WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

June 11th, 2010
MEETING

Mark Seidl
Chairperson

JIM DOYLE
Governor

STATE COUNCIL
ON ALCOHOL AND OTHER DRUG ABUSE

MISSION STATEMENT

To enhance the quality of life of Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

SCAODA FOUR-YEAR STRATEGIC PLAN GOALS 2006 – 2010

Adopted by SCAODA June 2, 2006

GOAL 1:

Support, promote and encourage the implementation of a system of substance abuse services that are evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access.

GOAL 2:

Support the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with special emphasis on underage use.

GOAL 3:

Support and encourage recovery in communities by reducing stigma, discrimination, barriers and promoting healthy lifestyles.

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.

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**

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

June 11, 2010
MEETING AGENDA
9:30 a.m. – 3:30 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783 Room A3141
American Family General Information: (608) 242-4100 ext. 31555 or ext. 30300

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

9:30 a.m. I. Introductions / Welcome/Pledge of Allegiance/Announcement Noise Level / Agenda – Mark Seidl
- Matt Vogel, 1st meeting, representing University of Wisconsin System
- Mark Campbell, new member representing Dept. Children and Families

9:35 a.m. II. Review /Approval of March 5th, 2010 Minutes – Mark Seidl

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

9:55 a.m. IV. Adoption 2010-2014 SCAODA Four Year Plan—Joyce O'Donnell
- Motion to adopt 4-yr plan

10:30 a.m. V. Presentation Returning Veterans—Dan Naylor

11:15 a. m VI. Working Lunch

11:45 p.m. VII. Infra-Structure Study Update and Public Discussion—Dr. John Easterday

12:15 p.m. VIII Committee Reports:
- P & F
  - Motion to support P & F review of state agency AODA budgets
  - Motion to add to the ACE Report additional high-risk groups
  - Motion to add to the ACE Report additional recommendation for treatment resources
  - Motion to support extending increase in Medicaid matching funds
- Diversity
- Prevention
  - Motion to create a Capacity Development Sub-Committee or Workgroup to examine substance abuse prevention training needs in the State of Wisconsin.

- ITC

1:35 p.m.	IX.	Discussion State Agency Reports to SCAODA—Mark Seidl
2:00 p.m.	X.	Stretch Break
2:15 p.m.	XI.	Nominating Committee volunteers—Joyce O'Donnell
2:30 p.m.	XII.	By-Laws Review—Scott Stokes • Motion to amend by-laws to include "Vacancies" language for adoption at the next meeting
2:45 p.m.	XIII.	Health Information Exchange—Dan Zimmerman
3:05 p.m.	XIV.	Agenda Items for September 10, 2010 meeting—Additional Items?—Mark Seidl • Where is Parity now?
3:15 p.m.	XV.	Announcements—Sue Gadacz • September is FASD Awareness Month
3:30 p.m.	XVI.	Adjourn—Mark Seidl

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Scott Stokes
Secretary

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
~~December 09, 2009~~
January 8, 2010
9:00 a.m. – 1:00 p.m.
American Family Insurance Conference Center
6000 American Parkway Madison, WI 53783
Room A3141

Members Present: Mark Seidl, Joyce O'Donnell, Representative John Townsend, Sandy Hardie, Greg Phillips, Duncan Shrout, Michael Waupoose, Blinda Beason, Gary Sumnicht, John Easterday, Janet Nodorft, Scott Stokes, Coral Butson, Rebecca Wigg-Ninham,

Members Excused: Douglas Englebert, Linda Mayfield, Mary Rasmussen, Renee Chyba, Pamela Phillips,

Members Absent: Eileen Mallow

Ex-Officio Members Present: Linda Preysz, Larry Kleinsteiber

Ex-Officio Member Excused: Ray Luick

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, Rachel Currans-Sheehan

Guests: Mark Campbell, Mike Bachhuber, Harold Gates, Dave Macmaster, Jill Kenehan-Krey, Jodi Lopez, Denise Johnson, Bill McCulley, Manny Scarbrough, Linda Pastor.

I. Introductions/Welcome/Agenda—Mark Seidl

At 9:15 A.M., due to weather difficulties, there was still not a quorum present. Kathy Thomas reported that SCAODA can still hold a meeting and ascertain "the opinion of the members." Mark Seidl called the meeting to order, thereafter. He introduced himself and asked the group to introduce themselves. Mr. Seidl welcomed Rebecca Wigg-Ninham, the newest member of SCAODA, representing the Governor's Law Enforcement Commission.

II. Review/Approval of Minutes—Mark Seidl

At 9:30 a.m. there wasn't a quorum. Approval of the minutes was held. Additional SCAODA members arrived by 9:45 and a quorum was achieved. Mr. Seidl asked for approval of the September 11, 2009 meeting minutes. **Joyce O'Donnell moved for approval of the minutes, Greg Phillips seconded the motion. The motion passed unanimously without discussion.**

III. Secretary Timberlake—Department Updates

John Easterday reported that unfortunately Secretary Timberlake was pulled in another direction this morning and was unable to attend. Dr. Easterday reported that Secretary Timberlake would attend either the March or June SCAODA meeting.

IV. Public Input/Synar Report Comments—Mark Seidl

There were no requests from the public to address the Council. Sue Gadacz reported that the public comment period for the Synar Report had closed because the report was due and submitted on December 30th, 2009. Tan Feiner, Coordinator for the Synar program, addressed the comments that she did receive, Ms Gadacz reported.

V. State Plan for Independent Living—Mike Bachhuber, Executive Director of Independent Living Council of Wisconsin

Mike Bachhuber was delayed by the weather, but was eventually able to attend and give a report. He distributed to the group a brochure titled "Independent Living: Centers, Coalition, Council of Wisconsin. Eight independent Living Centers' contact information were listed, as well as service and client information. The Independent Living Council, he reported is a Council appointed by the governor to work with disability groups and to promote independent living. His purpose in presenting to SCAODA is to gain input into the planning process and make SCAODA aware of its services. Broadly, the purpose of the Council is to promote consumer control, equal access, peer relationships and self-advocacy. The Independent Living Centers provide information, assistance and referral, skills training, advice, devices, whatever is needed. Services are for all ages and all disabilities. They are in the process of developing their next Plan to be finalized October 1, 2010. Traditionally, the Independent Living Council would address barriers, housing, long term care services, and access to employment. People with alcohol and drug abuse problems is a disability group the Independent Living Council and Centers try to serve. He wanted an opportunity to open dialogue with this group. Gail Nahwahquaw asked about the Independent Living Council's relationship with Independence First, an agency that needs funding for AA and NA deaf interpreting. Mr. Bachhuber indicated that the Independent Living Centers receive funding. Independence First is a provider. The Centers, he continued, try to include all disability groups, and will serve the deaf. They try to make services available in different formats and modalities. He mentioned CART, a real time transcription service. Ms Nahwahquaw asked if the Independent Living Council or Centers could fund Independence First. Mr. Bachhuber indicated that all the Centers provide referrals for interpreting services. He also reported that there are too few interpreters to meet the need; and too few funds to fund the interpreters. He indicated that the Independent Living Council would fund programs to develop more interpreters. In general, services required under the Americans with Disabilities Act are

covered. The Independent Living Council's role is to provide information to groups to make sure that happens. Manny Scarbrough asked for information from an individual's perspective. Mr. Bachhuber gave an example of a drunk driver facing eviction. A person from the Independent Living Center would be assigned to work with that person to identify the community resources available, such as treatment, the job center, homelessness prevention programs and counseling/skill training. Regarding the eviction issue, if there is a need for funding, a local church or service club may help. Mr. Bachhuber asked that if there were people present who provide direct service. If so, he would like to have their suggestions for issues to be included in their Plan. He stressed opening a dialog and working together. Sue Gadacz suggested that if we had a copy of the Independent Living Council's current Plan it would be helpful to distribute it to the Council and ask for feedback. Mr. Bachhuber agreed to e-mail the plan and the power point to state staff who could then distribute it. He continued that there are six areas in the current plan: Working with Department of Health Services (DHS) community services; Working with DHS Family Care; Transportation; Housing; Employment; and Emergency Management. Ms. O'Donnell asked if the Independent Living Council was involved in working with veterans. Mr. Bachhuber reported that they are getting more involved. There is a huge increase in disabled veterans in the last couple of years. The Independent Living Council and Centers are working with Vet Centers and continuing to develop their relationship.

VI. Report on CSAT Conference—"Strategic Planning for Providers to Improve Business Practices"—Kate Johnson, Dr. Steven Dakai, Norm Briggs, Sheila Weix

Mr. Seidl introduced Kate Johnson. Ms. Johnson reported that Norm Briggs was unable to attend today's meeting as was Dr. Steven Dakai. Ms. Johnson further reported that it was uncertain whether or not Ms. Sheila Weix would arrive, but at present she also was not in attendance. Ms. Johnson reported that the three individuals scheduled to report, that is, Dr. Dakai, Mr. Briggs, and Ms. Weix attended a CSAT (Center for Substance Abuse Treatment) conference with Ms. Johnson in October of 2009. Ms. Johnson reported that Dr. Dakai attended the conference to represent the tribal communities' interests, Mr. Briggs represented women's specific treatment interests and Ms. Weix represented the Wisconsin Alcohol and Drug Treatment Providers Association. Ms. Johnson reported that during the conference, attendees were updated on recent federal health legislation, for example, electronic health care records and health care packages currently being debated. Ms. Johnson reported that there was a need expressed by the attendees for on-going communication among state and federal staff and providers. Specifically, Ms. Johnson reported, was a request to make clear implications for tribal communities. Ms. Johnson felt that it was unfortunate that none of the attendees could make today's SCAODA meeting as they had much more information to report. She requested that this agenda item be brought forth to next March's meeting.

VII. Committee Reports

Diversity Committee:

Mr. Waupoose reported that the Deaf/Deaf Blind/Hard of Hearing survey results have been reviewed and interpreted by Denise Johnson. Next steps include posting the correct answers to the survey on the SCAODA website. Mr. Waupoose also reported that the agency that Denise

Johnson works for, Independence First, has exhausted its state funding for interpreters for AA and NA meetings. In 2009, Independence First provided interpreters for 152 meetings. Now, in 2010 they cannot provide any interpreters for these meetings. This issue is of critical importance and the Diversity Committee will continue to address it. Coral Butson asked if this issue was a result of state funds being exhausted in 2009, and whether the grant had been renewed. Denise Johnson reported that the grant is renewed however there is not enough money allocated for interpreter service. It will remain an ongoing issue. Michael Waupoose reported that he continues to hear a lack of support for tribal communities from the Minority Counselor Training Institute (MCTI). The meetings with the MCTI program manager went well but follow-up could be better. It has been disappointing the way things have gone and trust is being eroded. Duncan Shrout asked Mr. Waupoose if the Minority Counseling Training Institute is funded through the Substance Abuse Block Grant. Sue Gadacz responded that it was. Mr. Shrout asked why the MCTI hasn't been more responsive? Ms. Gadacz reported that they were given action steps when the Bureau staff met with them. They were told that if the steps were not followed the contract would be put out on bid. Ms. Gadacz continued that the Bureau was trying to have deliverables built into the contract. There was a discussion about the importance of trust when working with tribal communities. Mr. Waupoose suggested evaluating the relationship over the long term that is, looking for improvements over a three- year time period, rather than a one-year time period. Blinda Beason attested to the challenges of relationship building within the eleven tribal communities. It isn't something that can occur in short order, based on her experience. Mr. Waupoose also reported on the Impaired Professionals Program (IPP) and the issue of how to re-integrate a drug & alcohol counselor back into the workforce after relapse. The Diversity Committee had invited the IPP Coordinator (from the Department of Regulation and Licensing) to meetings with little success, and this is the same outcome as reported by counselors trying to learn about the IPP. Coral Butson indicated that she would follow-up on behalf of the Diversity Committee. Mr. Waupoose indicated that the Diversity Committee has a commitment to meet in other communities and felt that all SCAODA Committees should do the same. The last Diversity Committee meeting was held at the Fox Valley Technical College during a diversity class.

Intervention and Treatment Committee:

Linda Preysz, Chairperson of the ITC Committee reported that the Intoxicated Driver Program (IDP) Sub-Committee has been formed. Ms. Preysz reported that during their first meeting, they were dealing with what their strategic planning options were. They talked about identifying pre-offenders. They are in a data gathering phase. Ms. Preysz reported that the Children and Youth Sub-Committee is also in the process of gathering data. It appears that at present there are about two treatment providers per every 100 children (in need). Information is being gathered on what kind of treatment is available and where, as well as expertise and timeframes. Kate Johnson reported that the group was looking at motorized recreational vehicles, since they were not included in the consequences of OWI legislation. Ms. Preysz then asked Dave Macmaster to report on WINTIP (Wisconsin Nicotine Treatment Integration Program). Mr. Macmaster distributed two documents to the group: 1) "WiNTiP 2009 Achievements," and 2) WINTIP 2010 Integration Formula." He reported that in Wisconsin during 2009, 3500 people with substance abuse disorders died from nicotine disorders. He reported that people in substance

abuse treatment without referral to nicotine dependence treatment, will die faster from the nicotine disorder than from the substance for which they entered treatment. Mr. Macmaster also reported that he was able to attend and present at the Bureau's Conference in October. He indicated that 80% of the conference attendees reported that there is a willingness to address this problem. There are barriers, however. There has been no recognition that nicotine treatment should be a part of our practice. New York State has a policy that every substance abuse treatment program must be tobacco free and include treatment planning for tobacco withdrawal. They have developed a course with credit for substance abuse counselors that provides them with the skills and knowledge they need. That course is in the public domain and WINTIP is working to make it accessible to Wisconsin substance abuse counselors. Mr. Macmaster then reported that budget cuts in WINTIP have made it difficult to plan. However, the WINTIP Advisory Committee has agreed to continue. Ms. Preysz then reported that the Intervention and Treatment Committee has begun to look at developing its strategic plan for 2010-2014. She voiced continued support for WINTIP; a counselor-level focus; and inclusion of older adults as preliminary planning. She also reported that the Department of Workforce Development is hosting a Summit with the Department of Corrections in February for two days. The focus will be on the issues ex-offenders face including AOD issues. There will be an emphasis on collaboration with regional teams being formed. They are looking for community partners. The Annie Casey Foundation is providing financial support for the conference and a Coordinator. Please contact Linda Preysz for more information if you are interested. She also announced that the Mental Health Center of Dane County has teamed with United Way to present information for special needs kids and end of life decisions, including forming special needs trusts. The presentation will be January 20, 2010, at United Way at 6:30 p.m. Mr. Scarbrough asked Ms. Preysz that since she mentioned old individuals, is she planning to look at other disparities, are they looking at other groups? Ms. Preysz indicated in the affirmative. Diversity issues, she explained should not be after the fact. They should be part of the plan. Mr. Seidl questioned Ms. Preysz on the DWD Summit and indicated that it is critical that counties receive the information about the Summit. Ms. Preysz agreed to forward the information to Mr. Seidl.

Planning and Funding Committee:

Joyce O'Donnell reported on the Planning and Funding Committee first of three motions: the motion dealing with the Brighter Futures Program. **Ms. O'Donnell made a motion to support moving the Brighter futures Initiatives (BFI) program back to the Department of Health Services (DHS) from the Department of Children and Families (DCF) in order to bring administration of the program (BFI), including program funds and staff (1 FTE) under the Single State Agency (SSA) for Substance Abuse and Prevention Programming, thus significantly reducing the Maintenance of Effort (MOE) deficiency currently threatening the approval of the Substance Abuse Prevention and Treatment Block grant (SAPTBG) 2010 application. Greg Phillips seconded the motion.** The discussion was initiated by Sue Gadacz. She recognized Mark Campbell, Director of the Bureau of Safety and Well Being, Division of Safety and Permanence, in the DCF, attending today's meeting. Ms. Gadacz then explained that the DCF used to be a Division within the Department of Health and Family Services (DHFS). Brighter Futures was housed within the DHFS in the Division of Children and Families. In July of 2008, the DHFS split into two separate departments; the DHS and the DCF. The Brighter Futures Program, remained in the former Division, now Department of Children

and Families. Prior to the organizational split, both Divisions (Mental Health and Substance Abuse Services and Children and Families) counted General Purpose Revenue towards MOE. SAPTBG laws only allow the Division of Mental Health and Substance Abuse Services (DMHSAS) to claim the state funds flowing through DMHSAS. Because the state funds appropriated to BFI went to DCF, DMHSAS can no longer claim a little over $800,000 of these GPR funds. For the last year and a half DMHSAS has tried to come up with a way to claim these funds towards the SAPTBG MOE. One problem is that all of state revenue is rolled into one big bundle, and it would be difficult to break out $800,000 amount. However, there is support from both Departments to achieve resolution. A legislative fix has been considered, but it would not be addressed until the next biennium. DMHSAS has applied for an extraordinary economic conditions MOE waiver. There has been Division Administrator to Division Administrator communication, but still no resolution. Ms. Gadacz reported that Lou Oppor and she met with DCF recently. At the conclusion of that meeting, there was an agreement to ask accountants to determine how to manage the funds. Willingness exists, but there is still no resolution. Mark Campbell reported that DCF does not want to lose BFI. He continued that the accountants there (at DCF) say they can do the funds transfer without too much trouble. John Easterday reported that Wisconsin is not the only state with MOE difficulties. When the new SAMHSA Administrator (Pamela Hyde) begins her appointment, perhaps there will be a way for the MOE difficulties to be addressed nationally. Ms. Gadacz agreed that the problem is in regards to financing not programming. A 20% shortfall to the MOE for the SAPTBG is significant. Larry Kleinsteiber asked if the proposed action was necessary. Ms. O'Donnell expressed that because of the uncertainty of the situation, Planning and Funding does not want the issue lost. If things can work out the action would not be necessary. However 2012 is too late to wait for legislative action. Ms. Gadacz reported that the two Departments have agreed to work this out. There is also collaboration between the two Departments on other programs as well. Representative Townsend asked if DMHSAS was spending less money on the MOE. Ms. Gadacz responded that DMHSAS has to go by the federal definition. Now that the funds are going to DCF, DMHSAS cannot claim those dollars. Representative Townsend suggested that if legislative action is needed, DMHSAS should act quickly now. The legislative cycle is over in May. John Easterday responded that his preference would be to repair the situation administratively. There was a discussion about the status of the motion and whether it should be withdrawn, postponed or voted on. Ms. O'Donnell decided to withdraw the motion with the understanding that a letter of resolution be written and attached at the next SCAODA meeting. She felt that a 20% reduction to the SAPTBG MOE was a significant reduction resulting in a significant impact on the agency. A reduction of that sort would put funding for many substance abuse services in jeopardy. She also does not want to see this issue lost, especially if a piece of legislation is needed. **Mark Seidl agreed to the withdrawal of the motion with the understanding of the letter of resolution to be attached.**

The second motion introduced by Joyce O'Donnell on behalf of the Planning and Funding Committee was a motion that the maintenance of the 2008 funding level for tobacco prevention programming is crucial to the state at this time to support efforts to make Wisconsin a smoke-free state. Programs such as the quit line, WINTIP, and other tobacco prevention programs are negatively effected and are at risk due to planned reductions. Therefore, the Planning and Funding Committee moves to support the Division of Public Health in its efforts to obtain federal funds through the American Recovery and

Reinvestment Act (ARRA-stimulus funds), the Community Prevention and Wellness Initiative. Duncan Shrout seconded the motion. There was no further discussion. Mark Seidl called for a vote. All were in favor, with two abstaining. **The motion passed.**

The third motion introduced by Planning and Funding was a **motion to recommend SCAODA support AB 547.** Ms. O'Donnell reported that at a teleconference between the four Chairpersons of the SCAODA Committees, a discussion of this motion took place. She reported that there were concerns from the other Chairpersons that the legislation regarding first time offenders was too punitive. Ms. O'Donnell argued that the purpose of the bill was to strengthen the OWI legislation on first offenders. She felt that the authors of the bill, Senator Darling and Representatives Krusick and Ott, were known for the support of strong OWI legislation. Ms. O'Donnell felt that the Planning and Funding passed a motion in support of this bill and it was her responsibility to present it to the Council. **Duncan Shrout seconded the motion.** Discussion included comments from Linda Preysz and Michael Waupoose concerning the punitive nature of the bill, in that it requires jail time for first offense OWI when a family member may need to go to work to provide for their family instead of doing mandatory jail time. Consider for example a single parent who is poor. This bill would provide a significant burden and there is no allowance for release for critical functions. Ms. O'Donnell felt that the authors of this bill wanted to come in with strong stuff. Mr. Shrout pointed out that research has shown over and over that the first offense means that the offender has driven drunk 40-80 times prior to being arrested. What is our responsibility, Mr. Shrout asked, knowing that first offenders have done this many, many times before. Ms. Preysz indicated that the Intervention and Treatment Committee would say, prevention, intervention and outreach would have a bigger impact. Mr. Waupoose added that he believes that OWI offenders should have consequences. He also believes that jail would not be the remedy. Treatment and working with the offenders does offer a realistic solution. Consider the example of a poor single mom. Where would the children go? There are no exceptions to mandatory. Is it reasonable to say amendments would happen? That is a big if. Representative Townsend made two points: 1) Sometimes legislation is introduced to show constituents that they are effectively dealing with a problem. 2) Police officers have lots of latitude to arrest. If legislation says "mandatory jail time" there will be unintended consequences given this latitude. The **Chairman called for a vote. There were 3 ayes, 4 nays and 4 abstaining. The motion failed.**

Ms. O'Donnell made a final comment recognizing that the Journal Sentinel was recognized by the Department of Transportation with a special award. The journal Sentinel did a valuable service. Janet Nodorft recognized the series published through Gannet and the Appleton Post Crescent as good work, too.

Prevention Committee:

Kathy Thomas reported that Scott Stokes was unable to attend today due to weather and driving concerns. Ms. Thomas distributed a handout to the group titled, "January 8, 2010 Prevention Committee Updates." Ms. Thomas reported that prevention is taking on something new in Wisconsin. From the Public Forum held during the Prevention Conference, last June, "Wisconsin has the highest rates in the nation for current drinking among high school students; current underage drinking; current drinking among adults, binge drinking among adults, chronic,

heavy drinking among adults and oxycontin use in the past month. In the past, prevention efforts have focused on after school programs. However, the environment here in Wisconsin is unique. There was an example in the news this morning of a Mom who held a birthday party in West Bend for her teenage daughter and gave the kids champagne and Mike's hard lemonade. Ms. Thomas reported another example of the culture that promotes unhealthy alcohol use, a Judge in one Wisconsin community who throws out OWI cases from his Court and will not find the person guilty. It is clear that we need to change the culture in Wisconsin. In order to change the environment we need to change policies, knowledge and attitudes. She then talked about the things that the Prevention Committee is doing to change the environment in Wisconsin as it relates to unhealthy alcohol use.

1. The Prevention Committee has formed a Sub-Committee, the "Alcohol, Culture and Environment" (ACE) Sub-Committee. This Sub-Committee is comprised of members from the law enforcement community, health systems, judicial representatives, the Department of Transportation and the Division of Public Health. (from the handout), "They have recently completed their review of Wisconsin alcohol law and policies and (have) drafted a report to the State Council with over 50 recommendations to state and local policy makers on reducing unhealthy alcohol use. This report will be presented to the SPF SIG Prevention Committee at their January 21st meeting and then forwarded to the full State Council at their March 2010 meeting."

2. The SPF SIG Prevention Committee is establishing a new Sub-Committee titled "Other Drugs of Abuse." (from the handout), "This Sub-Committee will examine the prevalence of Wisconsin's prescription and opiate drug abuse and provide prevention recommendations to the full State Council on Alcohol and Other Drug Abuse." This Sub-Committee is seeking a Tribal representative and should be up and running in about one month.

3. "The Parents Who Host Lose the Most Campaign is getting underway for implementation April-June 2010." This environmental campaign originated from Ohio. It is a collaboration between DHS, DOT, DPI, DCF, UW Extension and UW. It focuses on parental responsibilities. About 100 communities implemented the Parents Who Host campaign last year. It was very successful.

4. "A Law Enforcement Meeting is being planned to take place in March 2010. Law Enforcement personnel from SPF SIG Communities will be invited to participate. Several Law Enforcement Personnel from across Wisconsin have been participating in the planning of this event…The purpose of the meeting is to provide information to law enforcement agencies working within SPF SIG grant areas." (from handout)

Gary Sumnicht added that it has been found that with "Parents Who Host" communities, law enforcement involvement makes the program much more effective. Kathy Thomas added that environmental strategies whether in large cities or smaller communities, changing the environment in Wisconsin is not easy when $250,000 of beer is sold at one football game. Joyce O'Donnell commented that regarding changing the culture, the Planning and Funding Committee has been contacting the Milwaukee Brewers regarding the "Tavern of the Game," an activity that allows the name of a tavern to be drawn randomly for prizes including 40 tickets to the game. Ms. O'Donnell indicated that she would be advocating for a "Treatment Facility of

the Game." She will continue that conversation. Linda Preysz announced that the Co-Chair of the Intoxicated Driver Program Sub-Committee is also on the ACE Committee for coordination.

VIII. Update County Infra-Structure Study—Mark Seidl

Mark Seidl asked John Easterday to report on the status of the County Infra-Structure Study. John Easterday agreed and provided the group with a website address to access information from the Summit held on December 4, 2009, including a finalized study. The website is:
http://www.UWSP.edu/conted/conferences/MHSAsummit
Mr. Easterday reported that in terms of follow-up from the Summit, the next step is a meeting with DHS Secretary Timberlake to identify what changes should be made in the system regarding funding for public mental health and substance abuse systems. The goal for the next phase or stage 2 is to put together recommendations for the next biennial budget. Mr. Easterday indicated that there will be a method for soliciting further input. They are discussing strategies such as soliciting input from stakeholders; expanding members on the steering committee; and holding forums across the state. Mr. Easterday reported that if requests are developed for DOA or others, that information would be necessary by April. Mr. Scarbrough asked if something would be going out from the DHS. Mr. Easterday referred him to the web site. He reported that a summary of the report would also be available. Mr. Easterday continued that the Summit was well attended; there were good and interesting discussions and reports from the break out sessions will be included in the summary.

IX. Public Forum Reports

Prevention Conference:

Kathy Thomas reported that there were four primary areas covered at the Prevention Conference Public Forum. Two areas discussed at today's meeting were: 1. The Beer Tax. and 2. Prescription drugs of abuse by young people. At this point the group engaged in a discussion of the availability of data supporting the claim that young people are abusing prescription drugs. Much of the data available are anecdotal. Several SCAODA members and staff reported situations in individual counties of overdose or hospitalization. Disposal of prescription drugs is also an issue. Gary Sumnicht reported that the Youth Risk Behavioral Survey reported last year that prescription drug abuse is growing in Wisconsin. Greg Phillips reported that the level of purity in heroin used to be 2-4%. Now, the level of purity in heroin is 60-90% pure. He reported that youth are smoking it or nasally inhaling the drug rather than using needles. Ms. Thomas reminded the group that the "Other Drugs of Abuse" Sub-Committee is forming to gather statistics and write a report. She asked for those interested in being on that Sub-Committee to let herself, Lou Oppor or Sue Gadacz know.

Tribal Conference:

Michael Waupoose reported findings from the Tribal Public Forum during his Committee Report. He also reminded the group that the report is attached to the meeting packet.

Bureau Conference:

Joyce O'Donnell reported that the Bureau Conference was held in Appleton. The report from the Public Forum is in the meeting packet. Issues raised were funding for services, counselor accreditation and services for children. Ms. O'Donnell felt that it was a good Public Forum and thanked state staff Sue Gadacz, Kate Johnson, Joyce Allen and Lori Ludwig for attending and addressing questions.

X. Update SCAODA 2010-2014 Four Year Strategic Planning—Joyce O'Donnell

Joyce O'Donnell reported that the Strategic Planning Committee had its first meeting on November 20th. Genesis has been hosting the meetings. The next meeting is January 28, 2010 9:30 to 2:30. She referenced a document titled, "SCAODA Planning Formally Beginning November 2009, Objective Qualities and Givens" in the meeting packet. Sue Gadacz pointed out that the document reflects that the Committee's objective is "to have a meaningful effort with useful dialogue and the creation of an effective plan". Qualities of the plan agreed upon include: "Grounded in accurate knowledge, emergent public concerns, attuned to special populations, includes legislatively mandated requirements and that the plan be clear, concise, easily understood, can lead to meaningful measurement, is committee-friendly, and drives the work of the council and its committees." Givens of the process include thinking and work on AODA issues that are state-wide, crossing governmental departments, agencies, systems and acknowledgement that Wisconsin's problems with AODA issues exceed those of most states and acknowledgement of Healthiest Wisconsin 2020 emerging public health plan, among others.

XI. Access to Recovery III—John Easterday

John Easterday reported on the Division of Mental Health and Substance Abuse Service's (DMHSAS') history in securing federal grants from CSAT(Center for Substance Abuse Treatment) for Access to Recovery (ATR) I and II. Each were 3-year programs that were highly competitive. Currently there is an Access to Recovery III grant application to which DMHSAS is applying. He reported that both the Bush and Obama administrations have been supporters of ATR. The announcement regarding the grant application came out on January 4, 2010 and is due March 10. 2010. Dr. Easterday reported that the ATR application used to be through the Governor's Office, now the SSA (Single State Authority) or Tribes may apply. One issue being scrutinized for those states that have participated in earlier ATR projects is the mandatory follow-up of participants six-months following program participation. The project mandates that a certain set of information be collected at the beginning of and following program participation. The set of information is labeled "GPRA" and stands for Government Performance and Results Act. The "GPRA compliance rate" is the percentage of participants for whom prior to and 6-month following program participation datasets are complete. Wisconsin had a 65% GPRA compliance rate. Dr. Easterday reported that it will be tough to get ATR III because the federal staff are looking for those projects with an 80% or better GPRA compliance rate. He reported that while Wisconsin did better than most states, two or three other states achieved 80% GPRA compliance rates. The plan for ATR III is to focus on Milwaukee County, proposing to expand to counties in southeast Wisconsin. Waukesha and Ozaukee are interested. Dr. Easterday plans to send out letters outlining ATR III requirements to all the south east counties and solicit their interest. The number of grants being let out has increased over the years. For ATR I, only twelve grants were funded at about $22 million dollars each. ATR II funded 20 grants with

approximately fourteen million dollars for all three years. ATR III will be for 30 or more communities at 2-4 million dollars each for four years. Each time the number of awards increases, the amount of money available decreases. Manny Scarbrough asked if nicotine dependence treatment is part of ATR. He reported that almost 100% of the people who drink also smoke. Duncan Shrout reported that people seek services for alcohol problems even if they enter treatment for other drugs (cocaine mainly).

XII. Legislative Update—Rachel Currans-Sheehan

Ms. Currans-Sheehan introduced herself as the Legislative Liaison for the Department of Health Services. She will be updating the group on three pieces of legislation today:

1) Passage of the OWI (Operating While Intoxicated) legislation. Key components of the bill are that the 4th offense is now a felony; ignition interlock devices can now be court ordered for second offenders; it extends sentencing options to any county for certain second and third offenders such that the period of imprisonment for an OWI offense may be reduced if the violator successfully completes a period of probation that includes alcohol and other drug treatment; and a first offender will be charged with a misdemeanor if there is a child under 16 in the car. Ms. Currans-Sheehan reported that funding for the new provisions was a legislative compromise and additional fees will be assessed on offenders.

2) Introduction of the Medical Marijuana legislation. Ms. Currans-Sheehan reported that this is the third time this type of legislation has been introduced. It was introduced by Senator Erpenbach, and Representative Pocan. A Public Hearing was held. Basically, the Public Hearing took a look at what other states have done, the effects on DHS and fees for use. The bill would license compassion centers. The fiscal impact is a factor. The Department of Justice raised issues about enforcement. It was a long hearing with lots up for discussion. Basically those who support the bill are doing so through the compassion argument. We will have to wait and see what happens with this bill.

3) Mental Health Parity bill. The federal legislation held those employers with 51 or more employees responsible for mental health and substance abuse treatment services at the same level that their health plans provided for medical services. The Wisconsin bill is looking at those employers with less than 51 employees; and looking at parity provisions. Mental health and substance abuse services should be no more restrictive than medical surgical benefits. The bill doesn't effect the Medicaid program which already covers those services. Public hearings were held in November. Currently forums are being held across the state.

Ms. Currans-Sheehan advised the group that this spring they should expect to see the following: Because of the economy, legislative initiatives mostly on jobs; a legislative initiative to curb STDs through the health youth act legislation. This legislation would seek to expedite partner therapy through antibiotic prescriptions for sex partners without a Dr.'s visit; HIV statutes currently mandate written informed consent for testing. It has been found that written consents may be a barrier to testing. The bill would remove the written consent requirement and seek only verbal consent. It has been found that states who remove this barrier see an increase in testing; Badger Care Plus Basic insurance coverage for persons on the wait list for the Core plan

(childless adults). People on the wait list will be able to buy into health care access while waiting to access the Core plan.

Manny Scarbrough asked about an article in the Capitol Times on a health care bill. The article referenced physicians writing prescriptions for sex partners. Mr. Scarbrough asked if the bill addresses concerns that females are more at risk. He indicated that there were a disproportionate number of Latinos and African Americans who have contracted STDs. Ms. Currans-Sheehan responded that those two concerns were the impetus to the bill's creation. The bill will allow physicians who serve those populations to use this mechanism. She indicated that strategies are still being addressed. Mr. Scarbrough cautioned that it won't work unless you go to the women in the disparate populations—women, Latinos and Blacks. Ms. Currans-Sheehan pointed out that this is just a small sliver of the steps in Public Health to decrease STDs and increase healthy birth outcomes. This is one small intervention to help.

Representative Townsend initiated a discussion on Medical Marijuana. He felt that the Council should pay close attention to this bill because of major ramifications. He reported that 13 states have now passed medical marijuana laws. The bill that is currently in front of the legislature proposes that an individual can grow up to 12 plants. Individuals can receive medical marijuana through a physician's recommendation, not a prescription. It does not go through licensed pharmacists. Representative Townsend reported that he received information from a constituent physician, Darold A. Treffert, M.D., Fond du Lac, on this topic and asked the group if they would like to see the information. There was general agreement and Representative Townsend then asked Lori Ludwig to distribute the information. Representative Townsend thought that SCAODA should go on the record one way or another. Mark Seidl requested that medical marijuana be placed as an item on the agenda for SCAODA's March meeting. He felt that both sides of the issue should be presented. Joyce O'Donnell pointed out that SCAODA has dealt with this issue many times. Mr. Seidl felt that it was critical that as a group we take a position on the proposed legislation. SCAODA needs to hear both sides of the argument. Greg Phillips wanted to point out to the group that in his experience, growers of medical marijuana do not always use high grade plants; sometimes the medical marijuana is switched with Mexican for use. This is just one fact to be aware of. Also, he reported that there are 471 known carcinogens in marijuana, that medical marijuana results in five times the normal "high"; there are other avenues to receive the benefits of the drug; and there is a prescription drug, dronabinol, which contains the same active ingredient as marijuana.

Agenda Items for March 5th Meeting—Sue Gadacz

Sue Gadacz listed the following as possible agenda items for the March 5th meeting: 1) Report on the Strategic Planning Process; 2) ACE (Alcohol, Culture and the Environment Sub-Committee) Report, including an update of the YRBS data; 3) Brighter Futures—Update of flow of state funds; 4) WAAODA Conference (Dave Macmaster); 5) Healthy Wisconsin Plan update; 6) Including Department of Children and Families as Member (Mark Campbell).

Announcements—Sue Gadacz

Ms. Gadacz announced as a reminder, that the March 5th meeting is a full day meeting. Lunch will be provided. She also announced that the Alliance for Recovery Advocates (AFRA) grant is being let out from the Division of Mental Health and Substance Abuse Services. $50,000 will be available to coordinate activities for Recovery Month and link to the national movement. The grant application will be issued January 26, 2010. Ms. Gadacz announced that the prevention and treatment portions of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) have been approved. We are just waiting for the approval of the Synar portion of the SAPTBG.

John Easterday reminded the group that the Department of Children and Families (DCF) used to be part of SCAODA (prior to the division of DHFS into DCF and DHS). Mr. Easterday asked what it would take to have DCF become a member of the Council.

Joyce O'Donnell asked if the message about SCAODA's three empty legislative appointments are being forwarded. John Easterday reported that discussions are underway.

Adjournment: Greg Phillips made a motion to adjourn the meeting. Michael Waupoose seconded the motion. The meeting was adjourned. The next meeting is scheduled for March 5, 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

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

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

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

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 Shrout, 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

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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, 2nd offense OWI should be a misdemeanor with increased fines, 3rd 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

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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

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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

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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 Shrout 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. Shrout 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

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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 Shrout 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 Shrout 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 Shrout 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. Shrout 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

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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 Shrout 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 Shrout 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

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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 9th-12th 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. 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 21st 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

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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 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 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.

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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 15th. 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

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the first section of the report, the "Executive Summary." The full report can be found at 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 Caroline, 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.

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- 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 3rd 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
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 25th 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 Infra-Structure Study would be posted to the SCAODA website. Ms. Allen said that she can do that.

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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

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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 Shrout 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 15th, 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.

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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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This document dated 4-21-10 currently includes revisions received to date.

This document dated 4-21-10 reflects the work of the strategic planning group from their 11-20-09 meeting and the further input at the January 28, 2010 meeting to outline four-year strategic directions for SCAODA. The document includes suggested revisions from the Planning and Funding Committee as of 2-26-10 and other individuals through 4-21-10. This document provides priority focus areas for SCAODA and guides direction for the work of the SCAODA working committees.

WISCONSIN
STATE COUNCIL ON ALCOHOL
AND OTHER DRUG ABUSE (SCAODA)
STRATEGIC PLAN: July 2010 – June 2014

PRIMARY OUTCOME GOAL AND MEASURE:

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

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

SCAODA GOALS:

1. SCAODA with its committees
    a. effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin
    b. is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues
    c. develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
2. Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
3. There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).
4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:

a. for effective prevention efforts across multiple target groups including the disproportionately affected

b. for effective outreach, and effective, accessible treatment and recovery services for all in need[1].

5. SCAODA with its committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remedying historical, racial / ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people.

STRATEGIC OBJECTIVES:

1. VIABILITY AND VISIBILITY OF THE COUNCIL

a. Generate ongoing strong and effective communication and relationship with the Governor and Legislators including face-to-face meetings at least twice annually with the Governor.

b. Regularly produce and / or widely disseminate meaningful and timely information on AODA impacts and critical ongoing or emerging issues through the media and partners to both targeted and broad public audiences.

c. Prepare recommendations for development of legislation, and advise on pending legislation including the state budget based on information provided by relevant state agencies.

d. Collaborate with key partners and stakeholders to examine issues and align action toward a common vision and strategic directions.

2. EFFECTIVE LAWS AND POLICIES

a. Attain strong leadership from the Governor and Legislature to accomplish the SCAODA goals.

- Ensure that the Governor and Legislature fully understand the Epidemiological (EPI) Study and the serious economic, community, and individual / family consequences if the SCAODA goals are not achieved.
- Provide the Governor and Legislators with copies of the EPI report and a summary of findings.
- Meet with the Governor and key Legislators to present and discuss the EPI report.

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

b. Ensure that the Governor, Legislature, key Legislative Committee Chairs and other leaders create laws and policies that provide adequate and sustainable capacity and resources for:

- effective AODA prevention, outreach, treatment and recovery strategies to all in need across multiple target groups including the disproportionately affected
- building sufficient AODA capacity among systems for effective reciprocity and assurance of effective prevention, intervention and services
- a diverse AODA workforce that is culturally competent, and qualified
- addressing bias in systems, policies and practices that generate inequities toward any group of people
- AODA treatment parity / comprehensive coverage of services
- Enforcement of existing AODA laws

CAPACITY OBJECTIVE:

3. EFFECTIVE COUNCIL OPERATIONS

a. SCAODA and committee meetings are conducted effectively and address defined meeting objectives. They provide a forum for fruitful dialogue and action toward achievement of the Council's goals.

b. SCAODA and committee members value "leadership" and receive orientation / training appropriate to serve effectively in carrying out their role and responsibilities.

c. SCAODA establishes guidelines, plans and activities to best fulfill the strategic directions of the Council.

d. SCAODA and its committee membership is full, active and provides an appropriate mix of representation

e. SCAODA and its committees function in alignment with shared strategic direction and effective communication

f. SCAODA and its committee members advance the directions and work of SCAODA within their own professional fields and networks to expand statewide collaboration, coordination and capacity

WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE (SCAODA)
ABOUT THE STRATEGIC PLAN: July 2010 – June 2014

Primary outcome goal and measure: For years, Wisconsin consistently ranks worse than all or most states when comparing abuse of alcohol and problems related to alcohol and drug abuse. Tracking Wisconsin's rank relative to other states is currently a simple and reliable snapshot gauge of the prevalence and trend of AODA abuse in the state. If, over time, Wisconsin's rank changes as a result of other states experiencing more problems rather than Wisconsin reducing its problems, this goal and measure will warrant reconsideration.

SCAODA goals: This plan contains 5 high-level visionary goals that represent a global vision of a desirable future. They encompass an effective SCAODA, changed cultural norms, educated citizens, adequate systems capacity and remedying of system bias and inequities. They represent long-term strategic directions for SCAODA and the state and as such will likely remain viable over multiple years.

Goal performance measures: It behooves SCAODA to identify some outcome and progress indicators as an oversight tool by which the council can discern whether the state is making progress in each of the five goals. By doing so, in June of 2014, the Council would be able to contemplate the degree of progress made and more accurately develop the necessary future directions and strategies.

Strategic Objectives: This plan contains three broad objective areas that were determined to be specific priorities for working toward goal attainment. They are not all-inclusive as they are not intended to be the only things necessary to do in order for the goals to be realized; rather they are priority actionable objectives for the Council to address first. It is possible that a committee may undertake objective activities not listed in the plan to further progress toward the goals, but not to the exclusion of action on the plan's priority objectives.

Strategic Objective performance measures: As with goal performance measures, SCAODA and its committees would be wise to identify and track some critical performance measures that will indicate critical deadlines and progress in achieving the strategic objectives to allow for corrective action if warranted.

Collaboration and communication: Effective alignment of action between SCODA and its committees on the strategic plan will entail both commitment and active planning to ensure ongoing effective communication and collaborative effort. As a leader for the state, the efficacy of the council and its committees is critical to ensure SCAODA's leadership capability in disseminating the right messages, engaging the right external collaborators and creating extensive active systems and individual support for achieving the plan goals.

STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE
Planning and Funding Committee Priorities for SCAODA 2010-2014 Plan

Related to SCAODA Goal #1: To fulfill statutory dictates to provide leadership and direction on AODA issues in Wisconsin.

Planning and Funding Goal I. 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.

> Objective I.1. Provide SCAODA with recommendations on how the plans, budgets and operations of all state alcohol and other drug abuse programs should be implemented or changed.

Planning and Funding Goal II. When legislation that relates to alcohol and other drug abuse policies, programs or services is introduced or offered in the legislature, SCAODA will…provide considered opinion of the effect and desirability as a matter of public policy of the legislation.

> Objective II.1 Review and analyze AODA related bills as they are introduced into the legislature.
>
> Objective II.2 Promote legislation that increases a tax on beer and/or alcohol and directs resources to treatment and prevention.
>
> Objective II.3 Support legislation that prevents adults from taking underage children into bars.

Planning and Funding Goal III. Provide leadership and coordination regarding AODA issues confronting the state.

Related to SCAODA Goal #4: Wisconsin has adequate sustainable infrastructure, fiscal systems and human resources for effective prevention, treatment and recovery services for all in need.

Planning and Funding Goal IV. Identify services that are inadequately funded and create recommendations to increase the funding for those services.

Planning and Funding Goal V. Educate providers and potential providers regarding changes in funding systems and structures.

> Objective V. 1 Provide expertise to the Division of Mental Health and Substance Abuse Services' Infrastructure Study regarding public funding for mental health and substance abuse services.

Related to SCAODA Goal #5: Create equity within the AODA system by remedying historical, racial/ethnic disparities and inequities toward any group of people.

Planning and Funding Goal VI. The Planning and Funding Committee will identify racial and ethnic disparities among drug offenders' arrest, charging and sentencing rates in Wisconsin during specified time periods. The Planning and Funding Committee will present motions to SCAODA that will state a series of specific efforts that would, when implemented, work toward the reduction and elimination of these disparities.

Intervention and Treatment Committee Four Year Plan - DRAFT
State Council on Alcohol and Other Drug Abuse
June 3, 2010

ITC Area	**SCAODA Goal 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.	**SCAODA Goal 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.	**SCAODA Goal 4:** Wisconsin has adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity	**SCAODA Goal 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.
Women's treatment	2006[1] -Identify challenges to accessing treatment and services. Develop recommendations for improving access and removing barriers.		2010[2] - Review proposed changes to AODA services (such as the Infrastructure Study) with a focus on treatment services for women and provide comments related to the provision of services for women.	2010 - ITC will assure that recommendations developed regarding women's treatment will be shared with the full council in a timely manner.
System of services	2010 - Further educate, promote, and support evidence-based practices for treatment services. Work with DHS and substance abuse member organizations to support implementation of evidence-based practices		2010 - Continue to explore challenges of access to treatment, work with the Diversity Committee to address those challenges, and examine workforce issues to increase access to treatment.	

[1] 2006 refers to goals established in ITC's 2006-2010 strategic plan that ITC plans to continue to address in the 2010-2014 strategic plan.
[2] 2010 refers to the 2010-2014 strategic planning period.

Workforce development			2006 - Increase the number of qualified, gender and culturally competent counselors. 2010 – Focus on capacity of publically-funded services to adequately serve vulnerable populations. 2010 - Partner with PATTC[3] to obtain data regarding status of the AODA workforce.	
Connection with mental health	2010 – Formally engage a mental health representative to serve on ITC to share information and coordinate efforts for clients with co-occurring disorders. Continue to develop and implement joint agreement between MH and SA.	See item under Goal 2.		
Substance abuse with elderly populations		2010 - Define, recognize, and educate families, communities, and the treatment field about substance abuse-related issues with the elderly.		
WiNTiP[4] – nicotine dependence	2006 – Not all Wisconsin AODA treatment facilities are tobacco-free environments or offer nicotine dependence	2010 – Participate in at least 10 AODA or mental health conferences to increase awareness of nicotine addiction and treatment	2010 – Provide training to agencies at no cost through webinars and internet resources. 2010 – Offer trainings at	2010 – Educate and conduct outreach activities with state legislators and department staff. Increase distribution of

[3] PATTC – Prairielands Addiction Technology Transfer Center
[4] The items included under WiNTiP are taken from the WiNTiP 2010 Strategic Plan.

	treatment. Promote Nicotine Dependence Treatment throughout Wisconsin's healthcare system	resources. 2010 – Work with BQA in DHS[5] to encourage agencies to collect tobacco use information on client assessments and plans.	state conferences and onsite as resources allow. 2010 – Continue to secure funding for the continuation of WiNTiP.	WiNTiP materials through electronic distribution. Deliver timely reports to the full Council and upon request.
Children, Youth, and Families Subcommittee	2010 – Continue support of CYF initiatives and forward formal proposals to SCAODA as developed. Have subcommittee provide formal written reports regarding their goals. 2010 – Increase access to and capacity of adolescent screening, intervention, treatment, and recovery opportunities. Increase family involvement (CYF plan). 2010 - Raise awareness of adolescent treatment and treatment standards with insurance companies.		2010 – Increase provider capacity to deliver evidence-based intervention and treatment programming (CYF goal). 2010 – Promote adoption of treatment standards by insurance companies, third party payers, and providers (CYF plan). 2010 – Increase social supports for adolescents and their families (CFY plan). 2010 – Continue to gather data and discuss the lack of treatment services for adolescents.	Deliver timely reports to the full Council and upon request
Intoxicated Driver Program (IDP) Subcommittee	2010 - Promote statewide awareness of impaired driving issues and reduce or prevent impaired driving offenses through education and access to treatment (IDP Goal 1). 2010 - Review and adopt ACE strategies that support	See item under Goal 2.	2010 - Explore and identify ways to ensure that adequate resources – money, staff, access, uniformity – are available to provide necessary education, prevention, and treatment (IDP Goal 2).	2010 – Ensure the state's diverse population is fairly represented and accommodated throughout the AODA process (IDP Goal 1, Subgoal 4).

[5] Bureau of Quality Assurance in the Department of Health Services.

	reduction of impaired driving			
Health Care Reform and parity			2010 – Advocate for expansion of mental health and substance abuse services covered by Medicaid. Advocate for available and sufficient mental health and substance abuse treatment.	
Outreach		2010 - Resource/ information sharing through ITC web site		2010 – Increase diversity of membership of ITC.

SCAODA Motion Introduction

Committee Introducing Motion: Planning & Funding

Motion: To adopt the SCAODA 2010-2014 Strategic Plan as presented to SCAODA.

Related SCAODA Goal: Statutory dictate (Chapter 14.24) "By June 30, 1994 and by June 30 every four years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs."

Background: The Strategic Planning Committee comprised of Council officers, Committee Chairs, members and state staff met with the Strategic Planning Consultant and Facilitator from the Department of Health Services between November 2009 and April 2010. The Strategic Planning Committee produced the SCAODA Strategic Plan: July 2010--June 2014.

- Positive impact: In addition to a primary outcome goal of having Wisconsin no longer ranked in the top ten states for Alcohol and Other Drug Abuse(AODA) and problems related to AODA, the 2010-2014 SCAODA Strategic Plan provides current, concise and focused, high-level strategic directions (goals), priority focus areas for SCAODA (objectives) and guides direction for the work of the SCAODA working committees.
- Potential Opposition: Does not specify program or service areas to be addressed.

Rationale for Supporting Motion: The plan provides focus and direction for accomplishing the overall goal of removing Wisconsin from the top ten states in AODA use and consequence rankings, identifies effective strategies to increase service capacity which includes science and research based knowledge, and focuses on a sustainable infrastructure that addresses stigma, racial and gender disparities and inequities relative to these issues. The Plan also seeks to increase the visibility and viability of the Council.

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

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

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

STATE COUNCIL ON ALCOHOL & OTHER DRUG ABUSE
Planning and Funding Committee Meeting Minutes April 16, 2010
ARC Center for Women and Children
Madison, WI

MEMBERS PRESENT: Joyce O'Donnell, Duncan Shrout, Sally Tess, Manny Scarbrough, Tom Fuchs, Karen Kinsey

EXCUSED: Bill McCulley, Norm Briggs

GUESTS:

STAFF: Lori Ludwig

I. Call to Order – Joyce O'Donnell:

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

II. Review of February 26, 2010 Meeting Minutes – Joyce O'Donnell

Duncan Shrout motioned to approve the minutes of February 26, 2010. Manny Scarbrough seconded the motion. The minutes were approved without modification.

III. Public Forum at WAAODA—May 11, 2010 5:00 P.M.—Joyce O'Donnell

Joyce O'Donnell asked for, in addition to herself, Lori Ludwig and Sue Gadacz, volunteers to be present at the WAAODA conference. Tom Fuchs indicated that he would be there and Manny Scarbrough also volunteered to be there.

IV. Infra-Structure Study Report—Tom Fuchs

Manny Scarbrough started the discussion of the Infra-Structure study by questioning whether specialized services for women and minorities would come up short under the Infra-Structure study plans. Duncan Shrout reported that the Infra-Structure study represents the future of behavioral health in Wisconsin. The Mental Health constituency groups are more organized and have an active consumer group. Perhaps we should invite members of the Mental Health Council to come to a meeting to adopt a shared strategy. Mental health, he felt was a "safe"

disability with better understanding than substance abuse. Tom Fuchs explained that the "Infra-Structure" train is on the track. Discussions have included consideration of programs like family care, regional care centers and 1915i, all of which have a structure distinctly different from the current way that substance abuse prevention and treatment services are organized. Manny Scarbrough predicted that there would be changes brought to his agency which provides culturally competent case-management services for Dane County Tap and Drug Court. Ms. O'Donnell asked the group if Planning and Funding should issue a statement of concern. Mr. Fuchs thought it would be important for provider organizations to be at the table for discussion of this initiative. Ms. Ludwig reported that Scott Stokes is SCAODA's representative to the Infra-Structure study. Mr. Scarbrough thought that mental health should be brought in to sit at the table and drive things that go on. Lori Ludwig reported on her understanding of the Infra-Structure study model based on history. Mr. Fuchs pointed out that the people with the money make the rules.

Ms. Kinsey reported that for managed care organizations, inclusion of providers is problematic. HMOs often dump clients on public providers after their insurance runs out. She felt that current AODA providers will be wiped out. Ms. O'Donnell felt that these concerns need to be brought to the table. Mr. Shrout indicated that people with AODA needs, need specialized services. That information needs to be brought to the table. He continued that Planning and Funding should have a hearing and take testimony from around the state, under the umbrella of the State Council. Karen Kinsey reported that providers don't understand where this is going. It is hard for them to respond. Mr. Fuchs explained that recommendations are scheduled to be formulated by July, 2010. Four meetings between now and then will craft the plan. He explained that the agenda for the study includes drawing down on Medicaid dollars; defining a consistent package of services; creating regional services and meeting quality outcome standards. Winners will be organizations with a hospital or clinic setting. Ms. O'Donnell asked if Planning and Funding should be submitting questions.

Mr. Shrout thought that the best way to get information is to gather input from providers around the state. There was continued discussion on how such testimony should be gathered,. Joyce O'Donnell and Duncan Shrout agreed to discuss this plan further, and then talk to Mark Seidl. Karen Kinsey indicated that she would pull together something about how the Medicaid system doesn't work in Dane county. Tom Fuchs asked what the goal of this effort would be. Mr. Shrout responded, 1) to draw attention to the matter 2) to organize 2-3 talking points to take to the Study Committee and 3) a plan. Ms. Kinsey pointed out that providers who work outside of a hospital setting can provide care much cheaper than hospital-based care (example, $55 vs $314). Ms. O'Donnell and Mr. Shrout will talk to Mark Seidl about the "Hearing" idea. Ms. Kinsey asked if infrastructure changes such as the ones currently being discussed, had happened anywhere else? Mr. Fuchs indicated that it had, in Minnesota. There is a defined set of benefits mandated that the County pick up when necessary. However, in Minnesota, the state contributes $55 Million towards the cost of treatment and in Wisconsin, the state contributes only $5 Million. Duncan Shrout pointed out that Mark Seidl is wearing three hats while attending the Infra-Structure study meetings: WCHSA, his job in County Human Services and SCAODA. Mr. Shrout reported that perhaps the WAAODA conference would be a fallback position. Karen Kinsey indicated that she does not agree with that. Manny Scarbrough thought that the Public Forum at the WAAODA conference could focus on the Infra-Structure and there could be

another SCAODA sponsored Public Input Day with people and providers invited to provide input. Mr. Shrout asked if ARC or Genesis could be the location. He felt that a date and location is all that is needed. Ms. O'Donnell felt that at the June 11th meeting, after lunch, a Public Forum could be held. Mr. Fuchs suggested that Planning and Funding should shine as much light on this as possible. Mr. Shrout felt that specialized services are essential. He will follow-up with Mark Seidl on Monday.

V. Follow-Up to Motions made by Planning and Funding at the March 5, 2010 SCAODA meeting—Joyce O'Donnell

The two motions made by Planning and Funding and passed at the March 5, 2010 SCAODA meeting were: 1) to oppose SB 368 and AB 554 (medical marijuana) and 2) support AB 732 (17 year-olds returned to juvenile justice system). Joyce O'Donnell reviewed for the group the presentations made by Senator Jon Erpenbach and Dr. Mike Miller at the March 5, 2010 meeting of SCAODA. She reported that Senator Erpenbach developed the bill because one constituent bugged him for 10 years. Dr. Miller was very informative. Greg Phillips also made his concerns known. Ms. O'Donnell continued that under the bill, physicians are not authorized to write prescriptions for medical marijuana. The drug would be distributed through distribution centers or eligible citizens could grow their own marijuana, up to twelve plants. Ms. O'Donnell reported that Planning and Funding drafted two letters for Mark Seidl's signature which have been sent out. One was in opposition to the medical marijuana bill and the other supported taking juveniles out of the adult criminal justice system (AB 732). Ms. Ludwig reported that according to newspaper articles, neither bill is expected to pass this session. Mr. Shrout suggested that if P & F is going to follow-up on the 17 year-olds out of the adult criminal justice system, that data should be gathered regarding the number of 17 year-olds in the adult system, presently. Ms. Tess reported that the numbers are falling. There is a Commission appointed to look at closing one of the facilities. Mr. Shrout felt that this was a humane issue, not just a funding issue. Lori Ludwig volunteered to check with Susan Endres, who works with the Wisconsin Council on Children and Families (WCCF) which is also working on the same issue. Ms. Tess asked Ms. Ludwig to let her know if Ms. Endres couldn't fine the data.

VI. ACE Report—Joyce O'Donnell

Ms. O'Donnell reported that the ACE (Alcohol, Culture and Environment) Report will be driving the strategic plan. Ms. Ludwig pointed out the recommendations included in the report and reported on the intended distribution plan. Ms. O'Donnell indicated that there are a number of issues raised in the report to support, perhaps through legislation. For example, sampling of wine can occur in gas stations, by law. A number of legislators have said, according to Ms. O'Donnell, that they didn't know that would happen. Ms. O'Donnell asked the group to review the ACE recommendations for the May meeting for discussion.

There was a recommendation to change the 2nd title of the ACE Report. Instead of "Creating an alcohol environment through policies and practices to support healthy safe behavior," Karen Kinsey suggested, "Creating a healthy safe environment through change in alcohol policies and practices." "Changing Wisconsin's Alcohol Environment to Promote Safe and Healthy Lives," was the title that was finally chosen.

VII. SCAODA 2010-2014 Four Year Plan—Group

Joyce O'Donnell and Sally Tess reported on the meeting of April 15th. They were comfortable with the meeting. There was a general agreement among attendees that the plan was comprehensive yet allowed for Committees to pursue their objectives within the larger context. **Duncan Shrout made a motion to move the SCAODA Four Year Plan forward to the State Council for final action as amended. Tom Fuchs seconded the motion. The vote was unanimous and the motion passed.**

The topic of State agencies providing reports to SCAODA was raised by Lori Ludwig. Ms. Ludwig pointed out that this will be a topic for discussion at the June 11th SCAODA meeting. She asked the group, in the context of Planning and Funding's Strategic goals, to consider what information they would be requesting from the state agencies? There was general agreement that there should be presentations on one topic, for example, rehab and treatment or enforcement. It should be a topic of interest. Another example could be the expansion of the drunk driving law from DOC and DOT. What are the costs and where does the revenue come from? In terms of Planning and Funding's strategic goal to review state agencies budgets and initiatives related to alcohol and drug services prior to passage of the biennial budget bill, **Tom Fuchs made a motion that SCAODA support the 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 passage of the 2011-2013 biennial budget bill. Duncan Shrout seconded the motion. The motion passed unanimously.** This function was seen as separate from the planned discussion on state agencies reports to SCAODA.

The group reviewed the suggestions for change in the Planning and Funding Committee's Priorities for SCAODA 2010-2014 Plan. Lori Ludwig will send out the revised Planning and Funding planning document via e-mail and ask the Committee to identify next steps.

VIII. Lori Ludwig reviewed the changes being sought by the Mental Health Council to the Badger Care Core Plan as an FYI to the Committee.

IX. Committee Reports—Group

Duncan Shrout posed the question: How do we make it possible for our consumers to be more public about their experience with alcohol and drug services? Karen Kinsey pointed out that the system operates with extreme confidentiality.

Lori Ludwig reported that the MOU between DHS and DCF regarding BFI has been signed. Joyce O'Donnell requested a copy of the proposed legislative language change

X. Adjourn: The meeting was adjourned. The next meeting is: Friday, May 14, 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

SCAODA Motion Introduction

Committee Introducing Motion: Planning & Funding
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.
Related SCAODA Goal: Wisconsin statute 14.24 (4) states that "Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, (SCAODA shall) review and make recommendations to the governor, the legislature and state agencies, regarding the plans, budgets and operations of all state alcohol and other drug abuse programs."
Background: Historically, the Planning and Funding Committee has asked for and received statutory Council member departments' and agencies' proposed biennial budgets in order to provide SCAODA with recommendations on how the plans, budgets and operations of all state alcohol and other drug abuse programs should be implemented or changed. • Positive impact: Better coordination of programs and utilization of scarce resources. • Potential Opposition: None known
Rationale for Supporting Motion: The information gathered by this review process will provide SCAODA with adequate knowledge for planning and recommendations throughout the next biennium.

SCAODA Motion Introduction

Committee Introducing Motion: Planning & Funding
Motion: To amend page 2 of the Alcohol, Culture and Environment Report (ACE) to include two extra bullet points for "highest rates in the nation," 1) women of child bearing age and 2) pregnant women.
Related SCAODA Goal: Goal 1: Support, promote and encourage the implementation of a system of substance abuse services that are evidence-based, gender and culturally competent, population specific and ensure equal and barrier free access.
Background: Alcohol use rates by Wisconsin pregnant women and women of child bearing age are cited by the latest Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008, published by the Wisconsin Department of Health Services, July 2008 "as among the highest rates of drinking among pregnant women and high-risk drinking among women of childbearing age in the nation." • Positive impact: By including these high risk groups in the ACE Report, a more accurate description of high-risk populations in Wisconsin is achieved. • Potential Opposition: It may be too late to include these suggested additions at this point.
Rationale for Supporting Motion: The additional information provides a more accurate picture of high risk groups in Wisconsin.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: To amend page 4 of the Alcohol, Culture and Environment Report (ACE) 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.
Related SCAODA Goal: Goal 1: Support, promote and encourage the implementation of a system of substance abuse services that are evidence-based, gender and culturally competent, population specific and ensure equal and barrier free access.
Background: The ACE Report recommends (among others) that "All Wisconsin residents experiencing the effects of dangerous drinking or alcohol abuse should have access to treatment and care." It is both logical and helpful to go the extra step to recommend the resources to support "access to treatment." • Positive impact: A recommendation supporting the availability of resources to support Wisconsin residents with alcohol abuse issues completes the thought. • Potential Opposition: Treatment could seen as outside of the recommendations of a Prevention Committee.
Rationale for Supporting Motion: The additional information provides a more accurate picture of a continuum of care to support prevention and treatment needs in Wisconsin.

SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee moves that SCAODA support extending the temporary increase in federal Medicaid matching funds (FMAP) through 2011 by sending this request to the Wisconsin Congressional delegation.
Related SCAODA Goal: Goal 1: Support, promote and encourage the implementation of a system of substance abuse services that are evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access.
Background: The 2009 American Recovery and Reinvestment Act (ARRA) included a temporary increase in federal Medicaid matching funds (called FMAP) to help alleviate state budget pressures and prevent cuts in coverage during the current economic downturn. This increase in Medicaid funding ends in December of this year (2010), but states continue to face extraordinary difficulty balancing their budgets for the next fiscal year. As a result, many are considering cutting Medicaid benefits and provider rates as they develop their 2011 budgets, which begin on July 1. • Positive impact: Alleviates state budget pressures and helps to prevent cuts in Medicaid coverage. • Potential Opposition: Increased federal budget deficit.
Rationale for Supporting Motion: Medicaid is a funder for primary health care, SBIRT services and mental health care in Wisconsin. There is a significant proportion of the substance abuse population that accesses these services. Supporting this motion helps to maintain Medicaid services at their current level of funding.

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

March 31, 2010

The Honorable Joe Parisi, Chairperson
Committee on Corrections and the Courts
Assembly
Room 126 North
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Representative Parisi:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this request on behalf of the Council. On March 5, 2010, the State Council passed a motion supporting AB 732 which raises from 17 to 18 the age at which a person who is alleged to have violated a criminal law is subject to the procedures specified in the Criminal Code. Under AB 732, with some exceptions, a person under 18 years of age alleged to have violated a criminal law is subject to the procedures specified in the Juvenile Justice Code. We believe that young offenders funneled into the juvenile system would receive more appropriate services, like community-based AODA treatment resulting in lowering the high recidivism rate among juveniles adjudicated in the adult criminal justice system. Finally, we concur with the Governor's Commission on Reducing Racial Disparities in the Wisconsin Justice System that returning 17 year-olds to the juvenile court will reduce the overrepresentation of minorities in prison.

Thank-you for your time and if you do have any questions, please contact me at 920 388-7039.

Sincerely,

Mark Seidl / ldl

Mark Seidl
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
SCAODA Officers and members

Planning and Funding Committee members
SCAODA staff

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

March 31, 2010

The Honorable Anthony Staskunas, Chairperson
Committee on Public Health
Assembly
Room 212 North
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Representative Staskunas:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this letter on behalf of the Council. On March 5, 2010, the State Council passed a motion opposing AB 554 and SB 368 which prohibit the 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. The Council received a presentation in support of the bill from Senator Jon Erpenbach and opposing the bill from Michael Miller M.D., representing the Wisconsin Medical Society. After lengthy discussion, the Council voted to oppose the bill because it would be nearly impossible to enforce; would increase access to marijuana and doesn't comply with federal regulation.

Please find attached supporting documentation received by SCAODA from Senator Erpenbach (pp. 65-72 of 203) and Dr. Miller (pp. 73-112 of 203) which was included in the SCAODA information packet of the March 5, 2010 meeting.

Thank-you for your time and if you do have any questions, please contact me at 920 388-7039.

Sincerely,

Mark Seidl / edl

Mark Seidl
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Scott Stokes, Chairperson, SCAODA Prevention Committee
SCAODA Officers and members
Planning and Funding Committee members
Prevention Committee members
SCAODA staff

Jim Doyle
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State Council on Alcohol and Other Drug Abuse

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Madison, Wisconsin 53707-7851

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

March 31, 2010

The Honorable Tim Carpenter, Chairperson
Committee on Public Health
Wisconsin Senate
Room 306 South
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Carpenter:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am forwarding this letter on behalf of the Council. On March 5, 2010, the State Council passed a motion opposing AB 554 and SB 368 which prohibit the 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. The Council received a presentation in support of the bill from Senator Jon Erpenbach and opposing the bill from Michael Miller M.D., representing the Wisconsin Medical Society. After lengthy discussion, the Council voted to oppose the bill because it would be nearly impossible to enforce; would increase access to marijuana and doesn't comply with federal regulation.

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Sincerely,

Mark Seidl /ed

Mark Seidl
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Joyce O'Donnell, Chairperson, SCAODA Planning and Funding Committee
Scott Stokes, Chairperson, SCAODA Prevention Committee

SCAODA Officers and members
Planning and Funding Committee members
Prevention Committee members
SCAODA staff

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Scott Stokes
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Diversity Committee Meeting Minutes
Wednesday, January 20, 2010
10-2pm
Department of Health Services
1 W. Wilson St, Room B250G

Attendees:

1. Denise Johnson
2. Angela Rivera-Teleconference
3. Michael Waupoose
4. Gail Kinney-Teleconference Attempt
5. Steve Dakai-Teleconference
6. Dino Arestgui
7. Harold Gates
8. Angela McAlister

Guests:

1. Interpreters-
2. Sharon Henes-DRL-IPP Coordinator

State Staff:

Gail M. Nahwahquaw –Staff Person

Diversity Committee Meeting Minutes

I. Call to order:
Meeting was called to order at 10:10am. November 2009 Minutes Approved as submitted. Experienced technical difficulties with the teleconferencing the phone connection to Gail Kinney was dropped twice.

II. DRL-Impaired Professional Program –Sharon Henes
Sharon Henes, IPP Coordinator attended at the committees request to discuss the process for enrollment in the Impaired Professionals Program. There are two modes of admission as reported by Sharon.
1). Disciplinary Track-
- Affects credentials by suspension.
- A request for a Stay of the suspension can be made often in quick time sometimes immediately
- Employer reported automatically enrolled in this track
- Full compliance with Board Order-(written up by the case attorney)
- Subject to random urinalysis (UAs).

2) IPP Track-
- Is private,
- maintained confidentially within the IPP,
- credentials are not suspended

Requirements are mostly the same in the two tracks that the Impaired Professional (IP)
- enter treatment,
- AODA Assessment, including diagnosis
- Participate in Alcoholics Anonymous(AA) or Narcotics Anonymous(NA) meetings,
- Quarterly Work Report and Therapy report submitted to the DRL-IPP, usually by the Clinical Supervisor.
- Until a Stay is approved the professional can not actively practice
- Practice Limitations-sometimes and mostly standard, ie. Professional is not allowed to practice where narcotics are dispensed or available.
- Professional needs to remain 5 years without relapse to continue practicing. If relapse occurs within this timeframe restrictions, suspensions will apply.

Questions/Discussion:
- (Steve D.)Why is AA or NA required when it's not a requirement for any other group?
  - (Michael W.)Why do you believe you can't mandate group participation on a treatment plan?
    (Steve D.) It's not recognized as a formal treatment module.
    (Michael W.) Know that for clients in the DOC can not require/mandate treatment.
  - (Sharon H) The reason could be the nature of the program. A professional choosing to serve in a helping capacity that affects clients/patients lives, maybe held to a different standard and if they want to be able to practice within the profession are required to follow thru with the mandates of this program.

- (Angela R.) Concern that to require the professional to AA/NA meetings could "out" them if some of their clients are in the groups they attend. Especially in smaller communities. Lose the anonymity associated with this mode of support if this occurs.
  - (Michael W.) In this case perhaps the professional needs to come up with a plan for relapse and consider where they plan to attend groups if relapse occurs.
- (Michael W.) Board Order often states: "practice under direct supervision of another counselor." Why not under the clinical supervisor?
  - (Sharon H.) Direct isn't looking over the shoulder necessarily. This statement reflects the need for another counselor to be available or so that the IP isn't working all alone.
  - (Sharon H.) If a clinical supervisor doesn't have the same work schedule as the other staff may be the reason the Board Order suggests direct supervision with another counselor. Again so the IP isn't working all alone.
- (Michael W.) Who reviews the Board Order? Or monitoring for compliance? Sharon H.) The attorney handling the case, other teammates include an investigator and a liaison to the attorney. Sherie Grabor has served as the liaison for the substance abuse counselors.
  - (Sharon H.) Practice limitations are not placed on IPs thought to have experienced a situational relapse. The practice limitations are placed for an IP who is thought to experience ongoing issues with relapse.
- (Sharon H.) Suspension does not apply to IPs who self report.
- Sharon mentioned that DRL is actively working on a rewrite of the Administrative Code-RL 7. A draft is anticipated by February and the goal is to get it passed by September 2010. So far there are at least 20-25 recommendations to be considered for the rewrite. That all IPs will have the opportunity to go thru the program in the IPP process first and not the Disciplinary track as the first option.
- (Michael W.) Suggest the Alcohol Advisory Board help establish guidelines for the IPP with regard to treatment. Gail K. will contact DRL to encourage the advisory board be engaged in this discussion amongst other topics/issues.
- (Shron H.) Board Orders are often modified at the one year mark. IPs often negotiate less UAs, and restrictive practice limitations are removed. The treatment provider determines if the IP can decrease treatment. However treatment can not be terminated without DRL approval.
- (Michael W.) The invitation of IPP Coordinator came as a result of the lack of communication by the DRL staff.
  - Sharon states DRL is certainly aware of this issue and hopefully changes can occur in 2010. Workload is unmanageable, where 2.5 FTE's did the work before now Sharon is the only one. She has a caseload of 1400 active files and 100 IPPs.
  - Old forms are still on the internet with an old fax number listing so required Alcohol assessments and diagnosis materials are not getting to her.
  - One example situation of a counselor wanting to self report was unable to connect with IPP, continued to relapse lost a job and now is in the disciplinary track. License has been suspended. Had this counselor been able to connect earlier the results may have been different.
  - DRL is aware of these issues which is a part of why the Adm.Code-RL-7 is under a rewrite status. Hopefully changes within the rule can help address the disconnect.
    - Suggest including a response time variable within the code. Stating DRL will respond within such and such a time line. When the IPP Coordinator is not able to respond within the timeline review reasons. May help with keeping positions filled in critical jobs.
  - Michael suggests the Diversity committee make a motion that the DRL engage the alcohol advisory board with regard to the RL-7 rewrite, but other alcohol related issues as well.

III. SCAODA Strategic Plan-

Next meeting is scheduled for Thursday January 28, 2010 in Madison at Genesis Enterprise Center, 313 W. Beltline Highway, Madison, WI 53713, from 9:30 a.m. to 2:30 p.m.

The Planning and Funding Committee is taking the lead on this process reviewing the current strategic plan, goals and critical issues. The summation of the first meeting was provided.

Also provided were the Diversity Committee August meeting minutes, to help remind members of the specific strategic plan goals for the Diversity committee.

Discussion:

- Quality Assurance remain a priority.
  - There are numerous resources, such as the Marin Institute, a watchdog group for alcohol issues. A recent report examines the alcohol tax issue and a potential for program funding out of alcohol tax.

http://www.marininstitute.org/site/images/stories/pdfs/in_the_red_report.pdf

  - The National Quality Forum, www.qualityforum.org has resource material on cultural competency.

National Quality Forum (NQF). *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: A Consensus Report*. Washington, DC: NQF; 2009. (http://www.qualityforum.org/Projects/c-d/Cultural_Competency/Public_Version_of_Report.aspx)

NATIONAL QUALITY FORUM: Issue Brief No. 14, April 2009
Cultural Competency: An Organizational Strategy for High-Performing Delivery Systems
(http://www.calendow.org/uploadedFiles/Publications/By_Topic/Culturally_Competent_Health_Systems/General/NQF%20Cultural%20Competency%20Issue%20Brief.pdf)

  - Suggest Quality Assurance-be a breakout session topic at the upcoming Bureau conference.
- Suggest that the topics discussed during the August meeting be the areas of focus for the Diversity Committee in the next four years.

IV. ADA Workgroup:

Denise completed her interpretations of the survey results. She admits it was difficult to fully determine a providers knowledge level based on the results. The survey questions could have been formatted more specifically, for instance in question #1. asks about a providers awareness and knowledge about use of three separate tools, TTY, TRS and VRS. Denise could not determine where the training need lies based on the survey results. TTY and VRS are so very different but she doesn't know which mode of communication technology a provider needs the training.

Denise will email her interpretations to be included in the minutes. Based on her interpretations of the survey results she knows providers need more training. When asked about training opportunities at conferences, Denise shares that she continually suggests a plenary session that includes working with Deaf, deaf-blind and hard of hearing. Because people can opt out of a breakout session stating "I don't work with this community" and the same can be said for other groups, ie racial and ethnic minority groups. Denise cited the last Bureau Conference plenary speaker acknowledging his lack of awareness of serving deaf community. In his plenary talk the speaker acknowledged the misinterpretation of one clients communication and unfortunately the client was made to feel assaulted as a result of the actions taken on her request to sleep.

Suggest Diversity Committee serving more in the capacity of trainers, but Michael is cautious to have this committee be viewed as the committee responsible for the diversity or cultural competency issues and trainings. When diversity and cultural competency affects every level of SCAODA and should be considered within all committee's scope. Other suggestion is to bolster the Diversity webpage with practical tools and resource materials, and contact information for anyone choosing to assess cultural competence within their respective agencies.

Denise would like Candace Peterson's assistance in reviewing the survey interpretations and get her expert feedback. Harold and Denise will exchange email for this connection to be made.

Ultimately one outcome would be that DRL requires cultural competency training for substance abuse counselors. And the precedent has been set with other professional membership organizations such as NASW, Psychologists associations.

V. Cultural Competence/SBIRT Update:

Steve reports that the Tribal State Collaboration for Positive Change (TSCPC) is expressing the need for MCTI, Angela to remain an active participant in the group and to appoint a designee when she's not able to attend. Angela responded that her time and workload responsibilities have double serving as both the WAAODA Interim Executive Director and the MCTI Program Manager. And there isn't anyone else on staff for her to designate for meetings. She does plan to communicate with Ken Ninham regarding his suggestion to dedicate training efforts to the northern regions of the state where collectively most reservations are located. Angela has been in touch with Bob Carty and Mark Sanders both from IL to fill this training role.

Angela had to leave, but Michael asked that she bring up to the WAAODA and WAADPA their position on the Joint Marriage and Family Therapists action on Alcohol Specialty elimination for its members. And for her to suggest that one or both of these member organizations petition to have a Substance Abuse Counselors Examining Board. Steve suggests maybe one solution is to have a Behavioral Health certification for mental health and AODA.

Also the TSCPC want to ensure the tribal specific issues associated with the IDP stay on the radar screen. There is tribal representation on the IDP Subcommittee, Menominee, Ho-Chunk and Forest County Potawatomi, although this person was recently elected to his respective tribal council so is looking for a replacement. Michael advises that the tribal representatives stay engaged in the subcommittee.

VI. Joint Marriage and Family Therapists-Action for Alcohol Specialty Elimination

Steve reports on behalf of Jerry Kaye and WAADAC that they are in full opposition to the action taken to eliminate the alcohol specialty for the JMFT counselors. WAADAC expresses the need for this specialty training in treating individuals with addiction issues. Substance Abuse counselors are not able to give mental health diagnosis without adequate training and the same should hold true for therapists treating addictions, they shouldn't be able to diagnose and treat without adequate training. WAADAC has not taken formal action to date. Steve also shared that public testimony on this issue occurred at the Bureau conference-public forum again the sentiment was in opposition to the JMFT action.

Michael will follow-up with the leaders of the W's to set a meeting to talk about this issue.

VIII. Announcements:

Next Meeting-February 17, 2010, 10-12pm location TBD

Suggested Diversity Committee 2010 meetings…..

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SCAODA Meeting, March 5, 2010, 9:30am-3:30ppm, American Family Conference Center

IX. Agenda Items for Next Time:

Suggested 2010 Meeting Dates

Wednesdays	**SCAODA 2010 Meetings**
January 20, 2010	
February 17, 2010	**March 5, 2010, 9:30-3:30pm**
April 21, 2010	**June 11, 2010**
May 19, 2010	**September 10, 2010**
July 16, 2010	
August 18, 2010	
October 20, 2010	
November 20, 2010	**December 10, 2010**

Diversity Committee Meeting Minutes
Wednesday, February 17, 2010
10-12pm
Department of Transportation
2101 Wright St.
Red Granite Conference Room

Attendees:

1. Angela Rivera
2. Michael Waupoose
3. Steve Dakai-Teleconference
4. Harold Gates

State Staff:
Gail M. Nahwahquaw –Staff Person

Diversity Committee Meeting Minutes

I. Call to order:
Meeting was called to order at 10:15am. Members reviewed the January 2010 Minutes with no action. There was not a quorum.

II. SCAODA Strategic Plan-
The Planning and Funding Committee has hosted two Strategic Planning Meetings to date. The goals identified by members attending the strategic panning meetings are listed here and the meeting summation attached.

(Steve)Was there any discussion about Goal 4? It seems like an unattainable goal, at least in 4 years and not without more insights on any congressional healthcare reform action. (Michael) There was lots of discussion about all the goals, certainly Goal 2 may not be attainable in the timeline set out, but SCAODA is willing to focus on it as a priority area. There are numerous questions about "who" will be responsible, for instance in making SCAODA more present to the Governor.

One example may be through the already existing formats for ethnic minority communities that already have a link to the Governor. Such as the State of the Tribal Nations, address that occurs annually or other organizations that can carry a message to the governor and state legislators regarding AODA issues within their respective communities. One other organization may be WAPSE for the African American state employee's organization.

PRIMARY OUTCOME GOAL AND MEASURE:

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

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.

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.

3. Wisconsin has an educated 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.

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 (1)

5. SCAODA with its committees provide direction to and attain strong value system leadership from 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.

(Harold) Another suggestion is to not reinvent the wheel. We have access to resources for quality assurance. Assessment tools, articles, Cultural and Linguistically Appropriate Standards to evaluate organizations. All of which can be linked to national standards. One example being www.CultureCareConnection.org out of Minnesota. An agency contracted to provide technical assistance for Medicaid and Department of Health and Human Services, (DHHS).

Harold is also interested in knowing more about Dino's thoughts on quality assurance, because he is certainly onto an important area of focus for the Diversity Committee. In meetings past Dino mentioned what he sees is how clients with lower socio-economic status seem to have access to treatment issues in that they are limited to access to agencies with higher client to counselor ratios.

(Michael) How do we define quality? Is smaller caseload size a predictor of success? Quality will vary between agencies depending on the target community being served, is it a stand alone treatment agency, an agency serving low-income-with larger case management needs. The definition of quality will very between these various agencies based on a number of indicators. Administrators will need to realize the need for staff balance with quality of care.

(Angela R.) There is a shift in agency practice models from a non-profit to for-profit attitudes in treatment and service, which creates a struggle to manage quality.

Data will be a big piece of Evidence Based Practice (EBP) or Best Practices in general. (Steve) The process or structure with which to get a practice approved as evidenced based is so difficult. (Michael) EBP/Best Practice is a continuum from the rigid scientific approach to gain approval to the smaller scale focused study to make change for improved quality. The Diversity Committee will need to decide how they choose to affect quality assurance for diverse community agencies. Is the idea to push the "system" to better understand where various communities are coming from and encourage more culturally competent approaches? Or do the agency staff and communities need to better understand the EBP continuum? Those who feel like EBPs are not me, because they've not been proven to work in my community. There may be a role for the Diversity Committee to play in helping agencies/communities better understand the EBP/Best Practice continuum to better apply any strategy for improvements. Further discussion is necessary to clarify the Diversity Committees role.

(Angela R.) Licensing has an effect on quality assurance too. Greater emphasis on treating the whole person is recognized seemly more within newer licensed counselors (SA/MH) than in those who have been providing counseling service for a longer period of time. There is so much categorization of disciplines that builds discrepancies between Substance Abuse Counselors and Mental Health practitioners. The SBIRT model an assessment model within the medical providers office is a system to help link a person to necessary ancillary services, specifically AODA/MH treatment services to help meet the patient's needs.

Currently all HFS 75 certified treatment programs are obligated to assess for and document co-occurring diagnosis and referrals to those services for treatment. If this treating a person with a more holistic approach isn't occurring where is the breakdown? The emphasis for change for where to better influence change may be at the direct service level as opposed to mandates. National standards can be tied to this education as well, educating providers about pending Joint Commission Accreditation Health Care Organization (JCHCO) for culturally competent care.

DRL is not in the business of dictating educational attainment for various practices, they license based on specific criteria and respective Boards are responsible for the educational standards within licensing criteria.

Michael will contact Jerry Kaye to get on the WAADAC agenda to ask about this organization's role in advocating for a Substance Abuse Counselors Examining Board.

The strategic planning process has been difficult to understand, Michael is not sure of timelines and if Diversity is to have a workplan ready for approval by June 2010. (Gail N.) Thinks the processes need to occur concurrently and that ideally a draft is expected by the March 5th SCAODA meeting. If there isn't a draft then certainly a verbal report about the discussions the Diversity Committee has had on the direction of their workplan.

III. Cultural Competence/SBIRT Update:
WIPHL is in the process of developing workplans for various committees. The Cultural Competency initiatives are directed in steering committee. Harold provides training to the health educators and technical assistance to clinics addressing disparities. The next conference call will address Homelessness and area of interest for HEs and clinic staff. WIPHL project underwent a cultural competency assessment and working on defining what cultural competency means for them.

SBIRT is in its 4th year with one more to go with federal funding. WIPHL has started to more actively work on sustainability pieces anticipating the federal funding cut in 2011. SBIRT is still overseen by the Department of Health Services, who contracts the funds. The Wisconsin Medical Society also has an oversight role to the SBIRT project. Harold suggests the book, "Cultural Competency in Progress and Practice; Building Bridges".

The work going on thru WIPHL in the SBIRT project is very encouraging, how d we inspire that same passion to affect change toward more culturally competent care. It's like applying Motivational Interviewing strategies on an organizational (macro level).

Steve suggests the book "Who Moved My Cheese". Maehnowesekiyah currently has an Adolescent Services position open and will have a Substance Abuse Counselor position announced soon.

VIII. Announcements:
Next Meeting-April 21, 2010, 10-12pm location TBD
Suggested Diversity Committee 2010 meetings…..
. **SCAODA Meeting, March 5, 2010, 9:30am-3:30ppm, American Family Conference Center**

IX. Agenda Items for Next Time:
Strategic Plan and Diversity Workplan

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

Diversity Committee Meeting Minutes-Amended
Monday, April 5, 2010
1:00-3:00pm
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. Angela McAlister
6. Sandy Hardie-Teleconference
7. Denise Johnson-Teleconference, Interpreters
8. Gail Kinney-Teleconference

Absent-Unexcused

1. Dino Arestegui
2. James Crawford
3. Jerry Kaye
4.

State Staff:

Gail M. Nahwahquaw –Staff Person

Diversity Committee Meeting Minutes

I. Call to order:
Meeting was called to order at 1:10pm. Members reviewed the January and February minutes. Discussion- there is no longer a listing of the members absent (excused/unexcused) and the committee would like that documentation added back into the minutes, starting with the April minutes.

January and February Minutes approved as submitted.

II. Federal Rule Privacy Changes:
Committee members reviewed an article posted on *Join Together* and weblinks attached in the article regarding The Patient Protection Coalition's draft proposal to amend 42 CFR, allowing

very limited disclosures of information about substance use disorder treatment to healthcare providers and health plans for purposes of treatment among other related healthcare issues. Included in the draft is the suggested increase in penalties for unauthorized disclosure of patient information as well.

Treatment and Recovery organizations such as Faces and Voices of Recovery, the Legal Action Center (LAC) and National Association of State Alcohol and Drug Abuse Directors (NASADAD) are not endorsing the draft changes issuing statements that support 42 CFR in its current form and suggesting that communication with healthcare providers can still include treatment information with a patient's release of information.

Obviously more discussion will need to occur and *Join Together* suggests SAMHSA take a lead role in a deliberative process so the treatment and recovery field is not left out of the discussion involving patient privacy and the integration of healthcare information.

Everyone agrees on the importance of patient/client privacy rules. Steve is not against electronic medical records, and he and Gail K. agree until they fully understand LACs opposition to the coalition's draft changes they are inclined to agree with their stand on the issue. Michael shared he works in a large medical system, with electronic records and 42 CFR is the rule however, physicians can view patient medications record, which can be helpful if counterintuitive or antagonistic medications are ordered by providers. The treatment clinic is considered a confidential site, so there are limits on what information is shared in the patient record. And clinic staff do not make notation in various sections of the electronic record as an internal rule to ensure patient confidentiality.
Denise stated concern for ongoing client privacy once staff changes occur. The tracking mechanism for electronic records is in place at Michael's workplace. Whereas in a system with hardcopy/paper charts the checks and balances to know who can view a patient record isn't as foolproof.

Harold reminds that the privacy issue is a concern for all patients, but how is this issue tied into cultural competency and to research the topic from that perspective to get a full understanding for the work of the Diversity Committee.

Another consideration is when patient's doctor shop or when the physical health care potentially is jeopardized by not knowing a patient is in treatment. The clinic where Michael works underwent a Bureau of Quality Assurance review to renew its certification, and the surveyor was somewhat concerned that the treatment staff are able to view a patient's full medical record. But didn't have an answer as to why he/she believed this to be a concern. Diversity members recognize that having a shared medical file with limited treatment information can be a therapeutic tool when used appropriately.

Michael suggests this be a topic item at the next SCAODA meeting, inviting someone to present on the issue and potential consequences of changes to 42 CFR.

III. SCAODA Strategic Plan-

The next Strategic Planning meeting is scheduled to occur on Thursday, April 15, 2010. And the Diversity Committee is charged with having a draft workplan prepared by the June SCAODA meeting. So the SCAODA four year Strategic Plan and committee workplan goals creation are occurring simultaneously. This process has caused confusion by more than a few committee members. Some concern is that committees may find themselves duplicating efforts because this hasn't been a more inclusive process.
However the Diversity Committee will come up with a plan and submit annual workplan updates.

The attached draft plan based on committee discussion over the past several meetings was created as a discussion item for this meeting. Gail Kinney submitted suggestions, listed in red. Committee members need to define achievable action steps that help meet targets they will choose to work on.

Members discuss ideas to establish resources lists. Lists can be of agencies known to provide culturally competent care that meets specific cultural groups or a list of questions for clients to review to help them understand if a potential agency can meet their needs for treatment services in a manner that is culturally competent.

The Diversity Committee has already started listing on the SCAODA, Diversity Committee webpage assessment tools and information for treatment agencies to utilize if they want to become more culturally competent. Committee members talked about enhancing this list, and providing or linking to evidence based practices/promising practices that can be helpful for agencies to know when working with diverse communities.

The committee needs to know where it can have or has influence to better meet the treatment needs of diverse communities But everyone already has huge work responsibility, and Michael suggests the committee work toward macro-interventions versus micro interventions that are achievable and that utilize the effective resources already in place when warranted. Ultimately for the Diversity Committee the goals and action steps will help build on a system or influence a system so that racial ethnic and other diverse communities receive better treatment services in Wisconsin.

Michael will work with Gail N. to draft a Diversity Workplan, members will communicate specific action steps based on the aforementioned qualifiers to Michael for inclusion into the workplan.

SCAODA-Strategic Plan
July 2010-June 2014

PRIMARY OUTCOME GOAL AND MEASURE:

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

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.
   - ***Quality Assurance-***
     Implementing Evidence Based Practices (EBP) as a means to guide improved quality services. Outcome information will be increasingly important to demonstrate effectiveness. In theory implementing EBP is viewed as a good idea, communities and staff become reticent citing the "Practice" not being validated in diverse communities or questioning who (which community) is the EBP evidence based on. Managers at agencies will need to develop an evaluation process to assess effectiveness from where an agency (staff) starts, ie where they're at. Measuring effectiveness of working within the community. Encourage prevention, intervention and treatment services to measure their own effectiveness in providing culturally competent services for the communities they serve.

   - ***Culturally Contextual Practice:***
     The Diversity committees plan should enhance SCAODA awareness of the diverse cultural context relating to AODA prevention and treatment practice, which is an issue diverse communities experience now. Members here state diverse communities are not receiving AODA services in a cultural context.

     An example being in the media, diverse communities are not "hearing" the prevention messages in their own language. Marketing of AODA prevention/treatment messages is reported to be created in a generic model and more cultural components are not fully considered. Diverse communities are held to a unique standard and often left to "fixing" their own communities. Examine how service providers and unique communities can best be assisted in determining what practices are effective within their own cultural contexts.

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

3. Wisconsin has an educated 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. *Encourage consumers to determine if prevention, intervention, or treatment services provide culturally competent services that are effective in meeting their needs.*

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 (1)

- ***Workforce Gaps:***
  There seems to be regional workforce gaps that may be considered when creating the strategic plan. Members in the southeast region report there doesn't seem to be many people of color graduating from human/social services programs therefore increasing this workforce gap. The Deaf and Hard of Hearing community is also experiencing this same gap in workforce. Community members go out of state to get their training, and finding roadblocks to licensure once back in Wisconsin on an inability to get internships to help meet licensure requirements. This same gap is not being reported in the Western Region, plenty of students of color are graduating it's a matter of helping them to understand the field, the student's lifestyle preference-where they want to live, how much they'd like to be paid, ect. One suggestion is to make targeted marketing efforts that clearly identify the critical needs of the AODA treatment profession or field. Helping prospective counselors understand "what it takes" to meet the needs of the communities they will serve.

- ***Training***
  Cultural Competency-Most people/agencies become overwhelmed in trying to meet cultural competency standards. Thinking they need to know something about every culture or belief. Need to get the message out that a major component of cultural competence is to recognize personal limitations. Instilling counselor strategies that emphasize meeting on "common-ground" in the first place.

  Cross cultural strategies and skills can be shared. Helping counselors understand their own skills and limitations. Focusing on developing a trusting client-counselor relationship and meeting clients on common ground from the outset to help bridge cultural differences. Influence qualified minority group members to seek training and employment in preparation for work in treatment and recovery services.

5. SCAODA with its committees provide direction to and attain strong value system leadership from 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.
   - ***Culturally Contextual Practice:***
     Advance improvements in culturally competent training for service providers.

IV. Announcements:
Next Meeting-May 19th, 2010, 10-12pm location TBD
Suggested Diversity Committee 2010 meetings…..

V. Agenda Items for Next Time:

Strategic Plan and Diversity Workplan
Follow-up on 42 CFR
WAADAC-

Suggested 2010 Meeting Dates

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Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

May 18, 2010

Secretary Cecelia M. Jackson
Division of Regulation and License
1400 East Washington Avenue, Room 112
Madison, WI 53703

Dear Secretary Jackson:

As Chairperson of the State Council on Alcohol and Other Drug Abuse (SCAODA) and on behalf of the State Council, I recommend the Department of Regulation and License include the participation of the Substance Abuse Advisory Committee as advisors for the rewrite and/or the review of Administrative Code, RL 7, which guides the Impaired Professionals Procedure.

DRL established the Substance Abuse Advisory Committee during the transition from the Wisconsin Certification Board to the DRL. This committee made up of Substance Abuse Counselor experts have valuable skills, to inform the rewrite process and make recommendations based on sound practice and experience.

Sincerely,

Mark Seidl/ldl

Mark Seidl
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Michael Waupoose, SCAODA Diversity Committee
SCAODA Officers and members
SCAODA staff

Strategic Prevention Framework State Incentive Grant/ Prevention Committee Meeting

January 21, 2010
9:30 am – 3:00 pm
DeForest State Patrol Headquarters.

Meeting Minutes

Members Present: Scott Stokes (chairperson), Racquel Bell, Phil Collins, Janet Nordorft, Lee Wipfli, Julia Sherman, Francie McGuire Winkler, Chris Wardlow, Rick Peterson, Jane Larson, Ronda Kopelke Stacy Stone, Doug Merrill, Sarah Linnan, Gary Sumnicht

Staff: Louis Oppor, Kathy Thomas, Russell Squire

Welcome and Introduction

Scott Stokes called the meeting to order at 9:35 am and welcomed members. The committee members introduced themselves.

Approval of Notes

The committee decided unanimously to adopt the meeting minutes of September 17, 2009.

SCAODA Four Year Strategic Plan

Louis Oppor provided an update on the SCAODA Four Year Strategic Planning session. The committee chairs were brought together for a planning meeting. The Prevention Committee goals are to reduce Alcohol and Other Drug Abuse (AODA) use and Abuse with an emphasis on youth use. The committee wants to set a goal of having Wisconsin outside the top ten in every AODA category. This goal matches up precisely with the goals of the Healthiest Wisconsin 2020 plan.

Louis Oppor asked if anyone noticed any oversights in the SCAODA goals. Julia Sherman asked if the planning committee really wants to set changing cultural norms as a goal. Since no one committee can actually change norms, Ms. Sherman suggested that they might want to change their goal to state that SCAODA wants to help change the alcohol culture in Wisconsin, which is a more manageable goal. Ronda Kopelke mentioned that she wanted SCAODA to mention that Wisconsin currently has the capacity to make changes through community coalitions. Ms. Kopelke added that she would like to see a greater focus on prevention embedded in the SCAODA Committee Goals.

Alcohol, Culture and Environment Report

Julia Sherman Presented the final Alcohol, Culture and Environment (ACE) committee Report. Ms. Sherman started off stating that all of the ACE committee recommendations are research based. The ACE committee noticed that there was no vision of what a good alcohol culture looked like, so they decided to frame what they thought an appropriate culture looked like.

The Ace committee organized their recommendations by the body that would adopt them – in order to make the report a useful document. Ms. Sherman is still working out how to change certain areas of Wisconsin law, based on whether changes need to be made to laws or administrative rules. Ms. Sherman stated that she believes the recommendations to municipalities is the most important section of the report, because municipalities have the ability to implement changes relatively quickly and based on local need.

Julia Sherman made a motion to endorse the ACE Report and send it to SCAODA for approval and distribution. Chris Wardlow seconded the motion The Motion was unanimously approved.

Substance Abuse Prevention

Louis Oppor explained that back in 2007 the department of health services instituted a new data collection service called SAP-SIS. The SAP-SIS collects data from anyone who receives federal block grant funds for prevention.
Prevention money goes to:

- Every county in the state
- Tribal authorities
- Brighter futures initiative sites
- And a few other organizations

A majority of these dollars go to county human service agencies. The State sends out money to counties based on a formula, in order for the counties to support substance abuse services. Counties are responsible for meeting their own substance abuse service needs. 60 percent of counties receive less than $10,000 dollars for prevention, with some receiving as little as $1,000 dollars. Many counties use that money to supplement a substance abuse councillor's salary, and add some prevention duties to the councillor's job description. Many counties are spending their prevention dollars on programs that Mr. Oppor thinks are either ineffective or not prevention programs. Mr. Oppor wants the State to improve the way these counties spend the money they get for prevention.

Julia Sherman asked if the prevention monies need to be spent by the county HSA's. Mr. Oppor replied that HSA's can contract out the money to other agencies. Currently some of the counties contract some of the prevention dollars to sheriff departments to pay for compliance checks.

Francie McGuire-Winkler pointed out that there is a place for prevention programs that aren't strictly environmental strategies, and that it is hard to get money for these

programs. Chris Wardlow mentioned that we lost a lot of prevention infrastructure when we lost the safe and drug free schools money. The prevention dollars that his county gets from the block grant pays part of his salary. Without the money he doesn't know what would happen to county participation in community coalitions. Mr. Wardlow thinks that it is important to use these prevention dollars to improve prevention infrastructure in addition to funding environmental strategies. Rhonda Kolpke brought up requiring that every county have to send an employee to the state prevention conference in order to get prevention training.

Review of AODA Related Legislation and Recommendations

Julia Sherman provided updates on several pieces of legislation. Assembly Bill 335 which creates an exemption for private colleges and universities to establish an area to sell alcohol without a permit. Francie McGuire-Winkler introduced a motion to oppose Assembly Bill 335 on the grounds that is in conflict with current law and preempts local alcohol control, as would also lead to an increase in the number of alcohol outlets. Rick Peterson seconded the motion. The motion passed unanimously.

Assembly Bill 390 allows individuals who are not driving to consume alcohol on a commercial quadricycle. Julia Sherman introduced a motion to oppose Assembly Bill 390 because it would promote accessibility to alcohol, cause traffic safety issues and preempt local control. Francie McGuire-Winkler seconded the motion. The motion passed unanimously.

Assembly Bill 106 creates a threshold age for legally purchasing alcohol for minor. Assembly Bill 545 (Senate Bill 368) is a bill to legalize medical marijuana in the state of Wisconsin. Janet Nordoft introduced a motion to oppose the bill on the grounds that it was nearly impossible to enforce, increases access to marijuana and doesn't comply with federal regulations. Francie McGuire-Winkler seconded the motion. The motion passed unanimously

Assembly Bill 227 requires pharmacies to create a registry for schedule 2 and schedule 3 drugs. Janet introduced a motion to support AB 227. Francie McGuire-Winkler seconded the motion. The motion passed unanimously.

Other Drugs of Abuse Sub-Committee update

Louis Oppor listed the people he is targeting as possible members of the Other Drugs of Abuse Sub-Committee. Mr. Oppor Solicited the group for any further suggestions for people to add to his list. The committee will consist of twenty members at the maximum.

- Stacey Stone suggested looking for someone from the Tribal Task force
- Lee Wipfli suggested Officer Greg Jonas
- Janet Nordorft suggested Officer Diana Reilly
- Julia Sherman suggested Barry Busby
- Janet Nordoft suggested someone from the school system, as well as adding a family member of someone who died from drug use

- Scott Stokes suggests adding a recovering addict.
- Francie McGuire Winkler wants to make sure there is more than one African-American member on the Committee
- Kathy Thomas suggests Rebecca Duschane, Ms. Thomas also thinks having a Hispanic member on the committee is important.

Department Updates

Department of Public Instruction – Gary Sumnicht reported that since the Safe and Drug Free Schools Program has been eliminated, this will be the last year they have money from that program. Mr. Sumnicht said there will be some federal competitive grants, called Drug Free Schools, going out this year, and he thinks that Milwaukee should get some of that money. These grants will be nationwide with no state quota that schools will apply to individually. Tobacco prevention money is gone. There will be some bridge grants to try to maintain some of the infrastructure from safe and drug free schools. Gary says they are trying to save the staff they have by moving people's positions around.

Department of Health Services – Lou Oppor reported that the SPF-SIG grants are in the implementation phase. DHS is planning a SPF-SIG–Law Enforcement meeting to bring together SPF-SIG grantees with local law enforcement. There has been a lot of activity with the Parents Who Host Lose The Most campaign. Over 60 community coalitions are involved in the campaign. DHS is paying for 40 billboards advertising the Parents Who Host Lose The Most Campaign to be put up across the state. None of the Parents Who Host Lose The Most Campaign materials have specific dates on them, so they can be used year round.

Department of Transportation – Janet Nordoft reported that the DOT still has more money available for CARD grants. DOT has issued 25 grants with another 6 grants pending. First time grants are for 5,000 dollars and need to be submitted by March 30th. Ms. Nordoft has some money left over, so told the group that if they had any programs that fit NTSA guidelines she might be able to help. She might be able to help purchase materials or fund trainings.

Department of Justice – Phil Collins reported that the Attorney general has about 3 million dollars to give out to tribal law enforcement for alcohol and drug abuse related issues.

Strategic Prevention Framework - State Incentive Grant – Stacey Stone reported that the SPF-SIG grantees have started their sustainability training, and are moving to electronic data analysis. They are trying to get one rep from each tribe to go to the national prevention resource conference.

Adjourn

The Meeting was adjourned at 3:00 pm.

SCAODA Motion Introduction

Committee Introducing Motion: Prevention Committee
Motion: 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.
Related SCAODA GOAL: GOAL 2, Support the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with special emphasis on underage use.
Background: DHS 75.04(3) requires that (a) A professional employed by the service shall be knowledgeable and skilled in all areas of substance abuse prevention as defined under the certified prevention professional competencies established by the Wisconsin certification board, inc. (Currently the Department of Regulation and Licensing), or documentation of similar prevention competencies approved by the department. (b) Paraprofessional personnel shall be knowledgeable and skilled in the areas of substance abuse prevention as defined under the registered prevention specialist competencies established by the Wisconsin certification board, inc., or documentation of similar prevention competencies approved by the department. (c) Staff without previous experience in substance abuse prevention shall receive inservice training and shall be supervised in performing work activities. Sub-Committee would examine the substance abuse prevention training needs among Wisconsin professional substance abuse prevention professionals. In addition, the Sub-Committee would examine the availability of training to meet the requirements established by the Wisconsin Department of Regulation and Licensing to become a Certified Prevention Specialist. The Sub-Committee would establish recommendations based on their findings that would help to assure quality and competency of staff providing substance abuse prevention services to deliver effective evidence based substance abuse prevention services.
Rationale for Supporting Motion: Wisconsin currently does not have a substance abuse prevention training system to provide required training for individuals seeking Prevention Certification from the Department of Regulation and Licensing. In addition, the sub-committee will provide recommend measures to assure there is a competent work force for the delivery of effective and evidence-based substance abuse prevention services are provided in the State of Wisconsin.

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, February 9, 2009
10:30 am – 12:30 pm
Department of Corrections
Madison, WI

MINUTES

Present in person: Norman Briggs, Dave Macmaster, Linda Preysz, Nina Emerson, Kate Johnson - staff

Present by Phone: Tami Bahr, Sheri Graeber

Absent: Dan Nowak, Andrea Jacobson, Renee Chyba, Michael Waupoose

Welcome, Introductions, and Review of Minutes
The meeting called to order at 10:35am by Chairperson Linda Preysz. Due to the lack of attendees, Linda plans to reschedule the strategic planning part of the meeting. Kate will send a Doodle appointment request for a two-hour time period.

There were no comments or edits to the January meeting minutes. Norm made a motion to approve the minutes, which was seconded by Mac. The minutes were approved.

Children, Youth and Families Subcommittee Update
Tami reported that the biggest focus for the subcommittee is the upcoming open meeting on Friday, February 12th to discuss opiate use among young adults. In addition to the topic of opiate use with adolescents, the meeting will also address harm reduction vs. abstinence (encouraging youth to quit abusing opiates in contrast with quitting all drugs), current laws in Wisconsin, and a working lunch with the subcommittee meeting in the afternoon. There are over 20 registrants beyond the subcommittee members, including law enforcement.

There was discussion about the general community's knowledge of this issue. There was an article in the Wisconsin State Journal about a 16 year old who died, but Tami said that the focus seemed to be about drug testing that was available through the school. The article didn't include statistics or details about the actual prevalence of opiate abuse among teens.

Mac recommended sending information about the meeting to WAADAC (Wisconsin Association of Alcohol and Drug Abuse Counselors), WADTPA (Wisconsin Drug Treatment Providers Association), and WAAODA (Wisconsin Association on Alcohol and Other Drug Abuse). Norm mentioned that he received a call from David Walhberg from the Wisconsin State Journal asking questions about methadone treatment, especially in rural areas. Norm recommended Tami consider inviting Mr. Wahlberg to the subcommittee presentation.

The subcommittee has been able to provide the GAIN short screen to DPI to assist educators who think a student may have AODA issues. While the GAIN short screen is not a full assessment, it allows schools to gather information to determine if a youth needs treatment.

WiNTiP Update
Mac provided an update about the work of WiNTiP and the Advisory Group and provided a handout with WiNTiP's goals for 2010. Advisory Group members have been asked to take the WiNTiP integration

resolution to their agencies and membership associations and ask them to commit to those ideas. WiNTiP is working to get nicotine treatment designated within the scope of practice of AODA treatment and is advocating to have two positions in the Bureau of Prevention, Treatment and Recovery designated for nicotine treatment.

WiNTiP is developing three webinars for AODA professionals about nicotine pharmacology, AODA integration, and mental health integration; all resources will be provided electronically through their web site. WiNTiP is continuing to look for funds, and they are planning to contact their legislative delegation to try to secure resources. Linda recommended that WiNTiP carefully and specifically craft their request to the legislature about positions, funds, etc. WiNTiP's workplan includes a goal to secure at least three grants to increase funding. Norm suggested the Robert Wood Johnson foundation as a potential grantor.

WiNTiP is continuing to grow their web site (www.wisconsinwintip.com) and plans to expand to Twitter and Facebook. In addition, WAAODA has scheduled a plenary session for Dr. Eric Heiligenstein to present about WiNTiP as well as a 6-hour training slot for a presentation about evidence-based nicotine treatment at their spring conference.

There was a discussion about revenue from cigarette tax. Nina recommended that after the education wave of contact with legislators, WiNTiP should consider asking for a specific percentage of the cigarette tax revenue. Once people start hearing the actual data about number of AODA and mental health clients who smoke and the number of people who die from nicotine-related illnesses, legislators may be willing to re-evaluate treatment funds for this cause.

Norm asked about the training integration plan for inclusion of nicotine cessation information in training for AODA staff. WiNTiP is working with New York State to be able to use their training set-up and resources. Sheila Weix, chair of WADTPA, has already integrated nicotine cessation training within her agency. She is providing feedback to the Department of Regulation and Licensing (DRL) about her agency's experience and recommendations for inclusion in statewide AODA training requirements. Shari said that there probably won't be an issue with DRL accepting this proposal for inclusion as an acceptable ongoing training requirement because nicotine is considered a substance and would fall within the scope of substance abuse treatment; the larger issue may be more related to inclusion in educational programs for mental health and AODA professionals since nicotine treatment is not included on professional certification exams.

Intoxicated Driver Program (IDP) Subcommittee Update

At the last subcommittee meeting on February 5th, members continued discussion of committee activities, SCAODA strategic planning, and subcommittee strategic planning. There was much discussion about what to address first, specifically changes in policy and practice or funding. Mac suggested that the subcommittee could refer funding issues to the Planning and Funding Committee.

Andrea discussed the subcommittee's examination of data outlining client noncompliance with assessments and driver safety plans (DSP). There seems to be a large number of people who are in noncompliance with their assessment, and if they don't show up for the assessment, then they don't proceed to the next step in the IDP process. The subcommittee looked at the noncompliance numbers, conviction numbers, and percent noncompliance rate for 2008 and 2009 combined with data showing assessment fees, unemployment rates, and population size by county. The next steps will include an analysis of the numbers to see if there are any trends in the data. Norm had a question about the differences in how agencies and courts deal with noncompliance with a DSP. Andrea shared that in Dane County, DOT sends a revocation for the offender's license; the court typically does not get involved with noncompliance and revocation issues.

ITC members discussed the operation of the IDP and fee collection process in Marathon County. Marathon County showed the lowest rate of noncompliance with assessment; they also have the lowest assessment fee. The client pays $45 to the assessment agency up front, and then the court collects the rest of the fee directly from the client. While there may be more background as to why Marathon County has such a low noncompliance rate, this process may show promise as a way to gather fees and keep clients engaged. Shari raised the question of the number of people who may be in prison and can't or don't get their assessment before or while they are in prison. Some offenders are counseled to get their assessment before conviction because it may help with their sentence, but still many of them don't complete their assessment before incarceration.

Nina reviewed the draft strategic goals with members. Linda requested that a goal be added addressing issues of diversity and implementation of IDP.

SCAODA and ITC Strategic Planning
This item was postponed and a separate meeting will be scheduled to discuss strategic planning goals.

Other items and next meeting planning
Norm presented a workforce survey from the national Addiction Technology Transfer Center (ATTC) (see attached). ATTC plans to conduct the survery in 2011. Norm mentioned that the stakeholder questions don't address leadership and management, executive directors, and the need for future management capacity building; he asked members to review the survey and send him any comments. This item will be discussed again at the April ITC meeting.

Mac presented information he recently received from Dane County about services and numbers served. (PDF and include with minutes)

Nina raised attention to SB 483, which prohibits insurance companies from denying payment or reimbursement for injuries related to alcohol or other drugs. This is one of the AWARE Coalition goals. Committee members also discussed SB 362, the state mental health and substance abuse parity bill, and the federal proposals.

Meeting adjourned at 12:35pm

Next meetings and dates:

1. ITC: April 13, 2010, 10:30 am – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee: Feb. 12th meeting
   2nd Thursday of the month (ongoing by teleconference).
3. IDP Subcommittee: March 19, 2010; 9:30 am – 12:00 pm
4. SCAODA: March 5, 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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, April 13, 2010
Department of Corrections
Madison, WI

MINUTES

Present: Dave Macmaster, Sheila Weix, Dan Nowak, Renee Chyba, Linda Preysz, Andrea Jacobson, Norm Briggs, Kate Johnson – staff

Absent: Michael Waupoose, Tami Bahr, Nina Emerson

Welcome and Review of Minutes
Meeting called to order by Renee Chyba at 10:35 am. Dave Macmaster (Mac) moved to accept minutes as presented; Dan seconded. The February meeting minutes were approved.

Sheila Weix attended the meeting for the first time. Sheila is the Manager of Addiction Services for St. Joseph's Hospital in Marshfield. She is also involved in Methadone treatment, is the President of WADTPA (the Wisconsin Alcohol and Drug Treatment Providers Association), is a member of WiNTiP's Steering Committee, participates on the Department of Regulation and Licensing Review Board, and is a registered nurse.

Children, Youth and Families Subcommittee Update
Tami was not able to attend this meeting.

WiNTiP Update
Mac provided an update about the Wisconsin Nicotine Treatment Integration Project (WiNTiP) activities. The Advisory Group is working on the 2010 strategic plan, which calls for increased outreach to the substance abuse field. Advisory Group members are being asked to actively share the WiNTiP message with their agencies and any member associations to educate people about how to get started with nicotine cessation programs. WiNTiP will be presenting at the WAAODA (Wisconsin Association on Alcohol and Other Drug Abuse) conference and administering a survey to determine interest and willingness of providers to work on this issue, similar to the survey presented at the Bureau of Prevention, Treatment, and Recovery conference in the fall 2009.

Additional planned outreach activities include: the development of webinars about the smoke-free law and how agencies can become smoke-free; e-newsletters that will be emailed to associations for distribution to their members; special topics focusing on specific populations, such as pregnant women who are smoking and methadone treatment; research regarding outreach to insurance companies and reimbursement for nicotine cessation information and treatment; expanding Advisory Group membership to include representatives from other health or medically-related groups such as the Medical Society; and increased contact with Wisconsin's legislative delegation.

The future of WINTIP beyond 2010 is unknown, but they continue to look for resources to support their ongoing work. A long-term goal of WiNTiP is to try to obtain state staff positions to focus on nicotine addiction treatment; they have also contacted the Prairielands Addiction Technology Transfer Center (PATTC) about funding. They are examining multiple sources and strategies for funding.

Intoxicated Driver Program Subcommittee Update
Andrea provided an overview of the activities of the Intoxicated Driver Program (IDP) Subcommittee. The subcommittee has used its first meetings to brainstorm and discuss possible ways to address various IDP issues across the state. The last meeting in March focused specifically on the eight objectives outlined by ITC in its charge to the subcommittee (refer to Page 4 of the "Proposal for the Intoxicated Driver Program Subcommittee" document at: http://www.scaoda.state.wi.us/docs/intravention/idpDescription102309.pdf)

Recently the subcommittee received comments about some of the brainstorming discussions and the direction of its first meetings. Andrea explained that the subcommittee is discussing a wide variety of IDP issues including education, prevention, treatment, recovery, and legislative issues and that the brainstorming part of the process is valuable to examine all of the possible problems and develop recommendations. The issue of funding has been raised at previous meetings, and Andrea asked for clarification from ITC members as to the degree to which the subcommittee should focus on funding issues. She wanted ITC members to confirm the direction that the subcommittee should focus its conversations and work.

Linda clarified that, while funding will be raised, the subcommittee should not solely be focused on funding. She and other ITC members encouraged the subcommittee to develop their recommendations and examine funding as a part of, but not the primary, focus. ITC members verified that the subcommittee is going in the correct direction and should continue as it has been operating. The Planning and Funding Committee of SCAODA can assist with identifying funding possibilities or opportunities when the subcommittee gets to that point.

Linda also clarified that recommendations first come to ITC, then to SCAODA, and any funding issues can be addressed through that process. A meeting is being scheduled with Mark Seidl, Tom Saari, Linda, Andrea and Nina, and Sue Gadacz from the Bureau of Prevention, Treatment, and Recovery to share information and answer any questions related to the subcommittee's work.

SCAODA and ITC Strategic Planning
Linda provided an overview of the SCAODA strategic planning group and led the committee in a discussion of ITC's goals for the upcoming four year plan. The SCAODA strategic planning group has placed an emphasis on increased communication with the Governor's Office and increased outreach and communication with other groups, including WCHSA as priorities for the next four years. Other identified areas included: viability and visibility of the Council, effective laws and policies, AODA parity, and effective Council operations

ITC members agreed that they want to continue and expand work on the items in the 2006-2010 plan, which included the following topics:

1. Women's treatment
2. WiNTiP
3. Evidence-based practices
4. Diversity
5. Workforce issues

Each subcommittee, including WiNTiP, will be asked to provide specific items or goals under each item for the upcoming four year plan, which will then be discussed at the next meeting.

ITC members had questions about the Epi Study referenced in the SCAODA Strategic Planning document references. 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 There will be another Epidemiological Profile (also referred to as the Epi Study) issued in the summer of 2010. BPTR plans to use the results and outcomes of the Epi Study to guide its work and focus for future initiatives.

ITC members also discussed examining membership and soliciting members from the three substance abuse providers (the Wisconsin Alcohol and Drug Treatment Providers Association - WADTPA) counselors (Wisconsin Association of Alcohol and Drug Abuse counselors – WAADAC), and advocacy (Wisconsin Association on Alcohol and Other Drug Abuse – WAAODA) organizations. Sheila is the president of WADTPA, so outreach would need to be focused on WAAODA and WADTPA.

Other items and next meeting planning

For the May meeting, Linda and Kate will refine thoughts and language. Then the information will be forwarded to subcommittees to provide detail about their work related to the items. Members requested information about the Epidemiological (Epi) Study for the May meeting. Kate will email a Doodle meeting request to reschedule the May meeting due to a conflict with the annual WAAODA conference.

Next meetings and dates:

1. ITC
   May – Date to be rescheduled. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee
   2nd Thursday of the month (ongoing by teleconference).
3. IDP Subcommittee
   Friday, April 16, 2010 9:30 am – 12:00 pm; Department of Workforce Development; Madison
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

Next steps:

- Post-June meeting: review 2010 EPI study

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.

SCAODA Motion Introduction

Committee Introducing Motion: Scott Stokes
Motion: 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.
Related SCAODA GOAL: Not Applicable
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. Amended language would be inserted at the end of Section 2.5 – Selection of Officers. 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." 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.
Rationale for Supporting Motion: Language would establish a procedure for filling vacancies among Council Officers.

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Mark Seidl, WCHSA
Chairperson

Linda Mayfield
Vice-Chairperson

Scott Stokes
Secretary

May 26, 2010
Secretary Reginald Bicha
WI Department of Children and Families
201 E. Washington Ave., Room G200
P.O. Box 8916
Madison, WI 53708-8916

Dear Secretary Bicha,

During the March 5, 2010 meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA) a motion was passed to include the Department of Children and Families as an Ex-Officio member of the State Council until such time that they can be included as a statutory member. As with other Wisconsin Departmental members, you may attend Council meetings in person or appoint a designee to represent the Department of Children and Families.

SCAODA meets quarterly, and the next Council meeting is June 11, 2010, from 9:30 a.m. to 3:30 p.m. at the American Family Insurance Conference Center, 6000 American Parkway, Madison, WI 53783 Room A3141. The staff contact person in the Bureau of Prevention Treatment and Recovery is Sue Gadacz, and she can be reached at 608-267-7704, susan.gadacz@wisconsin.gov. Please let Sue know the name and contact information of your appointed designee, if you choose to appoint a designee. Should you have any questions, please feel free to contact her.

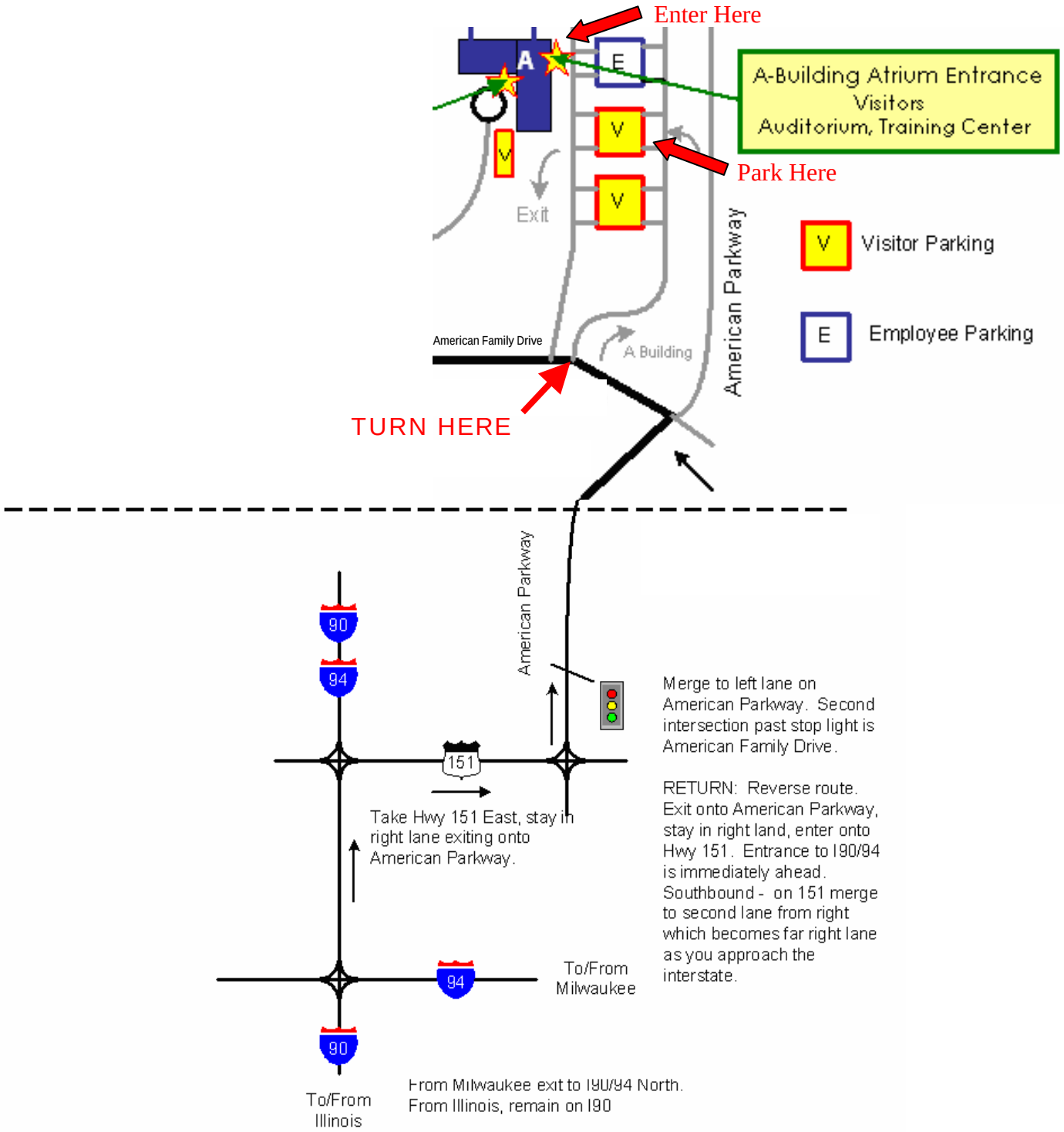
Additional information on the SCAODA is available on the following website:
http://scaoda.state.wi.us/

Sincerely,

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

cc: State Council on Alcohol and Other Drug Abuse

Directions to American Family's Training Center and Auditorium



Highway Directions to AF-NHQ Campus