

**REMARKS OF REPRESENTATIVE JEFF MURSAU
TO THE SENATE COMMITTEE ON TRANSPORTATION,
PUBLIC SAFETY, AND VETERANS AND MILITARY AFFAIRS
IN SUPPORT OF 2013 SENATE BILL 510**

February 5, 2014

Good morning Chair Petrowski and committee members. As you know, I am Representative Jeff Mursau, and I chair the Special Committee on State-Tribal Relations. I am pleased to testify today in support of legislation developed by that committee.

First, I would like to comment briefly on the committee itself. As you know, the Joint Legislative Council is directed by statute to create this committee in each biennium. The committee consists of legislators and public members nominated by the tribes. The committee is a valuable tool for tribes to raise issues of concern to the Legislature. I am pleased to report that the committee is functioning very well. We have studied a number of important topics this session and developed three proposals that were introduced as bills by the Joint Legislative Council. One of them is AB 32; Senator Schultz and I introduced SB 510 as a companion to that bill.

SB 510 relates to participation of tribal clinics in the Intoxicated Driver Program. The IDP is designed to provide education or treatment to persons convicted of operating a motor vehicle while intoxicated, with the intent of reducing recidivism. In brief, upon conviction, the court orders the offender to be assessed to determine whether the offender should be required to attend a course to promote responsible drinking and driving or should be referred to a facility for treatment of substance abuse. The result of this assessment is termed a "driver safety plan."

Assessments are done by the county or by an agency contracted by the county. If the assessment calls for education, the offender attends a course offered by the technical colleges. If it calls for treatment, the offender can go to any state-approved facility. An offender must successfully complete his or her driver safety plan in order to get his or her drivers license back. It is the county's responsibility to track the offender through the program and report to the Department of Transportation the offender's status.

As in other places with high poverty rates, Indian reservations have high rates of alcohol and drug abuse. Fighting substance abuse in their communities is a high priority for tribal governments and tribal clinics. You may be hearing from tribal leaders or clinic staff on this later this morning. Tribes would like to engage in all aspects of the IDP. Tribal clinics currently provide treatment services under the program, but would also like to conduct the assessments for their members, among other functions.

While SB 510 does a number of things, its principal provisions authorize a treatment facility that is operated by a tribe and approved by the Department of Health Services to perform an assessment of a member of an American Indian tribe, or a relative of a member, and to prepare treatment plans for such a person. To have this privilege, the facility must agree to perform all the functions of a treatment facility under the IDP. This means that the tribe would, for each offender for whom it conducts the assessment, track the offender through his or her driver safety plan and report on the offender's status to the DOT.

SB 510 also clarifies current law by specifically stating that a tribal treatment facility may include traditional practices in a treatment plan under the program. The important thing to note here is that any traditional practices used are *in addition to* the conventional elements of all treatment plans, as specified in DHS rules.

The bill also authorizes an accredited tribal college to offer courses for the educational side of the program. There are two such colleges in Wisconsin, operated by the Menominee Tribe and the Lac Courte Oreilles Band of Chippewa.

Finally, I should note the fiscal aspects of the bill. Offenders are required to pay a "driver improvement surcharge." The county retains a part of this charge, and uses it to help cover the cost of treatment for indigent persons under the program. The rest of the charge is transferred to the state, for various purposes. One of the purposes is "supplemental grants" given to counties to, again, help cover the cost of treatment for indigent persons under the program.

SB 510 specifies that, if a tribal clinic conducts the assessment for an offender, it will receive the county share of that offender's driver improvement surcharge. It also specifies that tribal clinics are eligible for supplemental grants, in proportion to the number of offenders they conduct assessments for.

I would be happy to answer any questions you have regarding SB 510. Also, the Legislative Council staff to the special committee are here, and I understand that DHS staff are here, as well.



WISCONSIN STATE SENATE
DALE W. SCHULTZ

February 4, 2014

Testimony on Senate Bill 510

Mr. Chairman and Committee members, thank you for holding a hearing on SB-510. This is a companion bill to AB-32 that was developed and recommended by the Legislative Council's State Tribal Relations Committee.

An Assembly Committee will be holding a hearing on AB-32 tomorrow. I am pleased to join Senator Kathleen Vinehout, who serves as Vice Chair of the Special Committee on State Tribal Relations, in advancing this measure as a Senate Bill. The Senate and Assembly versions of the bill are identical. Significant credit goes to the Legislative Council and their staff for their work to educate and inform members of the Special Committee on issues and options.

I have had the pleasure of serving on the State Tribal Relations Committee for a number of years. Rep. Mursau now chairs the Special Tribal Relations Committee. The State Tribal Relations Committee is composed of a handful of legislators and representatives of the 11 Native American Tribes of the State of Wisconsin. The committee is directed to study issues relating to American Indians and the American Indian tribes and bands in this state and develop specific recommendations and legislative proposals relating to these issues.

For several years tribal leaders have been meeting with leaders of the Department of Health Services, to figure out how tribes could be more involved in the treatment of members of their tribe that have been convicted of drunk driving. While WI-DHS has worked closely with the tribes, it has become clear that, absent statutory change, the tribes are not able to fully participate in the assessment and/or rehabilitation of their members.

You will hear today from a number of tribal representatives, who believe that, if their tribal members were able to receive traditional Indian treatments in addition to state-required treatment, those receiving such a dual treatment would have greater likelihood of success.

Under the current system, treatment options are often made by a professional who, sadly, is not familiar with, or even aware that traditional Indian treatment options do exist. As you can imagine, traditional treatment options are not discussed, or even recommended.

This legislation will give each tribe the option of administering the AODA assessment of a tribal member when the member is convicted by a circuit court of drunk driving. Under the bill, a tribal member who is convicted of drunk driving will have the option of selecting traditional treatment in addition to the state required treatment.

This bill recognizes that funds now available for treatment are inadequate to meet need, and directs that funds which are available for treatment, follow the individual. Others here today can highlight the costs that an individual convicted of drunk driving must bear, and the costs born by counties and tribes. Much of the cost of traditional treatment, though not all, will be on each tribe.

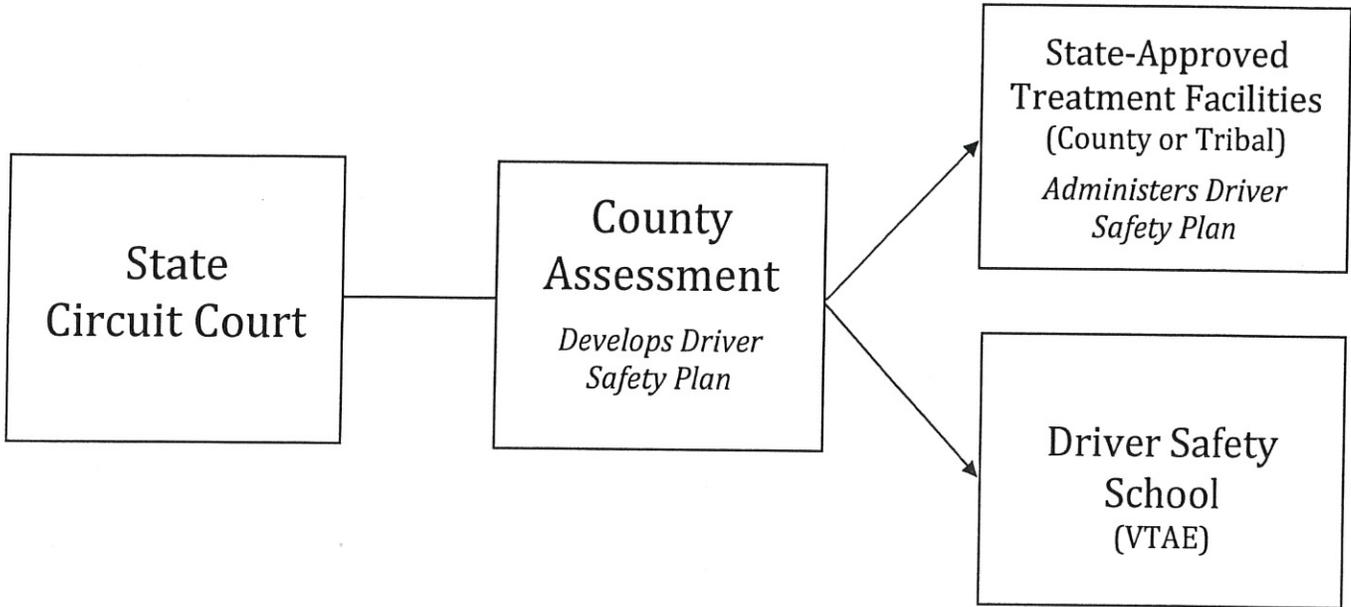
At the same time, rather than being a mandate, each tribe will have the opportunity to decide if their tribe will assume responsibility for administering the professional assessment, under the intoxicated driver Program. Likewise, tribal members will be able to choose which type of treatment is right for them.

Consider the statistics associated with our prison population and drunk driving, and know that this proposal aims to reverse some of the current trends. By providing Native Americans better choices and providing tribes opportunity to emphasize tribal culture and traditions in the context of treatment options, perhaps progress can be made to reduce the number of repeat offenders where drunk driving is concerned. This is a public safety issue for all citizens, and it is gratifying to have a number of tribes who stand ready to perform assessments and willing to provide treatment that they have found to be effective.

I urge this committee to approve this bill. Thank you.

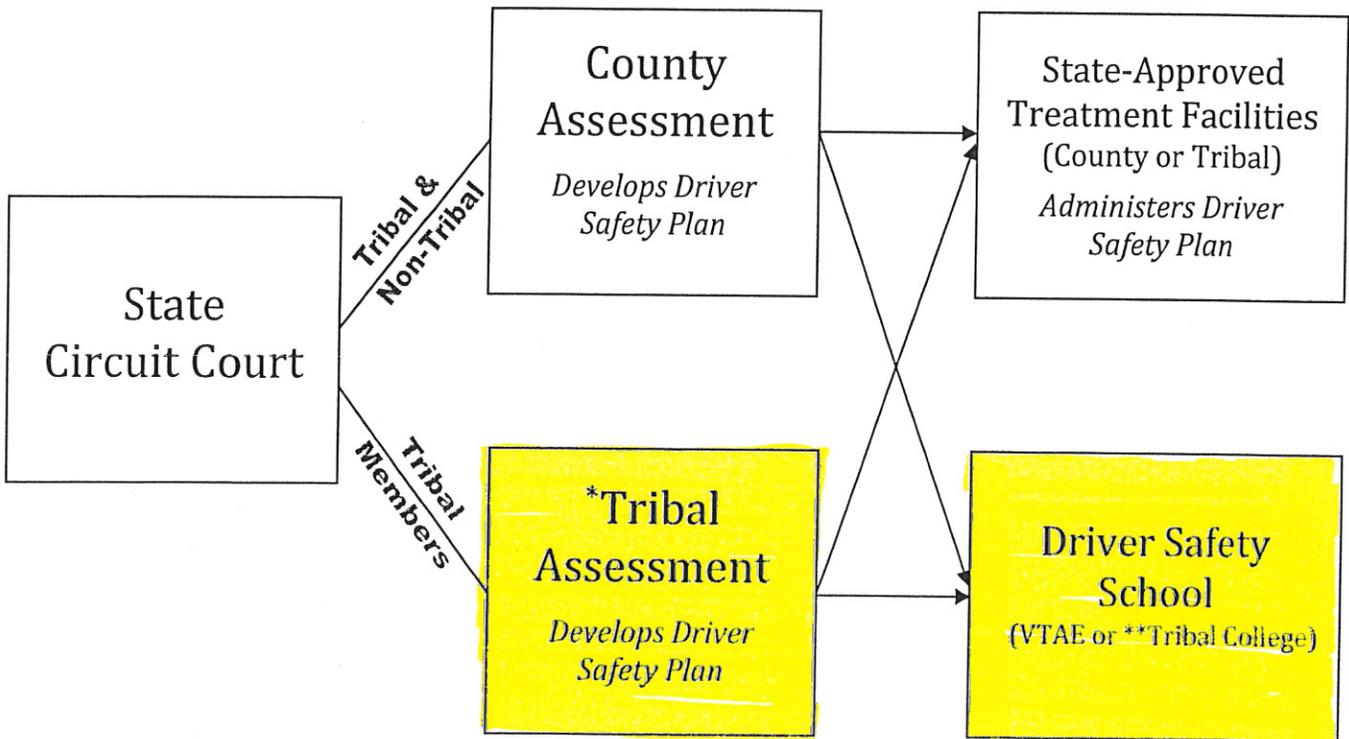
INTOXICATED DRIVER PROGRAM

CURRENT LAW



AB-32 CHANGES

(OPTIONAL FOR TRIBES & TRIBAL MEMBERS)



*If Tribe adopts assessment program

**If tribal college operates program

Oneida Tribe of Indians of Wisconsin

Post Office Box 365



Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.

Phone: (920) 869-2214



Oneida, WI 54155



UGWA DEMOLUM YATEHE
Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

**TESTIMONY PROVIDED
ON BEHALF OF
ONEIDA TRIBE OF INDIANS OF WISCONSIN**
Committee on State Affairs and Government Operations
RE: Support for AB-32

Hello, my name is Melinda Danforth. I serve as a Council member on the Oneida Business Committee from the Oneida Tribe of Indians of Wisconsin. I also serve on the State Tribal Relations Committee. I represent 17,000 Oneida Tribal Members worldwide. I am here today to express support for Assembly Bill 32 relating to Tribal treatment facility participation in the intoxicated driver program.

Alcohol and drugs are prevalent in Indian Country, and is no exception in Oneida. Native Americans use and abuse alcohol and other drugs at younger ages and at higher rates than all other ethnic groups.

The age-adjusted death rate for Native Americans from unintentional injuries (motor vehicle accidents and firearms) was three times the national average for other groups. Additionally, suicide and homicide for Native Americans were almost twice that of other U.S. population groups.

I am here today because I believe giving Native Americans the opportunity to seek treatment through a Tribal-affiliated program which offers a sense of identity and cultural perspective a non-Tribal facility does not provide. The establishment of culturally-based programs and methodological understanding may prove more effective in practices that are culturally relevant and appropriate. The Oneida Tribe strongly encourages an individual to seek out the cultural resources whether it is going to an AA group that is run by Native Americans, seeing spiritual leaders in the community, or seeking assistance through the Cultural Heritage program for outside support because they carry the spiritual, cultural and intellectual wisdom of the community. We want individuals who are in substance abuse treatment to get support from the community as it takes community to help in the healing process.

I would now like to introduce Mari Kriescher who is the Oneida Tribe's Behavioral Health Manager to share information about our program with you.

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TESTIMONY PROVIDED ON BEHALF OF ONEIDA TRIBE OF INDIANS OF WISCONSIN Committee on State Affairs and Government Operations RE: Support for AB-32

Hello, my name is Mari Kriescher and I am the manager for the Oneida Comprehensive Health Division Behavioral Health Program. We are a DHS 75 licensed facility currently providing outpatient substances abuse services. In 2013, our substance abuse program provided 2,482 visits to 619 individuals. I am here today to testify in support of AB 32.

Within our Behavioral Health Program, we recognize the uniqueness of our patients and address this through the integration of traditional values and traditional Native American practices within our treatment process. This is done by the utilization of assessment tools to determine the level of care necessary, when we are first assessing the individual to make initial treatment recommendations. Our program offers unique cultural and spiritual resources that may be overlooked in a non-Tribal facility. Assessing where the client/patient is within their own cultural beliefs, practices and values is an integral part of our initial assessment process. It is also part of our standard assessment inquiring how they are connected to their cultural practices and if not, do they have a desire to learn more about their own culture as part of their treatment process. An integral part of this process is to recognize the importance of the traditional cultural ceremonies as part of the treatment modalities which differs from traditional non-Tribal facilities. This process is integral and has proven to contribute to the success of our Native American people in not only attaining sobriety but in maintaining sobriety once they complete their treatment.

Native Americans living in Wisconsin are receiving driving while intoxicated (DWI)/operating while intoxicated (OWI) citations both *on and* off reservation lands. If a tribal member doesn't have the means to pay for treatment services the tribal health facilities absorb these costs through staff salaried positions *and through their IHS funds which are only funded at approximately 46% of the level of need for the services they provide.* Whereas other Wisconsin residents who don't have a means to pay for treatment services, are covered in part by IDP supplemental funds distributed by the state of which tribes are not eligible. IDP supplemental funds are established by fine payments. Counties are able to apply for the IDP supplemental funds from the Bureau of Prevention Treatment and Recovery request. *The added stress of supplementing treatment costs places even greater burden on the Tribal communities throughout the State of Wisconsin.*

The cultural component that is woven into many of our Tribal treatment programs incorporates one piece which is crucial for our Native American people. That component is to assist our patients/clients to help themselves to heal from intergenerational trauma, the historical trauma and addiction. This is done by helping our patients/clients to find their own self-respect, to regain their cultural identity, regain their spirituality and cultural pride which non-Tribal facilities cannot do. This is more than just hanging a cultural picture or saying your services are culturally sensitive. It involves incorporating cultural advisors, and incorporating traditional cultural practices into our everyday treatment process.

Within our Oneida Behavioral Health program, we utilize all of these techniques which enables our patients/clients the type of culturally appropriate care that they would not be able to acquire in a non-Tribal facility. We do utilize these techniques in our substance abuse curriculum in our intensive outpatient therapy groups and our aftercare groups. These techniques and our unique curriculum helps us understand the intergenerational trauma, the historical trauma and addiction, gives tools to the patient/client to forgive and allows our Native people to heal and change our behaviors. AODA addictions are behaviors that are learned and expressed as a coping mechanism for the real issues in our lives, our focus is on change and forgiveness. We also provide a family group once a month by bringing family members into the treatment process to help their loved one through their journey. Incorporation of the family healing is critical to the healing process as family is part of the recovery process and is often an integral cultural component within the Native American culture

We recommend a legislative change that would authorize the state to contract with tribal governments for the provision of IDP assessments and services to tribal members. *This legislative change would enable the highest quality of culturally sensitive treatment services for our tribal communities.* The county could then pass on the assessment fees to the tribes on a case by case basis. Tribal treatment agencies are able to provide culturally competent, culturally sensitive services and utilize culturally focused interventions. Oneida Behavioral Health is a stepping stone to get individuals connected in the community to continue their recovery long after they leave treatment.