items to add to strategic planning grid. Susan raised the challenge of educating students in an experiential way that will make them more fully realize the impact of drinking, blood alcohol content (BAC), and impairment. Members discussed the challenge of educating individuals, including college students, about the impact of alcohol and other drugs on the body, the amount of alcohol that it takes to get an individual's BAC to 0.08, making the decision not to drive when consuming alcohol, and other OWI-related issues. Susan also raised the challenge of language and attitudes regarding alcohol and that the common language for talking about alcohol involves fun, not potential risk or harm; those who decide to not consume alcohol and then not considered a part of the fun.

Janet mentioned various resources from Innocorp of Verona that simulate levels of impairment and can help a person understand BAC levels and the impact on individual functioning, including Fatal Vision goggles, Intoxiclock, and SIDNE, a go-cart that simulates impaired driving. Innocorp resources can be found at the following link:

<http://www.fatalvision.com/fv/products.php>

The group emphasized the importance of recommending the use of evidence-based practices and inclusion of consumers.

The group then discussed Item 6) "Assessor training curriculum/process" from the ITC recommended roles and tasks. The discussion raised the following questions and next steps.

Questions:

- Can DHS restrict IDP-AT to only "intended" or "future" employees?
- Could there be a pool of assessors to help with wait lists?
- What are some waitlist times? What are the reasons counties have waitlists?

Next steps and recommendations

- Kate will provide the exact language/requirements for assessors.
- Andrea, Perry and Deb plan to work with their corresponding agencies and associations to solicit information about waitlists, length of waitlists, reasons for waitlists, and exceptions/extensions to the Driver Safety Plan (DSP) due to financial hardship.
- Further discussion regarding wait times at OWI assessment agencies and pros and cons of a specified maximum number of days.

Janet concluded the discussion by stating that group will prioritize the grid items at upcoming meetings.

**Next meeting planning**

Next meeting date: May 14, 2010

- Recommended agenda items include:
  - Review/discuss ACE report
  - Act 100 – Nina (Nina will send a summary document.)
  - Ongoing legislative updates – including health care parity
  - Review of DHS 62 assessor requirements
  - Discussion of waitlist info
  - 2008 EPI study

The meeting was adjourned at 12:05 pm.

**State Council on Alcohol and Other Drug Abuse**

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

**INTOXICATED DRIVER PROGRAM SUBCOMMITTEE MEETING**

**Intervention and Treatment Committee**

**May 14, 2010**

**9:30 am – 12:00 pm**

Madison, WI 53703

**MINUTES**

**Present:** Nina Emerson, Andrea Jacobson, Vana Steffen, Stephanie White Eagle, Deb Newsome, Janet Nodorft, Gregg Miller, Sandy Hardi, Sue Pastor, S. Kate Johnson - staff

**Guests:** Julia Sherman, Director of the Wisconsin Alcohol Policy Project with the Resource Center on Impaired Driving and Tracy Howard from the Department of Transportation

**Welcome and introductions**

**Review April meeting minutes**

There were no suggested edits to the April meeting minutes. Gregg moved to approve minutes, and Sandy seconded. The minutes were approved.

Next meeting dates:

~~Monday, June 7<sup>th</sup> 1:30 – 4pm~~ (As of 5/21/10, this meeting has been cancelled.)

Friday, July 16<sup>th</sup> 9:30 – 12

Monday, August 9<sup>th</sup> 1:30 – 4pm

**Presentation of ACE Report**

Julia Sherman from the Wisconsin Alcohol Policy Project of the Resource Center on Impaired Driving presented the Alcohol, Culture and Environment Workgroup Recommendations developed by the Alcohol Culture and Environment (ACE) workgroup of the Prevention Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA). Their charge was to examine Wisconsin's laws, history, and barriers related to alcohol policy reform and develop recommendations to make alcohol less attractive, available, affordable, and acceptable to vulnerable populations.

The recommendations included in the report are organized by interventions that can be implemented at different levels of government, communities, or organizations including: legislative or state level; municipal level; the level of educators or educational institutions; community and organizational level; and the level of employers. The Prevention Committee wanted the end product of the ACE workgroup to be a working document focused on what a good alcohol environment looks like (refer to p. 1 of the report). The workgroup chose to use the Ethical Principles and Goals of the European Charter on Alcohol for their concept of a good alcohol environment and creation of positive change rather than negative reactions.

Julia reviewed items in the report that specifically intersected with intoxicated driver issues. Some examples of items related to intoxicated driving are included below.

Statewide/Legislative (p. 5-7)

Recommend sobriety check points.

Allow municipalities to ban the sale of specific alcohol products within their communities.

Make first offense OWI (Operating While Intoxicated) a misdemeanor.

Provide access to treatment for incarcerated felony OWI offenders before they are released.

Change procedures for violations of absolute sobriety law for underage drivers to make offenses easier for law enforcement officials to process.

Increase excise tax alcohol.

Municipal recommendations (p.8-9)

Prohibit the sale of alcohol at establishments that sell gasoline.

Regulate alcohol tasting.

Limit alcohol advertising, especially on public spaces and near schools, churches, etc.

Restrict sale of alcohol at public events

Community Groups and Organizations

Support the work of community coalitions working to improve the alcohol environment to make the community a more desirable place to live, work, and do business.

Employers

Evaluate or re-evaluate their workplace alcohol environment and consider whether official policy, sanctioned activities or common practice creates an environment that condones or contributes to alcohol misuse or exerts pressure to drink on those who wish to abstain.

Ask supervisors to model appropriate alcohol use.

In the next few months, the Prevention Committee will be putting this information on the internet in a usable manner and providing education, recommendations for implementation, and encouragement to local elected officials about prevention and the impact changes like those outlined in the report could have on their communities. They plan to distribute copies to every legislator, and Julia will be talking with individual legislators who have expressed an interest in alcohol or prevention issues. Due to the nature and varying level of implementation of the recommendations, action could take place at various levels from SCAODA to individual employers.

During the discussion about steps that employers can take, Stephanie shared the practices of the Ho-Chunk Nation in administering random breathalyzers and urine analyses with their staff. Due to problems with repeat offenders, the Ho-Chunk Nation now passes on the testing fee to any employee who tests positive, and the Nation mandates treatment in order for the staff to keep his or her job. Staff are given three chances, and fees are higher as the number of offenses grows. The testing unit can also go to a location if a report is made of a suspected intoxicated staff.

The ACE report can be accessed electronically at the following web site:

<http://www.scaoda.state.wi.us/docs/ace/ace040110.pdf>

**Legislative Updates**

Nina provided an overview of 2009 WI Act 100, the law that made multiple changes to operating while intoxicated (OWI) laws and procedures in Wisconsin. Some highlights of the law are included below:

General provisions:

- Effective July 1 and applies to all offenses on or after that date (not previous offenses who are convicted after that date).
- Eliminates the 0.08 - 0.99 loophole.
- Vehicle seizure component of law repealed. The intent of vehicle sanctioning is now addressed through the use of ignition interlock devices (IIDs).

#### IID requirements

- Increases penalties for installing, tampering, or not maintaining the IID to a misdemeanor.
- Requires offenders to install an IID; if an offender decides not to install an IID during his or her occupational driving period, then the requirement will be implemented when he or she requests to reinstate license. The IID requirement includes all preliminary breath test refusals.
- There is an additional IID surcharge, which is paid to clerk of court. In addition to the surcharge, the offender is responsible for cost of installation and maintenance.
- The offender can only drive vehicles that have IID installed on them.  
 Department of Transportation (DOT) staff added that a driver's DOT record will reflect the requirement for IID on any title maintained by the offender. The requirement will also be on their driver's license. If an offender is driving his or her car without an IID and gets detained, his or her DOT record will show the requirement for an IID. If an offender does not own a car and is detained driving a car that belongs to someone else, he or she would receive a violation of driving restrictions, not failure to install, because they didn't have a vehicle to install the IID in.
- IIDs must be calibrated every 60 days.
- The Winnebago Pilot Program is now permitted in all counties. The client chooses to participate in the program. There are some questions as to how this will be implemented and coordinated between the Department of Corrections (DOC) and county agencies. Andrea will be following up with Winnebago County to determine how they have been implementing the pilot program.

Lifesaver has a web site that includes a video addressing what happens if a client blows positive, which can be accessed at the following link: <http://www.lifesafer.com/mediaroom.asp>

DOT recently met with Department of Corrections (DOC) staff to discuss how they can more directly access information, monitor clients, communicate with DOC, and provide treatment. The Division of Motor Vehicles within DOT is producing some pamphlets and information for offenders when they are convicted that describe the next steps that they need to do after their conviction.

There is a summary of the law in the most recent version of The Traffic Beat, distributed by the Resource Center for Impaired Driving. A link to this publication is included below:  
[http://law.wisc.edu/rcid/trafficbeat/spring\\_trafficbeatfinal.pdf](http://law.wisc.edu/rcid/trafficbeat/spring_trafficbeatfinal.pdf)

#### **Wrap up and next meeting planning**

June meeting topics:

- Review of DHS 62 assessor requirements
- Discussion of waitlist info
- Treatment and Funding needs
- Health care parity
- 2008 Epi Study
- Continued discussion of IDP Roles and Tasks

Meeting adjourned at 12:00 pm.

**State Council on Alcohol and Other Drug Abuse**

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

**INTOXICATED DRIVER PROGRAM SUBCOMMITTEE MEETING  
Intervention and Treatment Committee**

**July 16, 2010  
9:30 am – 12:00 pm  
Madison, WI 53703**

**MINUTES**

**Present:** Andrea Jacobson, Nina Emerson, Perry Ackeret, Tracy Howard, Vana Steffen, Kate Johnson, Cheri Wotnoske, Diane Wagner, Gregg Miller, Sue Pastor, Sandy Hardi - phone, Deb Newsome - phone

**Guest:** Shel Gross, Mental Health America of Wisconsin

**Welcome and Introductions**

Andrea provided background about the cancellation of the June meeting. Linda Preysz, the chairperson of the Intervention and Treatment Committee, met with Tom Saari, a subcommittee member and representative for the Wisconsin County Human Services Association (WCHSA), Mark Seidl, the chair of SCAODA, and Sue Gadacz from the Bureau of Prevention, Treatment and Recovery, to discuss funding issues related to IDP. The subcommittee was asked to postpone the June meeting to allow the above stakeholders to discuss how best to address the funding issues. Linda will provide a summary of this conversation later in the morning.

Nina notified the group that Janet Nodorft took a different position in the Department of Transportation and is no longer with the Bureau of Transportation Safety (BOTS). While Janet is not able to commit to the meetings given her new tasks, she offered to consult on issues as she is able. Tracy recommended soliciting an additional BOTS member since that Bureau is so integral to the IDP program. Nina said that she would keep in contact with Blinda Beason, the Youth Alcohol Coordinator and Janet's colleague, regarding the work of the group and any input needed from BOTS.

Nina stated that she and Julia Sherman, who presented the ACE (Alcohol Culture and the Environment) report at the May meeting, presented with Racine Alderman Greg Holding and Dr. Richard Brown, clinical director of the Wisconsin Initiative to Promote Healthy Lifestyles, about the suggestions and implications of the report on Wisconsin Eye on July 7<sup>th</sup>. You can access the discussion at the following web site:

[http://www.wiseye.org/wisEye\\_programming/ARCHIVES-newsmakers.html](http://www.wiseye.org/wisEye_programming/ARCHIVES-newsmakers.html)

Scroll down to the "07.07.10 Newsmakers: Changing Wisconsin's 'Alcohol Culture'" entry.

**Review May meeting minutes**

No comments or additions to the minutes. Sandy moved to approve the minutes; Gregg seconded. Minutes were approved.

### **Discussion of mental health and substance abuse parity legislation**

Shel Gross, the Director of Public Policy at Mental Health America of Wisconsin, attended the meeting to provide information about the state and federal parity laws addressing health insurance coverage for substance abuse and mental health treatment.

#### Background information

An easy to understand grid on the Mental Health of America Wisconsin web site maps out the different requirements for insurance parity according to the federal and state legislation. This grid can be accessed at the following link:

<http://www.mhawisconsin.org/Uploads/publicpolicy/paritygrid.pdf> Additional information describing these two laws can be found at the Mental Health of America Wisconsin web site at the following link: [http://www.mhawisconsin.org/Content/mental\\_health\\_parity.asp](http://www.mhawisconsin.org/Content/mental_health_parity.asp)

#### Application of parity requirements

Shel explained the requirements and applications of both the federal and state parity laws. As he outlined, there are two qualifying characteristics of parity application:

- 1) Whether a company is self-insured or commercially-insured.
- 2) The number of employees in an agency (over or under 50 employees).

The federal law does not require insurance companies to provide mental health or substance abuse (MH/SA) treatment but it does require coverage at parity for those insurance companies that choose to provide MH/SA coverage. None of the regulations apply to those businesses which are self-insured and employ less than 50 people. This represents relatively few businesses. For those businesses who are self-insured and over 50 employees, only the federal law requirements apply.

For those companies with commercial insurance and employing more than 50 people, both the state and federal laws apply. Both the federal and state law have cost increase exemptions; this means that if an agency's costs increase more than 2% in the first year, the company may opt-out of the requirement due to cost increase hardships. Each opt-out requires an actuarial analysis and justification. The federal analysis showed that the average premium increase was 0.5% with the parity mandate, which does not meet the threshold of a financial hardship.

Wisconsin's parity law is effective December 1, 2010. State law requires agencies who are commercially insured to provide MH/SA coverage at parity; only those companies with less than 10 employees may opt out. These requirements transformed Wisconsin from one of the states with the weakest parity laws to one of the states with the strongest parity requirements in the country. Medicaid services offered through managed care plans must comply with federal law; Medicaid fee-for-service in Wisconsin has parity. Medicare still has some inequities; higher co-pays are being phased out.

#### Relationship to Health Care Reform

Health care reforms build on and expand the federal parity law. All of the new health care exchanges in Wisconsin must provide parity in MH/SA services. Right now existing plans are

not required to have parity. The federal law allows the exchanges to cover businesses with up to 100 people/employees. The remaining challenges are to make sure parity is implemented consistent with the spirit of the law and that plans don't find ways around providing services, such as using more stringent medical necessity criteria. The other challenge may be finding adequate providers.

### Federal regulations

Federal regulations were required to define many of the terms used in the law and provide more specific guidance on how the law is to be implemented. Part of the regulations assists in establishing parameters about quantitative and non-quantitative treatment limitations, an area where some insurance companies may have tried to continue to impose inequities. The quantitative and qualitative aspects are explained in more detail below.

- Quantitative components (co-pays, deductibles, etc) – An insurance company can have different limits for different classifications of benefits but the limits within each classification must be equal. There were six classifications created: inpatient in-network, outpatient in-network, inpatient out-of-network, outpatient out-of-network, prescription medications, and emergency care. Insurance companies must have parity within those classifications that apply the same to physical and behavioral health care services. The federal regulations state that insurance companies cannot automatically treat MH/SA as specialty services and cannot have separate deductibles for MH/SA.

Insurance agencies can only apply limits to MH/SA services if the limit applies to substantially all of the services within a classification; “substantially” has been defined to mean two-thirds of the services. So if co-pays are not required for two-thirds of outpatient services, they cannot be applied to outpatient MH/SA services. Then, if plans are allowed to apply co-pays, the co-pay for MH/SA must not be more than the predominant level of co-pay. For example, if a plan has one co-pay for specialty services of \$50 and another co-pay of \$20 for non-specialty services, and the \$20 co-pay applies to more than 50% of the services (as measured by the cost of the covered services), then plans cannot charge a co-pay of more than \$20 for MH/SA services.

- Non-quantitative treatment limits (formulary designs, standards for being admitted to network, guidelines of treatment) – An insurance company cannot have processes that are inherently more stringent or restrictive for MH/SA than other services; the processes must be comparable. For example, if an insurance company doesn't have a required review for continued care for physical health services, then they cannot have a mandatory continued care review for MH/SA.

The regulations say that plans must use independent standards for treatment (i.e. frequency of treatment) but this is not clearly defined and could be a challenging area during implementation. One provider Shel spoke with has seen insurance companies limit appointments from weekly to monthly or bi-weekly. It places providers in the difficult position to advocate or complain about limitations on treatment and care. There are ethical issues and challenges to advocating for a client to receive continued care that financially benefits the provider.

State regulations have not been developed yet. When the state law was written, language was borrowed from the federal law, so Wisconsin advocates are intending to lobby for usage of the same definitions as the federal regulations since many of the same provisions apply. The state law also includes some language regarding being consistent with federal regulations, so there is a strong argument for using federal definitions and guidelines.

#### Next steps

Wisconsin needs to begin the rule development process; the emergency rule must be developed by December 1. Advocates want to address services that previously weren't covered by many plans, such as transitional services. Now that plans can't limit their total coverage amounts to the degree previously allowed, insurance companies may look at minimizing cost by providing coverage for different levels of care that are less costly. There is a need to hold private insurance companies responsible for payments to lessen the burden on county agencies to fund these services.

There have been trends for businesses to change from commercial to self-insurance to avoid state requirements; however, a federal analysis showed that most self-insured companies do provide a robust coverage policy. For most insurance agencies, the move to full parity will not be that costly. Many companies have already had to comply with the federal law, so there will not be any changes with those businesses. For the commercial plans covering large numbers of people, there will not be any additional changes beyond the federal requirements, which are already in effect.

The federal law also has incentives for insurance companies to increase preventative screenings such as SBIRT (Screening, Brief Intervention, and Referral to Treatment) and depression screenings. Pre-existing conditions are not allowed to be used as a factor to not accept a client. For children, this is immediate. For the rest of the population, it will become effective in 2014.

Gregg recommended that the state consider establishing an ombudsman to help clients navigate any complaints with agencies and coverage limitations, etc. Andrea asked how these changes will affect waitlists for county services. The Medicaid Program will monitor waitlists for their providers to assure that there isn't too great of a waiting time. There is a provision in the health care reform bill about workforce issues since there is an expectation for more clients, and thus an increase in services. It may also be an issue of redesigning/retooling the workforce to provide physical health and behavioral health services more effectively. There are ways to connect clients to behavioral health care services for clients who would never go to a separate behavioral health care clinic.

Shari raised the issue of insurance companies denying coverage for SA treatment for a client who has been convicted of an OWI and has a court order for IDP assessment. Insurance companies should be evaluating medical conditions and not denying coverage due to the presence of a court order. There are also more complicated situations in which clients are in jail for a period of time and physical indicators are gone since they have not had access to drugs/alcohol for months or a year. Shel said that he would check the issue with the Office of the Commissioner of Insurance and advocate for state regulations that will require agencies to

evaluate a health condition/diagnosis and not rule out coverage just because of the existence of a court order.

### **Fall IDP training discussion**

Kate shared the evaluation results from the 2009 IDP Assessor fall training and asked for suggestions for the fall 2010 training to be held on Wednesday, October 27<sup>th</sup> at 1pm after the Bureau of Prevention, Treatment, and Recovery conference in the Dells. Suggestions included:

- Provide an Act 100-focused training – include DOT/DMV and IID regulations, etc., with demonstration, Winnebago County pilot (Michael Olig)
- Overview of IDP-AT revisions
- Grievance/appeal process of WAID determinations – review of state requirements and possibly panel presentation of local agency/county policies
- Addressing waitlists for treatment, noncompliance issues, poverty implications, etc.
- Process/program improvement/NIATx improvements

### **Act 100 Implementation discussion**

Since Act 100 became effective on July 1, 2010, DOT has received reports of seven convictions (municipal) with a BAC over 0.15 with orders for ignition interlock devices (IIDs). This is a change from the previous actions of many municipal courts not ordering IIDs; it still remains to be seen how circuit courts implement the IID requirement. Tracy and Vana from DOT said that they have no statutory authority to take action if a court does not order an IID. DOT staff are going to gather statistical data detailing those courts that are and are not ordering IIDs in case they receive any inquiries related to this requirement.

An officer in the Green Bay area reported to Nina that he arrested a driver over the limit with children in the car; this driver was charged with a misdemeanor under the new law due to the presence of children in the car. In addition, the new law establishes a prohibited alcohol content (PAC) of 0.02 to any offender with an IID, and this information will be recorded on their driving record. After a 4th and subsequent OWI, a person's lifetime limit of PAC is 0.02

### **IDP Subcommittee and funding issues**

Linda provided an update about the IDP funding meeting and discussion. She met with Tom Saari, Mark Seidl, and Sue Gadacz to discuss how to address IDP funding issues. Their conclusion was that the IDP subcommittee is doing excellent work and funding issues shouldn't deter or delay the continued work of the subcommittee. The group decided to form a separate subcommittee under the Planning and Funding Committee of SCAODA to focus specifically on IDP funding issues. This IDP Funding Subcommittee will include the following representatives: two participants from the Wisconsin County Human Services Association (WCHSA), two representatives from the Department of Administration (DOA), 2 participants from the Department of Health Services (DHS), and one legislator from each house of the Legislature, and will be staffed by Sue Gadacz. This membership will provide the knowledge and expertise to develop recommendations and address IDP funding issues and processes. If funding-related issues arise from of the existing IDP subcommittee, they should be referred to the IDP funding subcommittee. After the IDP subcommittee develops its recommendations, the IDP funding subcommittee will continue on an as-needed basis.

Linda clarified that any recommendations developed out of the IDP Subcommittee will first need to be reviewed by ITC to assure that they match with the broader SCAODA goals. Then the issues will be referred to Planning and Funding and the IDP Funding subcommittee. Linda agreed that communication between the two subcommittees is necessary, and she said that she will share that emphasis with Planning and Funding Committee. Subcommittee members welcomed the development of a separate subcommittee; this will allow the IDP subcommittee to continue with its discussions and allow for funding issues to be addressed by a specialized group.

Linda also provided an update about the SCAODA strategic planning and the Public Forum recently held at the National Rural Institute for Drug and Alcohol Abuse in June. The group discussed the comment at the public forum that when the term “intoxicated driving” is used, many people assume intoxication by alcohol and not other drugs. In her trainings, Nina emphasizes that people can be charged with impairment due to causes other than alcohol. Sandy said that the IDP classes are very focused on alcohol and that she has to bring in additional information about other drugs. The group talked about the need to address and continue to talk about impairment beyond just alcohol.

### **Next meeting planning**

Andrea summarized the subcommittee’s work to this point which included: addressing issues of Act 100, discussing the ACE report, discussing the IDP process, learning about revisions to the IDP-AT training manual, brainstorming topics for the annual IDP training, developing a strategic planning grid, and examining of non-compliance causes and rates (Andrea and I will connect). The next steps could include comparing WI with other states that have seen a drop in their OWI rates, and the items below.

Sue suggested a need for a narrative overview of the full IDP process as the group continues to discuss suggestions and then those suggestions could be inserted at the various points in the process. Andrea will bring back the IDP flow chart as a starting point and consider combining flow chart and grid.

Tracy and Vana raised the question of how the Department of Corrections (DOC) is moving forward with decisions about where and how clients will receive their IDP assessments – internally via DOC staff or with county assessment agencies. They reiterated the need for DOT and DOC communication on this part of implementation of Act 100.

Next meeting date:

Monday, August 9<sup>th</sup>, 1:30 – 4:00 pm

Suggested topics:

- Review of DHS 62 assessor requirements
- Discussion of waitlist info
- 2008 Epi Study
- IDP Roles and Tasks (8 items from ITC)
- Strategic Planning

## SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment Committee (ITC)
Motion: 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.
Related SCAODA Goal: Goal 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). Goal 4: Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity: a. for effective prevention efforts across multiple target groups including the disproportionately affected b. for effective outreach, and effective, accessible treatment and recovery services for all in need.
Background: The Adolescent Treatment Framework and Practice Guidelines were developed through funding from the Center for Substance Abuse Treatment, Project Fresh Light grant to provide a statewide model for the provision of quality treatment services for adolescents in Wisconsin. The document was written by Scott Caldwell, MA CSAS, Project Fresh Light Consultant and is a culmination of the adolescent substance abuse treatment research that has been completed at a national level. It is designed to provide guidance for clinicians and providers directed by evidence-based practices that are notated in the document and on the National Registry of Evidence-Based Programs and Practices (NREPP) website and descriptions of current Wisconsin initiatives, such as Comprehensive Community Services (CCS). As new research is published it will be incorporated into the document annually. The Framework and Practice Guidelines serves as a model for providers to develop services based upon sound practice and research that can be communicated with payor sources in a shared language.  As the introduction to the Guidelines states, "The purpose of this Adolescent Treatment Framework document is to describe the advances in adolescent AODA treatment and to detail the research, which informs the effective delivery of services to adolescents and their families. Identifying the methods, approaches, and elements of effective programs may help better prepare Wisconsin's adolescent treatment providers for the system changes which will impact the delivery of services, while, most importantly, promoting recovery among Wisconsin youth, their families, and their communities."  <ul style="list-style-type: none"><li>• Positive impact: The Adolescent Treatment Framework and Practice Guidelines establish recommended practice standards for treating adolescents with substance use disorders in Wisconsin based upon national research and proven treatment methods. It can be used by treatment providers to match the current needs of their services with evidence-based practices that are found in NREPP.</li><li>• Potential Opposition: Sometimes documents produced by the state can be viewed as a regulatory or enforcement-type rule. This document describes a menu of evidence-based practices that could be incorporated into existing treatment services. It is strictly a guiding</li></ul>

document and designed to assist treatment providers move into the new Health Care Reform era. It will be important for providers to understand that this is a document available to them to use to consult with when needed. It will be annually updated with comments received at the Adolescent Treatment meeting at the Bureau of Prevention, Treatment and Recovery Conference in October and with new research to keep the document relevant.

Rationale for Supporting Motion: With the current lack of treatment providers for adolescents and changes that are happening with health care reform, it is critical to identify the components and treatment approaches that are most effective for working with adolescents with substance use disorders. Agencies receiving funding or reimbursement from health insurance companies should be providing services that are proven by research to be effective.



Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

Linda Mayfield  
Vice-Chairperson

Scott Stokes  
Secretary

**STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE**  
Planning and Funding Committee Meeting Minutes May 14, 2010  
**ARC Center for Women and Children**  
**Madison, WI**

**MEMBERS PRESENT:** Joyce O'Donnell, Duncan Shroul, Sally Tess, Manny Scarbrough,  
Karen Kinsey, Norm Briggs, Bill McCulley

**EXCUSED:** Tom Fuchs

**GUESTS:**

**STAFF:** Lori Ludwig

I. Call to Order – Joyce O'Donnell:

Joyce O'Donnell called the meeting to order at 9:32 A.M.

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

**Duncan Shroul motioned to approve the minutes of April 16, 2010. Sally Tess 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

Joyce O'Donnell reported that there was a good turnout at 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. Other issues raised were: The Substance Abuse Prevention and Treatment Block Grant; Workforce; Parity; Health Reform; Methadone clinics; Bio-Markers; and the Alcohol Tax. Ms. O'Donnell reported that she has received feedback that it is very valuable to have Mr. Fuchs Co-Chairing the Core Benefits Workgroup of the Infra-Structure Study. She continued that the major concern based on the feedback from the Public Forum is that the study recommendations are on a fast track and we need to slow it down. Ms. O'Donnell announced that the next meetings of the Infra-Structure Study workgroups are on June 30<sup>th</sup> at the US Bank (glass bank) on Pinckney Street in Madison from 9:00 AM to 3:00 PM. Karen Kinsey asked to whom the comments from the Public Forum will go? Ms. Ludwig reported that comments will go to The Management Group (TMG).

#### IV. Infra-Structure Study Report Next Steps—Joyce O'Donnell

Duncan Shroul began the discussion by emphasizing that the Infra Structure Study recommendations will have a significant impact and providers are vocal on the matter. Karen Kinsey reported that because of health reform implementation in 2014 the state may not implement a competitive bid process for services in 2012. Norm Briggs indicated that there are many moving parts right now and the Infra Structure Study recommendations will be effected by federal changes. The group felt that the Infra Structure Study process needs to be more transparent. Mr. Briggs reported that based on his experience with the Infra Structure Study Summit last December, summaries of participants' feedback to the recommendations were included in the report but not expressed overtly. Mr. Shroul pointed out that the Infra Structure Study discussion is on SCAODA's agenda. He suggested that the media attend the meeting—it is a public meeting. Motions could be offered from the floor. If something needs to be done, the members will do it. There are a variety of constituencies that are not involved in the process. Providers, in general, do not know about this. Ms. Kinsey asked how will providers be compensated? Mr. Shroul suggested that Mr. Briggs or Ms. Kinsey speak at SCAODA. We need people to speak from a client perspective. There are different systems at play and Wisconsin wants to draw down the maximum amount of federal dollars. Mr. Briggs offered that it is anticipated that Medicaid enrollment will balloon, however, ARC provides a number of services not covered by Medicaid. Sue Gadacz said we could draw down from the block grant, to cover those services not covered by Medicaid, however benefits would be limited. Ms. Kinsey expressed her concern about continued funding for specialized services. Manny Scarbrough added that he felt it was important to communicate with both state and federal sources regarding future changes in the delivery of substance abuse services. His analogy was that the concrete is being poured now. Mr. Shroul added that this is not an event, this is a series of steps. The mental health system has provided input from the beginning but the substance abuse system hasn't had much to say. For example, he continued, under the 1915i waiver program, an array of services for individuals with a mental health diagnosis is included with program eligibility. The state is attempting to do the same with other systems. Also, the effort relates to "match" for Medicaid. The state is headed this way for the substance abuse population. Providers need to be on board. Ms. O'Donnell reported that there is a concern about having this discussed at the State Council. Ms. Kinsey felt that concerns need to be expressed to the power source. Is that TMG or Secretary Timberlake? Or is it Dr. John Easterday, asked Mr. Scarbrough? Mr. Scarbrough continued that we need to find out what is really intended to be accomplished through this effort. People out here see this as something that will not work for them. Ms. O'Donnell felt that people at the state and federal level may help by slowing things down. Mr. Shroul indicated that if Planning and Funding feels that we are not being heard then we can call for a special meeting with John Easterday before the end of June. Mr. Briggs pointed out that the final Infra Structure Summit and Public Input session is scheduled for July 30<sup>th</sup>. Mr. Shroul asked who else should be a part of the SCAODA meeting on June 11<sup>th</sup>? Ms. Kinsey reiterated that people don't know about this. Mr. Shroul added that there are about 30 providers in Milwaukee. Ms. Kinsey indicated she could talk to her counterparts in Milwaukee. Mr. Scarbrough added that there is the Dane County Chemical Dependency Consortium. Ms. Kinsey felt that counties are not on board with this either. All questioned whether counties would be able to opt out of this. Ms. Ludwig pointed out that the workgroup is discussing several models of service delivery and only one is mandatory. Decisions about recommendations concerning changes in the structure of services delivery have not yet been made. Mr. Shroul pointed out that counties provide overmatch to community aids. He reiterated that the mental health group appears both vocal and connected to this process. Mr. Briggs confirmed that about 20% of the workgroups are comprised of mental health consumers. Ms. O'Donnell asked the group if they

would like to present a position statement on the Infra-Structure Study at SCAODA. There was general agreement. Lori Ludwig will work with Ms. O'Donnell on the position statement. Ms. Kinsey felt that the issue is getting the word out. She will work with Mr. Briggs on getting the word out to WAAODA (Wisconsin Association on Alcohol and Other Drug Abuse) and WAADAC (Wisconsin Association of Alcohol and Drug Abuse Counselors). Norm Briggs asked if the Chairperson of SCAODA can limit the discussion to members. Mr. ShROUT reported that he asked Mark Seidl if there was a problem with other people speaking, but he has not received an answer yet. Ms. O'Donnell thought that there wouldn't be a problem with citizens making public comment on the Infra Structure Study. Duncan ShROUT commented that Planning and Funding should show up at the Public Hearing. If workgroups don't come up with recommendations then the Infra Structure Study should not make formal recommendations.

#### V. Data on Youth in the Criminal Justice System—Sally Tess and Lori Ludwig

Lori Ludwig distributed data from the Department of Corrections. The data summarized offenses for 17 year old offenders in the adult system. The group had many comments and questions:

- We need the age at which the crime was committed.
- It looks like some of the crimes listed occurred after incarceration rather than those that caused incarceration.
- They could be assaults in Ethan Allen
- Community Corrections data has not been provided yet.
- We need to know previous interventions when they were involved in the system.
- It appears that 80% are African Americans.

Mr. Scarbrough explained that he recently read a book on why human beings kill. The book is all about the influences that lead up to a killing. The "killers" usually come from a very unsafe environment. They perceive juvenile detention as a safe place. However, adult prisons are frightening places where they become hardened criminals. As normal citizens, we are not aware of all this. Ms. Kinsey felt that juvenile detention should be for individuals up to age 21. Mr. ShROUT pointed out that it costs \$105,000 per year to incarcerate a child for a year. It costs \$40,000 a year to incarcerate as an adult. There is a concern about public safety. Many of the offenses are serious. However, they could be defending themselves. Mr. Scarbrough continued that many have been abused by their parents and will lash out. Sometimes a person is so injured that the soul leaves and the person is dangerous. He continued that we need competent services for juveniles. We need to bring the injured ones back. A small percentage won't come back, but most will. Ms. Kinsey pointed out that there used to be group homes for juveniles. She believes that that system no longer exists. Perhaps we need energy to resurrect that. Mr. Scarbrough pointed out that they like the detention center. We need to intervene early. There is programming now on the weekend at the detention center, but funding was cut. The kids are smart but they need anger management. Mr. ShROUT described that in the past, thirty years ago, there was the Youthful Offender Act. Juvenile offenders are coming from poor, dire circumstances. Wisconsin should be helping them. Mr. Scarbrough emphasized that kids need assets. They need to be connected to family, home, church and community. Mr. Scarbrough felt that juvenile offenders would benefit from living away from their community but they need help, intervention and services. Mr. ShROUT asked what juveniles are offered in terms of services. Ms. O'Donnell asked about the cost of the offenses. Ms. Kinsey referenced the bill that was not passed this year that would return 17 year-olds to the juvenile justice system. Ms. Ludwig explained that according to accounts in the media, the bill was not passed because the counties couldn't accept any more financial burden even though they support the intent of the bill. Mr. ShROUT argued in defense of juvenile services as adult facilities for juveniles show a high

recidivism rate. They are more likely to re-offend as an adult. Ms. Tess pointed out that the number of girls who re-offend and return to the adult system is very small. Mr. Scarbrough asked how many adults in prison re-offend because they get sent back to the same environment. Mr. ShROUT summarized that kids do not belong in the adult system. Mr. Briggs referred to one 17 year old case in the data involving the crime of second degree intentional homicide. How long can the juvenile system hold someone with that charge? Ms. Tess responded that they can be held up to the age of 21. Mr. Briggs felt that the public won't think four years for homicide is enough. Mr. Scarbrough thought that if we put the \$105,000 per year that would be paid for juvenile incarceration "up front" to pay for services, the individual would work, and pay taxes and probably wouldn't re-offend. If you incarcerate that individual as an adult and pay \$40,000 for ten years, the cost savings is obvious: \$105,000 vs. \$400,000. Mr. ShROUT asked what the legislature had to say about the data. Mr. McCulley shared that Portage County is trying to close the juvenile detention center. The juveniles are coming out with GED's. There are lots of successes. Mr. Scarbrough reported on a drug court client who is having success in the community. Mr. McCulley mentioned an Oxford House for males with successful outcomes. Portage County is planning one for females. Oxford House is self-supporting. Mr. ShROUT argued that in general it is the counties in Southeast Wisconsin which are the ones we are concerned with. Ms. Tess pointed out that those 17 year olds that are incarcerated are not first time offenders. Ms. Kinsey pointed out that we need to look at evidence based programs. Ms. Tess felt that politicians need to be educated about these things.

## VI. ACE Report—Joyce O'Donnell

Karen Kinsey brought up concerns she had in the report. She was concerned that pregnant women and women of child bearing age were not included in the groups identified as those with the highest rates of drinking in the nation (page 2 of the report). She was also concerned that on page 4, there should be mention of increased treatment resources in the highlighted "broad vision of a health, vibrant Wisconsin with a balanced alcohol environment." She reviewed that there is a recommendation for increased access to treatment but there is no recommendation for an increase in treatment resources. She asked for the group's response. Mr. ShROUT indicated that the report is an environmental approach for prevention and the purpose is not to reach beyond that view. The report is not about increasing resources. Karen Kinsey wanted a motion. Ms. Tess asked the group to look at the charges on the first page that focus on laws and policies to affect alcohol policy reform. Ms. Kinsey felt that the broad vision expressed on page four should include a statement that "all people in Wisconsin who need it, will have access to care." Mr. Briggs agreed. For example, in the "Recommendations for Employers" section, it doesn't say anything about having insurance for covering treatment services. The treatment component is consistently given short shrift. Something that addresses the problem of alcohol abuse with a statewide audience should include treatment. There was continued discussion about the purpose of the study. **Karen Kinsey made a motion that on page 4 of the ACE report that the summary include a recommendation about treatment. Treatment resources should be made available so that all Wisconsin citizens who have alcohol abuse issues have access to treatment and care. Norm Briggs seconded the motion.** There was continued discussion expressing concern that the scope of the report was not intended to include treatment recommendations. However, when called to a vote, **there were all eyes and the motion passed. Karen Kinsey made an additional motion that pregnant women and women of child bearing age be included on page two of the ACE Report as groups among the highest rates for alcohol abuse in the nation. Manny Scarbrough seconded the motion . There were all eyes and the motion passed.** Karen Kinsey added that the ACE Report was an impressive report.

## VII. SCAODA 2010-2014 Four Year Plan 84 of 192 Group

Lori Ludwig distributed the revised Planning and Funding planning document. The group approved of the changes.

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

Lori Ludwig referred to a sample letter in the Planning and Funding Committees information packet 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. The group approved of the language and asked that both Mark Seidl, Chairperson of SCAODA and Karen Timberlake, Secretary of DHS sign the letter. Lori Ludwig agreed to draft the letters for the next meeting.

#### IX. Committee Reports—Group

Joyce O'Donnell asked Sally Tess about the current focus of work at DOC. Ms. Tess reported that they are working with DOT and transitions (staffing). The focus of work recently has been the OWI and early release legislation and the impact on DOC. Ms. O'Donnell asked Mr. McCulley if he could update the group on his work. Mr. McCulley reported that the Portage County Coalition now includes two members of the Tavern League. The Coalition felt that the focus of their work needs to expand to grocery stores to look for liquor law violations. Now the Grocery Store Association has been attending meetings of the Portage County Coalition. Mr. McCulley reported that the Tavern League has been supportive. He further reported that as incentives for participating in compliance checks, local establishments' names are printed in the paper. The number of citations is going down. Mr. Shroul reported that he and Ms. O'Donnell will be meeting with personnel from the Brewers' Tavern of the Game promotion where 40 tickets are given away to Brewer's games.

#### X. Women's Specialized Services—Norm Briggs

Mr. Briggs reported that the cobbling together of Medicaid and the SAPTBG will be an issue for the future. Things are not looking well. Mr. Briggs then distributed a flier from Shel Gross of "Mental Health America." The flier summarized a situation at the national level whereby the increase (through the stimulus) in Medicaid matching funds (FMAP) to states would be ending soon. The group asked for support in urging legislators to take action in support of extending the FMAP increase. Ms. O'Donnell asked Mr. Briggs if he wanted the P & F Committee to take any action on this. **Manny Scarbrough made a motion that the State Council support extending the increase in Medicaid funding through 2011 by sending this request to the Wisconsin delegation. Bill McCulley seconded the motion. There were all ayes and the motion passed.**

XI. Adjourn: The meeting was adjourned. The next meeting is: Friday, July 16, 2010 from 9:30 a.m. to 2:30 p.m.

#### PLANNING AND FUNDING COMMITTEE MEETING

May 14, 2010

9:30 A.M. – 2:30 P.M.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET

MADISON, WI

608/283-6426

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## **A PROCLAMATION**

**WHEREAS**, the term “fetal alcohol spectrum disorders” is an umbrella term that describes the range of effects that can occur in an individual whose mother drank alcohol during pregnancy; and

**WHEREAS**, fetal alcohol spectrum disorders (FASD) are a leading cause of mental retardation, learning, and behavioral disabilities in the United States, and are preventable; and

**WHEREAS**, Wisconsin leads the nation in binge drinking by women of childbearing age and has the highest rates of many alcohol indicators, including: current drinking among adults, chronic heavy drinking among adults and current underage drinking; and

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

**WHEREAS**, Wisconsin supports programming to increase the State’s capacity to identify and treat FASDs, including funding for the Wisconsin FASD Treatment Outreach Project and the My Baby and Me Project to provide services to women at risk of an alcohol-exposed pregnancy; and

**WHEREAS**, the Family Empowerment Network has existed in Wisconsin for 20 years to provide education, resources, advocacy, and support to families affected by FASD;

NOW, THEREFORE, I, Jim Doyle, Governor of the State of Wisconsin, do hereby proclaim September 9, 2010 as:

### **FETAL ALCOHOL SPECTRUM DISORDERS AWARENESS DAY**

call upon the people of Wisconsin to:

- ✓ minimize the further effects of prenatal alcohol exposure
- ✓ reduce the risk of alcohol-exposed pregnancies
- ✓ increase the capacity of physicians to diagnose and treat FASDs
- ✓ increase compassion and effective services for individuals affected by prenatal alcohol exposure
- ✓ ensure that women with alcohol concerns have a point of contact within their own community to access effective services
- ✓ support Wisconsin’s FASD initiatives, including Family Empowerment Network, My Baby and Me, FASD Treatment Outreach Project, Great Lakes FASD Regional Training Center, Arc Smart Start, and Orchids FASD Services, Inc.

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Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

State of Wisconsin

Karen E. Timberlake  
Secretary

**State Council on Alcohol and Other Drug Abuse**

Scott Stokes  
Secretary

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

July 6, 2010

The Honorable Senator Herb Kohl  
330 HART SENATE OFFICE BUILDING  
WASHINGTON, D.C. 20510

Dear Senator Kohl,

On June 11, 2010, the Wisconsin State Council on Alcohol and Other Drug Abuse passed a motion in support of extending the temporary increase in federal Medicaid matching funds (FMAP) through 2011. As Chairperson of the State Council, I am urging you to take action in support of extending this increase. The Medicaid matching funds helped to alleviate a severe state budget deficit in Wisconsin which began in 2008 and continues through this year and beyond. While the 2009 American Recovery and Reinvestment Act (ARRA) included a temporary increase in FMAP to help alleviate budget pressures at the state level, this increase ends in December of this year (2010). Wisconsin is currently facing another fiscal crisis for SFY 2011 and needs your help to prevent cutting Medicaid benefits and provider rates during the 2011 budget which begins on July 1<sup>st</sup>.

Medicaid is a funder for primary health care, in addition to screening, brief intervention, and referral to treatment services for substance abuse services in Wisconsin. There is also a significant proportion of the mental health population that accesses these services as well. SCAODA believes that supporting the increase in FMAP helps to maintain Medicaid services at their current level of funding.

If you have any questions about this request, please contact me at (920) 388-7039, or email at [Seidlm@kewauneeeco.org](mailto:Seidlm@kewauneeeco.org)

Sincerely,

A handwritten signature in red ink that reads "Mark Seidl/esl".

Mark Seidl  
Chairperson  
State Council on Alcohol and Other Drug Abuse  
(920) 388-7039  
[Seidlm@kewauneeeco.org](mailto:Seidlm@kewauneeeco.org)  
cc: Senator Russell Feingold



Jim Doyle  
Governor

Mark Seidl, WCHSA  
Chairperson

State of Wisconsin

Karen E. Timberlake  
Secretary

**State Council on Alcohol and Other Drug Abuse**

Scott Stokes  
Secretary

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

July 6, 2010

The Honorable Senator Russell Feingold  
506 HART SENATE OFFICE BUILDING  
WASHINGTON, D.C. 20510

Dear Senator Feingold:

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If you have any questions about this request, please contact me at (920) 388-7039, or email at [Seidlm@kewauneeco.org](mailto:Seidlm@kewauneeco.org)

Sincerely,

A handwritten signature in cursive script that reads "Mark Seidl/edd".

Mark Seidl  
Chairperson  
State Council on Alcohol and Other Drug Abuse  
cc: Senator Herb Kohl

**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.

## **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**

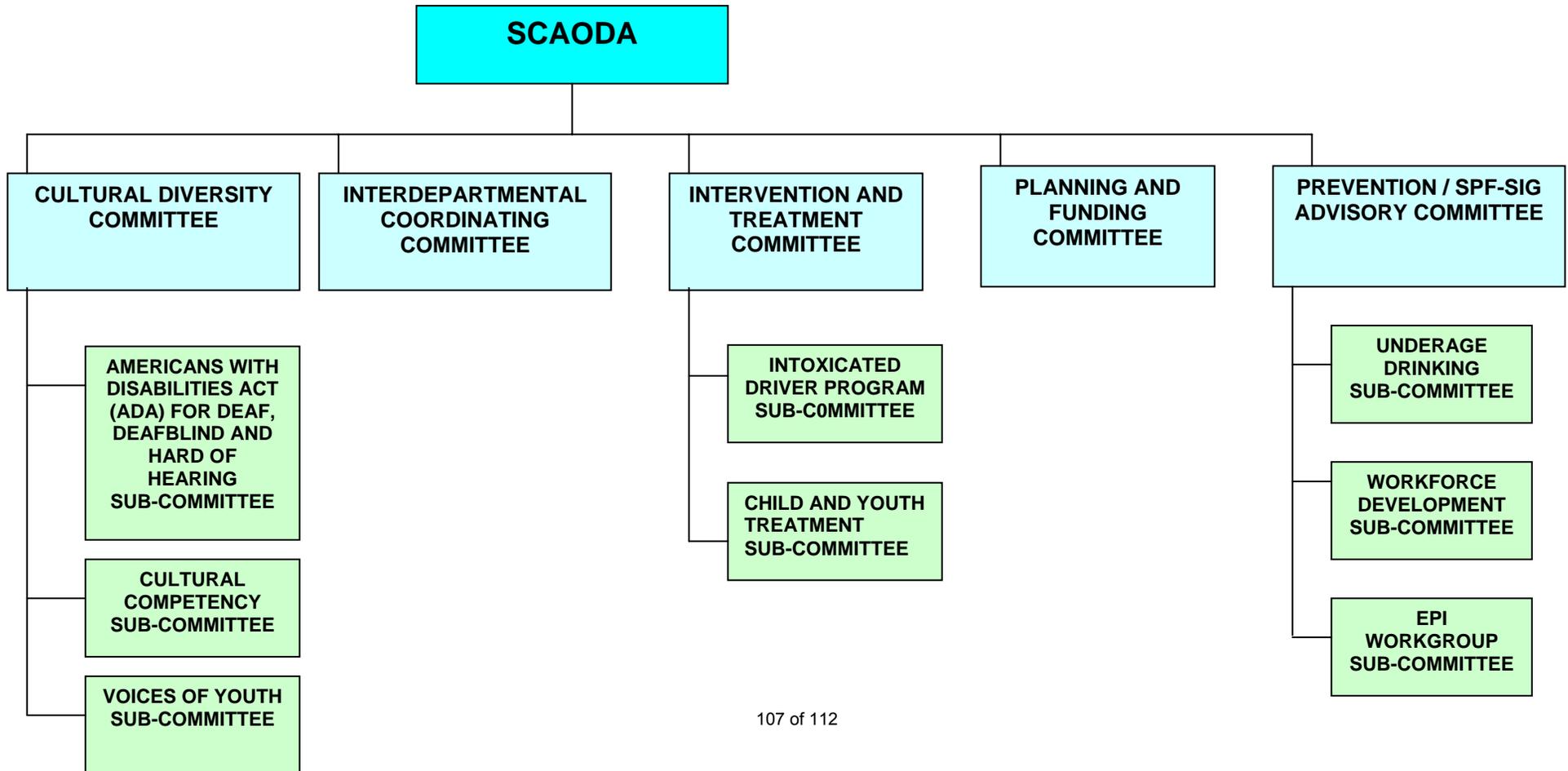
The by-laws may be amended, or new by-laws adopted, after thirty days written notice to council members by a two-thirds vote of the full council membership present at a regularly scheduled meeting.

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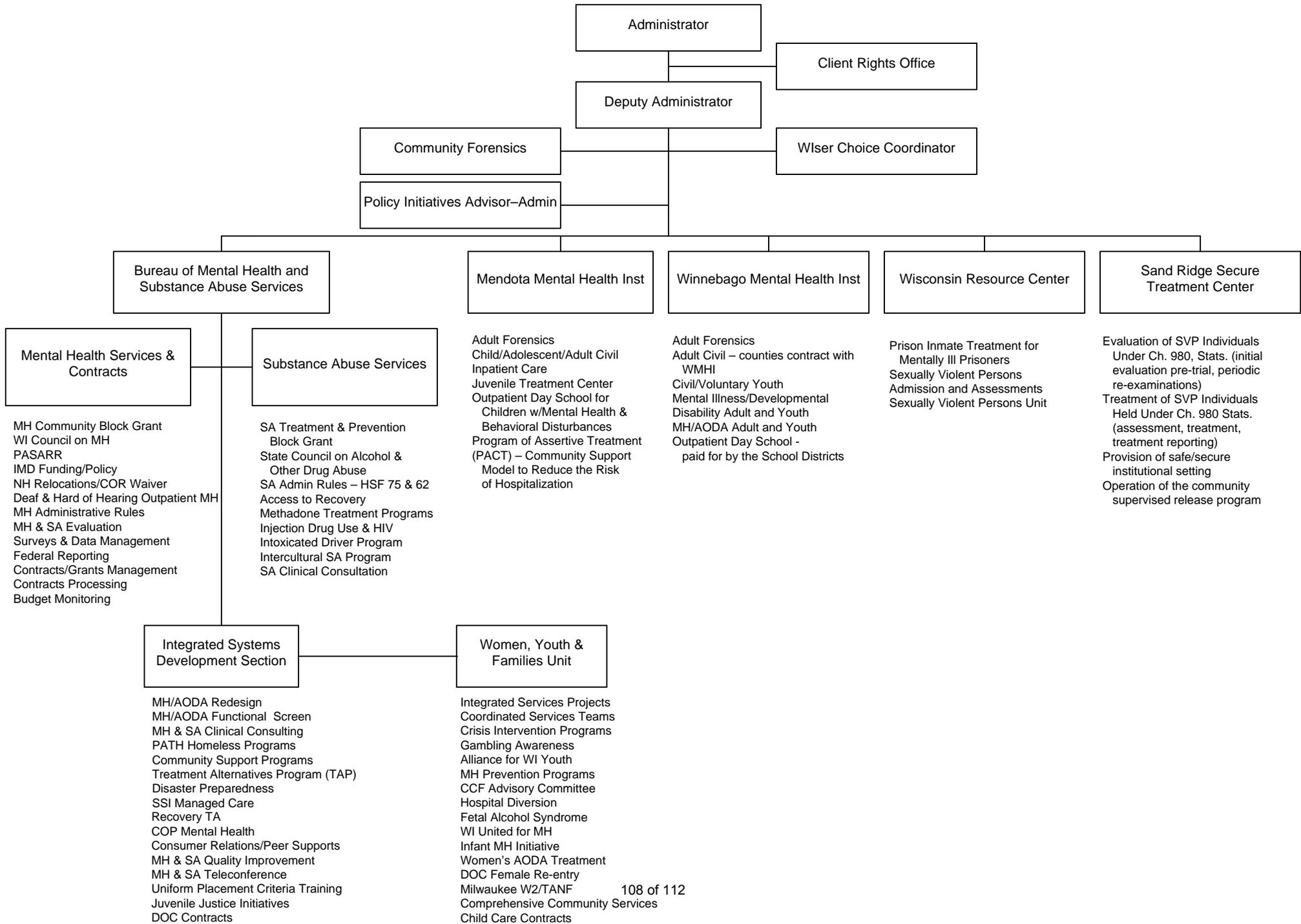
# SCAODA Organization Chart

March 4, 2008

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

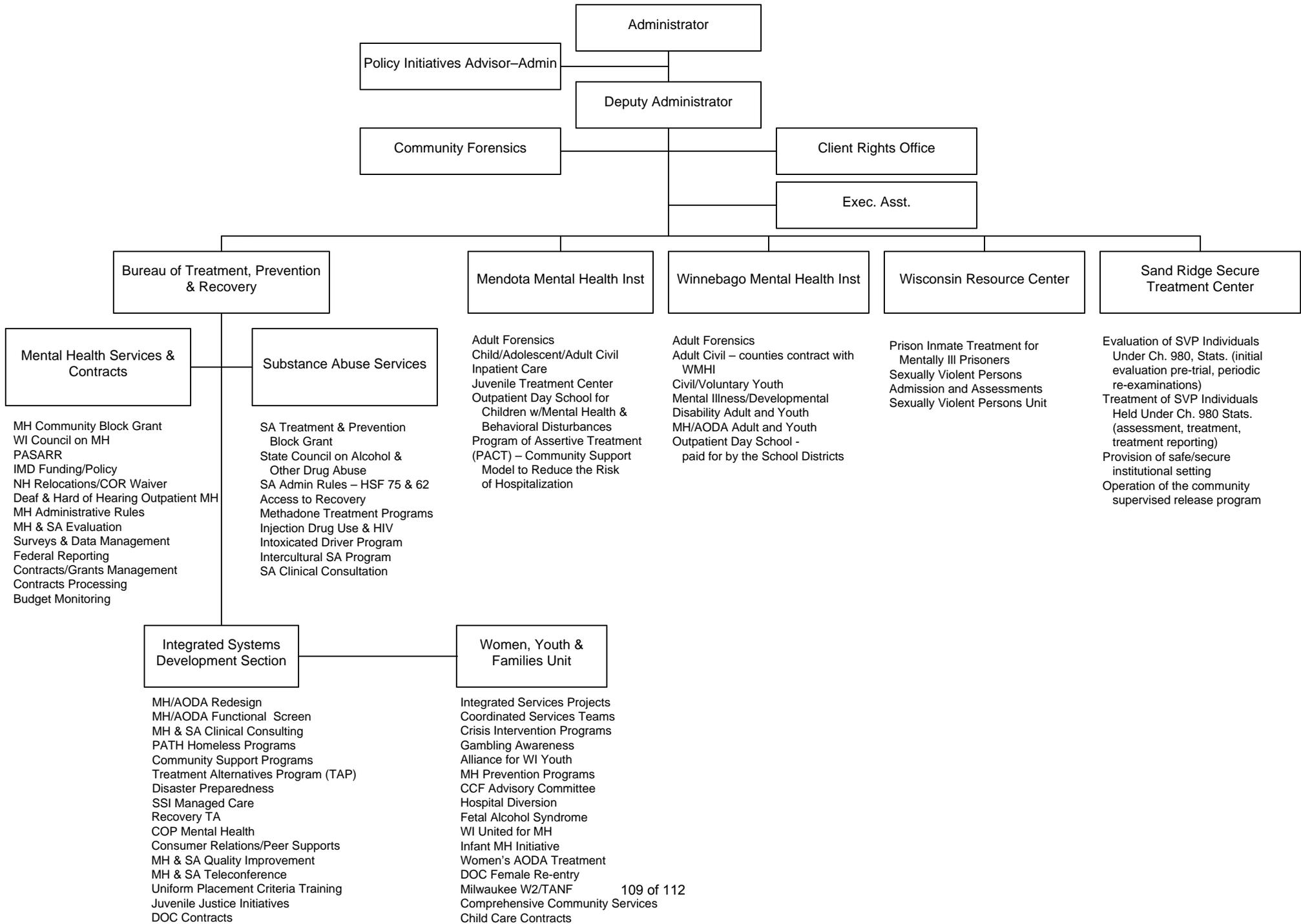


**Functions**

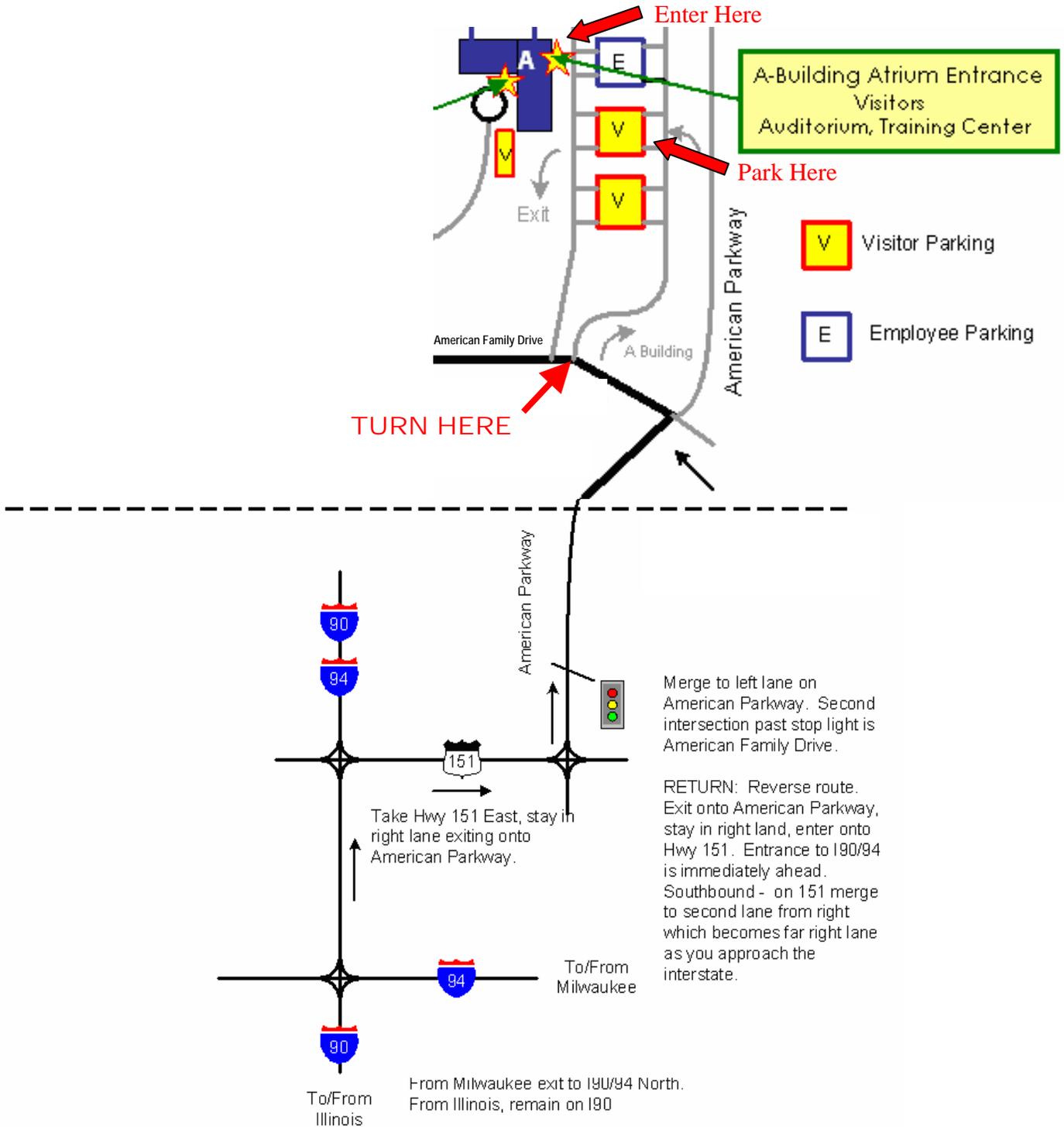


Department of Health Services  
**Division of Mental Health and Substance Abuse Services**  
**Functions**

August 2008



# Directions to American Family's Training Center and Auditorium



## Highway Directions to AF-NHQ Campus

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