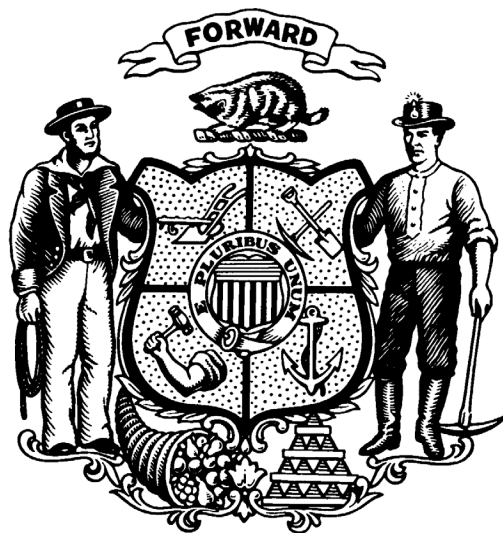


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



**June 3, 2022  
VIRTUAL  
MEETING  
(via Zoom)**

**Roger Frings  
Chairperson**

**Tony Evers  
Governor**





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)  
June 3, 2022  
9:30 AM to 1:00 PM**

<https://dhs.wi.zoomgov.com/j/1602582771>

Phone: 1-669-254-5252

Meeting ID: 160 258 2771

**MEETING AGENDA**

1. Welcome and Introductions.....Roger Frings, SCAODA Chairperson
2. Approval of March 18, 2022 Meeting Minutes .....Council Members....p. 5
3. Public Input .....SCAODA Chairperson
4. Latest Provider Updates on Services During COVID-19/Workforce Challenges.....Council Members and Guests
5. Committee Updates:
  - Executive Committee .....Roger Frings....p. 13
  - Diversity Committee .....Harold Gates....p. 15
    - ✓ Equity & Inclusion ad hoc Workgroup Update
  - Intervention & Treatment Committee .....Roger Frings....p. 21
  - Planning and Funding Committee .....Christine Ullstrup....p. 22
  - Prevention Committee .....Stacy Stone and Chris Wardlow....p. 31
6. Program Participation System (PPS) Replacement Project....DHS Data and Evaluation Staff...p. 32
7. Agency Reports:
  - Department of Health Services.....Paul Krupski

- Department of Safety and Professional Services.....Mike Tierney
  - Wisconsin Society of Addiction Medicine..... Dr. Ritu Bhatnagar
  - Other Agencies.....Agency Designees
  - ✓ Preliminary Excise Tax Collections FY22 April.....Department of Revenue....p. 39
8. Bureau of Prevention Treatment and Recovery Update .....Teresa Steinmetz, DHS
  9. Report from Wisconsin Council on Mental Health.....WCMH Representative
  10. Agenda Items for September 9, 2022 Meeting .....Council Members
  11. 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](mailto: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, Subhadeep Barman, Brian Dean, Kevin Florek, Jessica Geschke, Paul Krupski, Holly Stanelle (on behalf of Autumn Lacy), Terry Schemenauer, Christine Ullstrup, Tina Virgil, Nichol Wienkes, Tony Peterangelo, Christina Malone, Representative Jill Billings, Representative Jesse James, Gina Bartoszewicz, Fil Clissa, Faith Price, Ritu Bhatnagar, Mark Wegner, Angela Bins Guests: Harold Gates, Chris Wardlow, Amy Miles, Denise Johnson, Sheila Weix, Meagan Pichler, Maureen Busalacchi, Lynn Harrigan, Hannah Lepper, Paige Andrews, Michael Kemp, Oleysa Kitro, Jessica Brost, Jenna Flynn, Frank Burrell, Dave MacMaster, Felise Borisy-Rudin, Amanda Kind, Annie Short, Alex Berg Department of Health Services Staff in Attendance: Sarah Boulton, Ryan Stachoviak, Teresa Steinmetz, Andrea Jacobson, Mai Zong Vue, Lori Kirchgatter, Liz Adams, Lindsey Emer, Janet Fleege, Heather Carlson, Emily Jaime, Amy Anderson, Allison Weber, Nancy Michaud, Tom Bentley, Saima Chauhan, Raina Haralampopoulos, Sarah Coyle, Katie Behl, Dan Bizjak, Annie Larson, Jamie McCarville, Michelle Holt
Date: 3/18/2022	Time Started: 9:33am	Time Ended: 12:50pm
Location: Online via Zoom		Presiding Officer: Roger Frings
<b>Minutes</b>		

**1. Call to order**

Chairperson Roger Frings reviewed housekeeping for Zoom meetings. Quorum was confirmed to conduct Council business. Meeting was called to order at 9:33AM.

Roger Frings announced that Citizen Member Mary Ann Gerrard has resigned from the Council as of 3.14.22, leaving a vacancy. Anyone who is interested in serving as a member is encouraged to reach out to the Governor’s office. Roger also introduced new ex-officio members and designees. Faith Price is now the designee for Department of Children and Family Services, Gina Bartoszewicz is now the designee for Department of Veteran Affairs, and Dr. Ritu Bhatnagar is now the representative for WISAM.

**2. Approval of December 3, 2021 meeting minutes**

Dr. Subhadeep Barman moved to approve the minutes of December 3, 2021.

Tina Virgil seconded the motion.

No comments, corrections made.

Meeting minutes were approved unanimously.

**3. Public input**

Michael Kemp shared public comment encouraging addiction professionals to attend the upcoming NAADAC Annual Advocacy in Action Conference and Virtual Hill Day April 19th and 20th. It is free to attend and includes continuing education credits. On the 21st, there will be a meeting with federal representatives, state representatives, and state senators. The focus will be looking at continuing to expand national certification to address the workforce shortage.

#### **4. Committee updates**

##### *Executive Committee*

Roger Frings provided the update, noting that the Committee met February 23rd primarily to develop the agenda for the March Council meeting.

##### *Diversity Committee*

Harold Gates provided the update, noting that the Committee is at a critical juncture. At February meeting, they did not have quorum to conduct Committee business. Last full meeting was in September. Loss of membership means the Committee is not able to continue things in the same way. Denise Johnson is open to co-chairing the Committee. Roger Frings confirmed that he chatted with Denise earlier this week. Given the resignation of Mary Ann Gerrard, there is a current vacancy on the Council for a Citizen Member. DHS Staff Sarah Boulton shared the link to apply for Government appointments in the meeting chat <https://appengine.egov.com/apps/wi/gov/boardsandcommissions>.

Harold Gates reported that at most recent meeting, the Committee discussed recruitment and retention of members. Putting a call out to SCAODA for anyone that would like to join the Committee. Emerging Leaders program just finished and the Committee will continue efforts to connect with them. The Committee is developing a presentation for the Mental Health and Substance Use Recovery Conference in October to address diversity, equity, inclusion, and self-care, which will likely be a panel discussion. The meeting booklet includes the Committee's workplan for the past year. Priorities include continued involvement in the CLAS standards implementation at all levels; advocating for funding to hire staff to adequately support the diversity, equity, inclusion, and cultural work of the Committee; recruiting additional Committee members; and ongoing advocacy and education for the inclusion of building a culturally competent behavioral workforce in order to impact system change and increase access to mental health and substance use services for underserved populations in Wisconsin. The Committee can offer subject matter expert assistance and help with CLAS implementation.

##### *Intervention & Treatment Committee*

Roger Frings shared the update. The ITC Committee meeting in January included a discussion with Chris Wardlow around possible collaborative efforts between the ITC and Prevention Committees and what they can collectively do to increase awareness regarding the dangers of Kratom and Marijuana going forward. ITC also developed an updated scope for the Children, Youth, and Family Treatment Subcommittee, which will go out to the other committees for review. The meeting also included updates on hub and spoke from Sheila Weix, departmental updates on the status of DHS 75, and opioid treatment updates.

The ITC Committee's February meeting focused on items working their way through the legislature, including several bills and proposals that the Committee has been monitoring. Dennis Radloff from DPH provided an update on harm reduction work. The Committee also received additional information on hub and spoke, DHS 75, and tobacco integration. Michael Kemp added that DSPS provided an update related to agency staff shortages, which is complicating timely licensure and certification processing. Sheila Weix noted that DSPS is still processing licensing application materials completely on paper, which makes the workload overwhelming. There is a need for materials to be digital.

##### *Planning and Funding Committee*

Christine Ullstrup provided the update. The Planning and Funding Committee met in January and February. Survey that went out to residential providers was not successful. Committee received some feedback that the survey may be too long, that reporting was cumbersome, and that some surveys were sent to the wrong contact. At the next meeting, they plan to review the survey and see if it needs to be reformatted because still very interested in feedback from providers who have the Medicaid benefit. Another reason the Committee wanted to do these surveys was to learn how many beds there are for licenses 75.11 and 75.14. DQA does not have information about specific beds that each license holds, especially separating out those by women's beds, men's beds, and for facilities that include children in the program. Committee discussed that with the DHS 75 rewrite, most of the facilities will have to reapply for licensing coming up, so one way of potentially capturing all the beds is to add a question on to those licenses of how many beds facilities have. This would be good for providers to know because most providers have an extensive waitlist at this point and would like

to expand capacity. It's hard for providers to start talking to funders when they can't even present the facts of what the capacity of beds is across the state. The Committee has also been working on their strategic plan for this year, which is included the meeting booklet.

Pam Lano from Division of Medicaid attended the February meeting to explore reimbursement for complex interventions. Interventions like Multidimensional Family Therapy don't receive compensation for things like training and supervision. The Committee hopes to encourage Medicaid to start looking at value-based reimbursement rates, looking at what providers are doing in their treatment, and the related outcomes. One idea is doing some pilot programs in which Medicaid could reimburse via outcomes and the value that's being added to treatment. Pam Lano was interested in these ideas and reported that she will take them back to her team. Committee members who are residential providers expressed that they are very happy with the new Medicaid benefit, however, there are increasing challenges to cover all costs, especially with increased cost for staff.

The Committee is looking for new members. Thank you to Sheila Weix for joining. Anybody else who might be interested, can reach out to Christine Ullstrup or Sarah Boulton.

#### *Prevention Committee*

Chris Wardlow provided the update. The Committee is very excited to have Stacy Stone as the chair of the Committee. Stacy brings a wealth of experience in the full continuum of care from prevention all the way to relapse recovery support. She is going to be a great asset and leader for the group. Thank you to the DHS staff who support the work of the Prevention Committee, Raina, Allison, and Liz.

In time for Alcohol Awareness Month, March 28th will be the public release of SCAODA's latest alcohol report, Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin. Maureen Busalacchi, who chaired the ad hoc workgroup and who is the director of the Wisconsin Alcohol Policy Project, is coordinating the public and media release of the report. The Wisconsin Alcohol Policy Project has created several tools to help local coalitions and organizations connect with the media, including talking points and a one pager. The Committee is appreciative of the work of the ad hoc committee, and the expertise and leadership of Maureen Busalacchi.

At the January meeting, the Committee was introduced to Joann Stephens who is the Consumer Affairs Coordinator at DHS. Her priority is working to bring people with lived experience and peer voices into discussion and to the various tables to provide insight.

The Committee has been focused on how they can collaborate to educate the broader public about new and emerging substance that are flooding communities. The Committee is looking forward to the presentation today from the State Lab of Hygiene. Vending machines are popping up claiming to be selling CBD products but on closer look are selling products that have THC derivatives, which can be psychoactive. A significant concern for people working with kids and young people is that these products are very attractive to young people, and it coalesces with the epidemic we're seeing with youth vaping. Annie Short noted that in a coalition meeting, there was a discussion around delta 8 and other items, and a member brought to the groups attention that there is a website that is allowing people from Wisconsin to purchase THC and have it mailed to them. The site indicates that Wisconsin is an authorized state when it is not. Chris Wardlow noted the concern is that THC is functioning as a gateway for youth and that THC is a contributor to the youth mental health crisis that the surgeon general has recently spoken about. The group hopes to learn more from the presentation today and go from there.

#### **5. Wisconsin State Lab of Hygiene presentation**

Amy Miles, Director of the Forensic Toxicology Unit at the Wisconsin State Lab of Hygiene (WSLH) presented on THC and Kratom. The role of WSLH includes processing operating while intoxicated cases and medical examiner case work. Find that 70 percent of the caseload for operating while intoxicated is poly substance including alcohol. The lab receives a little over 20,000 samples a year. Another 10,000-breath alcohol testing comes through the program run by the state patrol. The lab provides analytical testing and interpret those results and then testify in court. Last year, the lab testified

in over 300 cases. Testing is not necessarily done to support a charge but rather so that the person can be appropriately assessed and can hopefully avoid recidivism.

WSLH faces challenges in keeping up with the 'revolving door' of new drugs. Instrumentation is also difficult. DHS helped in this area by purchasing high end instrumentation that was implemented in 2019, which changed the lab's testing scope and landscape. Now the lab can find and see novel drugs that they hear about, whether it's a synthetic benzodiazepine or a synthetic opiate.

Dr. Heather Barkholtz, who joined WSLH and UW School of Pharmacy in 2021, is working on a non-fatal overdose project, one of which already exists in Milwaukee County, where the forensic lab receives samples for individuals coming into the emergency department with an overdose. Similar project is now being expanded to rural areas, including northern and northwestern Wisconsin, to partner with hospitals to start doing this type of testing. This allows for comparative data between urban Milwaukee area and more rural areas and can start to demonstrate what drugs are in specific areas of the state.

At the lab, THC/cannabis has always been number one behind alcohol in impaired driving and medical examinations. The number three drug that is being found now for both impaired driving and medical examinations is fentanyl. Also seeing fentanyl analogs and novel psychoactive benzodiazepines. WSLH is watching these trends and trying their best to stay on top of them and track them.

Route of administration has really changed in the last five years with vaping and edibles. See very different reactions and impairment. With vaping, people are buying cartridges that indicate they are a delta-8 product when they have delta-9 THC in them. This is because of the lack of oversight and regulation for those products. Delta-9 THC is considered a restricted controlled substance and it's a schedule I, so any amount of delta-9 while driving is a violation of the law. Impairment does not need to be proven. On average, it takes an hour and a half for blood to be drawn in the state of Wisconsin after someone is pulled over/is in a crash. Concentration at the time of draw is not representative of the time of a stop or crash. Blood work can give only a rough estimate approximately when last use was.

Legal CBD and Hemp are products that contain less than .3% THC. These products do not have oversight and regulation. From a public health standpoint, it's buyer beware. There is not a good understanding of interaction with other medications, such as SSRIs or antidepressants. The lab gets lots of questions about THC and adolescents, which is difficult to study. Some wrap models show that you minimize synaptic connections and/or that there's less efficient connections, which may result in underpinning of cognitive deficit. There's also a hypothesis that THC is a gateway drug. There is not a great review or synthesis of the data to tell us if that's true or not.

Recent bills are being drafted and presented that would pull Kratom or Mitragynine out of Schedule I, as it is currently classified in Wisconsin. When the lab does see Mitragynine in their cases, it is rarely alone. Administration can be through leaves, teas, powders, topical agents, etc. Depending on the concentration that is used, going to see very different effects. As the concentration is increased, it moves from stimulant type effects to sedation and euphoria. Binds to the same receptors as opioid receptors, and tolerance occurs. Lab hears a lot of reports that it's used to self-treat for opioid addiction.

Article link regarding Kratom shared in the chat: <https://www.frontiersin.org/articles/10.3389/fphar.2021.775073/full>. Some of the key findings from this letter were that we need to do more scientific assessments on how people are using, need to know scale and degree of dependence, and if it's truly the gateway drug that people claim it is to opioids. Finally, need to assess causality. There have been fatal overdoses where Mitragynine is a drug of abuse, but there are other opioids there too. The biggest public health concerns is, like delta-8 and CBD products, that anytime you put something in a user's hand it's unknown what is in there and how they're going to use it.

Chris Wardlow asked if the lab puts out an annual report of what was included in the presentation today and the trends that are being seen. Amy Miles noted that this is a great idea but that currently they do not.



Sheila Weix asked if there is potential for some collaborative work where the lab could provide some details and data and one of the committees could put out an infographic showing the trends. Amy Miles notes that they are able to provide data with advance requests.

Dr. Ritu Bhatnagar asked if the lab is seeing designer benzodiazepines. She has seen folks in her practice who have ordered these from online sources. Does the lab come across other ones or is it a matter of how they are detected in the lab? Amy Miles noted that it is cyclical. The lab is seeing all types of things that they've never seen before. Dr. Bhatnagar asked if the lab has a routine panel or how they even start looking for newer ones. Amy Miles answered that they've secured some key instrumentation that not many other labs have and because of that, they are able to see thousands of different drugs when they screen.

Roger Frings noted that looking at the work between the Prevention and ITC Committees, how might they be able to utilize some of the information that is available through the state lab in their efforts to educate the public about the dangers of the substances that are out there that are "legal." Chris Wardlow asked if there is any state that has a regulatory framework that tries to get out in front of things like this – that looks at the potential public health impact before these things enter the market. Amy Miles reported that there is a group she works with, The Center for Forensic Science Research & Education that uses public health data, border patrol data, DEA data, and tries to predict, in advance, things that are in seized drug chemistry. Amy Miles shared the link in the chat <https://www.cfsre.org/>.

Dr. Barman shared a link in the chat <https://www.cdc.gov/mmwr/volumes/68/wr/mm6814a2.htm> for a report from the CDC, with reported fatalities related to Kratom where Kratom was the only substance detected. Amy Miles noted that Kratom has powerful lobbyists behind it, including the American Kratom Association, who produce materials that are not substantiated by data. The WSLH tries to support everything with data.

Roger Frings expressed his appreciation to Amy Miles for attending and presenting to the Council and encouraged Amy to reach out to the Council and/or any committees if they can be of assistance.

## **6. FY2022 Synar Update**

Nancy Michaud, Youth Access Program Coordinator with the Tobacco Prevention and Control Program (TPCP) at DHS presented. TPCP has a common goal to prevent the underage sale of tobacco to youth. This is done through the Wisconsin Wins program, which is the state program that checks compliance with the federal Synar regulation. TPCP also houses the Wisconsin FDA Inspection Program, which checks compliance on federal law of regulated tobacco products. In the 1990s there was federal legislation, the Synar amendment, that was enacted to decrease youth access to tobacco products. It required states to enact and enforce laws prohibiting the sale of tobacco products to minors and required state's tobacco retailers to train their employees on the legal sale of tobacco products. DHS has an online free training for retailers called Wisconsin Tobacco Check. States are required to keep the retailer violation rate below 20 percent. If exceeded, the state stands to lose 10 percent of the block grant, which is around \$2.7 million for Wisconsin.

When the federal tobacco 21 law passed in December 2019, it didn't require states to align their tobacco sales age law with the federal law, but it did require states to show that retailers were complying with the federal law, giving states a three-year transition period to do so. Wisconsin is heading into the third year of that transition period. The retailer violation rate is determined by the Synar survey, done in partnership with the UW Survey Center. The Annual Synar Report, included in the meeting booklet, provides details about the methodology and results of that survey. Since the federal law passed there has been a tremendous amount of confusion since Wisconsin law is still 18 years of age. The federal law supersedes the state law. In 2019, the retailer violation rate was 5.5 percent. That jumped to 14.1 percent in 2021. The last time the rate was that high was in 2003 when the state put significant funding into creating the Wisconsin Wins Program, which dropped the retailer violation rate significantly. Current efforts to keep the rate from increasing include continuing Wisconsin Wins efforts, retailer education, and the Tobacco 21 media campaign. There was a bill to align Wisconsin's law with the federal law that was introduced in the most recent legislative session, but it didn't pass in

the senate. FDA Tobacco Inspection Program only has nine inspectors to cover the entire state. They are seeing extremely high violation rates of over 30 percent with their compliance checks of the federal law.

Chris Wardlow asked if the Council took a stance or encouraged the legislature to act on tobacco 21 bill. Roger Frings noted the Council has not taken a position on that legislation and if that's something the Prevention Committee would like to see, the Council can entertain that moving forward.

Representative Billings thanked the Council for the reports today and noted that efforts need to be focused on the senate, as the assembly has passed this legislation in the past. Anyone who would like to weigh in as the session starts and/or wants advice on this, is encouraged to reach out to Representative Billings' team.

## **7. State Agency Updates**

DHS: Paul Krupski provided the update. COVID-19 is trending in the right direction. Statewide efforts continue to monitor COVID-19. Anyone with symptoms is encouraged to get tested. Vaccines are still important, specifically it's important for people to get their boosters if they have not yet. DHS is doing a tour to thank communities for all the COVID-19 response efforts that have taken place over the last two years. Leadership from DHS, and the governor's office will be travelling across Wisconsin to hear directly from those who have been serving on the frontlines. National Public Health emergency related to COVID-19 is scheduled to expire in April. The state has received an additional 150 million of Medicaid funds for each quarter that the emergency has been in effect. CMS has promised a 60-day notice of when the public health emergency will be ending, which has not been received. President Biden notified Congress that he is recommending an extension. Governor Evers, along with several other governors, submitted a letter to Congress asking for an extension of the public health emergency through the end of July, as well as extending the 60-day notice to a 90-day notice to provide states with more time to plan.

DHS held listening sessions related to opioid settlement funds throughout January. Twelve listening sessions were held to hear from partners and stakeholders on how they would like to see DHS invest those funds. The department collected valuable information that they can use moving forward when settlements are reached. DHS will be putting out a short report based on the listening sessions. Thank you to everyone who participated and provided input.

There was a bill signing earlier this week in La Crosse. Thank you to Representative Billings and Representative James for attending that event and for being such champions in moving that legislation forward. Set of three bills that were signed by Governor Evers. First piece of legislation was decriminalizing fentanyl test strips. Wisconsin was one of many states that fentanyl test strips fell under the permanent drug paraphernalia statutes, so legislation was required to clear that up. Second piece of legislation was creating an opioid and methamphetamine database. The purpose behind this is the creation of a centralized database that will bring together data that is collected from state agencies, like DHS, DSPS, DOC, DOJ, DPI, around opioid and methamphetamines, to support surveillance, and assist in planning efforts. Third piece of legislation was related to punitive and criminal sentencing related to fentanyl. Given that fentanyl has been the driving force behind the overdose crisis, penalties for distribution and manufacturing will now resemble those for heroin. Thank you to Representative Billings who was the author and champion behind this.

For counties and tribes that applied for the funding opportunity for the room and board costs for residential substance use, should anticipate receiving an award notification letter in early April. DHS anticipates being able to award all that applied but may not be for the full amount that was applied for.

A reminder that budget season is getting into full swing and the department will be engaging SCAODA for opinions, thoughts, and feedback on the different budget initiatives and proposals that the department will put forward to the Governor's Office. The department has put together several themes for the biennium budget that are going to be the focus for budget initiatives. One theme is around eliminating barriers for individuals in need of mental health or substance use disorder services from accessing the right care at the right time.

Denise Johnson asked in the chat how the opioid listening sessions were made to available to underserved populations. Paul Krupski reported that interpretation and other supports were available for people to participate in sessions and that the notice for sessions went out far and wide across Wisconsin to all different groups and was specifically targeted to not just underserved populations, but also populations that are disproportionately affected by opioids.

Representative Jill Billings thanked Paul Krupski for being part of the bill signing in La Crosse and noted that La Crosse Lighthouse, which is the newest Peer Run Respite in the State, were wonderful hosts.

#### **8. Bureau of Prevention Treatment and Recovery updates**

Teresa Steinmetz and Andrea Jacobson provided the updates. Teresa Steinmetz reviewed the planning for ARPA funding that goes through September 2025. In Wisconsin, there has been an increase in overdoses, a significant increase in suicides, as well as behavioral health crises in general, so significant funding is supporting initiatives that focus on crisis support and intervention. Six hundred thousand has been allocated to award two counties to enhance their existing crisis systems. Bureau also recently released a GFOA to stand up and support infrastructure development for five regional crisis stabilization facilities throughout Wisconsin, with the hope to have one in each of the five DHS designated regions. The 988 rollout is occurring in Spring of this year and additional funds were allocated to increase capacity to take additional calls. 988 was rolled out at the federal level, creating easier access for individuals experiencing a mental health and/or substance use crisis. It did not come with additional funding, so to take the increase in calls, which is projected to be about 600 percent in Wisconsin, allocation needed to be set aside. The Bureau has put out a GFOA for a statewide peer run warmline, creating an earlier point of access where peers can provide support. Applications have recently been submitted and hope to award the highest scoring application within the next month. Two million has been specifically allocated to substance use crisis. Currently working on a GFOA to help support detoxification community-based beds since the department has heard from many stakeholders that there are not enough resources for detoxification. ARPA will also focus on harm reduction support with funding to support additional peer recovery coaches, additional distribution of Narcan direct, as well as support for initiatives for fentanyl test strips. Four million will go towards recovery support, which is focused on recovery centers and recovery coach development. Three and a half million will go towards primary prevention activities, funding various campaigns and initiatives. An RFA will be going out to fund Native American and African American populations in focusing on substance use primary prevention activities in their local communities. Women's treatment will receive an additional two million as part of set aside.

Andrea Jacobson shared personnel updates, including the following staff departures: State Opioid Treatment Authority Elizabeth Collier, Substance Use Services Supervisor Amanda Lake, Prevention Coordinator Raina Haralampoulous has moved to a position with DPH, and Harm Reduction Coordinator Dennis Radloff has moved to a position with DPH. New Bureau staff include Harm Reduction Coordinator Tiffany Neilson, ARPA Behavioral Health Coordinator Emily Jaime, and Prevention Intervention and Recovery Services Section Supervisor Janet Fleege. Janet introduced herself, noting that she came from Milwaukee County Behavioral Health Division and is proud to be serving at DHS.

Teresa Steinmetz shared current budget initiatives. Department had 13.10 hearings for approval by the Joint Committee on Finance. First budget item was the expansion of MAT services. Efforts are focused on expanding mobile MAT through mobile units – approved for the first year of the biennium budget for \$500,000 and for one million in the second budget year. Department currently developing GFOA, which should be released in the next week. Another budget initiative that was passed will expand and enhance training for providers of methamphetamine use disorder. This was approved for \$150,000 in the current year and \$300,000 for the second budget year, that will go towards Matrix Model training for providers through a partnership with Center for Urban Population Health. Third substance use related budget priority that was approved was a substance use disorder platform. Web based application will list providers of substance use treatment and individuals who are engaged in services will be able to rate services. GFOA will go out in next couple weeks, which will be for one time funding of \$300,000.

Andrea Jacobson provided an update on DHS 75. DHS 75 website shared in the chat <https://www.dhs.wisconsin.gov/rules/dhs75-implementation.htm>. This website includes up-to-date information, upcoming trainings, and FAQs. Questions may be submitted through an online survey at

<https://www.surveygizmo.com/s3/6571672/DHS-75-Questions>. DHS will be providing trainings that will be specific to provider types. There will also be more general training and information about the application and recertification process in the next few months.

Teresa Steinmetz reported that the State Opioid Response Discretionary Grant carryover request was recently approved. There was just over \$7 million from year one of the SOR grant that was not spent and SAMHSA approved all of that to be carried over to year two. This, in addition to the existing year two funding of around \$23 million, can be put towards opioid response.

Andrea Jacobson shared an update on Culturally and Linguistically Appropriate Services (CLAS) rollout. This was a recommendation from SCAODA to the Bureau. The Bureau is utilizing a strategic plan to roll out CLAS standards in phases. Phase one has already started with internal staff receiving training. Language around CLAS standard requirements is being phased into contracts. First phase for agencies is to learn about CLAS standards and to identify a lead person in their agency for these efforts. The second phase will be for those agencies to do their own self-assessment of CLAS standards and then develop an implementation plan. The Bureau will provide technical assistance and support and review plans as they're developing. The Bureau has also developed a vision, mission, core values, top themes, and strategic goals for Diversity, Equity, and Inclusion (DEI) efforts. Vision is that behavioral health system would be grounded in diversity, equity, and inclusion for all. Mission is to dismantle systemic inequities and transform behavioral health practice and policy through innovation and transparent collaboration.

Andrea Jacobson provided updates on tobacco related activities. With DHS 75 and the new rule, there are added requirements specific to tobacco treatment and smoke free environment. It does require that programs will have written policies outlining how they approach assessment and concurrent tobacco use disorder treatment, and a policy regarding smoke free environment. The Bureau is working with UW Center for Tobacco Research and Intervention to provide trainings related to the new rule. In response to Chairperson's Roger Frings inquiry about preventing tobacco and nicotine use and treating tobacco use disorders, the Bureau drafted a letter outlining activities. The letter will go out to the Council following the meeting. Roger Frings thanked the Bureau for putting the letter together and encouraged Council members to review the letter and recognize all the work that's being done in this area.

#### **9. Latest Provider Updates on Services during COVID-19/Workforce Challenges**

No updates were shared.

#### **10. Report from Wisconsin Council on Mental Health**

Lynn Harrigan shared the update. WCMH has been working on Strategic Planning with developed themes that have DEI imbedded within them. Themes include prevention, social determinants of health, No Wrong Door approach to accessing community-based services, and reducing hospitalization and medical costs, including improved navigation. Council would like to work closer with SCAODA to collaborate on working towards integrated care.

#### **11. Agenda Items for June 3, 2022 meeting**

Chris Wardlow suggested the impact of Kratom on patients  
PPS Replacement Project

#### **12. Meeting Adjournment**

Holly Stanelle moved to adjourn.  
Tina Virgil seconded the motion.  
All in favor. None opposed.  
Meeting adjourned at 12:50pm.

Prepared by: Sarah Boulton on 3/18/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 6/3/2022

## OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Executive Committee		Attending: Roger Frings, Sandy Hardie, Kevin Florek, Ryan Stachowiak - DHS Staff, Sarah Boulton - DHS Staff	
Date: 2/23/2022	Time Started: 1:39PM	Time Ended: 2:17PM	
Location: Zoom		Presiding Officer: Roger Frings, Committee Chair	
<b>Minutes</b>			

1. **Call Executive Committee to Order**

The meeting was called to order at 1:39pm by Roger Frings.

2. **Review of November 10, 2021 Meeting Minutes**

Kevin Florek moved to approve the Committee's draft meeting minutes of November 10, 2021.

Roger Frings seconded.

No discussion or changes mentioned.

Sandy Hardie confirmed she was in favor of approving the minutes upon joining.

Motion to approve the minutes carried unanimously.

Minutes of November 10, 2021 were approved.

3. **SCAODA Committee Discussion**

Committee members discussed the current standing committees and where within the current framework harm reduction activities should sit. Harm reduction is not specifically named in the Council by-laws.

Committee members expressed concerns around chairing and staffing an additional standing committee as there are current challenges in chairing and staffing existing committees and ad hoc work groups.

Committee members discussed possibility of creating harm reduction work group within one of the existing standing committees. Committee agreed to revisit discussion at next Executive Committee meeting.

4. **Setting Agenda for March 18, 2022 Council Meeting**

Members of the Executive Committee discussed plans and reviewed the draft agenda for the upcoming March 18th SCAODA meeting. Amy Miles from the State Lab of Hygiene will provide a presentation on THC, Kratom, and other synthetics. Nancy Michaud will provide an update from the Department of Public Health on the 2021 Annual Synar Report. Committee members noted that legislative updates, opioid settlement funding updates, and review of the state budget process, would be helpful for DHS reporting. Committee members agreed that workforce challenges should be included as an item for Council discussion.

5. **Adjourn**

Meeting adjourned at 2:17PM with a motion from Kevin Florek and second by Sandy Hardie.

Prepared by: Sarah Boulton on 2/23/2022.

Executive Committee reviewed and approved these minutes at its 5/18/22 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**

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

**May 18, 2022**

**1:30pm-2:30pm**

**Meeting to be held via Zoom**

**Meeting URL: <https://dhs.wi.zoomgov.com/j/1602562504>**

**Meeting ID: 160 256 2504**

**Conference Call: 669-254-5252**

**Agenda**

- 1. Call to Order .....Roger Frings
- 2. Review of February 23, 2022 Meeting Minutes.....Roger Frings
- 3. Setting Agenda for June 3, 2022 Council Meeting .....Executive Committee
- 4. Adjournment.....Roger Frings

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

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA - Cultural Diversity Committee			Attending: Harold Gates, Judy Bertoni, Denise Johnson; Excused: Kimberly Whitewater and Sandy Hardie; Absent: Anthony Harris; Staff: Mai Zong; Guests: interpreters and closed captioning staff
Date: 2/18/2022	Time Started: 10:15 A.M.	Time Ended: 12 PM	
Location: ZOOM Meeting			Presiding Officer: Harold Gates
<b>Minutes</b>			

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**Meeting Call to Order:** Harold called meeting to order.

**Introduction:**

Harold welcomes everyone and asks for a quick check in. Judi shared that she is doing ok overall. Judi is thinking about new management responsibility at work, but her home life is good as her children are keeping her grounded. She started a strength training, muscle building.

Denise has been involved in a new sport—pickleball—and been very active on it. She found an indoor pickleball the end of January and been doing it once a week. For those who don't know, pickleball is a cross between tennis and peng pong. As for work, she is still working remotely for the past two years. Denise is getting better at leaving her work at home—have a boundary of start and end time. Her family is doing well—her daughter will graduate in May.

Harold said he can relate to a lot of what everyone has shared. He is retired and still does some zoom meetings with a new director at the Medicaid office to bring the new director up to date on the DEI work. It is nice to see younger workforce with new energy to move the work along. He is looking forward to being tuition free. At home, he is still cautious about how to spend time with people and keep his 94-year-old mother-in-law safe. Harold appreciates everyone and their effort! How do we continue this work with the few people we have?

**Strategic Review:** Harold highlighted the work and priority for 2021-2022 and suggested that the recruitment needs item need to be a #1 priority, not #3 priority. Denise shared that there was more help in the recruitment process in the past after Judy asked about it. A few recruitment strategies included: recruiting from the Emerging Leader list (Alison), update our marketing tool (write a one-page and brochure for the recruitment package), update Diversity webpage, and ask for diverse presentation from different groups so we can identify potential members and recruit them to join Cultural Diversity group. LinkedIn is also suggested.

Regardless, the Committee needs to avoid tokenism. Potential presentations can include: LGBTQ (Hector), Fernando (Journey Mental Health), Fabiola from Dane County, Mang Xiong (WUCMAA), refugee (Burmese or Savitri?), etc. Harold asked, “How do we ask people to speak to a small audience (2-3 members)?” as the Committee is small now. Can SCAODA recruit for us as they are out there all the time? We need marketing materials (brochure, webpage, etc.).

**BPTR Updates:**

DHS 75 has been finalized and posted through gov delivery. Perhaps invite staff to give an update on the implementation of DHS 75 at future meetings, especially on CLAS Standards and what monetary resources look like?

The BPTR DEI strategic plan is being implemented, including an advisor, DEI workgroup, small group leader, etc. are in place. DEI team members are presenting within different meetings and section chief are involved.

The Emerging Leader Program is halfway done for the 2022 cohort. Please send potential applicant, mentors, and trainers to BPTR staff as you have them identified.

Janet Fleege is the new supervisor or section chief for the Substance Use Disorder Section. Langeston Huge is now the new DEI staff for the Division of Care and Treatment Services.

The Department of Health Services has established a new office called the Health Equity and the director is Dr. Robinson. Diversity Committee would like to send an introduction letter to Dr. Robinson. Staff can help draft the introduction letter for Harold's review and signature.



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**Diversity Workshop Report & 2022 Workshop Submission:** A brief discussion was held about preparation for the next Diversity workshop. It was discussed and agreed that instead of the usual format, how about a panel of speakers so people can ask each one of us regarding DEI and who we are? Harold is opened to the idea while Denise supports the panelist idea, but keep in mind that it was done in the past and there was not enough time for questions and answers. This new format is to create space for people so they can dialogue on equity and inclusion, including allowing participants to ask questions of the DEI expert panelists. DEI issues such as the two deaf performers at NFL game, but very few deaf people can access it due to complicated technology. This is an example of equity challenge.

Who can put the workshop outline together—a paragraph, a few objectives and a title—and send to Mai Zong to submit? Denise will draft and send it for feedback! Mai Zong will try to get an extension and submit to Theresa Kuehl.

A brief conversation was held regarding appointing Denise as a co-chair so she can do the Diversity report to SCAODA. There was no action due to a lack of quorum.

A question was raised about whether SCAODA needs to approve all Diversity Committee's marketing materials. It has not been an issue in the past, but staff can double check and share at the next meeting.

Denise shared that she may not be able to attend the next meeting, May 20.

Judi suggested that inactive Committee members should be discharged to resolve quorum issues. For example, Anthony Harris not been responding to email or phone calls. Harold will try to call again and report back.

**Future Agenda Items:** Review Approved Annual Goals, Diversity Workshop, Membership Recruitment and SCAODA DEI Workgroup.

**Motion to adjourn:** Denise **Second:** Judi **Motion Carries**

Prepared by: Mai Zong Vue on 2/18/2022.

These minutes were reviewed and approved at the 5/20/2022 meeting.

Tony Evers  
Governor



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Vacant  
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**

**Cultural Diversity Committee**

May 20, 2022  
9:30 a.m. – 12 p.m.

<https://dhs.wi.zoomgov.com/j/1600201443>  
Meeting ID: 160 020 1443

By Phone: Dial 312 626 6799 and enter meeting ID: 160 020 1443

Mai Zong Work Cell: 608-469-4370

**MEETING AGENDA**

1. Welcome and Introduction.....Committee Co-Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Committee Co-Chair
3. Review of Strategic Plan .....All
4. DCTS Updates.....Mai Zong Vue
5. Diversity Workshop Report & 2022 Workshop Submission.....All
6. SCAODA E & I Ad Hoc Work Group Report.....Harold Gates
7. Denise Johnson, Co-Chair, Discussion.....All
8. Board Recruitment (1 recruitment/board).....Harold Gates
9. Others.....All
10. Future Agenda Items.....All

<https://scaoda.wisconsin.gov>

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Diversity Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee's mission is to enhance and honor the lives of Diverse Populations of Wisconsin by providing access to culturally and linguistically appropriate substance disorder use related services.

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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: May 10, 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/1608686073?pwd=UHVtTkV3NlkySDhuUkF1QnBnVWdXdz09>

Meeting ID: 160 868 6073

Passcode: 572611

Phone: 669-254-5252

**DID NOT meet QUORUM-AGENDA**

1. Call to order and roll call
2. Review and approval of 4/12/2022 meeting minutes
3. Discussion of COVID-19 and considerations for substance use services
4. Update on prevention & education efforts for providers and the public on kratom, Delta 8, Delta 10 & marijuana properties/adverse effects. Collaboration between ITC and the Prevention committee. (Chris Wardlow)
5. Opioid Treatment Update/Announcements (*Saima Chauhan for Michelle Lund*)
6. Update on medication-assisted treatment for opioid use disorder in jails and prisons and during the reentry process (Alisha & Holly)
7. Federal Legislative updates (*Roger Frings & Michael Kemp*)
8. State Legislative Updates (*Saima Chauhan, Roger Frings and/or Michael Kemp*)
9. CYFT Update- (*Anne Larson*)
10. DHS 75 Revision (*Saima Chauhan*)
11. DSPTS Update (*Roger Frings & Saima Chauhan*)- New online LicenseE
12. Hub & Spoke Update (*Sheila Weix*)
13. Update on Tobacco Integration- (*David "Mac" Macmaster*)
14. Public comments
15. Future meeting dates, future agenda topics, and other announcements
16. 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: **July 12, 2022** & SCAODA: June 3, 2022

<https://scaoda.wisconsin.gov>



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**

**April 27, 2022**

**9:30am to 12:30pm**

**Meeting to be held via Zoom**

**Meeting URL: <https://dhs.wi.zoomgov.com/j/1600385903>**

**Meeting ID: 160 038 5903**

**Conference Call: 669-254-5252**

- |     |  |                           |
|-----|--|---------------------------|
| 1.  | Call to Order and Roll Call                    | Christine Ullstrup, Chair |
| 2.  | Review February 16, 2022 Meeting Minutes       | Christine Ullstrup        |
| 3.  | Public Comment                                 | Christine Ullstrup        |
| 4.  | Data Overview and Discussion                   | DHS Data and Eval Staff   |
| 5.  | Revisit RSUD Survey                            | Committee Members         |
| 6.  | Review Discussion with Pam Lano and Next Steps | Committee Members         |
| 7.  | Revisit Strategic Plan                         | Committee Members         |
| 8.  | Motion Discussion                              | Committee Members         |
| 9.  | DHS Updates                                    | Sarah Boulton, DHS        |
| 10. | New Committee Members                          | Committee Members         |
| 11. | COVID Impact                                   | Committee Members         |
| 12. | Agenda for May (zoom)                          | Committee Members         |
| 13. | 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](mailto:Sarah.Boulton@dhs.wisconsin.gov).

**OPEN MEETING MINUTES**

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Christine Ullstrup, Kevin Florek, Kellie Blechinger, Brian Dean, Karen Kinsey, Jill Gamez, Michelle Devine Giese, Sheila Weix DHS Staff: Sarah Boulton, Lindsay Emer, Tom Bentley
Date: 4/27/2022	Time Started: 9:36AM	Time Ended: 12:27PM	
Location: Zoom			Presiding Officer: Christine Ullstrup

**Minutes**

**1. Call Planning and Funding Committee to Order**

The meeting was called to order at 9:36 AM by Christine Ullstrup. Christine invited Sheila Weix to formally join the committee as a member. Sheila Weix accepted and introduced herself, noting that she is in her 5<sup>th</sup> decade of doing this work and has extensive experience across the substance use continuum and has held multiple roles across different systems, including county and private. Currently, she serves as the Director of Family Health Center of Marshfield. She is also a co-chair of the SCAODA ITC Committee and participated on the workgroup for the DHS 75 revision. Committee members introduced themselves to Sheila and welcomed her to the Committee.

**2. Review February 16, 2022 Meeting Minutes**

Michelle Devine Giese made a motion to approve the minutes of 2.16.22. Kevin Florek seconded the motion. No discussion or changes mentioned. Motion to approve the minute carried unanimously with one abstention (Sheila Weix). Minutes were approved.

**3. Public Comment**

None.

**4. Data Overview and Discussion**

Christine Ullstrup noted that this Committee has talked about accessing data and using data to plan for treatment services. There’s never been a great way to do this. The Committee looked at this a couple years ago when the Data and Evaluation Team were just starting to look at a platform that could map things out. There is now new staff on the data team for the committee to meet. Jill Gamez added that the Committee has been talking about a motion for the Council to get at capacity. What do we have capacity to do? An example is the very simple area of beds. With the planning process for a facility, must do comprehensive reporting around need. What information is available to do this? Since Medicaid RSUD benefit has launched, there has been a longer waitlist than any other time during her tenure. Christine Ullstrup noted that though the Committee did not bring forth a motion at the March SCAODA meeting, she did report out to Council that this is a gap. Medicaid team was able to provide number of residential beds, which is 739 across the state. Sheila Weix noted that there is a difference between number of Medicaid beds and staffed beds. Kevin Florek agreed, reporting that staffing issues are resulting a lower number of staffed beds and that other partners have reported similar issues. Jill Gamez noted that more money is coming through, but if only looking at use prevalence and not capacity then only looking at half the data. Committee reviewed previously emailed questions from Jill Gamez, including treatment capacity, meeting residential treatment capacity, data needed for designated Healthcare Workforce Shortage areas, schools with DHS 35 or 75 licensed branch offices, and mapped higher education institutions with a degree program that feeds the industry. Jill Gamez noted that it’s a puzzle, with drug trends as part of the puzzle but need to understand what else is going on in the state. Christine Ullstrup agreed that this is the message the Committee should start with and hopefully the state is motivated to look at what else is going on. Sheila Weix noted that as an outpatient provider and FQHC, they run into burden of data reporting. Working within a consortium, partners have different data systems that don’t speak to each other. With various reporting requirements, patients may be asked same questions multiple times and places. There are many unknowable questions, for example, how many people in your region use meth? Would like to see agreed upon data points and then that data in the dashboards. The level and frequency of reporting creates a burden when trying to staff for treatment. Reporting is not something that’s generally funded. Christine Ullstrup noted that in asking for more data, may create additional burden for providers. Sheila Weix reported that they don’t do any private grants and will often start from zero with all reporting. Quarterly reporting will include additional questions that weren’t originally included.



Lindsay Emer, Opioid Response Planning Analyst, and Tom Bentley, Substance Use Data and Evaluation Specialist, from DHS' Division of Care and Treatment provided an overview of data. Lindsay Emer noted that she is working on determining baseline data, as well as developing planning and evaluation, exploring what's working and what does 'working' mean. Where is there data and how do we answer different questions? How current data sources answer questions and what questions may not fit within the purview of data and evaluation. Figuring out how best to support treatment. Tom Bentley provided an overview of available data sources and reviewed DHS dashboards at <https://www.dhs.wisconsin.gov/stats/index.htm> including various components included in different dashboards. When writing a grant application and need to talk about impacts, can utilize dashboards to demonstrate need. Christine Ullstrup reported that some the things they are looking for aren't available, noting it would be interesting to map out providers over the dashboard info. Sheila Weix noted that they've been thrilled with dashboards and have been using them for grant applications. Christine Ullstrup confirmed that they used the dashboard for SAMHSA MAT grant. Karen Kinsey asked about treatment information by county. Lindsay Emer noted that if a dashboard exists, then team has access to the data even if it's not included in dashboard and encouraged committee members to reach out if they have additional questions. Tom Bentley added that for something like synthetic opioid overdose in a rural county that may not be included in a dashboard, if there is a reasonable request for this information, they can provide it. Lindsay Emer noted that for treatment-related dashboards, there are limitations of the data, one of which is how long it takes to update data. Lindsay Emer reviewed treatment data at <https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm> looking at treatment services data through 2020 with specifications such as county, age group, services, and substances, noting that the data reflects only Program Participation System (PPS) data. Treatment data from Dose of Reality opioid treatment data reviewed at <https://www.dhs.wisconsin.gov/opioids/treatment-recovery.htm>, which includes multiple funding streams. Different funders looking at different things. County and Medicaid look at people, private insurance looks at treatment episodes, making it difficult to compare. Christine Ullstrup indicated that at some point, breaking out outpatient by Medicaid compared to residential would be helpful. Lindsay Emer noted that Medicaid breaks out by behavioral, medication, or both, and behavioral could indicate outpatient or residential. Christine Ullstrup asked if SUD is in behavioral and where the data is for people with other use disorders. Lindsay Emer confirmed that this is all SUD but agreed that it would be helpful for behavioral information to be more fine grain and for data to expand beyond opioid use disorder, which is currently what is available. Sheila Weix noted that OMT program ends up reporting in PPS and is not county authorized. Lindsay Emer clarified that services included are county-authorized and that data is filtered out that doesn't fit this. Karen Kinsey asked for clarification between state and county authorized services. Lindsay Emer confirmed that some agencies directly enter into PPS but this dashboard is specifically county-authorized services. Christine Ullstrup noted that the dashboards are great, but they aren't comprehensive, with some services funded by the block grant that aren't captured. Tom Bentley noted that there are limitations to treatment data as it can only collect data that is for publicly funded services. For other areas, may be able to collect more data. Sheila Weix noted that under chapter 51, there is an assumption of very active county-based system, but there are huge amounts of variation across counties for treatment. Some counties have very little county-authorized services. Christine Ullstrup reported that the group has been discussing for re-licensure, asking how many beds providers have across MA, county, private. Lindsay Emer confirmed that they are trying to understand treatment capacity as well as unmet needs. State estimates can generate general number of people who need SUD services across number of populations, can then look at Medicaid and County information, but missing elements of private insurance, etc. Can help generate idea of unmet needs, but there are pieces of the data missing.

Committee discussed capacity and waitlist management. Christine Ullstrup and Jill Gamez noted that was a recent RFP for tracking beds. DHS Grant opportunity Announcement for Substance Use Disorder Treatment Platform was shared in the chat. Jill Gamez noted that they email DCTS when they are at 90% capacity and wondered what is being done with this information. Sheila Weix noted that this came about for waitlist management, which they don't have to track for outpatient but there are single state authorities where management systems have worked well, Minnesota being one example. Lindsay Emer reported that there are general requirements for DHS 75 for capacity but then also treatment availability capacity. PPS is being replaced by Salesforce. For any system, don't want something that is too burdensome for providers to update. Sheila Weix asked what the timeline for the PPS replacement project is. Lindsay Emer noted that they are currently collecting internal and external feedback. Tom Bentley shared PowerPoint presentation on the PPS replacement project, outlining anticipated changes, noting that the replacement will integrate mental health and substance use into one system, and that it will be a web-based system where county staff will be able to view their own data. Karen Kinsey reported a concern that it is only county-based data and is missing lots of treatment data. Lindsay Emer reported that they are looking at ways

to improve PPS and if there are things that aren't PPS appropriate services, determining how best to collect/report them. Karen Kinsey suggested collecting treatment data beyond county services to know how much treatment is being provided. Sheila Weix noted that the state is also using REDCap through Hub and Spoke Pilot Project and asked if this has been considered since REDCap has the capacity to do client satisfaction and quality of life measures. Lindsay Emer confirmed that they are always looking at how to connect information so that program staff don't have to enter information in multiple places. Tom Bentley noted that any new thing that is asked for has the potential to create additional burden. Sheila Weix agreed, noting that there are grant opportunities they don't pursue because they don't have staff capacity to enter data. Lindsay Emer reported that there is movement towards less siloed data collection, but this is a slow process. Focus areas are making reporting less burdensome and reducing duplication. Jill Gamez confirmed with data and evaluation team that PPS reporting is reported on federal level. Data team confirmed, noting that anything that is federally required will carry over to new system. Sheila Weix suggested a review of information as dilaudid is still included. Jill Gamez noted that for NOMS elements, if someone doesn't come back in outpatient, they won't know requested information. An item like employment is not something they are necessarily working on with clients. Type of treatment would be more helpful. Christine Ullstrup confirmed that if there is a committee on what should be on new PPS, P&F Committee would like to be involved and would like to invite the data and evaluation team back in the future. Committee reviewed presentation materials. Kellie Blechinger agreed that oftentimes employment is not something folks are working on. Sheila Weix noted that what is in the system needs to be reviewed. There is lots of stigma and there should be other ways of looking at progress that doesn't include number of arrests. Some things could be asked that are strengths based. Kellie Blechinger agreed, noting that it could measure movement towards change. Group reviewed what program and services are currently captured being captured in PPS. Michelle Devine Giese noted that they've found PPS dashboard data helpful. Christine Ullstrup noted that PPS, Medicaid, Private breakout is currently available for opioids only. Group reviewed REDCap system, with Michelle Devine Giese confirming that they've used it for ED2 Recovery. Sheila Weix confirmed she will get some information from her data team. Group discussed new platform of Salesforce. Michelle Devine Giese reported that they have experience using it for a few programs and find it fairly intuitive.

##### 5. **Revisit RSUD Survey**

Christine Ullstrup noted that around six months ago the committee decided they wanted to send a survey out to all residential providers that were licensed by 75.11 and 75.14. Contact list is not great as different locations are listed multiple times with different contacts. Main purpose was to find out about new RSUD Medicaid benefit – if providers were working with Medicaid, looking at number of beds, and whether they were working with county to cover room and board. Survey was sent out twice and had a very poor response rate. Committee previously discussed revising survey and re-sending. Karen Kinsey suggested that for surveys to be accurate, someone should call. Sheila Weix noted that the terrain has changed since the survey previously went out. The Room and Board grant recently went out to counties, and they've received an email from Wood County about this. Jill Gamez reported that initially, survey was hoping to find out from organizations that chose not to become Medicaid providers what the deciding factors were to identify potential barriers. Group discussed need for additional residential facilities. Kevin Florek reported that they've been trying to open a day facility and it's taken six or seven months for someone to come out. They can't cover fixed costs and are having difficulty finding staff. Group discussed legislation changes that enables social workers to provide substance use services. Sheila Weix noted this is a cleanup of Act 262. Christine Ullstrup confirmed that they ensure scope of practice for hiring. Karen Kinsey noted that BSW with SACT are providing care. Sheila Weix confirmed that they frequently hire BSWs with SACTs and individuals with associates and it's up to them to provide clinical supervision. DSPS is also moving to an electronic system, which should speed things up from the current system of processing on paper.

Christine Ullstrup noted that part of survey was gathering information specific to beds and why providers did not accept benefit. It would be interesting to find out rates in different counties. Committee agreed to develop a sub-group to review survey. Christine Ullstrup, Jill Gamez, and Michelle Devine Giese agreed to review survey. Committee discussed potential synergy with relicensing process. Sheila Weix noted example of nursing relicensing that has an online survey that must be completed. Jill Gamez asked if someone from DQA could attend the next meeting. Sheila Weix noted that she will bring this to the ITC meeting. Involving DHS 75 team and DQA could be helpful. DHS Staff Sarah Boulton to reach out to DQA staff to see if someone can attend next meeting. Karen Kinsey observed that Committee has been looked at very little for feedback with money being pushed out, noting that the Committee used to give feedback very seriously about what was done with block grant. Christine Ullstrup invited feedback and ideas about how to do more of this. Sheila Weix noted that system seems to be

moving very rapidly. Political climate has changed significantly. Participation available through maximizing public hearing opportunities. Can always submit written testimony. Karen Kinsey suggested that the Committee may need to meet with the State.

6. **Review Discussion and Pam Lano and Next Steps**

Christine Ullstrup invited additional discussion on meeting with Pam Lano at May Committee meeting. Jill Gamez noted that it would be great for Pam to follow up with the committee. Some of the information that would potentially be gathered in the survey would likely be of interest to Pam. Christine Ullstrup agreed and noted that the committee planted those seeds with Pam that costs are not being covered. Committee agreed to invite Pam back in July or August for ongoing discussion.

7. **Revisit Strategic Plan**

Christine Ullstrup noted that everyone has a copy of this. No further discussion.

8. **Motion Discussion**

Christine Ullstrup noted that the group is closing the loop on this. Don't need to decide now if the Committee wants to do a motion to full Council. To revisit discussion next meeting.

9. **DHS Update**

DHS Staff Sarah Boulton shared updates from recent Council meeting and April 2022 Opioid Epidemic Response Newsletter. Listening sessions for opioid settlement dollars held in January. 598 people attended one of the 12 sessions; 897 comments submitted through the input survey. Feedback made clear that policy and systems change is essential to success. Remaining feedback was categorized into address root cause, proactive prevention, enhance harm reduction, expand treatment options, and support recovery. Full report <https://www.dhs.wisconsin.gov/publications/p03211.pdf> shared in the chat. McKinsey & Settlement, which is \$10.4 million over five years will support: prevention programs for Black and Native American communities, mobile harm reduction team, coverage of room and board costs for residential treatment settings, and short-term and long-term housing for people in recovery. Wisconsin will receive over \$400 million from separate settlements with three opioid distributors (Cardinal, McKesson, and Amerisource Bergen) and Johnson & Johnson. Payments will start in the second quarter of 2022. Payments from distributors will continue over 18 years. Payments from Johnson & Johnson will continue over nine years. Two other settlements are in process.

BPTR Director Teresa Steinmetz and ARPA Behavioral Health Coordinator Emily Jaime will join the committee meeting in May for an overview of SABG ARPA supplemental funding. As reviewed at most recent Council meeting, the funding is a little over \$22 million and goes through September 2025.

10. **New Committee Members**

Christine Ullstrup notes that the Committee would like to recruit a few more folks. Committee has now has eight members. Karen Kinsey to reach out to LSS contact. DHS Staff Sarah Boulton to reach out to Stacy Stone for potential member suggestions. Sheila Weix notes she could also reach out to Oneida, who is a member of Hub and Spoke Pilot.

11. **COVID Impact**

Christine Ullstrup asked members if there are staff shortages at all levels. If paying staff more money and serving less people. Sheila Weix noted that COVID is still other there. They have people waiting for testing. Karen Kinsey reported that it's important to get information out about how much more they are paying staff. Sheila Weix noted that the role of inflation is making an impact as patients are unable to come to appointments because of the cost of gas. Rural area with no public transit. Staff can't afford gas and childcare to come to work. Kevin Florek reported that with opioid settlement funding, they have offered to counties to come pick people up for medically monitored detox, give them their first shot of vivitrol, and then return them. Sheila Weix reported that they wrote a grant with Wood County Jail to do oral Naltrexone as soon as people leave. Planning right now to go live in July. Kevin Florek noted that they've been seeing a significant amount of fentanyl in treatment, showing up even for marijuana. Sheila Weix confirmed that they've seen the same for methamphetamine.

12. **Agenda for Next Meeting May 18, 2022 (via zoom)**

- Teresa Steinmetz and Emily Jaime ARPA Funding Updates
- Revisit Strategic Plan
- Revisit Survey
- Revisit Motion Discussion
- Invite DQA regarding DHS 75 provider application
- DHS Updates
- New Members

13. **Adjourn**

Meeting adjourned at 12:27 PM with a motion from Michelle Devine Giese and second by Kevin Florek.

Prepared by: Sarah Boulton on 4/27/2022.

Planning and Funding Committee reviewed and approved these minutes at its 5/18/22 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**

**May 18, 2022**

**9:30am to 12:30pm**

**Meeting to be held via Zoom**

**Meeting URL: <https://dhswi.zoomgov.com/j/1606394202>**

**Meeting ID: 160 639 4202**

**Conference Call: 669-254-5252**

**Agenda**

- |     |                                       |   |
|-----|---------------------------------------|---|
| 1.  | Call to Order and Roll Call           | Christine Ullstrup, Chair                 |
| 2.  | Review April 27, 2022 Meeting Minutes | Christine Ullstrup                        |
| 3.  | Public Comment                        | Christine Ullstrup                        |
| 4.  | ARPA Overview                         | Teresa Steinmetz, DHS<br>Emily Jaime, DHS |
| 5.  | Revisit RSUD Survey                   | Committee Members                         |
| 6.  | Revisit Strategic Plan                | Committee Members                         |
| 7.  | Motion Discussion                     | Committee Members                         |
| 8.  | DHS Updates                           | Sarah Boulton, DHS                        |
| 9.  | New Committee Members                 | Committee Members                         |
| 10. | COVID Impact                          | Committee Members                         |
| 11. | Agenda for July (zoom)                | Committee Members                         |
| 12. | 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](mailto:Sarah.Boulton@dhs.wisconsin.gov).

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>

Thursday, April 21, 2022

9:30 a.m. to Noon

**MEETING AGENDA**

1. Welcome and Introductions.....Stacy Stone, Chair and Chris Wardlow, Interim Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business..... Stacy Stone, Chair and Chris Wardlow, Interim Chair
3. Approve Minutes from January 2022 Meeting..... Stacy Stone, Chair and Chris Wardlow, Interim Chair
4. Update on Alcohol Recommendations Report Roll Out..... Maureen Busalacchi, Director of Wisconsin Alcohol Policy Project
5. Update on State Health Plan.....Maggie Northrop, State Health Plan Coordinator
6. Revisit our Workplan..... Stacy Stone, Chair and Chris Wardlow, Interim Chair
7. Statewide Prevention Logic Model..... Stacy Stone, Chair and Chris Wardlow, Interim Chair
8. THC and Kratom Discussion ..... Committee Members
9. Equity and Inclusion ad hoc Workgroup and Prevention..... Meagan Pichler, Committee Member
10. Agency Updates..... Committee Members
11. Future Agenda Items..... Committee Members

**Next meeting is Thursday, July 21, 2022.**

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](mailto:elizabeth.adams@dhs.wisconsin.gov).

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

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# ***PPS MH/SU SYSTEM REPLACEMENT PROJECT***

GUIDANCE FOR STAKEHOLDER INPUT



## WHAT IS PPS?

- Program Participation System for MH and SU
- All county service recipients including contracted services
- Includes consumer demographics, needs at enrollment, functional status indicators, and services
- 35,000 SU consumers and 70,000 MH consumers annually
- Used for MH/SU Block Grant reporting and state evaluation

# WHAT'S IN PPS CLIENT-LEVEL DATA SYSTEM?

- Consumer demographic characteristics
  - At enrollment only
- Summary indicators of types of needs
  - At enrollment only
- Summary indicators of functioning status
  - At enrollment and ongoing
- Types of services provided to consumer and provider agency type
  - Ongoing

# WHAT CHANGES ARE UNDER CONSIDERATION?

- Integrating MH and SU requirements into one system
  - Adding SU questions for MH consumers
  - Coordinating with new DHS 75 rule
- Adding indicators of need and socioeconomic status
- Adding indicators to describe consumer treatment outcomes
- Identifying all ongoing county programs/services
  - adding specific requirements by program/service component as needed

## DOES NOT FIT WELL IN PPS

- Budget and expenditure data
- Periodic or one-time needs assessment data
- Fidelity data
- Staff and organizational capacity data
- Opinion or satisfaction survey data
- Data describing the quality and appropriateness of services such as cultural sensitivity, trauma-informed, recovery-oriented, etc.
- Data describing activities or outcomes pre- or post-involvement with county services

# SALESFORCE SYSTEM CAPABILITIES

- A platform with many applications to meet many DCTS/BPTR needs
  - SAPSIS substance abuse prevention system included
- More than just a data submission system
  - Visual analysis reports available for state and local staff
- Examples of report topics
  - Data quality assurance – data omissions to address for counties
  - Monitoring - admissions and discharges by program, gender, etc.
  - Performance – substance use frequency at discharge



## WHAT CAN YOU DO TO HELP?

- 1) General - describe your program's continuing and unmet data needs
  - What indicators and analyses are needed to evaluate performance?
- 2) Specific - review current values and language in select PPS fields
  - See handout
- 3) Strategize how you can support local program staff to collect this data
  - Adding performance indicators into contracts using the data
  - Providing data submission reminders for data relevant to your program
- 4) Ideas for naming the new data system?

Excise Tax  
Preliminary Collections: April, FY22 As of: 5/23/2022

Tax Type:	This Month		Percent Change	Year-to-date		Percent Change
	FY21	FY22		FY21	FY22	
Cigarette Stamp	43,389,156.22	40,874,691.88		384,861,016.22	368,349,338.66	
Cigarette Refund	-1,773,075.49	-147,690.43		-1,156,703.45	-328,676.22	
<b>Cigarette (Net)</b>	<b>41,616,080.73</b>	<b>40,727,001.45</b>	<b>-2.14%</b>	<b>383,704,312.77</b>	<b>368,020,662.44</b>	<b>-4.09%</b>
<b>Vapor Products</b>	257,578.99	386,266.51		<b>924,573.81</b>	<b>2,931,991.53</b>	
<b>Tobacco Products</b>	<b>8,726,659.92</b>	<b>7,984,946.03</b>	<b>-8.50%</b>	<b>68,320,236.83</b>	<b>68,033,555.88</b>	<b>-0.42%</b>
Wine	372,276.32	369,035.18	-0.87%	3,357,141.55	3,340,737.26	-0.49%
Liquor	5,312,412.82	5,278,589.69	-0.64%	43,770,069.10	43,128,646.08	-1.47%
Apple Cider	6,909.75	6,142.57	-11.10%	47,129.27	40,834.91	-13.36%
<b>Liquor</b>	<b>5,691,598.89</b>	<b>5,653,767.44</b>	<b>-0.66%</b>	<b>47,174,339.92</b>	<b>46,510,218.25</b>	<b>-1.41%</b>
<b>Beer</b>	<b>683,287.15</b>	<b>761,758.49</b>	<b>11.48%</b>	<b>6,697,046.78</b>	<b>6,620,701.60</b>	<b>-1.14%</b>
<b>Total Excise</b>	<b>56,975,205.68</b>	<b>55,513,739.92</b>	<b>-2.57%</b>	<b>506,820,510.11</b>	<b>492,117,129.70</b>	<b>-2.90%</b>

## **Substance Use Prevention, Treatment, and Recovery Conferences and Trainings**

### **Wisconsin Peer Recovery Conference**

August 18-19, 2022

Madison Marriot West: Middleton, Wisconsin

The Wisconsin Peer Recovery Conference will demonstrate aspects of effective peer support within community services mental health and substance use recovery, enhance individual skills to provide more effective personal support, and explore innovative applications of peer support in communities. For more information, visit the [conference website](#).

### **Wisconsin's 26th Annual Crisis Intervention Conference: *Prisms of Possibility: Crisis and Recovery***

September 15-16, 2022

Kalahari Convention Center: Wisconsin Dells, Wisconsin

The Crisis Intervention Conference gives like-minded people who are directly involved with delivering crisis services an opportunity to share knowledge, ideas, and support.

For more information, visit the [conference website](#).

### **Wisconsin's 18th Annual Mental Health & Substance Use Recovery Conference: *Care for Self, Care for Others: Building Resilient Communities***

October 20-21, 2022

Kalahari Convention Center: Wisconsin Dells, Wisconsin

The Annual Mental Health & Substance Use Recovery Conference is for behavioral health professionals, people in recovery and family members, clinicians in the criminal and juvenile justice system, adolescent treatment professionals and educators, and anyone interested in the topics discussed.

For more information, visit the [conference website](#).





# **SCAODA 2022 Meeting Dates**

**March 18, 2022 (Remotely via Zoom)**

**June 3, 2022 (Remotely via Zoom)**

**September 9, 2022 (Meeting Mode TBD)**

**December 2, 2022 (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.



