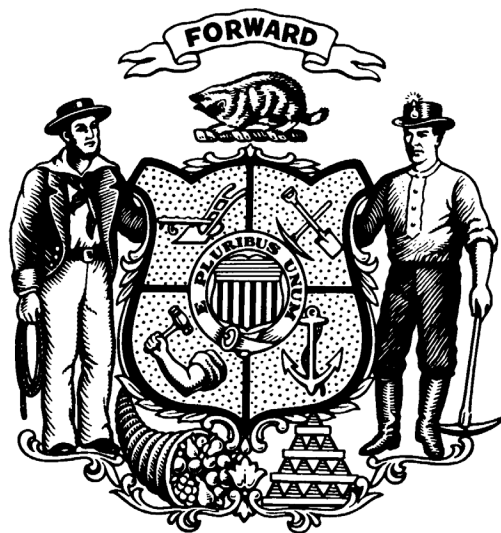


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



December 2, 2022
VIRTUAL MEETING
(via Zoom)

Kevin Florek
Chairperson

Tony Evers
Governor

Tony Evers
Governor



Kevin Florek
Chairperson

Sandy Hardie
Vice Chairperson

Christine Ullstrup
Secretary

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

OPEN MEETING NOTICE

**Meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA)
December 2, 2022
9:30 AM to 1:00 PM**

<https://dhs.wi.zoomgov.com/j/1619782464>

Phone: 1-669-254-5252

Meeting ID: 161 978 2464

MEETING AGENDA

1. Welcome and Introductions.....Kevin Florek, SCAODA Chairperson
2. Approval of September 9, 2022 Meeting Minutes.....Council Members...p. 5
3. Public Input.....SCAODA Chairperson
4. Latest Provider Updates on Services during COVID-19.....Council Members & Guests
5. Need for Committee Chairs.....Kevin Florek
6. Committee Updates:
 - Executive CommitteeKevin Florek...p. 3
 - Diversity CommitteeCommittee Representative
 - Intervention & Treatment CommitteeCommittee Representative...p. 17
 - Planning and Funding CommitteeChristine Ullstrup...p. 26
 - Prevention CommitteeStacy Stone and Chris Wardlow...p. 39
7. Council Strategic Planning Process.....Kevin Florek

- 8. Agency Reports:
 - Department of Health Services.....Paul Krupski
 - Department of Safety and Professional Services.....Michael Tierney
 - Other Agencies.....Agency Designees
- 9. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS
- 10. Report from Wisconsin Council on Mental Health.....WCMH Representative
- 11. Agenda Items for March 3, 2023 Meeting..... Council Members
- 1. Meeting Adjournment.....Council Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Council’s primary function is providing leadership in Wisconsin on substance use disorder (SUD) issues, advising Wisconsin state agencies on SUD prevention, treatment and recovery activities, and coordinating SUD planning and funding initiatives across state agencies. The Bureau of Prevention Treatment and Recovery within DHS staffs the Council. DHS is an equal opportunity employer and service provider.

If you need accommodations because of a disability, need an interpreter or translator, or need this material in another language or format, you may request assistance to participate by contacting Sarah Boulton at sarah.boulton@dhs.wisconsin.gov. See also <https://www.dhs.wisconsin.gov/scaoda/index.htm> for instructions on joining by phone or Zoom.

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Roger Frings, Tina Virgil, Brian Dean, Paul Krupski, Autum Lacy, Anthony Peterangelo, Subhadeep Barman, Deb Kolste, Sandy Hardie, Christina Malone, Kevin Florek, Terry Schemenauer, Christine Ullstrup, Nichol Wienkes, Representative Jill Billings, Representative Jesse James, Zachary Stollfus (on behalf of Senator Wimberger), Amanda Kind (on behalf of Senator Smith) Ex-Officio Members in Attendance: MJ Griggs, Jennifer Fahey, Fil Clissa, Elizabeth Salisbury-Afshar, Dr. Ritu Bhatnagar Guests: Kellie Blechinger, Lindsay Just, Denise Johnson, Michael Kemp, Tara Wilhelmi, Kerry Thieme, Joe Kiel, Jenna Flynn, Holly Stanelle, Tom Farley, Constance Kostalec, Amy Parry, Kelsey McDermot, Amy Anderson, Chris Wardlow, Beth Collier, Sheila Weix, Aletha Buch, Shelby McCulley Department of Health Services Staff: Sarah Boulton, Ryan Stachoviak, Katie Behl, Allison Weber, Leilani Nino, Dan Bizjak, Liz Adams, Jamie McCarville, Cindy Matz, Tiffaney Nielson, Janet Fleege, Vanessa Bauman, Heather Carlson, Saima Chauhan, Teresa Steinmetz, Simran Arora
Date: 9/9/2022	Time Started: 9:30am	Time Ended: 12:55pm
Location: Online via Zoom		Presiding Officer: Roger Frings

Minutes

1. Call to Order

Council Chairperson Roger Frings reviewed housekeeping for Zoom meetings. Quorum was confirmed to conduct Council business. Meeting was called to order at 9:30am.

2. Approval of June 3, 2022 Meeting Minutes

Tina Virgil moved to approve the minutes of June 3, 2022.
Sandy Hardie seconded the motion to approve the minutes.
No comments, corrections made.
Meeting minutes were approved unanimously.

3. Public input

Michael Kemp offered public comment recognizing recovery month. Extended thanks to everyone who does the work. September 20th is National Addiction Professionals Day. Encourage everyone to treat and celebrate with staff who do the hard work. This is the 20th year that SAMHSA and NAADAC have recognized this day.

Roger Frings announced his retirement from the Council and retirement from state service after 38 years. Council members and guests expressed their appreciation and thanks to Roger for his leadership of and contributions to the Council. Paul Krupski shared a Milestone Achievement Letter from the Governor’s Office thanking Roger for his service to the state of Wisconsin.

4. SCAODA Leadership Nomination and Approval

Tina Virgil opened nominations for three Council leadership positions – Chair, Vice Chair, and Secretary.

Nominees for positions announced for Kevin Florek for Chair, Sandy Hardie for Vice Chair, and Christine Ullstrup for Secretary.

Deb Kolste moved to approve the nominations.

Christine Malone seconded the motion to approve the nominations.

No comments or discussion.

Motion to approve nominations passed unanimously.

Kevin, Sandy, and Christine approved to serve one-year terms.

5. Latest Provider Updates on Services during COVID-19/Workforce Challenges

Christine Ullstrup shared that COVID is still something to be aware of and that it is influencing capacity for their residential facility. They are still following some protocols that limit capacity. In Milwaukee, there has not been a significant outbreak, so they've been able to continue to serve people. When talking to other providers across the state and city, residential providers are not at full capacity yet.

Kevin Florek shared that Tellurian in Madison had to close their crisis center for about five days due to a staffing shortage. In the state and county, finding staff is number one on the priority list. Some of that has to do with COVID.

Dr. Elizabeth Salisbury-Afshar shared that as a buprenorphine prescriber in a primary care setting, anxious to see if federal guidance will allow providers to continue to be able to initiate Buprenorphine via telemed without a first in-person appointment. It's something that's been useful intermittently. Don't use it all the time but do work with a lot of folks who have a hard time getting to appointments. Medical primary care clinics, in particular, are having a lot of in-person services but some of those allowances during COVID have been really helpful with engagement and faster processes for getting people in.

6. Committee updates

Executive Committee

Roger Frings shared the update. The Committee met July 27th to review submitted budget recommendations. The request to the standing committees was to keep proposals relatively broad and not attach a specific dollar amount to them. Submitted budgetary recommendations are included in the meeting booklet. Items that were mentioned included: expanding Vivitrol, funding for DSPS, assistance for those seeking recovery, expanded medically managed withdrawal management services, detox services, room and board for residential levels of care, Medicaid expansion for comprehensive community services, expansion supporting development of full continuum of care for all substances, increase in excise tax for fermented beverages, payments for implementation of evidence-based practices, creating a mechanism to collect statewide system level capacity, and conducting a statewide qualitative assessment of health equity diversity and inclusion needs to support substance and misuse prevention efforts in Wisconsin. There were a handful of items that did not receive the approval of the Executive Committee to move forward, however, that was not necessarily because there were objections to them but because more information was needed. Standing committees encouraged to continue working on those items. All the submitted budget recommendations are included in the meeting booklet if folks would like to review them.

Diversity Committee

Roger Frings reported that Harold Gates reached out to him a few days ago and notified him that he would be stepping down as Co-Chair of the Committee.

Denise Johnson gave the update. Committee last met in May and prior to that, had not met since November. The Committee really needs people. Committee membership has dwindled in numbers. If you or anyone you know in the community might be interested in joining the Committee, please reach out Mai Zong Vue at maizong2.vue@dhs.wisconsin.gov.

Intervention & Treatment Committee

Roger Frings gave the update. The Committee primarily worked on budget recommendations. The Committee put forth recommendations related to expanding Vivitrol to providers, DSPS funding allocation, financial treatment assistance for those seeking recovery, and expanding medically managed withdrawal management. Three new members have joined the Committee: Beth Collier from Vin Baker Recovery/Addiction Medical Solutions, Karen Connor from Tobacco Research and Intervention, and Chris Wardlow from Catalpa Health + Outagamie County.

In July, the Committee had a presentation from Amy Miles on Methamphetamine. She presented to the full Council earlier this year. At the August Committee meeting, Shelby McCulley from Department of Children and Families and Jason Cram from BPTR presented to the Committee on psychiatric residential treatment facilities for youth in Wisconsin.

Planning and Funding Committee

Christine Ullstrup provided the update. At the July meeting, Committee spent time on budget recommendations, which are included in the meeting booklet. Cindy O'Connell from Division of Quality Assurance (DQA) also came to speak to the Committee. The Committee wanted to talk to DQA about getting a handle on the capacity of treatment facilities at all levels of care throughout the state and thought one way of capturing some of this information would be to include it in the re-licensing with the revised DHS 75. Have since found out that many of those licenses don't have to be reapplied for. The Committee learned from Cindy that DQA are adding additional questions to the renewal paperwork for DHS 75 certification. They will be asking about the population served, if it's a residential facility, if they serve ambulatory or non-ambulatory, they'll try to get at the number of beds, and if family services for children are included. Cindy also let the Committee know that DQA is moving towards a non-expiring license.

At August Committee meeting, DMS Policy Analyst Jessica Cwirla, Deputy Director Maureen Thomas, and BPTR Deputy Director Andrea Jacobson came to the meeting to discuss the revised DHS 75 and Medicaid. There are new levels of care and Medicaid is determining how to best match up with the new services. The Committee provided feedback, including the concern around the inability to do concurrent service billing until 2024. This means that providers could bill Medicaid for two services that are being provided at the same time. Other feedback was that Medicaid codes could match cultural practices, and that there is concern for the new residential substance use disorder benefit about the authorization approval time getting back to providers. Committee also had a presentation on the proposed psychiatric treatment facility for youth. Beth Collier has joined the Committee as a member and is willing to serve as Co-Chair. Roger is also planning to continue to join the Committee at future meetings. At August meeting, Committee also developed a motion, which is included in the meeting booklet. Motion reads as SCAODA highly recommends that DHS prioritize the implementation of a mechanism to collect system-level capacity for DHS 75 certified entities, including service level and workforce, across the state for planning and creation of a public facing system. Implementation should include planning for the ongoing maintenance and sustainability of such a system.

Representative Jill Billings asked how this would work to complement the work of the Hub and Spoke Pilot and if it would be a duplication of work that's being done. Christine Ullstrup noted that if someone is using the hub and spoke system and want to make a referral to a provider, it's hard to know in real-time where the providers are across the state. For example, is there an outpatient slot available right now. Care Coordinators for hub and spoke likely end up doing a lot of calling. One of the things the Committee thinks would be helpful is to have information real-time, within reason. Nobody can have exact real time, but it could give an idea if there are beds available or space available for treatment. There is 2-1-1 where you can call and find out about treatment providers but there is not one database. Denise Johnson asked what kind of data would be collected. Christine Ullstrup noted that they are trying to collect capacity for services of all levels of care that are licensed through DHS 75. Also trying to get a snapshot, if possible, on workforce. Know there are shortages but can't address workforce issues if don't know where the gaps are. Roger Frings asked if the Committee has talked with the Department at all to discuss logistics and resources, etc. Christine Ullstrup reported that they have not, noting that they wanted to put it out there in hopes that maybe somebody would put out an RFP or an RFI that could maybe even just investigate this or look at the models that exist in other States, for example Minnesota and California. Roger Frings noted that he thinks the Council should always be sensitive to the amount of time and resources that things like this require of the Department at a time when they are, like other State agencies, struggling to fill positions. Concern is that this is a worthwhile idea but question if the Department has the capacity to do something like

this currently. Teresa Steinmetz noted that the bureau thinks it would be helpful as well but that it is a very significant undertaking. At this point, don't have the staffing capacity, nor the expertise that it would take to implement this type of data system. It would also be helpful if it could be integrated with mental health work as well so there aren't different, competing systems trying to look at capacity and needs and availability of beds. There have been pockets of these things that have been funded mostly through State GPR that have come through for certain types of work. There would have to be a way for providers to enter capacities and they wouldn't necessarily all have the same electronic system. Unless department is actually providing funding through a contract, there isn't going to be a mandate requiring them to report. Even with current initiatives that have rolled out in this capacity, it's voluntary reporting. Data is only as good as what's entered, so need to think about how that could be accomplished. Paul Krupski agreed and added that this could not be done without funding, and it would be a large undertaking. Funding would have to be found somewhere for this. The SUD platform that was mentioned, the Department provided input around what this should look like, but ultimately the budget has to be approved by the Legislature. It might be beneficial to give some time and see what that ultimately looks like, and what it does provide. From tech perspective, not clear if it would be best to build off something or build from scratch. Would echo concerns shared by Roger and Teresa but conceptually think it's a great idea, just a matter of how it would get done, the resources necessary to get it done, and a mechanism that would require providers to submit information. That's a real challenge. Denise Johnson commented in the chat why not explore what other States that may have the data system for DHS. Paul Krupski noted that what's been procured for the current platform is restricted to what was in the budget and funding. There was also funding in the budget for an opioid and methamphetamine database that DOA is overseeing. Again, that was dictated in the funding and not within our realm to be able to modify that. Teresa Steinmetz noted that there has been research done on other States, specifically around the treatment system as a whole, and crisis services. Looking at other state systems for geolocation, real-time bed tracking, and real-time service availability. It is a lot of money to implement something like that. Dr. Ritu Bhatnagar asked via chat if opioid settlement dollars could be used for something like this. Paul Krupski noted it would have to be something that the department puts forward in a plan, and then is approved by the Legislature, or something that the Legislature would add to a settlement funds plan. Dr. Lacy reported that Department of Corrections does have a system that is like what this motion proposes. Contract with about 280 beds in the community and have a system that Bureau of Technology management put together, that allows access for input from community providers. At any given time, can pull up that database and see where there are openings and what capacity is. Exists in the State and maybe some more internal conversations regarding what we have already, and how we can maybe help in that effort could help with this idea. Deb Kolste reported that she was ranking on Health Committee for her entire time serving in the Legislature and any medical task force that was out there talked about this at every stage. It is a big task, but it is also really important. Dr. Ritu Bhatnagar asked if counties might use their opioid settlement funds for this since they are receiving the bulk of settlement funds. That would enable information to come directly from the counties. Paul Krupski noted that counties and municipalities are receiving funds and they do have a little more flexibility in that they don't need legislative approval to spend it if it's in the exhibit from the settlements but some of the counties are receiving very minimal amounts. The counties may want to try to address other issues so we might not expect them to tackle something like this. Dr. Ritu Bhatnagar noted that a county association meeting is coming up and that's something that they could speak to. Nichol Wienkes noted that as a member of the county human services association, she would echo what Paul said. Counties would find this type of project useful and would love to have access to this type of data, but it would be difficult to get all of the counties to agree that this was the best use of the funding, especially given some of the smaller allocation amounts. Concerns about staffing if this moved to the county level. Counties are understaffed and have positions that have been open for months with no applications. Roger Frings asked if they might change the language of the motion as there are concerns. Christine Ullstrup suggested that they try to move ahead as written. For the Committee, next steps would be trying to help investigate how this might happen and give some recommendations. Tina Virgil commented that she would like to better understand what the goal is. The Department of Justice is very concerned Law Enforcement transporting folks to places in locations where there aren't any available beds and then holding them because they don't know what to do with them. It seems that DOJ, DOC, and DHS could work together on this because in agreement that this will be a huge lift.

Deb Kolste moved to accept the motion as written
Dr. Subhadeep seconded the motion.

Five members voted in favor.
The motion as written did not pass.

Roger Frings suggested friendly amendment to the motion to read that SCAODA encourages that DHS investigate a mechanism to collect system level capacity for DHS 75 certified entities.

Christine Ullstrup moved to accept the amended motion.

Deb Kolste seconded the motion.

Ten members voted in favor. Eight members abstained (Brian Dean, Paul Krupski, Roger Frings, Dr. Autumn Lacy, Anthony Peterangelo, Representative Jesse James, Senator Eric Wimberger, Senator Jeff Smith).

Amended motion passed.

Prevention Committee

Chris Wardlow provided the update. July Committee meeting was spent mostly on developing budget recommendations.

Maureen Busalacchi provided an update on the work of the Wisconsin Alcohol Policy Project. SCAODA put forth a report on [*Policies and Strategies to Reduce and Prevent Excessive Alcohol Use in Wisconsin*](#), which has been a helpful tool.

Trying to implement as many of the recommendations as possible. One of the recommendations was on place of last drink, and so working closely with Department of Transportation, Department of Justice, and others in moving that forward, so that place of last drink information can be tracked through the badger tracks system, which is available to all 525 law enforcement agencies in the State. There is also a lot of work in providing training and support to ensure that law enforcement understands the usefulness of the information and why they should be collecting it over time because it helps us understand where overserving is occurring. Also working to better understand the alcohol environment in Wisconsin. Have started building an epidemiology law database to understand what ordinances there are. For example, Milwaukee has 50 pages of ordinances related to alcohol, while another city in northern Wisconsin will have two.

The process of licensing varies dramatically, and many places are doing a lot with that. Having better information around things like alcohol policies, crash data, and health outcomes can help show what works in Wisconsin. Have been asked to present a poster at the American Public Health Association regarding the report.

Alcohol Policy Project is hosting the Alcohol Policy Seminar on October 19th in Green Bay. Registration link shared in the chat: <https://www3.uwsp.edu/conted/Pages/Wisconsin-Alcohol-Policy-Seminar.aspx>. There has been a lot of media coverage lately on excessive alcohol use. The Dane County Traffic Safety Commission released information showing large increase in fatalities involving alcohol. Milwaukee Magazine ran a comprehensive article on alcohol consumption and culture in Wisconsin. Hopefully this is continuing to raise awareness that will help local coalitions, the Alliance for Wisconsin Youth, and other community partners.

7. Overdose Fatality Review and Department of Corrections Overdose Response

Constance Kostalec and Amy Perry from the Medical College of Wisconsin, Institute for Health & Equity provided a presentation on the Wisconsin Overdose Fatality Review (OFR) The OFR is a locally based, multi-disciplinary process for understanding the risk factors and circumstances leading to fatal overdoses and identifying opportunities to prevent future overdoses. It is a joint effort of DHS and DOJ and is funded by two federal grants: Overdose Data to Action and Comprehensive Opioid Stimulant and Substance Abuse Program (DOJ). Medical College of Wisconsin provides training and technical assistance.

Dr. Autumn Lacy provided a presentation on the Department of Corrections (DOC) Opioid Response. The DOC Overdose Death Review Team includes members from the Division of Adult Institutions, Division of Community Corrections, Division of Juvenile Corrections, Medical College of Wisconsin, and a Community Treatment Provider. Team meets monthly to review two cases with technical assistance and facilitation provided by the Medical College of Wisconsin. Gaps are identified and recommendations to fill those gaps are made to the Opioid Response Steering Committee. There are currently 36 recommendations.

OFR State Advisory Group is a multidisciplinary group that began in April 2021 with the mission to reduce overdose fatalities in Wisconsin through support of the overdose fatality review process and recommendations of the local multidisciplinary teams. State level recommendations include:

- Medications for opioid use disorder need to be included on the Wisconsin PDMP to bring awareness to prescribers about all controlled substances prescribed to individuals.
- Co-locate naloxone with AEDs on UW campus residence halls and public buildings.
- Multi-faceted recommendation for health care providers and pharmacists with co-prescribing naloxone with an opioid.
- Persons who are incarcerated should be trained in administration of and equipped with naloxone prior to release from incarceration.
- Incarcerated individuals should have access to substance use disorder treatment, regardless of time to serve as well as for type of crime.

8. Council Strategic Planning Process

Roger Frings shared the update. It is time to update the Council's Strategic Plan. That doesn't mandate that anything is changed, rather it gives the opportunity to review goals and objectives for the Council. Committees should be prepared to share updates on their annual workplans at the December Council meeting to help support this process. DHS staff Sarah Boulton added that committee chairs and staff can reach out if they need support in updating their plans. Looking for volunteers for people who are interested in being on the Strategic Planning Workgroup. Chris Wardlow and Deb Kolste volunteered. Roger Frings noted that having a Strategic Plan is helpful for things like the recent budget recommendations, as recommendations could be tied back to the goals of the Council. A strategic plan helps to keep the work of the Council focused.

9. State Agency Updates

DHS: Paul Krupski shared the update. Circling back to the budget recommendations that were submitted by the State Council on behalf of DHS. Thank you very much for the all the hard and thoughtful work that went into that and for submitting those to the department. Also really appreciated the budget recommendations that were submitted to DHS' sister state agencies as well. Many of those budget recommendations are obviously supportive of accompanying work that the department focuses on or issues that DHS has supported in the past. At the department, wrapping up some high-level budget initiative work that will be submitted to the Governor's office this month.

It is Recovery Month, and this coming Saturday is the annual Rally for Recovery at the State Capital. Everyone encouraged to take part in this event. It's a great annual event that takes place, supported by the Wisconsin Voices for Recovery organization, and many other groups across the State.

The Department has been trying to bring more awareness and education around fentanyl. The presence of fentanyl in the drug supply has been driving overdoses and deaths nationally, as well as in Wisconsin. Last month, DHS put out a [public health advisory](#) specifically around Fentanyl being present in overdose deaths around the state. Over the last year, synthetic opioids, primarily fentanyl, were identified in 91 percent of opioid overdose deaths and 73 percent of all drug overdose deaths. DHS will continue to provide education and spread awareness in the coming months around this issue, especially once 2021 data is finalized. Wisconsin was one of many states across the country where fentanyl test strips were illegal but in March of this year legislation was passed and signed by Governor Evers decriminalizing fentanyl test strips (FTS). Since that happened, the department has been looking for funding that can be allocated to support FTS dissemination around the state. DHS has been working to develop a mechanism similar to the Narcan direct program to disseminate FTS statewide and get them in the hands of individuals who need it.

Following up on previous updates, DHS submitted an opioid settlement proposal plan to the Legislature pursuant to Act 57 in order to ask for approval from the Joint Committee on Finance, so that we could expend those funds. There was an objection to the plan. Came back and held a hearing, and they approved an amended plan for the opioid settlement funds. Again, this is just for the initial first year of funds Wisconsin is receiving from two specific settlements. The

Department is required to go back to Joint Finance on an annual basis. This first year, we're expecting 31 million dollars in funding from the two settlements. Joint Finance approved basically 85% of what was in DHS' initial plan. Funding will support the expansion of the FTS program that was just talked about, additional funding for tribal nations that are disproportionately impacted by the opioid epidemic, DHS Central Alert System to provide alerts to counties and tribes, and room and board support for residential treatment for opioid use disorder. Pilot initiative for family support centers and funding to support prevention initiatives addressing root causes was removed from the plan. MAT expansion was increased. Three new additions were made to the plan, including a grant program for law enforcement agencies across the state, a grant program to a Statewide community-based organization that serves after-school youth, and then there is also 1 million dollars that is going towards the DHS Hub and Spoke Pilot Project to establish additional hub agencies across the state. As of now, state has received six million dollars.

Denise Johnson asked if settlement money will support service providers to get necessary education and licensing to better provide services to underserved populations. Paul Krupski thanked Denise for the question and noted that with this initial round of funding, there is not any that is going specifically to address workforce needs but well aware of the challenges that are there. This is only the initial round of settlement funds that we're receiving, so it does not mean that future funds cannot support that. Christine Ullstrup asked how quickly funding has to get out. Paul Krupski noted that funding will not expire and does not have to be returned, like some federal funding, but also appreciate the urgency that many of these items need to be addressed. Have to report back to the State Legislature with progress on a quarterly basis.

Department of Corrections: Dr. Autumn Lacy shared DOC updates. Having some discussions on how we can bring MAT to our residential facilities to decrease the barrier that our residential treatment facilities have with getting folks to clinics for their medication. Also looking at bringing mobile MAT into rural areas to provide that service to folks at their home. Created a treatment unit so that we could address some of the gaps that we were seeing within services for our clients. So right now, have one clinical supervisor and seven treatment specialists, five of which are filled. We have a waiting list of 250 individuals to get into residential treatment. What that usually means, is that we have 250 people sitting in county jails waiting for a bed to open for them to get residential treatment. It's a large need for us in the community and it's a gap for us, and we're constantly trying to increase what we're able to do. DOC is doing a variety of things in recognition of Recovery Month, including lunch and learns for staff every week, a weekly newsletter, and holding a ceremony to recognize clients that have engaged in treatment.

8. Bureau of Prevention Treatment and Recovery updates

Teresa Steinmetz shared the update. Bureau staffing updates include: Leilani Nino is now the Criminal Justice Coordinator, Elizabeth Adams moved from Prevention Outreach Specialist to Prevention Coordinator, Vanessa Bauman is a new Prevention Coordinator, Jake Niesen and Anne Vulpas are new Harm Reduction/ Recovery Services Coordinators, and Michelle Lund is now the Lead Substance Use Treatment Program Coordinator.

A reminder the revised DHS 75 will go in effect in a couple weeks with an October 1st start date. The new rule increases access to services across the state, while maintaining high quality standards of care. The rule had not been revised in many years, and there really wasn't a way to just make smaller revisions. This meant we had to implement a full repeal and rewrite of the rule. The focus of the department, secretary, administration, and the entire division working on this right now is to ensure as smooth of a transition as possible. We know that this is challenging. We know there's been a lot of bumps in the road, and we really want our continuity of services to be the top priority, and to really assure that there is no interruption of services for consumers, and no interruption of payments for providers. As we roll this out, continue to look at ways to be as flexible as possible. The DHS 75 website is continually being updated with new information and resources, including frequently asked questions. Most new applications have been published. The remaining application should be released next week. DQA recently sent out letters to all currently certified providers with instructions on the conversion or new certification process. We ended up being able to implement an automatic conversion process for the majority of providers. That means if you are currently certified in one of the DHS 75 categories, you will automatically be converted to the new certification category. There are some providers out there, however, like intoxicated driver

programs that are being offered an abbreviated application process. There wasn't a way to just do a conversion for some of the new certifications that are coming.

A reminder about 988. 988 is the shorthand for the 988 Suicide and Crisis Lifeline. In Wisconsin and nationally, individuals can access 988 by calling, chatting or texting 988. Don't have a full picture of August data yet. Wisconsin lifeline did see a 19% increase in calls routed to their center in July. Went from 5,089 calls in June to 6,068 calls in July. Of these calls, the lifeline in Wisconsin was able to answer 4,420. Other calls still answered. There were 617 mental health related referrals that occurred. The Wisconsin lifeline provider continues to bring on new staff, train them and have them answer calls to respond to the increase. Since April the lifeline has hired 13 new staff.

Department of Children Family Services Bureau of Youth Services Director Shelby McCulley shared an update on a budget initiative on psychiatric residential treatment facilities (PRTF) for youth. DCTS and DCF are working collaboratively to develop a budget paper. Shelby McCulley noted that DCF is responsible for providing out of home care. PRTFs are non-hospital facilities that address psychiatric care. The overall number of children in these settings has declined, which is good, however, the small number of children being placed in residential treatment facilities out of state has increased. These are children with intensive needs that are not being met in Wisconsin. The intention for this project is that PRTFs would not just be for children in Child Protective Services (CPS) but would also be available to children that are not in the system. Currently, children are being sent out of state for these services, which may be far from parents/guardians. Having one or two facilities in the state could help with this.

11. Agenda Items for December 2, 2022 meeting

Representative Jill Billings asked if the meeting will be in-person or virtual. Roger Frings noted that the Council has had significantly increased participation with Zoom meetings and that it may be difficult for people to travel. Council agreed to hold the December meeting virtually and to revisit this item next year.

12. Meeting Adjournment

Christine Ullstrup moved to adjourn.

Roger Frings seconded the motion.

All in favor. None opposed.

Meeting adjourned at 12:55pm.

Prepared by: Sarah Boulton on 9/9/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 12/2/2022

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Executive Committee			Attending: Roger Frings, Kevin Florek, Sandy Hardie DHS Staff - Sarah Boulton
Date: 7/27/2022	Time Started: 1:34 PM	Time Ended: 2:52PM	Guest: Ramsey Lee
Location: Zoom			Presiding Officer: Roger Frings, Committee Chair
Minutes			

1. Call Executive Committee to Order

The meeting was called to order at 1:34pm by Roger Frings.

2. Review of May 18, 2022 Meeting Minutes

Kevin Florek moved to approve the Committee’s meeting minutes of May 18, 2022.

Sandy Hardie seconded.

No discussion or changes mentioned.

Motion to approve the minutes carried unanimously.

Minutes of May 18, 2022 were approved.

3. Budget Proposals Review

Executive Committee members reviewed budget proposals submitted by committees.

Budget recommendations submitted by SCAODA Prevention Committee:

- SCAODA recommends that the Department of Public Instruction 2023-25 BIENNIAL BUDGET REQUEST include the reinstatement of AODA prevention grants as a GPR Categorical Aids program at the inflation-adjusted 2009-11 Biennial Budget level or higher. In addition, the DPI 2023-25 Budget Request should restore Aid for AODA in PR Categorical Aids to the inflation-adjusted 2009-11 Biennial Budget level or higher.
- \$1.08 million for alcohol age compliance checks over two years, to be made available as grants to local and county law enforcement agencies that have jurisdiction on compliance checks, with encouragement of collaboration and partnership with local prevention coalitions or health departments.
- Amend Wis. Stat. sections 139.02 and 139.03 to increase occupational tax on all alcohol beverages by 50%. This would apply to all fermented malt beverages and all intoxicating liquor, including wine and cider, that contain 0.5 percent or more alcohol by volume.
- \$15,000 to conduct a statewide qualitative assessment of Health Equity, Diversity, and Inclusion needs to support substance misuse prevention efforts in Wisconsin.
 - o Executive Committee amended proposal to remove dollar amount.
- Allocate the entire revenue (currently \$73 million) collected from the occupational tax on alcohol beverages (including from fermented malt beverages and intoxicating liquor, inclusive of wine and cider) for alcohol prevention efforts by counties and local prevention coalitions.
 - o Executive Committee did not move recommendation forward. Additional information needed.
- \$1.8 million for making SBIRT (Screening, Brief Intervention, and Referral to Treatment) available for courts (including municipal and circuit courts) for adolescents with alcohol or drug violations; and for health care organizations and providers, to engage in SBIRT education and to establish and make broadly available SBIRT programs in every county.

Budget recommendations submitted by SCAODA Planning and Funding Committee:

- Room and Board for Residential Levels of Care
- Medicaid Expansion

- Executive Committee suggested moving reviewing bullet point for other state models (Minnesota and Iowa) under Medicaid Expansion.
- CCS Expansion
 - Residential Levels of Care
- Supporting Development of Full Continuum of Care for All Substances (prevention through every ASAM level of care, whole person care)
 - Workforce Development
 - Capacity Building of Residential Beds
 - Education Around Harm Reduction
 - Expansion of Peer Support Training
 - Recovery Housing
- Increase Excise Tax on Fermented Beverages
- Incentive Payments for Implementation of Evidence-Based Practices
- Connecting Providers to New and Ongoing High-Quality Training for Best Practices
- Create a Mechanism to Collect System-Level Capacity, Including Service Level and Workforce, Across the State for Baseline Information and Planning

Budget recommendations submitted by SCAODA ITC Committee:

- Expand Vivitrol to providers- Financial assistance to help cover costs for those receiving Vivitrol injections. Additional research studies into Naltrexone/Vivitrol treatment outcomes, physical health, mental health, and neurological effects. Continued research and public awareness with Vivitrol being a resource for individuals who have an alcohol use disorder.
- 24-hour childcare/daycare services- at no or low cost for; parents attending mental health and substance use disorder treatment: short-term care services, groups, counseling sessions, inpatient/residential, withdrawal management, and outpatient services, individual appointments, and emergencies.
 - Executive Committee did not move this recommendation forward.
- DSPS Funding Allocations-support adequate funding to increase staffing levels needed to process licenses and certification applications in the substance use workforce practice.
- Financial treatment assistance for those seeking recovery-the ability to help those in need of funds to cover costs for intensive outpatient, partial hospitalization, and specialized treatment services (For example: eating disorder treatment, brain spotting, transcranial magnetic stimulation, pregnant mothers, single parents) and inpatient/residential services. Assistance to help pay for treatment, copays, room, and board that HMO's do not cover, and other financial assistance have ceased. Allow for Financial assistance to be available for all Wisconsin residents that are eligible.
- Expanded Medically Managed Withdrawal Management Services (Detox)- The committee would like to see an expansion of behavioral health services for residents to access medically managed withdrawal services. The purpose would be to allow residents the ability to be medically clear, safely withdraw from substances and be assessed for continued substance use disorder treatment.
- Stabilization Funds-to help agencies treating individuals who re-acclimate their clients to home, work, and school. To purchase items such as clothing and shoes, bedding, cookware, dishes, soap, and other hygiene, other basic needs.
 - Executive Committee did not move this recommendation forward.
- Housing-Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.
 - Executive Committee did not move this recommendation forward.
- Transportation-Due to the lack of transportation residents are facing to and from home, jobs, medical and therapy appointments the committee would like to suggest a state-funded program where residents would be able to obtain transportation at a cost-free expense in

order to attend all medical/dental appointments, mental health & substance use disorder therapy appointments, employment and grocery stores-24 hours a day.

- Executive Committee did not move this recommendation forward.
- Financial assistance- assistance for those in recovery to help reduce financial barriers for Intensive outpatient, partial hospitalization, inpatient, and residential services. The ability to offer financial aid for treatment, copays, room and board that HMO's at last resort. Financial assistance is available for all Wisconsin residents.
 - Executive Committee did not move this recommendation forward.

Sandy Hardie moved to approve amended budget recommendations.

Kevin Florek seconded.

Motion to approve the recommendations carried unanimously with one abstention (Roger Frings).

4. **Setting Agenda for September 9, 2022 Council Meeting**

Members of the Executive Committee discussed plans and reviewed draft agenda for the upcoming September 9th SCAODA meeting. Agenda items include Council officer elections, presentation from the Overdose Fatality Review and DOC Overdose Death Review teams, and discussion around strategic planning process.

5. **Council Strategic Planning**

Members of the Executive Committee discussed process for Council strategic planning process. Roger Frings to provide a brief overview of process and solicit interest from Council members in being on the planning workgroup at Council meeting.

6. **Adjournment**

Meeting adjourned at 2:52pm with a motion from Sandy Hardie and second from Kevin Florek.

Prepared by: Sarah Boulton on 7/27/2022.

Executive Committee reviewed and approved these minutes at its 11/14/22 meeting.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Executive Committee of the State Council on Alcohol and Other Drug Abuse

November 14, 2022

1:00pm-2:00pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1612863427>

Meeting ID: 161 286 3427

Conference Call: 669-254-5252

OPEN MEETING NOTICE

- 1. Call to OrderKevin Florek
- 2. Review of July 27, 2022 Meeting Minutes.....Kevin Florek
- 3. Review Safe Opioid Prescribing Petition.....Executive Committee
- 4. Annual SCAODA Listening Session Follow Up.....Executive Committee
- 5. Setting Agenda for December 2, 2022 Council MeetingExecutive Committee
- 6. Adjournment.....Kevin Florek

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Executive Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA) and consists of the Council’s three officers. The Committee’s primary objective is to provide leadership and direction to the Council in the setting of Council meeting agendas and prioritizing of Council activities.

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OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Amy Anderson, Michael Kemp, Jill Gamez, Holly Stanelle, Sheila Weix, Sandy Adams, Alisha Kraus
Date: 8/9/2022	Time Started: 10:10 AM	Time Ended: 11:39 PM	DHS: Anne Larson, Saima Chauhan, Leilani Nino, Jason Cram Guests: Karen Connor, Elizabeth Collier; Shelby McCulley (DCF)
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson and Sheila Weix-Co-chair.

Minutes

1. Roger Frings called the meeting to order at 10:10 AM.

Comments or Announcements: **Quorum confirmed by Roger.** Introduction of Guests and new DHS staff.
Absent- Chris Wardlow, Dave MacMaster.

2. Review and approval of 7/12/2022 and 7/21/2022 meeting minutes.

Holly Stanelle moved to approve July 12 and July 21st Meeting Minutes. **Second by Sandy Adams.** No abstentions, No opposition. Approved unanimously.

3. Update from the Prevention Committee.

Chris Wardlow not present today. No updates.

4. Tobacco Integration Update- (Karen Conner)

Wintip staff. Update- DCTS contracts. Preparing DHS 75 providers. For October 1st implementation. Survey in Spring to providers-baseline status on policies and procedures. Findings through 7/31. Survey open until end of September. Preliminary findings:

- Assess for tobacco use treatment- 56% always; 30% often asked; 11% Sometimes; 2% Rarely
- Guidance provided: 28% always advised; 33% often advised; 12 sometimes,
- Tobacco cessation meds- 11% always encouraged; 26% often; 37% sometimes
- Smoke free policy: 57% in place and enforced

Final survey results will be provided after October 1.

Two toolkits have been developed- <http://ctri.wisc.edu/providers/behavioral-health-dhs75-implementation.htm>
Sheila noted that wonderful tobacco integration resources are available. These include trainings, FAQs, how to assess for tobacco treatment, how to implement a tobacco free policy, etc.

Jill-received a question regarding the policy requirement but doesn't say facility needs to be smoke free?

Saima: DQA-looking for a policy. Is there a policy that says how a smoke free environment will be implemented?

Recognition that there are also existing public laws clean air/smoke free environments

Saima- an FAQ will be issued on DHS 75 website regarding tobacco policies and enforcement.

5. Barriers to treatment for pregnant women (Sheila Weix)

FQHC: Treatment center-issue- Pregnant women seeking urgent SUD treatment are eligible for prenatal care- and outpatient inductions for Suboxone. Inpatient is a good option, but Sheila received word that a facility intake person said the following: Inpatient Intake -if they are under 20 weeks OB must sign off on fetus health and gestational age prior to admission. This is a huge barrier to accessible care. Over 20 weeks can be admitted-and they receive continuous fetal monitoring.

Let Sheila know if you run in to this issue in the community.

6. **Opioid Treatment Update/Announcements** (*Saima Chauhan*)

Saima talked to Dan and there are no updates.

Sheila-a treatment chain in the state that dispenses Suboxone recently said they could not issue the treatment to someone who has a PO Box for an address. This would have been a huge barrier to access. They apparently misunderstood recent updates DEA regs. PO Boxes are allowed as addresses for people receiving Suboxone Treatment.

7. **Updates on DHS 75** (*Saima Chauhan*)

DHS 75 Webinar-Session 10 on August 11th from 11:00-12:30. It will cover clinical consultation, supervision, FAQs. Saima is also presenting an all-day training on ASAM and DHS 75 on August 11th.

[Revised DHS 75 Questions, F-02897 \(10/2021\) \(surveygizmo.com\)](#)

The clearing house rule page has the most current information.

https://docs.legis.wisconsin.gov/code/chr/all/cr_20_047

8. **SCAODA Budget Recommendations moving forward** (*Roger Frings*)

- **Expand Vivitrol to providers-** Financial assistance to help cover costs for those receiving Vivitrol injections. Additional research studies into Naltrexone/Vivitrol treatment outcomes, physical health, mental health, and neurological effects. Continued research and public awareness with Vivitrol being a resource for individuals who have an alcohol use disorder. **Recommended to Move Forward**
- **DSPS Funding Allocations-**support adequate funding to increase staffing levels needed to process licenses and certification applications in the substance use workforce practice. **Recommended to Move Forward**
- **Financial treatment assistance for those seeking recovery-**the ability to help those in need of funds to cover costs for intensive outpatient, partial hospitalization, and specialized treatment services (For example: eating disorder treatment, brain spotting, transcranial magnetic stimulation, pregnant mothers, single parents) and inpatient/residential services. Assistance to help pay for treatment, copays, room, and board that HMO's do not cover, and other financial assistance have ceased. Allow for Financial assistance to be available for all Wisconsin residents that are eligible. **Recommended to Move Forward**
- **Expanded Medically Managed Withdrawal Management Services (Detox)-** The committee would like to see an expansion of behavioral health services for residents to access medically managed withdrawal services. The purpose would be to allow residents the ability to be medically clear, safely withdraw from substances and be assessed for continued substance use disorder treatment. **Recommended to Move Forward**

Not recommended to move forward:

- **24-hour childcare/daycare services-** at no or low cost for; parents attending mental health and substance use disorder treatment: short-term care services, groups, counseling sessions, inpatient/residential, withdrawal management, and outpatient services, individual appointments, and emergencies. Not moving forward.
- **Stabilization Funds-**to help agencies treating individuals who re-acclimate their clients to home, work, and school. To purchase items such as clothing and shoes, bedding, cookware, dishes, soap, and other hygiene, other basic needs. Not moving forward.
- **Housing-**Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need. Not moving forward.
- **Transportation-**Due to the lack of transportation residents are facing to and from home, jobs, medical and therapy appointments the committee would like to suggest a state-funded program where residents would be able to obtain transportation at a cost-free expense to attend all medical/dental appointments, mental health & substance use disorder therapy appointments, employment, and grocery stores-24 hours a day. Not moving forward.

- Financial assistance- assistance for those in recovery to help reduce financial barriers for Intensive outpatient, partial hospitalization, inpatient, and residential services. The ability to offer financial aid for treatment, copays, room, and board that HMOs at last resort. Financial assistance is available for all Wisconsin residents. Not moving forward.

ITC Recommendations-ties to the SCAODA Strategic Plan	SCAODA Goals
1. Expand Vivitrol to providers	1, 3e,4d
2. 24-hour childcare/daycare services	3f,
3. DSPS Funding Allocations	3c, 2a
4. Financial treatment assistance for those seeking recovery	1, 3b, 3c, 4d
5. Expanded Medically Managed Withdrawal Management Services (Detox)	1, 3b, 3e, 4d
6. Stabilization Funds	1, 3e
7. Housing	1, 3e
8. Transportation	3e,
9. Financial assistance	1, 3e

The Executive Committee moved forward with recommendations 1, 3, 4, and 5. The remaining recommendations were not moved forward with some general feedback being that recommendations were too broad or unlikely to be implementable.

Other Recommendations by other agencies: Alcohol age compliance checks. Public instruction-AODA (SUD) Prevention Grants- restore aid- inflation adjusted from 2009-2011 budget levels.

Roger abstained. From voting on budget recommendations. Exec Committee sent letters regarding these recommendations on August 1st.

Michael-noted language change from AODA to SUD . Sheila-What is the preferred inclusive language to use. Brief discussion for future consideration-The re-naming of SCAODA

9. DSPS updates (Roger Frings)

A DSPS representative did not attend. No new information was provided.

10. Psychiatric Residential Treatment Facilities (PRTF) for youth in Wisconsin (Jason Cram DCTS-CYF Section manager & Shelby McCulley, Director of Children’s services- DCF)

A DCTS and DCF (child welfare) partnership workgroup is working on implementation of PRTFs. – stand-alone inpatient intensive treatment for youth. Secure facilities serve youth prior to Winnebago level of care. Number of beds- high 20-30’s (35) in 2 facilities.

Typical staffing- prescriber- nursing staff- clinical- psychologist psychiatrist, social workers, occupational therapy, physical therapy, speech therapy, peer support; facility-food-

The goal is to transition youth to home or lower intensity services.

Next steps: get the initiative on the legislative calendar. A new rule will be developed which takes about 18-months.

Then issue a GFOA (Grant Funding Opportunity)

Facilities likely in place in 4-5 years

Working on Budget Paper. Finalize the paper this fall. PRTFs are Medicaid reimbursable.

Jointly presenting PRTF information to provider partners, advocacy groups, community councils, and committees.

Shelby noted that the child welfare system (includes youth justice).

Out-of-home placements in general have decreased; however, out-of-state placements for youth with higher acuity have increased.

PRTF services are not just for youth in justice system. Some families now voluntarily enter CPS seeking treatment for youth.

Lessons learned- from Minnesota

- build over capacity-
- ensure authority to determine eligibility for access is at the facility level
- Pillars: start small. Don't try to address the entire out-of-state placements.
- Authority to scale up with increased need

GPR funded

Amy-comorbidities-options? Jason no detox. Must be medically stable.

Assessed for violent tendencies, aggressive behaviors.

Michael- educational component- transition planning-

Sheila- enhanced level of service will ultimately improve long term outlook of youth who enter adult MH system.

Contracting with multistate providers- we must be clear about training and service requirements.

Amy-Build out requirements? Universal Design, safety, and security in their rooms; comfortable, quiet, calming spaces. Staff training and safety for staff and clients.

Theresa and Shelby will present on this item at the September SCAODA meeting

11. Public comments-None.

12. Future meeting dates, agenda topics, and other announcements

- Michael- noted Sept 20th -Addiction Professional Day (20th year of celebration)
- MH and SU Recovery Conference on Oct 20th and 21st.
- Peer Recovery Conference in Middleton in early August.
- OCI- Social Media Specialist (Rachel) conducting video interviews with SCAODA members regarding council involvement over the years. The materials can be used to raise awareness-parity.
- Karen Connor applied to be a standing member of ITC. Roger welcomed her to ITC.
- MH Block Grant-Mini-grant feedback due by August 15th. Go to SCAODA website for details.
- Amy recently saw a presentation by Jermain Galloway "Tall Cop"- *High in Plain Sight*- new drug trends- He is presenting this information October 4th-8:30-11:30 AM. Amy was alarmed by the trend to enhance highs with commonly available substances such as Delta 8.

Future Agenda Items: Standing items: Updates on: Covid, state and federal legislation, DHS 75, Hub and Spoke model, Tobacco integration, Legislative Updates, DHS 75, Sub-Committee Reports; DSPS; Updates on PRTS planning.

Michael-noted language change from AODA to SUD . Sheila-What is the preferred inclusive language to use? Substance Use? Substance Misuse? The potential re-naming of SCAODA to represent changes towards more inclusive language.

13. Mike Kemp moved to adjourn; Sandy Adams seconded. **Unanimous approval to adjourn the meeting at 11:39 AM** *Next scheduled Meeting: SCAODA on Sept 9th. Next ITC: October 11th

Prepared by: Anne Larson on 8/9/2022.

These minutes were approved by the governmental body on xxx: .



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

INTERVENTION AND TREATMENT COMMITTEE (ITC)

Time: October 11, 2022, at 10:00 AM Central Time (US and Canada)

This meeting will be held via teleconference.

Join ZoomGov Meeting

<https://dhs.wi.zoomgov.com/j/1617742464?pwd=TzQzakRTNjhvRXF3WkdEbUVWams0dz09>

Meeting ID: 161 774 2464

Passcode: 095558

AGENDA

1. Call to order and roll call
2. Review and approval of 8/9/2022 meeting minutes
3. Review of the 9/9/2022 SCAODA meeting
4. Discussion of ITC chair (Roger Frings)
5. Update from the Prevention Committee (Chris Wardlow)
6. Tobacco Integration Update (Karen Conner)
7. Barriers to treatment for pregnant women (Sheila Weix)
8. Updates on Opioid Treatment/Announcements (Saima Chauhan)
9. Updates on DHS 75 (Saima Chauhan)
10. Public comments
11. Future meeting dates, future agenda topics, and other announcements
12. Adjourn

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse. The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

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*Next scheduled ITC Meeting: **November 8, 2022** & SCAODA: December 2, 2022

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Amy Anderson, Jill Gamez, Sheila Weix, Sandy Adams, Alisha Kraus, Chris Wardlow, Karen Conner, Beth Collier (at 11:30AM), Dave MacMaster DHS: Anne Larson, Saima Chauhan Guests: Tom Farley, Hanna Huffman
Date: 10/11/2022	Time Started: 10:01 AM	Time Ended: 11:49 AM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Sheila Weix-interim co-chair-(provider) Roger Frings (public)-Interim Chairperson and Chris Wardlow-Co-chair.

Minutes

1. Roger Frings called the meeting to order at 10:01 AM.

Comments or Announcements: **Quorum confirmed by Sheila Weix.** Introduction of Guests and new DHS staff. Absent- Michael Kemp, Jessica Geschke, Tamara Feest, Holly Stanelle.

2. Review and approval of 8/11/2022 meeting minutes.

Roger Frings moved to approve the August 11, 2022 Meeting Minutes. **Second by Sandy Adams.** No abstentions, No opposition. Approved unanimously.

3. Review of the 9/9/2022 SCAODA meeting

Roger-Beginning-officers elected: Roger did not
Kevin Floreck-Tellurian- New Chair- Roger. will mentor Kevin in his new role-; Sandy Hardie Co-Chair, Christine Ullstrup-Meta House named Secretary (also serves as chair of Planning and Funding Committee. Discussion-There is a need for council members to share in the work of the SCAODA committees. Christina Malone-is a new member with interest in cultural diversity or ITC. Stacy Stone now Chair on Prevention Committee

4. Discussion of ITC chair (Roger Frings)

There is a need to recruit a Council member to Co-Chair. Roger made suggestions for an Insurance Commission replacement prior to his retirement.

Sheila- There's always been a small group of "worker bees" and some who are not fully engaged- Discussion regarding how to recruit and onboard active members. Discussed evolution of requirement to have only SCAODA Members (as opposed to the inclusion of Community/Public participants).

Tom Farley plans to be active participant.

Roger will follow up with Kevin, Sandy, and Christine. The goal is to look at the Bylaws and possibly recommend adjustments to enable increased participation.

5. Update from the Prevention Committee.

Chris Wardlow -October meeting moved to Friday November 4th due to scheduling conflicts

Oct 19th-Alcohol policy training; MHSUR conference.

Prevention Committee will serve as the advisory group regarding alcohol in the state Health Plan.

Movement to legalize cannabis in the state. Need to revisit the recommendations in the published 2016 SCAODA paper on Cannabis. The Strategic plan will also be on the November agenda.

<https://www.dhs.wisconsin.gov/scaoda/marijuana-wisconsin-20160722.pdf>

6. Tobacco Integration Update- (Karen Conner)

Continuing to work with providers to implement the tobacco integration aspects of DHS 75.

Working with facilities to not only implement minimum standards but to also look at EBP level of treatment.

Education regarding larger tobacco free policies.

Survey started in Spring and closed on 9/30/2022. Preliminary findings Fifty-nine parties responded, and most were at management or executive levels.

Policies and Procedures:

- Assess for tobacco use treatment- 58% always; 27% often asked; 12% sometimes; 2% rarely 2 never
- Guidance provided: 28% always advised; 33% often advised; 12 sometimes,
- Tobacco cessation meds- 11% always encouraged; 26% often; 37% sometimes
- Smoke free policy: 57% in place and enforced
- Identified in the treatment plan: 5% always, 9% often, 4 1% sometimes, 39% rarely, 7% never.
- Quitline info provided: 12% always, 17% often, 32% sometimes, 22% rarely, 17% never

Attitudes: draft results on a 1-5 scale with 1= Strongly disagree and 5= Strongly agree.

- Good idea to treat tobacco dependence while treating primary substance use disorder: 2% strongly disagree, 11% disagree, 25% neutral, 25% agree, 39% strongly agree.
- Clients say they want to quit tobacco use: 9% strongly disagree, 33% disagree, 52% neutral, 4% agree, 2% strongly agree.

During the Summer-Webinars (available on www.Helpusquit.org)

Two toolkits offered- <http://ctri.wisc.edu/providers/behavioral-health-dhs75-implementation.htm>

In 2022: There have been 1500 visits to the WinTip DHS 75 webpage.

There have been 500 views of the webinars.

Sheila- encouraged incorporating tobacco in the usual substance use assessment tools.

Chris-Tobacco 21 law- needs to be discussed at the December SCAODA meeting. Wisconsin stands to lose Federal

7. Barriers to treatment for pregnant women (Sheila Weix)

Let Sheila know if you run in to this issue in the community.

Unknown territory. Treatment for pregnant women is more complex.

8. DCTS Treatment Update/Announcements (Saima Chauhan)

Saima- gave brief updates:

Michelle Lund, Lead Opioid Treatment Coordinator left BPTR to take a supervisor position in Public Health.

2 new staff were hired to fill SOR grant coordination vacancies. A new women's treatment coordinator was hired on 10/4.

ASAM- has plans begin release the 4th edition in the fall of 2023. There will be 4 volumes. The first volume will be focused on adults; the 2nd on Adolescents/TAY; the 3rd on corrections settings, and the 4th on behavioral addictions (i.e., gambling, internet, etc.)

<https://www.asam.org/asam-criteria/4th-edition-development>

9. Updates on DHS 75 (Saima Chauhan)

DHS 75 Webinar will be presented at the MHSUR Conference on 10/20 and 10/21.

[Revised DHS 75 Questions, F-02897 \(10/2021\) \(surveygizmo.com\)](#)

The clearing house rule page has the most current information.

https://docs.legis.wisconsin.gov/code/chr/all/cr_20_047

10. Public Comments

Covid still alive and well. New Boosters are widely available.

11. Future meeting dates, agenda topics, and other announcements

- Next ITC on 11/8
- Next SCAODA on 12/2
- MH and SU Recovery Conference on Oct 20th and 21st.
- Tobacco 21. Deadline for states to pass- Oct 2023
- Future Agenda Items: Amy recently saw a presentation by Jermain Galloway “Tall Cop”- *High in Plain Sight*- new drug trends.
- Opioid Settlement Funds Finance report

Updates on: Covid, state and federal legislation, DHS 75, Hub and Spoke model, Tobacco integration, Legislative Updates, DHS 75, Sub-Committee Reports; DSPS; Updates on PRTS planning.

Michael-noted language has changed from AODA to SUD. Sheila-What is the preferred inclusive language to use? Substance Use? Substance Misuse? There may be a need to rename SCAODA to represent changes towards more inclusive language.

12. Adjournment

Beth Collier moved to adjourn; Roger Frings seconded. **Unanimous approval to adjourn the meeting at 11:39 AM** *Next scheduled Meeting: SCAODA on Sept 9th. Next ITC: October 11th.

Prepared by: Anne Larson on 10/11/2022.

These minutes were approved by the governmental body on xxx: .



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

INTERVENTION AND TREATMENT COMMITTEE (ITC)

Time: November 8, 2022, at 10:00 AM Central Time (US and Canada)

This meeting will be held via teleconference.

Join ZoomGov Meeting

<https://dhs.wi.zoomgov.com/j/1603900595?pwd=dlptK0ZGU1JSdHdwODIzamFqQmdTUT09>

Meeting ID: 160 390 0595

Passcode: 997494

AGENDA

1. Call to order and roll call
2. Review and approval of 10/11/2022 meeting minutes
3. The new Women's Treatment Coordinator (Alicia Cook)
4. Discussion of ITC Chair (Roger Frings)
5. Update from the Prevention Committee-*Tobacco 21* (Chris Wardlow)
6. Tobacco Integration Update (Karen Conner)
7. ~~Updates on Opioid Treatment/Mobile Opioid Treatment Program Unit (Dan Bizjak)~~
8. Updates on DHS 75 (Saima Chauhan)
9. Tall Cop (Officer Jermaine Galloway) to speak at SCAODA (Amy)
10. Public comments
11. Future meeting dates, future agenda topics, and other announcements
12. Adjourn

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse. The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

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*Next scheduled ITC Meeting: January 10, 2023 & SCAODA: **December 2, 2022**

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Members: Christine Ullstrup, Brian Dean, Karen Kinsey, Michelle Devine Giese, Jill Gamez, Sheila Weix, Stacy Stone, Kellie Blechinger, Kevin Florek, DHS Staff: Sarah Boulton, Jessica Cwirla, Maureen Thomas, Andrea Jacobson Guests: Beth Collier, Robin Ryan, Norman Briggs
Date: 8/24/2022	Time Started: 9:32AM	Time Ended: 12:33PM	
Location: Zoom			Presiding Officer: Christine Ullstrup
Minutes			

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:32am by Christine Ullstrup. Committee members and guests introduced themselves.

2. Review July 20, 2022 Meeting Minutes (occurred later in the agenda)

Michelle Devine Giese made a motion to approve the minutes of 7.20.22.

Kevin Florek seconded the motion.

No discussion or changes mentioned.

Motion to approve the minute carried unanimously.

Minutes were approved.

3. Public Comment

None.

4. Revised DHS 75 and Medicaid (occurred earlier in the agenda)

Christine Ullstrup reported that the Committee had a discussion with Pam Lano several months ago around Medicaid and evidence-based care. The plan was to continue that conversation; however, it was decided that today would instead be a discussion around the timely topic of revised DHS 75 and Medicaid. Staff from the Bureau of Benefits Policy in the Division of Medicaid: Behavioral Health Policy Analyst Jessica Cwirla and Deputy Director Maureen Thomas, attended the Committee meeting to review. Andrea Jacobson, Deputy Director of the Bureau of Prevention Treatment and Recovery in the Division of Care and Treatment Services also joined. Jessica Cwirla shared a PowerPoint reviewing Medicaid’s planned approach to the DHS 75 revision. Plan is to align coverage and policy with changes and additions to services. For new services areas, Medicaid has developed both an interim solution and permanent solution.

- Sheila Weix noted that Office Based Opioid Treatment (OBOT) certification is new but it is unclear why people would pursue certification. For Medicaid to cover, will the OBOT need to be certified? Andrea Jacobson noted that DHS 75 outlines who needs to be certified. When it comes to billing, currently Medicaid system does not look at OBOT separately. Jessica Cwirla confirmed that OBOT is currently a covered service but will take the certification question back to the Medicaid team.
- Jessica Cwirla outlined the timeline for Medicaid’s planned approach, noting that change to Medicaid policy requires work across multiple sections. Timeline incorporates the time needed to do research, take to leadership, and to implement. Christine Ullstrup provided feedback on concurrent services that, as a residential provider, it will be challenging not to bill for concurrent outpatient care until 2024. Michelle Devine Giese reported that she shares this concern. Medicaid and BPTR team confirmed that this is helpful feedback. Christine Ullstrup noted that while DHS 75 rewrite allows for concurrent services, because Medicaid will not have regulations in place, will be unable to bill for them. Jessica Cwirla noted that Medicaid policy does currently allow for some concurrent benefits.
- Stacy Stone noted that provider certification under Medicaid presents an ongoing issue for tribal communities. Utilizing cultural leaders in programming and trying to define that in a way where it is a reimbursable service. There are other types of healing that are incorporated into treatment and aftercare plans. How can they capture that for reimbursement? This is done in some ways through the Hub and Spoke pilot project but how does this happen long term? Sheila Weix noted that as a pilot site for the Hub and Spoke pilot, see this happening through that project. Stacy Stone commented that as new policy and policy rewrites are happening, should be thinking about how to make those services more broadly available and reimbursable throughout the state. Andrea Jacobson thanked Committee members for feedback, noting that current avenues

for this include Comprehensive Community Services (CCS) and the Hub and Spoke pilot project. Stacy Stone noted that since already looking at Hub and Spoke and see that it is working, should be building this in at infancy of new Medicaid policies. Maureen Thomas noted that DMS has heard a lot of positive things about Hub and Spoke and are looking to expand that program.

- Beth Collier reported concerns about billing for treatment services, noting that currently unable to bill for pregnancy testing. Is it possible that billing codes can be built into contract? Want to ensure that certification and billing are aligned. Concerns about the retro effective date of 10/1 regarding billing. Should services be back billed when there will be new coverage in place and a change in payment? This could create billing issues for providers. Jessica Cwirla noted these concerns will be brought back to Medicaid leadership.
- Christine Ullstrup reported concerns related to Medicaid authorization and treatment and staffing plans, which are more frequently required under revised DHS 75. Will the seven-day authorization for Medicaid align with the treatment plan for 75? This could become very burdensome for staff. Jessica Cwirla confirmed that when the Medicaid RSUD benefit was written it did try to align to the requirements of the revised DHS 75. Will take back to Medicaid leadership.
- Christine Ullstrup noted that under the RSUD Medicaid benefit, can take two weeks to receive notification of a continuation of care. This can be burdensome for providers to not hear for two weeks while having to get other authorization submitted in the meantime. Is Medicaid looking at more people to review authorizations? Jessica Cwirla noted that Prior Auth team is typically able to respond within three days though sometimes there is messaging between PA team and provider that happens in the system. Will take back to Medicaid leadership.
- Andrea Jacobson noted that revised DHS 75 will go into effect on October 1st. Division of Quality Assurance, DMS, and DCTS have been working collaboratively throughout the process. Top priority is continuity of care. In rollout process, looking at ways to be flexible and to streamline processes. DQA will hold a meeting next week on the recertification process. All DHS 75 certified providers should have received a letter in June about the process and, more recently, should have received a letter about the process specific to them. Some applications have been posted to the website and more should be published soon. There were questions coming into the DHS 75 implementation page that there were not immediately responded to. Those questions have now been clarified and many of them have answers now.

Committee members thanked Andrea Jacobson, Maureen Thomas, and Jessica Cwirla for joining.

5. Revisit RSUD Survey

Christine Ullstrup provided background on RSUD survey. Survey is something the Committee has been interested in doing for quite some time. Previously sent survey out but had poor response rate. Interested in gathering feedback on the RSUD Medicaid benefit and learning from providers about what services they offer. Hoped with DHS 75 recertification, DQA would be gathering some of this information. At last Committee meeting, Cindy O'Connell from DQA outlined some of the additional questions that are being added to the certification. The Committee needs to decide if they still want to plan for the survey. Kellie Blechinger asked what the return rate for the survey was previously. Christine Ullstrup reported that when survey was most recently sent out, received four responses. The Committee has since identified smarter ways to send out the survey, such as creating a consolidated contact list and ensuring the correct contact person, as well as potentially doing outreach by phone. Jill Gamez noted one concern with DQA collecting some of this information through the certification process is if it would then be made available to stakeholders. Seems like it will eventually be on an online system, but will that system have easily retrievable data. Rather than doing a survey, should continue to advocate that Wisconsin needs to know what is currently available in the state. Previously talked about putting forth a motion to encourage this. Committee developed the following motion:

Motion: SCAODA highly recommends that DHS prioritize the implementation of a mechanism to collect system-level capacity for DHS 75 certified entities, including service level and workforce, across the state for planning and creation of a public facing system. Implementation should include planning for the ongoing maintenance and sustainability of such a system.

Background: Currently there is no database reflecting capacity information in Wisconsin. Previously, there have been surveys collecting this information, but it is challenging to maintain and share this information.

Positive Outcome: Opportunity to gather actual information about what capacity is across the state, which would then serve as a basis to identify gaps and opportunities. Public facing system could provide specific information about where there are service needs in what areas of the state. This would create ability to match needs to opportunities in the state. This would create a more efficient referral process for providers

across the state, and create ease of navigation and access for consumers and families. This system would greatly expedite the required federal reporting around capacity and create ease in required, ongoing behavioral health gaps analysis. This system would increase the effectiveness of current efforts to connect individuals to services.

Negative Outcome: The cost of implementing a mechanism to collect system-level capacity, the cost of the creation and maintenance of a database system, the time and cost of administration required for the system, the additional staff burden.

Rationale for Supporting motion: Opportunity to gather actual information about what capacity is across the state, which would then serve as a basis to identify gaps and opportunities. Public facing system could provide specific information about where there are service needs in what areas of the state. This would create ability to match needs to opportunities in the state. This would create a more efficient referral process for providers across the state, and create ease of navigation and access for consumers and families. This system would greatly expedite the required federal reporting around capacity and create ease in required, ongoing behavioral health gaps analysis. This system would increase the effectiveness of current efforts to connect individuals to services.

Stacy Stone made a motion to bring the written motion forward to the full Council.

Jill Gamez seconded the motion.

No discussion or changes mentioned.

Motion to bring the written motion to the Council carried unanimously.

6. **Psychiatric Residential Treatment Facility Discussion**

BPTR Children Youth and Family Section Supervisor Jason Cram and Department of Children Family Services Bureau of Youth Services Director Shelby McCulley joined the Committee meeting to review a budget initiative on psychiatric residential treatment facilities (PRTF) for youth. DCTS and DCF are working collaboratively to develop a budget paper. Shelby McCulley noted that DCF is responsible for providing out of home care. PRTFs are non-hospital facilities that address psychiatric care. The overall number of children in these settings has declined, which is good, however, the small number of children being placed in residential treatment facilities out of state has increased. These are children with intensive needs that are not being met in Wisconsin. The intention for this project is that PRTFs would not just be for children in Child Protective Services (CPS) but would also be available to children that are not in the system. Jason Cram noted that the PRTFs will be on the continuum of care that can help stabilize psychiatric needs. Placement criteria is yet to be developed but facilities would not be a long-term placement option. Budget paper is being developed and will go through budget process. If approved, would then go through GFOA process. That would likely be three to five years out. Currently, they are gathering feedback and soliciting support of the project. One benefit is that PRTFs are trauma informed. Currently, children are being sent out of state for these services, which may be far from parents/guardians. Having one or two facilities in the state could help with this. Shelby McCulley noted that facilities will be happening in the context of community. PRFTs will be a small population of children, and community services will be incredibly important as children transition back. Jason Cram noted that some children will still need to be placed out of state. No PRFT will be able to address all specialized care needs.

- Sheila Weix asked how this will be different than acute psychiatric care or inpatient psychiatric care for children, noting that this will be challenging to staff. Shelby McCulley noted that PRFT would be a step down from inpatient psychiatric care and acknowledged that staffing may be a challenge.
- Stacy Stone asked how children will be supported in receiving the care they need in community for aftercare services. Shelby McCulley noted that child welfare system relies on community-based services and does not create them. Community services will be an important partner in this process.
- Christine Ullstrup asked if this level of care does not exist in statute. Shelby McCulley noted that it is a federally allowed service, but Wisconsin does not include it in state statute. Jason Cram noted that new legislation would be required. Service is outlined in CMS, would be a Medicaid eligible service.
- Beth Collier asked if this would be General Purpose Revenue (GPR) funded so that a facility could be built, if needed. Jason Cram confirmed that it would be GPR funded, which is less restrictive than block grant funding.
- Beth Collier asked if PRFTs would be required to provide access to MAT and noted that this should be available. Jason Cram confirmed he will take this feedback back to the group.

Committee members thanked Jason Cram and Shelby McCulley for joining.

7. Revisit Strategic Plan

Committee members reviewed the Planning and Funding Strategic Work Plan 2022 and made revisions and updates to reflect work to date.

8. DHS Updates

DHS staff person Sarah Boulton to send out DHS updates, including BPTR staffing updates, via email following meeting.

9. COVID Impact

No additional discussion.

10. Agenda/Meeting Mode for Next Meeting October 19, 2022

Kevin Florek made a motion for Beth Collier to become a member of the Planning and Funding Committee. Stacy Stone seconded the motion.

The motion passed unanimously.

Committee identified revised DHS 75 implementation as an agenda topic for October meeting.

11. Adjourn

Meeting adjourned at 12:33pm with a motion from Christine Ullstrup and second by Beth Collier.

Prepared by: Sarah Boulton on 8/24/2022.

Planning and Funding Committee reviewed and approved these minutes at its 10/26/22 meeting.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Planning and Funding Committee

October 26, 2022

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhswi.zoomgov.com/j/1611631235>

Meeting ID: 161 163 1235

Conference Call: 669-254-5252

Agenda

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|-----|--|---------------------------|
| 1. | Call to Order and Roll Call | Christine Ullstrup, Chair |
| 2. | Review August 24, 2022 Meeting Minutes | Christine Ullstrup |
| 3. | Public Comment | Christine Ullstrup |
| 4. | Motion Update and Discussion | Committee Members |
| 5. | Revised DHS 75 Implementation Discussion | Committee Members |
| 6. | Revisit Strategic Plan | Committee Members |
| 7. | DHS Updates | Sarah Boulton, DHS |
| 8. | COVID Impact | Committee Members |
| 9. | Agenda/Meeting Mode for November | Committee Members |
| 10. | Adjournment | All |

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee's primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of

a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Sarah Boulton at 608.590.8598 or Sarah.Boulton@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Members: Christine Ullstrup, Brian Dean, Michelle Devine Giese, Jill Gamez, Sheila Weix, Beth Collier, Stacy Stone, Kellie Blechinger, Roger Frings DHS Staff: Sarah Boulton Guests: Tera Kinnard, Hannah Huffman
Date: 10/26/2022	Time Started: 9:35 AM	Time Ended: 11:53 AM	
Location: Zoom			Presiding Officer: Christine Ullstrup

Minutes

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:35am by Christine Ullstrup. Committee guests Tera Kinnard and Hannah Huffman introduced themselves. Tera Kinnard is a registered nurse at Oshkosh Correctional Institution and assists with the Naltrexone program, she is interested in learning more about the work of the Committee and potentially joining as a member. Hannah Huffman is from Arena Strategy group is monitoring the meeting for their client, the Wisconsin Association for the Treatment of Opioid Dependence (WATOD).

2. Review August 24, 2022 Meeting Minutes

Stacy Stone noted a correction to the minutes. On top of page two, changing ‘DMS has head’ to ‘DMS has heard’
Jill Gamez made a motion to approve the corrected minutes of 8.24.22

Beth Collier seconded the motion.

Motion to approve the minute carried unanimously with one abstention (Roger Frings).

Minutes were approved.

3. Public Comment

Roger Frings offered comment thanking the Committee for welcoming him as a new member. His plan is to be involved with ITC, Planning and Funding, and potentially the Prevention Committee. Christine Ullstrup noted that the Committee is happy to have Roger as a member and appreciates his expertise and input.

4. Motion Update and Discussion

The Committee reviewed the amended motion that was approved by the full Council. Motion was put forward by the Committee for the September Council meeting and was passed with amendments. Jill Gamez asked what the primary objections were. Roger Frings noted that DHS isn’t sure they have statutory authority to require this information. Additionally, with department vacancies, concern around capacity required to address this. DHS will be looking to Committees and the Council for more guidance. Christine Ullstrup asked the group what next steps should be. Previously, the Committee spoke to DQA about this process. Does it make sense to invite them back? Roger Frings agreed that it would be a good idea to do some follow up with them. Christine Ullstrup noted that with new DHS 75, many providers did not have to reapply and that, per DQA, some additional information is planned to be gathered in future applications.

Stacy Stone asked if DHS has worked with epidemiologists to collect healthcare data, noting that Tribal epidemiology supports planning efforts. Rather than taking multiple reports and putting them together, can we utilize epidemiological data to plan? Jill Gamez noted that the Committee should identify the areas where some of this data is gathered. Know that DQA is gathering some information. Worthwhile to invite them back to discuss further. DSPS has data on licensed clinicians and should have information about where clinicians are working. Can identify potential opportunities to gather information that is already available, and identify gaps where information is not available. Christine Ullstrup agreed, noting that mapping may be helpful for this. Jill Gamez indicated that they need to know where capacity is. Don’t have numbers. Other states have systems like this, or at least pieces of what Wisconsin is missing. Committee can provide information to Council about where this information is. Christine Ullstrup suggested that a sub-group begin to look at this. Looking at what is available through DQA, epidemiology, 2-1-1, and new platform that is like Yelp for SUDS. Jill Gamez and Beth Collier volunteered to do this. DHS staff person Sarah Boulton will connect Jill and Beth to DHS staff as needed.

5. Revised DHS 75 Implementation Discussion

Christine Ullstrup noted that many people heard DHS 75 updates at the Mental Health and Substance Use Recovery Conference last week. Michele Devine Giese reported there were many conversations around the need for more staff. With the revision, one position now needs to be two. Reimbursement from Medicaid hasn’t changed but cost to recruit and retain staff is increasing. Seems that revision is requiring more but providers aren’t

getting more. Cost for staff has increased by almost 40 percent. They held another fundraiser and are now doing more private insurance. Staff are having to make difficult decisions about who can stay. Providing less services to the people who need it most. Doesn't feel like getting much support to do this. Hold ups from DSPS around credentialing are also creating more issues. Christine Ullstrup noted that they can't change DHS 75, so need to look at Medicaid reimbursement and the room and board issue. Need to continue to advocate for a higher rate. MA RSUD benefit went into effect February 2021, then inflation hit, and staff costs significantly increased. Jill Gamez suggested that additional opioid settlement dollars could go towards this. Christine Ullstrup suggested that the Committee may need to invite Paul Krupski to a meeting. Jill Gamez suggested that they advocate that treatment providers be able to apply for settlement funding. With a 40 percent cost increase for staff, providers are in need of funding support. Sheila Weix agreed that there needs to be an inflation response. The unwinding of the emergency order expanded Medicaid is also on the horizon. During the pandemic, expanded Medicaid gave coverage to more people. If going back to pre-pandemic Medicaid, people will lose MA benefit. Roger Frings asked if the concern is that people will be dropped? Sheila Weix noted that the concern is that people will lose MA and/or will have high deductibles that prevent them from seeking care. Michelle Devine Giese noted that the MA income threshold is less than minimum wage at 40 hours per week, when was the last time this was reviewed? Christine Ullstrup noted that if that state took Medicaid expansion from the Feds, then the number of eligible people would increase. This is an ongoing lobbying issue. Jill Gamez asked if the Committee knows when the emergency order will end? Sheila Weix reported that it's been extended several times and is now slated to end in January. Committee members agreed that it would be helpful to have an update to the full Council on this matter.

Christine Ullstrup asked what emergency funding for treatment providers might look like. If it's opioid settlement, then need to advocate to Paul. Jill Gamez noted that there are already facility closures due to staffing. Stacy Stone reported that their 20-bed facility has been closed for a year because of staffing. Michelle Devine Giese added that it's challenging to compete with those that can do telehealth where staff are able to work remotely. Telehealth can be a great option, but it has created more challenges for residential providers. Sheila Weix noted that there are significant overall workforce needs. Something to explore might be a pilot for apprenticeship, where there is education with paid work experience and people could become counselors without incurring student debt. Jill Gamez reported that there is a domino effect with the pay scale. Even if they can find people, they aren't able to pay them. Beth Collier noted that the opioid settlement funds should be used for things that can't otherwise be funded, should be used for innovative programming. Sheila Weix agreed, should be innovative programming. Training and education program that would not incur student debt would be hugely appealing. Stacy Stone reported that they did something like an apprenticeship program in Lac Du Flambeau but did not have the loan piece. There is a huge gap in need and number of people. Kellie Blechinger reported that they recently heard a presentation from the DWD chief economist on workforce issues. With baby boomers leaving the workforce there is a huge influx of available jobs. DOC is feeling the effects with a vacancy rate of 40 percent. More money is needed for providers to be competitive in recruiting and retaining staff. Christine Ullstrup noted that there needs to be advocacy to DHS for workforce development. Could opioid settlement dollars be utilized to fill the gap that providers are currently experiencing? Sheila Weix noted that advocacy also needs to be made directly to the Joint Committee on Finance since they are ultimately approving the plan and budget. Can advocate as citizens/individuals. Beth Collier agreed, noting that it should be a two-prong approach with advocacy to DHS as a committee/council and advocacy as individuals to Joint Committee on Finance. Roger Frings suggested that the Executive Committee make a request to Paul for an update on opioid settlement and instruction about how committees/council can give input to plan for year two and beyond. Sheila Weix suggested that the group come up with one or two innovative items for suggestion rather than a laundry list of things. This will enable a consistent message and rationale. Committee members agreed to bring ideas to the November Committee meeting for discussion.

Christine Ullstrup noted that another way to address gap in funding for staffing would be additional advocacy for MA rate increase. Roger Frings noted that this is advocated for in every biennial budget. Christine Ullstrup reported that when rate was set, it seemed that Medicaid was open to looking at it again in the future. This was not only for the reimbursement rate but also for how the authorization was set up for DHS 75. Committee agreed to invite Pam Lano from DMS for November meeting to continue discussion around supporting implementation of evidence-based care and Medicaid reimbursement.

6. Revisit Strategic Plan

Committee reviewed updated Work Plan. Jill Gamez noted that providers that have contracts with counties are only allowed to make 5 percent profit for any service that is provided. At end of year, if profits exceed 5 percent

than it is paid back to the county. It makes it very difficult for providers to save any money. Item added to the workplan as a task under newly added objective to ‘investigate mechanisms for agencies to expand and grow.’ Committee members reviewed and added additional items to workplan, including a fourth task under objective A for ‘assisting and coordinating recommendations for opioid settlement dollars.’ Committee agreed to review and update Work Plan at next meeting.

7. DHS Updates

DHS Staff Member Sarah Boulton shared the following updates:

- Staffing updates for the Bureau of Prevention, Treatment and Recovery:
 - o Julie Nalepinski and Jennifer Beer are new State Opioid Response (SOR) Coordinators
 - o Michelle Lund, Lead Substance Use Disorder Treatment Services Coordinator, has transitioned to a role in DPH
 - o Richard Spindler is the new Data and Evaluation Specialist focused on ARPA supported programs
 - o Alicia Cook is the new Women’s Treatment Coordinator
- The Program Participation System (PPS) redesign is moving ahead. The data and evaluation team gathered various input and feedback from partners, including Planning and Funding Committee and the larger Council.
 - o See additional information: <https://www.dhs.wisconsin.gov/pps-redesign/index.htm> and sign up for emails.
- Applications for the 2023 Emerging Leaders program are due November 1st. Emerging Leaders is a workforce development program that provides training and mentorship to BIPOC behavioral health professionals. <https://dhsworkweb.wisconsin.gov/dcts/news/emerging-leaders.htm>
Please share with folks who might be interested in participating.
- Revisiting the Planning and Funding SharePoint site. Feedback from Committee that email will work best for communicating and sharing documents.

8. COVID Impact

Sheila Weix reported that they continue to have staff and patients testing positive. Many people have not received the COVID booster. Flu season looks like it will be horrible, and RSV is not good. Christine Ullstrup noted that all staff and patients continue to wear N95 masks at their facility. Unvaccinated clients are tested and placed in quarantine upon entry. Still experiencing spot breakouts of COVID.

9. Agenda/Meeting Mode for Next Meeting November 16, 2022

- Invite Pam Lano from DMS to continue discussion
- Develop concise list of ideas for opioid settlement dollars
- Revisit work plan

10. Adjourn

Meeting adjourned at 11:53am with a motion from Roger Frings and second by Sheila Weix.

Prepared by: Sarah Boulton on 10/26/2022.

Planning and Funding Committee reviewed and approved these minutes at its 11/16/22 meeting.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Planning and Funding Committee

November 16, 2022

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1617060934>

Meeting ID: 161 706 0934

Conference Call: 669-254-5252

Agenda

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| 1. | Call to Order and Roll Call | Christine Ullstrup, Chair |
| 2. | Review October 26, 2022 Meeting Minutes | Christine Ullstrup |
| 3. | Public Comment | Christine Ullstrup |
| 4. | Opioid Settlement Funding | Committee Members |
| 5. | Revisit Strategic Plan | Committee Members |
| 6. | DHS Updates | Sarah Boulton, DHS |
| 7. | COVID Impact | Committee Members |
| 8. | Agenda Items for January | Committee Members |
| 9. | Adjournment | All |

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee's primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Sarah Boulton at 608.590.8598 or Sarah.Boulton@dhs.wisconsin.gov.

Planning & Funding Committee Work Plan 2022 – 2023

<p>SCAODA Goal #2: <i>Inform Wisconsin Citizens on the negative fiscal, individuals, and societal impacts of substance use disorders.</i></p>		
<p>Objective A: Continue analyzing SUD needs in counties, tribes and regions across the state, where public funds are distributed across the state, and recommend approaches to ensure that funds are meeting specific SUD needs of counties, tribes and regions.</p>		
<p>Task #1: Review report from DCTS on who received what Federal Block Grant dollars for which GFOs and programs</p>	<p>Who: Sarah B.</p>	<p>Status: Ongoing</p>
<p>Task #2: Review reports produced by SCAODA and other sources to assess to gain information on possible funding needs across the state for the full continuum of services and make recommendations to DCTS</p>	<p>Who: Committee Members</p>	<p>Status: Ongoing</p>
<p>Task #3: Support the use of federal and state funds to improve access to comprehensive treatment (gender specific, parents, pregnant and post-partum women, etc.) for all Substance Use Disorders</p>	<p>Who: Committee Members</p>	<p>Status: Ongoing</p>
<p>Task #4: Assisting and coordinating recommendations for opioid settlement dollars</p>	<p>Who: Committee Members</p>	<p>Status: Ongoing. Agenda item for November to develop short list of innovative ideas that are not otherwise funded.</p>
<p>SCAODA Goal #3: <i>Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.</i></p>		
<p>Objective A: Study features of Medicaid systems by studying innovative funding strategies.</p>		
<p>Task #1: Invite Pam Lano/Representative from Division of Medicaid to advocate for increased Medicaid reimbursement to ensure sustainability, expansion, and greater access to care, and explore</p>	<p>Who: Committee Members</p>	<p>Status: Ongoing. Pam Lano attended February Committee meeting. Plan to invite Pam Lano/DMS to return at future Committee meeting to continue discussion.</p>

<p>supporting Evidence-Based Practices and promoting Value-Based Care via Medicaid</p> <ul style="list-style-type: none"> a. https://www.chcs.org/resource/behavioral-health-provider-participation-in-medicaid-value-based-payment-models-an-environmental-scan-and-policy/ b. http://files.kff.org/attachment/INFOGRAPHIC-MEDICAIDS-ROLE-IN-ADDRESSING-THE-OPIOID-EPIDEMIC.pdf c. https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/ 		
<p>Task #2: Support the use of SUD residential treatment services when appropriate for consumers, particularly in areas of the state where residential treatment beds are available.</p> <ul style="list-style-type: none"> • <u>Explore</u> with DHS and the State available funding options to cover room and board costs • <u>Solicit</u> feedback from providers on the RSUD benefit via survey 	<p>Who: Committee Members</p>	<p>Status: Ongoing. Opioid settlement funds were distributed to counties to help support coverage of room and board. Committee included room and board support as a budget recommendation. Survey went out to providers but had poor response rate. Survey tabled at this time.</p>
<p>Objective B: Review and support legislation promoting SUD services that adopt evidence-based practices and promote prevention and recovery support as part of the full continuum of recovery.</p>		
<p>Task #1: Use updates from available sources to track and discuss legislative updates</p>	<p>Who: Committee Members and Sarah B.</p>	<p>Status: Ongoing</p>
<p>Objective C: Investigate mechanisms for agencies to expand and grow.</p>		
<p>Task #1: Review 5 percent allowable profit for treatment providers from the county.</p>	<p>Who: Committee Members and relevant DHS staff</p>	<p>Status: Ongoing</p>
<p>Task #2: Advocate for providers to have direct access to opioid settlement funding.</p>	<p>Who: Committee Members</p>	<p>Status: Ongoing</p>

Objective D: Advocate for platform that would provide real-time tracking of treatment capacity and workforce.

Task #1: Put forth a motion to full Council for DHS to develop system mechanism to collect system-level capacity for DHS 75 certified entities, including service level and workforce, across the state for planning and creation of a public facing system.	Who: Committee Members	Status: Amended motion passed at September meeting.
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Task #2: Invite BPTR leadership to continue discussion around progress of real-time treatment tracking system.	Who: Committee Members	Status: Ongoing/pending response from BPTR leadership.
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Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Prevention Committee

<https://dhs.wisconsin.gov/j/16135051128>

Friday, November 4th, 2022

9:30 a.m. to Noon

MEETING AGENDA

1. Welcome and Introductions..... Stacy Stone, Chair, and Chris Wardlow
2. Introducing new members: Kathy Asper and Mellissa Moore..... Stacy Stone, Chair and Chris Wardlow
3. Public Comment: The committee will accept comments from the public relating to any committee business..... Stacy Stone, Chair, and Chris Wardlow
4. Approve Minutes from July 2022 Meeting..... Stacy Stone, Chair, and Chris Wardlow
5. WI Tobacco 21 discussion and recommendations Nancy Michaud, Youth Access Program Coordinator, Wisconsin Tobacco Prevention and Control Program
6. Committee work plan, upcoming progress report, and 2023-2027 strategic planning process Stacy Stone, Chair, and Chris Wardlow
7. Advocating for state regulation of hemp-derived cannabinoids Committee Members
8. State Health Improvement Plan Update..... Maggie Northrop
9. Equity and Inclusion ad hoc Workgroup and Prevention..... Meagan Pichler
10. Agency Updates..... Committee Members
11. Future Agenda Items..... Committee Members

Next meeting is Thursday, January 19, 2023.

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Prevention Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Liz Adams at elizabeth.adams@dhs.wisconsin.gov.

<https://www.dhs.wisconsin.gov/scaoda/index.htm>

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Prevention Committee, State Council on Alcohol and Other Drug Abuse			Attending: Members: Kathy Asper, Maureen Buslacchi, Danielle Luther, Melissa Moore, Kari Southern, Stacy Stone, Chris Wardlow Ex-Officio: Guest: Nancy Michaud, Staff: Liz Adams, Allison Weber, Vanessa Baumann Other: Mark Wadium, Jenna Flynn, Ashley Claussen, Tia Haslem, Kelly Peterson
Date: 11/4/2022	Time Started: 9:30am	Time Ended: 12:00 pm	
Location: Via Zoom			Presiding Officer: Stacy Stone, Chair and Chris Wardlow

Minutes

- 1. Welcome and Introductions..... Stacy Stone, Chair, and Chris Wardlow**
 Chris called the meeting to order and thanked everyone for being here. It was noted that there was not a quorum for today’s meeting. Chris asked members to introduce themselves.
- 2. Public Comment: The committee will accept comments from the public relating to any committee business..... Stacy Stone, Chair, and Chris Wardlow**
 Chris opened the floor for any public comments. No public comments.
- 3. Introducing new members: Kathy Asper and Mellissa Moore..... Stacy Stone, Chair and Chris Wardlow**
 Chris welcomed our two new prevention committee members and asked them to introduce themselves. Kathy Asper (Arbor Place) and Melissa Moore (Taylor County Health Dept) introduced themselves.
- 4. WI Tobacco 21 discussion and recommendations Nancy Michaud, Youth Access Program Coordinator, Wisconsin Tobacco Prevention and Control Program**
 Nancy Michaud provided a brief overview of the history of tobacco 21 and where WI currently stands.

 - Federal law – minimum age to buy tobacco products is 21; and WI Law - minimum age to buy tobacco products is 18.
 - Federal law passed in Dec 2019 and was effective immediately. It required states to show that retailers follow federal law- gave states three years to transition, to make sure that states were complying. In compliance means states maintain a retailer violation rate below 20%. If states go above that threshold, states are at risk to lose up to 10% of SABG money. FDA does age checks.
 - In WI- WI WINS program does compliance checks with law enforcement – they enforce state law (min. 18 years old); complete outreach with retailers and community, campaigns.
 - In 2019 – (min age 18)- retailer violation rate was 5.6%. During pandemic, were not doing any compliance checks, didn’t do SYNAR survey. Education was done virtually or through mail. In 2021 (min age 21) – retailer violation rate was 14.1%
 - Having the state law align with the federal law would be ideal. In the last two state legislative sessions, the bill was introduced, and passed in the assembly. Senate has not voted on it. Unsure what the next legislative session will look like. Since we need to follow new law at the end of this year, if our retailer violation rate ever goes above 20%, we may lose 10% of block grant.
 - SCAODA Prevention committee has had discussions about motioning to recommend that SCAODA write a letter to advocate that the state to pass a tobacco 21 law.

**5. Committee work plan, upcoming progress report, and 2023-2027 strategic planning process
Stacy Stone, Chair, and Chris Wardlow**

Each committee will be sharing out on the last year's process. The committee discussed accomplishments in last year which will be shared at the Dec SCAODA meeting.

As a reminder, in 2023, SCAODA will be doing strategic planning – you can join if you are interested.

6. Advocating for state regulation of hemp-derived cannabinoids Committee Members

This has been an ongoing conversation with the committee. Committee will consider a motion at a future meeting. The motion will be for SCAODA to write a letter to advocate that state regulates hemp derived cannabinoids-related to where they are being sold/advertisements, age restrictions, etc.

Documents/resources shared:

<https://ldftribe.com/uploads/files/Court-Ordinances/CHAP95-Industrial-Hemp-Control-Ordinance.pdf>

<https://www.leafly.com/news/strains-products/your-guide-to-the-hottest-hemp-cannabinoids>

7. State Health Improvement Plan Update..... Maggie Northrop

Maggie was unable to attend but provided a written update: We expect the publication of the new State Health Improvement Plan priorities (2023-2027) some time in November. The full implementation plan will be published early next year. Substance Use strategies will be listed under the Mental Health priority, and we will try to carry a lot of the current SHIP strategies into that space.

8. Agency Updates..... Committee Members

DPI written updates:

- The Building the Heart of Successful Schools Conference draft brochure and registration can be found here <https://www.wishschools.org/resources/BHSS.cfm> it will be held on December 8th with 4 preconference options available on the 7th.
- The 2021 Wisconsin YRBS Results from CDC are available here <https://dpi.wi.gov/sspw/yrbs>.
- Registration for the 2023 YRBS is underway and can be found here <https://dpi.wi.gov/sspw/yrbs/online>. This survey will be administered Spring 2023.
- The development of the 2023-25 State AODA Program competition is underway and will be released for competition in early January.
- Brian Dean has announced his retirement. His last day with DPI will be November 17th.

WI Alcohol policy project:

- Going to APHA
- Alcohol Policy Seminar – 133 participants in person and virtual
- Sat on a panel with WI Health news
- Goal is to continue work in new year to implement as much of SCAODA report as possible

Community Advocates:

- Community advocates hired Tia as new Alliance for WI Youth Prevention Coordinator.

9. Future Agenda Items..... Committee Members

DHS 75

NPN updates

Hemp derivatives regulation

Tobacco 21 follow up
SHIP and Alcohol action team?

Prepared by: Liz Adams on 11/4/2022.

Will be Approved by the Prevention Committee on 1/19/2023

SCAODA Four-Year Strategic Plan: 2018-2022 (FINAL 10.1.18)

SCAODA Mission Statement: Provide leadership and direction on substance use disorder (SUD) issues in Wisconsin by serving as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on SUD issues, and promote collaboration across multiple sectors to advance and monitor progress of SCAODA’s goals.

SCAODA Primary Goals for 2018-2022	SCAODA Objectives for Each Goal
1. Change Wisconsin’s cultural norms to transform the state’s Substance Use Disorder (SUD) problems into healthy behavioral outcomes.	1(a): Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.
2. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.	2(a): Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.
3. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.	<p>3(a): Increase focus and resources for youth and adolescent prevention and treatment programs...</p> <p>3(b): Address the rising levels of SUD needs for the senior population.</p> <p>3(c): Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards.</p> <p>3(d): Continue supporting and advocating the use of SBIRT models throughout schools and communities.</p> <p>3(e): Support and advocate adoption of emerging innovative and promising SUD programs and practices.</p> <p>3(f): Increase the excise tax on fermented beverages to meet the average tax of all states, and increase the portion of excise tax revenue apportioned to SUD programs.</p>

SCAODA Primary Goals for 2018-2022	SCAODA Objectives for Each Goal
4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.	<p>4(a): Improve the effectiveness of addressing the SUD needs of underserved populations.</p> <p>4(b): Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.</p> <p>4(c): Support research and identification of SUD-related social determinants of health.</p> <p>4(d): Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.</p>

Progress in Advancing SCAODA Objectives Prioritized by Prevention Committee for 2021–2022

SCAODA Objective	Progress from August 2021 – November 2022
1(a): Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.	<ol style="list-style-type: none"> 1. Prevention Committee has voiced its support for removing the term "abuse" from not only the Council's name but also the names of other state and federal agencies. 2. Special attention is also being given to avoiding the use of stigmatizing language in committee communications and reports.
2(a): Enhance council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.	<ol style="list-style-type: none"> 1. The SCAODA Alcohol Prevention Ad Hoc Workgroup completed and released a new report in 2022- <i>Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin</i>. The <i>Moving Forward</i> report contains recommendations of policies and practices to reduce harmful alcohol use. WISAPP coordinated the release of the report, holding webinars and supporting efforts to educate local stakeholders about policies that may be successful in communities. The report has been distributed to WI legislators and was handed out at the WI DHS conference and the WI Alcohol Policy Seminar. It has also been downloaded over 400 times. In addition, there have been over 23 news stories that have stemmed from the report. 2. Prevention Committee also responded to interest by new prevention professionals in learning more about SCAODA, its role and function, and the work of the Prevention Committee. Information on SCAODA and the Prevention Committee is included in the newly updated SUPST

SCAODA Objective	Progress from August 2021 – November 2022
	<p>(mentioned in more detail below). The Prevention Committee also accepted an invitation to speak about SCAODA to the Northwoods Coalition Advisory board.</p> <p>3. In addition, the Prevention Committee has recently welcomed two new members.</p>
<p>3(a): Increase focus and resources for youth and adolescent prevention and treatment programs.</p>	<ol style="list-style-type: none"> 1. The Prevention Committee submitted a recommendation for the Governor's 2023-25 BIENNIAL BUDGET for \$1.08 million for alcohol age compliance checks over two years, to be made available as grants to local and county law enforcement agencies that have jurisdiction on compliance checks, with encouragement of collaboration and partnership with local prevention coalitions or health departments. 2. The Committee also put forth a recommendation that the Department of Public Instruction's 2023-25 BIENNIAL BUDGET include the reinstatement of AODA prevention grants as a GPR Categorical Aids program at the inflation-adjusted 2009-11 Biennial Budget level or higher. In addition, the DPI 2023-25 Budget Request should restore Aid for AODA in PR Categorical Aids to the inflation-adjusted 2009-11 Biennial Budget level or higher.
<p>3(c): Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the Culturally and Linguistically Appropriate Services (CLAS) Standards.</p>	<ol style="list-style-type: none"> 1. The Prevention Committee supported the Alliance for WI Youth Regional Prevention Centers in the development of an updated substance use prevention skills training (SUPST) that is also Wisconsin-specific. In addition to introducing new prevention professionals to the most up-to-date prevention science, the SUPST also reinforces the importance of equity and inclusion in prevention planning, and provides an overview of how to apply the CLAS Standards to prevention. 2. The Prevention Committee submitted a request for the next biennium budget to fund a statewide qualitative assessment of Health Equity, Diversity, and Inclusion needs to support substance misuse prevention efforts in Wisconsin.
<p>3(d): Continue supporting and advocating the use of SBIRT models throughout schools and communities.</p>	<ol style="list-style-type: none"> 1. The <i>Moving Forward</i> report contains recommendations to for expanding the use of SBIRT. This has gained The Alcohol Policy Seminar included sessions on SBIRT. 2. Prevention Committee submitted a recommendation for the Governor's next biennium budget to include \$1.8 million for making SBIRT (Screening, Brief Intervention, and Referral to Treatment) available for courts (including municipal and circuit courts) for adolescents with alcohol or drug violations; and for health care organizations and providers, to engage in SBIRT education and to establish and make broadly available SBIRT programs in every county.

SCAODA Objective	Progress from August 2021 – November 2022
3(e): Support and advocate adoption of emerging innovative and promising SUD programs and practices.	<ol style="list-style-type: none"> 1. The Prevention Committee supported the Alliance for WI Youth Regional Prevention Centers in the development of an updated substance use prevention skills training (SUPST) that is also Wisconsin-specific. In addition to introducing new prevention professionals to the most up-to-date prevention science, the SUPST also reinforces the importance of equity and inclusion in prevention planning, and the use of non-stigmatizing language. <ol style="list-style-type: none"> a. Since the new SUPST was rolled out earlier this year, a train-the-trainer session has been held and at least three SUPST trainings have been conducted. 2. The <i>Moving Forward</i> report recommends a number of innovative and promising policies and practices that municipalities and the state can enact to reduce the prevalence of harmful alcohol use.
3(f): Increase the excise tax on fermented beverages to meet the average tax of all states, and increase the portion of excise tax revenue apportioned to SUD programs.	<ol style="list-style-type: none"> 1. The <i>Moving Forward</i> report includes a recommendation to increase alcohol tax. In addition, the WI Alcohol Policy Project has been working to increase overall excise tax. 2. The Prevention Committee submitted a recommendation for the next biennium budget that called on the legislature to “amend Wis. Stat. sections 139.02 and 139.03 to increase occupational tax on all alcohol beverages by 50%. This would apply to all fermented malt beverages and all intoxicating liquor, including wine and cider, that contain 0.5 percent or more alcohol by volume.”
4(b): Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.	<ol style="list-style-type: none"> 1. Prevention Committee meetings now include a standing agenda item to address issues of equity and inclusion in the design and delivery of prevention services. 2. Prevention Committee member Meagan Barnett serves as the liaison between the Equity and Inclusion Ad Hoc Workgroup and the Prevention Committee. 3. The Prevention Committee submitted a request for the next biennium budget to fund a statewide qualitative assessment of Health Equity, Diversity, and Inclusion needs to support substance misuse prevention efforts in Wisconsin. 4. The Prevention committee hosted Joann Stephens for a conversation about Supporting Peers in SCAODA and Committees.
4(c): Support research and identification of SUD-related social determinants of health.	<ol style="list-style-type: none"> 1. The Prevention Committee has had a standing agenda item for equity and inclusion topics this year. Meagan Barnett was surviving as a liaison between the equity and inclusion ad hoc workgroup, which unfortunately has not been meeting. The prevention committee has been using this time to discuss how to continue and center this in prevention services.

Progress in Advancing SCAODA Objectives Prioritized by Prevention Committee for 2020–2021

SCAODA Objective	Progress from September 2020 – July 2021
<p>2(a): Enhance council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.</p>	<ol style="list-style-type: none"> 4. Creation of the Alcohol Prevention ad hoc Workgroup, convened first meeting in October 2020 to start the work on the recommendation report. 5. Motion: To urge rejection of three bills currently under consideration: AB-32/SB-22, AB-70/SB-56 and AB-71/SB-57 (March 2021). 6. Motion: Julia Sherman to draft a letter that would be sent to the Governor and Legislature and go on record in opposition of Assembly Bill 242, and remind them of the opposition against Senate Bill 57/Assembly Bill 71 and Senate Bill 56/Assembly Bill 70 (April 2021).
<p>3(a): Increase focus and resources for youth and adolescent prevention and treatment programs.</p>	<ol style="list-style-type: none"> 1. Promotion and participation of the 2021 Youth Services: Amplifying the Youth Voice and Increasing Engagement conference. It is the theme of the Wisconsin Department of Children and Families Bureau of Youth Services conference for youth workers from a variety of disciplines. The conference addresses topics including youth justice services, health and well-being, education and employment, homelessness and runaway services, transition-age youth, prevention, and best practices. This Conference is supported by the Wisconsin Department of Children and Families and the Wisconsin Child Welfare Professional Development System.
<p>3(c): Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the Culturally and Linguistically Appropriate Services (CLAS) Standards.</p>	<ol style="list-style-type: none"> 3. Prevention Committee received a CLAS presentation on January 21, 2021 to increase awareness and understanding of them and to and guide the Committee’s future work.
<p>3(e): Support and advocate adoption of emerging innovative and promising SUD programs and practices.</p>	<ol style="list-style-type: none"> 3. Alliance for Wisconsin Youth Regional Prevention Centers are working on providing information and implementing an environmental scan on Delta 8.

SCAODA Objective	Progress from September 2020 – July 2021
4(c): Support research and identification of SUD-related social determinants of health.	2. Participation in the Equity and Inclusion ad hoc Workgroup and receiving updates from Chair.

Substance Use Disorders Prevention and Treatment Trainings and Conferences

Prevention Trainings

The Great Lakes Prevention Technology Transfer Center (Great Lakes PTTC) is located at the UW-Madison Center for Health Enhancement Systems Studies. We are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide training and technical assistance services to the substance abuse prevention field including professionals/pre-professionals, organizations, and others in the prevention community. To learn more about upcoming national and regional conferences and trainings on substance use prevention, visit the [training and events website](#).

Opioids, Stimulants, and Trauma Summit 2023

The Opioids, Stimulants, and Trauma Summit is an event focused on highlighting strategies to address the use of opioids and stimulants in Wisconsin. All people interested in building healthy communities are invited to participate. The 2023 Opioids, Stimulants, and Trauma Summit is scheduled for May 16-18 at the Kalahari Resort, Wisconsin Dells. For more information, visit the [conference website](#).



SCAODA 2023 Meeting Dates

March 3, 2023 (Meeting Mode TBD)

June 2, 2023 (Meeting Mode TBD)

September 8, 2023 (Meeting Mode TBD)

December 1, 2023 (Meeting Mode TBD)

BY-LAWS
of the
State of Wisconsin
State Council on Alcohol and Other Drug Abuse
As Approved
June 6, 2008
Amended 9-10-10, 9-9-11, 12-13-13, 12-12-14

<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. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- 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. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- j. 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, ethnicities, sexual orientation, disabilities, and religions 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, Safety and Professional Services, Veteran Affairs and Children and Families, 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. 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.
- d. An ex-officio member may not be elected as an officer of the council.
- e. 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 of all ethnic groups. 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 Vacancies

In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other

Drug Abuse, the following procedure should be followed: In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibility of Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibility of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory membership until such time as new Officers are elected according to the procedures outlined in the By-Laws.

ARTICLE III

Council Meetings

Section 1. Council Year

The council year shall begin at the same time as the state fiscal year, July 1.

Section 2. Meetings

2.1 Regular and special meetings

Regular meetings shall be held at least four times per year at dates and times to be determined by the council. Special meetings may be called by the chairperson or shall be called by the chairperson upon the written request of three members of the council.

2.3 Notice of meetings

The council chairperson shall give a minimum of seven days written notice for all council meetings. An agenda shall accompany all meeting notices. Public notice shall be given in advance of all meetings as required by Wisconsin's Open Meetings Law. If a meeting date is changed, sufficient notice shall be given to the public.

2.3 Quorum

A simple majority (51%) of the membership qualified to vote shall constitute a quorum to transact business.

Section 3. Public Participation

Consistent with the Wisconsin Open Meetings law, meetings are open and accessible to the public.

Section 4. Conduct of Meetings

- 4.1 Meetings shall be conducted in accordance with the latest revision of Robert's Rules of Order, unless they are contrary to council by-laws or federal or state statutes, policies or procedures.

Section 5. Agendas

- 5.1 Agendas shall include approval of minutes from prior meetings, any action items recommended by a committee, an opportunity for public comment, and other appropriate matters.
- 5.2 Requests for items to be included on the agenda shall be submitted to the chairperson two weeks prior to the meeting.

Section 6. Attendance Requirements

- 6.1 All council members and committee members are expected to attend all meetings of the council or the respective committees. Attendance means presence in the room for more than half of the meeting.
- 6.2 Council or committee members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee or committee staff person or chairperson at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3 Any statutory members or designees of the council or committee who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council or committee chair 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 or committee chair. Any council member resignations will be announced by the chairperson and forwarded by written notice to the Governor of the need for a new appointment. The replacement member would fulfill he resigned member's term.

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 and subcommittees 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 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. Subcommittees are a subset of a standing committee. Subcommittees are standing committees, which by another name is a permanent committee. Standing committees meet on a regular or irregular basis dependent upon their enabling act, and retain any power or oversight claims originally given them until subsequent official actions of the council (changes to law or by-laws) disbands the committee. Of the standing subcommittees established by the state council on alcohol and other drug abuse, at least one shall have a focus on children youth and families and is a subcommittee of the intervention and treatment committee, at least one shall have a focus on cultural competency and is a subcommittee of the cultural diversity committee, and at least one shall have a focus on epidemiology and is a subcommittee of the prevention committee.

Ad-hoc committees are established to accomplish a particular task and are to be temporary, with the charge being well-defined and linked to SCAODA's strategic plan, not to exceed duration of twelve calendar months. Ad-hoc committees are formed by standing committee chairs. Ad-hoc committees must report their progress at the meeting of their standing committee. Ad-hoc committees can be granted extensions by the standing committee chair.

It is the intent of this section that:

- There should be periodic review of the structure and progress of the work of the committees, subcommittees and ad-hoc committees.
- If the officers have concerns about the work of the standing committees, subcommittees or ad-hoc committees, they could convene an executive committee meeting to discuss options, "for the good of the order."
- The intent of this group is to recommend that ad-hoc committees be time-limited (recommend one year) and the committee chair determines if the work should go forward beyond the original charge.
- The charge should be well-defined and linked to SCAODA's strategic plan.
- The committee chairs should be primarily responsible for creating and disbanding ad-hoc groups.
- The committee chairs should be responsible for monitoring the work and duration of the work in coordination with SCAODA.

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 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 subcommittees including ad hoc committees, 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.

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.

