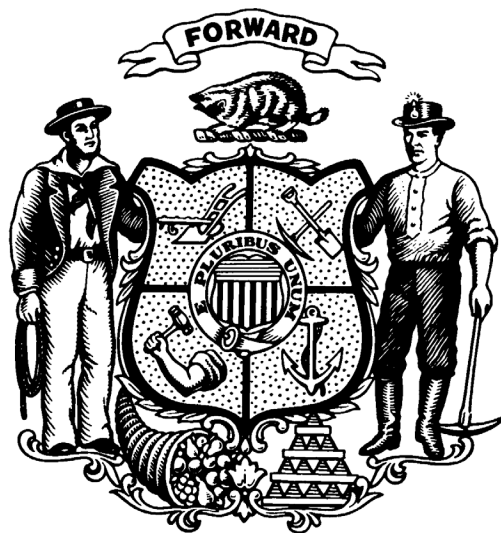


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



September 8, 2023
VIRTUAL
MEETING
(via Zoom)

Kevin Florek
Chairperson

Tony Evers
Governor

Tony Evers
Governor



Kevin Florek
Chairperson

VACANT
Vice Chairperson

Christine Ullstrup
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA)

September 8, 2023

9:30 AM to 1:00 PM

<https://dhs.wi.zoomgov.com/j/1606004151>

Phone: 1-669-254-5252

Meeting ID: 160 600 4151

MEETING AGENDA

1. Welcome and Introductions.....Kevin Florek, SCAODA Chairperson
2. Approval of June 2, 2023 Meeting Minutes.....Council Members...p. 5
3. Public Input.....SCAODA Chairperson
4. SCAODA Leadership Nomination and Approval.....Council Members
5. Update from Wisconsin Council on Mental Health.....Nicole Ravens
6. Committee Updates:
 - Executive CommitteeKevin Florek...p. 13
 - Diversity CommitteeDenise Johnson
 - Intervention & Treatment CommitteeRoger Frings and Sheila Weix...p. 26
 - Planning and Funding CommitteeChristine Ullstrup and Beth Collier...p. 33
 - Prevention CommitteeStacy Stone and Chris Wardlow...p. 40
 - ✓ Motion: Requesting SCAODA approve the creation of an ad-hoc committee within Prevention Committee to provide recommendations and guidance in addressing the proliferation of hemp-derived, psychotropic cannabis products.....p. 43
 - ✓ Motion: Requesting SCAODA use its platform to rally policy makers and focused associations to limit access to those 21 and under and recommends for a legislative policy for age-restrictions on hemp derived substances to 21.....p. 45



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

- ✓ Motion: That SCAODA oppose AB286 and SB279: Relating to: Service of alcohol beverages on retail licensed premises by underage persons.....p. 47
- 7. SCAODA Strategic Planning.....Committee Members...p. 50
- 8. Agency Reports:
 - Department of Health Services.....Paul Krupski
 - Other Agencies.....Agency Designees
- 9. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS
- 10. Presentation from Northside Harm Reduction CoalitionVital Strategies/Northside Harm Reduction Coalition
- 11. 1915i State Plan Amendment.....Amy Pulda, DMS
- 12. Meeting topics for December 1, 2023 Meeting.....Committee Members
- 13. 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.

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Date: 6/2/2023	Time Started: 9:33 am Time Ended: 12:33pm	Attending: Members in Attendance: Kevin Florek, Jessica Geschke, Tina Virgil, Jennifer Stegall, Autumn Lacy, Jan Grebel, Subhadeep Barman, Deb Kolste, Christine Ullstrup, Nichol Wienkes, Representative Dave Considine, Senator Jesse James, Senator Jeff Smith, Ann DeGarmo, Fil Clissa, Elizabeth Salisbury-Afshar, Faith Price Guests: Jessica Barrickman, Adrienne Hurst, Diana Kumar, Denise Johnson, Michael Kemp, Chris Wardlow, Ellie Thorman, Anne Jaworska, Laura Fabick, Maureen Busalacchi, Sara Rhode, Sarah Johnson, John Fournelle, Jacci See, Judi Munaker, Sydney Hocker, Hannah Huffman, Department of Health Services Staff: Sarah Boulton, Heather Carlson, Ryan Stachoviak, Allison Weber, Yolanda Candler, Michelle Larson, Katie Behl, Hannah Foley, Holly Audley, Jennifer Beer, Julie Nalepinski, Sarah Coyle, Teresa Steinmetz, Leilani Nino, Tiffany Nielson, Saima Chuhan, Jamie McCarville, Cindy Matz, Annie Short, Sarah Valencia, Caitlin Murphy, Tom Bentley, Jamie McCarville, Andrea Jacobson, Amy Pulda, Chantel Wiedmeyer (ASL Interpreter), Sue G (ASL Interpreter)
Location: Online via Zoom				Presiding Officer: Kevin Florek
Minutes				

1. Call to Order

Council Chairperson Kevin Florek called the meeting to order at 9:33AM.

2. Approval of March 3, 2023 Meeting Minutes

Tina Virgil moved to approve the minutes of March 3, 2023.
Christine Ullstrup seconded the motion to approve the minutes.
No comments, corrections made.
Meeting minutes were approved unanimously.

3. Public input

None.

4. Update from Wisconsin Council on Mental Health

Kevin Florek reported that the Wisconsin Council on Mental Health (WCMH) and SCAODA have been exploring opportunities for collaboration. The Executive Committees held a joint meeting in April and agreed that, when possible, a member would attend the meetings for the other council. The Executive Committees plan to reconvene at the end of this year to continue conversations around opportunity for collaboration.

Jessica Barrickman, Chair of the WCMH provided the update. The WCMH and SCAODA Executive Committees have a shared desire for collaboration. In the joint meeting talked through the history of what crossover has looked like in the past. In attending one another's meeting, hoping to identify some shared missions so that not working in siloes.

The WCMH is in the process of finalizing their five-year strategic plan. There are two primary goals, with lots of objectives and action steps under each of these. The July meeting will be the last meeting where Jessica Barrickman will serve as Chair. Currently in the process of identifying a new chair(s)

5. Department of Health Services Update

Sarah Valencia, DHS Assistant Deputy Secretary provided the update. Department is working on getting 2022 opioid settlement funding out the door. Projects included \$3 million for expansion of Narcan Direct, \$2 million to distribute fentanyl test strips, \$10 million for capital projects that was awarded to Arbor Place, Meta House and Lighthouse Recovery Community Center, \$6 million for tribal nations to implement local solutions, \$500,000 for a central alert system for suspected overdoses for rapid response, \$250,000 for K-12 prevention, \$2 million for medication assisted treatment, \$2.5 million for room and board costs for Medicaid recipients, \$3 million to law enforcement agencies, and \$1 million for expansion of the hub and spoke pilot.

For 2023, the plan was submitted March 29th and included continued funding for Narcan and FTS, continued funding for capital projects, and some funding for school-based prevention. The Joint Committee on Finance filed an objection to that plan on April 18th. Await updates on next steps. Sarah Johnson shared related link in the chat <https://www.dhs.wisconsin.gov/opioids/settlement-funds.htm>.

For general budget updates, Sarah Valencia shared in the chat https://docs.legis.wisconsin.gov/misc/lfb/budget/2023_25_biennial_budget/500_summary_of_governor_s_budget_recommendations_march_2023_by_agency/health_services.pdf

There were 18 related initiatives at \$140 million for substance use. The Joint Finance Committee removed a number of these initiatives. There are still about \$72 million dollars of initiatives under consideration. Some items that are still under consideration include increase for Medicaid outpatient behavioral health adolescent day treatment rate, residential substance use disorder room and board funding, home and community-based services rate increase, observation facilities, psychiatric residential treatment facilities, peer run respite centers, recovery center grant, qualified treatment training grants, a substance use disorder treatment platform, and Mendota Juvenile Treatment Center expansion.

6. Committee updates

Executive Committee

Kevin Florek provided the update. Shatterproof requested a statement of support from the Council for the newly launched ATLAS system. Christine Ullstrup noted that ATLAS is the Wisconsin treatment database that is supported by DHS. The Executive Committee wanted to solicit feedback from the Council on this matter. Text provided by Shatterproof: "The addiction crisis has devastated too many families. We are committed to helping identify tangible solutions in the communities we serve. SCAODA is proud to support Shatterproof to help individuals with substance use disorders, and their loved ones, in the state of Wisconsin by connecting them to trusted and appropriate treatment programs. Shatterproof Treatment Atlas will make treatment more accessible and available to those who need it, allowing families to heal from this crisis and create healthier communities." Council members discussed the information provided by Shatterproof at the March meeting and the process for including providers in the database. The process is currently opt-in for licensed providers to be included in the database with comprehensive information. Council members noted that ATLAS project will move forward regardless of SCAODA's endorsement. Teresa Steinmetz, BPTR Deputy Director, noted that the funding for this project came through the previous state budget to support the creation of an online database. It was included as one-time funding that was released as a grant funding opportunity that was awarded to Shatterproof. There is another request for the current budget but whether additional funding will come through remains to be seen. Council members agreed not to move forward with a formal endorsement for ATLAS. If additional funding is received, members will revisit discussion around what support might look like.

Kevin Florek thanked Deb Kolste for her service as a council member. Kevin Florek recognized Sandy Hardie for her many years of service as a council member and officer. She was not able to be here today because of a scheduling conflict. Thank you to Sandy for her many years of dedicated service to the Council.

This leaves a vacancy for the Vice-Chair role. Leadership elections will be held at the September meeting. Anyone interested in being an officer of the Council, Chair, Vice-Chair, Secretary, should reach out to DHS staff Sarah.Boulton@dhs.wisconsin.gov or to Council Chair Kevin Florek at kflorek@tellurian.org.

Diversity Committee

Denise Johnson provided the update. The committee is getting back into the groove of meeting regularly again. The committee needs to recruit new members. Would welcome anyone who is interested in joining the committee. DHS Staff Allison Weber noted that she is now staff support for the Diversity Committee and can be reached at Allison.Weber@dhs.wisconsin.gov.

Intervention & Treatment Committee

DHS staff support for ITC and Substance Use Disorder Treatment Coordinator, Saima Chauhan shared the update. Co-Chairs Roger Frings and Sheila Weix were unable to attend today. The committee has recently been focused on reviewing assembly and senate bills that impact the substance use field, including things like licensing intervals and reciprocity.

Planning and Funding Committee

Christine Ullstrup provided the update. The committee met only once since the last meeting. At the May meeting, did not have quorum to conduct committee business. At the April meeting, Shatterproof presented to the committee. At that time, they had 182 facilities of 295 licensed providers signed up. Committee let Shatterproof know that it would be helpful for providers to know where there are gaps in service. Also discussed with Shatterproof the potential to add capacity and availability across the state in the database.

Division of Medicaid Services (DMS) also presented at the April meeting to provide updates related to new services in DHS 75. There is now an alignment between mental health benefits and substance use benefits, so they are covered at the same rate. They have finished integration on the 75.56 code. Prior to this, there was not a way to bill for behavioral health stabilization. Providers can now bill for qualified treatment trainees so that master level students can now be billed under 75. The things that DMS is still reviewing include being able to bill for drug testing, concurrent services, and withdrawal management services.

Dr. Elizabeth Salisbury-Afshar reported that in Baltimore had a system for monitoring real-time bed access. Ran it at the city level but also paid a third party. It worked really well. Found that most entities were open to participating as long as they didn't have to do too much. Any partners that received public funding had to participate in the system. Can work really well and be super helpful. Christine Ullstrup noted that this is what Planning and Funding has been working on. When the ATLAS system was introduced, the hope has been this is what it would do. The original intention was changed in the legislature. The committee will continue to advocate for some sort of system. Since Shatterproof has already started with the ATLAS system, perhaps that can be explored as a tool moving forward.

The Planning and Funding Committee is also looking at the Medicaid Residential Substance Use Disorder benefit. Hearing from partners across the state that labor in their budgets has gone up by 40 percent. The rate for Medicaid reimbursement needs to be reevaluated. Kevin Florek noted that many providers opted out of MA because of the low reimbursement rate and that creates long waitlists. Dr. Elizabeth Salisbury-Afshar reported that other states have covered room and board through 1115 waivers. Rates should absolutely go up but should also explore bigger, better changes system-wide.

Prevention Committee

Chris Wardlow and Maureen Busalacchi provided the update. Committee has two motions for review by the Council, on pages 40 and 42 in the meeting booklet. The committee is exploring an additional motion related to hemp derived psychoactive cannabinoids. As discussed in prior meetings, there's absolutely no oversight on those products and really no regulation controlling access, age of access, etc. The cannabis and THC landscape is ever evolving, so hope to circle back to this topic at the September meeting.

Maureen Busalacchi shared updates from Wisconsin Alcohol Policy Project. Just presented at the Wisconsin Public Health Association, which had 600 attendees that came from coalitions, public health departments, law enforcement, and folks working in prevention. Had two live presentation and two posters talking about alcohol age compliance checks, place of last drink, the burden of alcohol density and violence. There will be a place of last drink meeting on June 5th. Law Enforcement, Department of Transportation, Department of Justice, and Community Coalitions will share the work they've been doing towards building statewide system, to collect data and support implementation.

There is a bill that came out that would allow 14- to 17-year-olds to sell and serve alcohol <https://docs.legis.wisconsin.gov/2023/proposals/ab286>. There is a lot of research and data showing that youth are put at risk when they are in the situation of checking IDs.

The first motion that the Prevention Committee would like to introduce is related to SB 130/AB 127. This would allow remote delivery of alcohol. The bill doesn't make clear who would be liable for the selling of alcohol to underage people. The other concern is that there is no funding for enforcement of alcohol age compliance checks in the bill. Currently, there are about 17,000 alcohol licensed establishments in the state, this would allow delivery of alcohol to well over two million homes and apartments. Kevin Florek clarified that someone could order alcohol from Amazon and the Amazon driver would have the responsibility to make sure that the person is of age. Maureen confirmed. In Wisconsin, have required face to face to ensure that someone is of-age, but also because it is illegal to sell to someone if they are intoxicated. There is mixed opposition to this bill and bipartisan support. Dr. Subhadeep Barman asked what the rationale for supporting the bill is. Maureen Busalacchi noted that there are companies both in and outside of Wisconsin that would like to see more alcohol delivery. Jessica Geschke reported that as the head of the Wisconsin Recovery Advocacy Project, they lobby against certain bill. Putting together a petition, including signatures from parents who have lost children from drunk driving, to oppose this bill.

Motion: That SCAODA to oppose 2023 SB 130/AB 127

Kevin Florek moved to pass the motion.

Christine Ullstrup seconded the motion.

All in favor, none opposed. One abstention (Jennifer Stegall).

Chris Wardlow reported that the other motion the Prevention Committee is bringing forth is requesting that the Council communicate to the Legislature and Governor the need for a strong Tobacco 21 policy. The policy should not only prohibit the sale of any and all tobacco products to persons under age 21, but also should require retailers of all tobacco products be licensed and hold those licensed retailers accountable rather than non-management employees. Additionally, the policy needs to ensure that local jurisdictions have the authority to enact more stringent regulations for tobacco products. A Tobacco 21 policy is needed to bring Wisconsin in alignment with the Federal 21 law that has been on the books since 2019.

Motion: That SCAODA communicate to members of the State Legislature and Governor Evers the need for a strong state Tobacco 21 policy that not only prohibits the sale of any and all tobacco products (as defined in section 201(rr) of the Federal Food, Drug, and Cosmetic Act) to persons under the age of 21, but also requires retailers of all tobacco products to be licensed and holds tobacco retailers and licensees accountable rather than youth purchasers or non-management employees. In addition, a state Tobacco 21 policy needs to ensure that local jurisdictions have the authority to enact more stringent regulations for tobacco products than state or federal law.*

Kevin Florek moved to pass the motion.

Dr. Subhadeep Barman seconded the motion.

All in favor, none opposed. Three abstentions (Tina Virgil, Jennifer Stegall, and Jan Grebel).

7. Vital Strategies Presentation

Adrienne Hurst and Diana Kumar from Vital Strategies provided the presentation. Vital Strategies is a global health nonprofit based in New York. The overdose prevention initiative is the first domestic program in the organization. Some other areas of focus within the organization are on improving data systems, environmental health, city-based initiatives,

and maternal health, among others. A strong focus of the organization's work is government buy-in, partnerships, input from local and community stakeholders, with an emphasis on data-driven decision making impacting health systems.

The overdose prevention initiative is funded by Bloomberg Philanthropies. Its overall goal is to reduce deaths and harm by overdose. Vital Strategies is one of three main partners within the initiative and its role is to lead the implementation of state efforts. One way to do this is to embed staff in government agencies. For example, there are two Vital Strategies staff members embedded within DHS. Vital Strategies also offers technical assistance to scale and strengthen interventions, funds innovative harm reduction models, and funds direct service organizations who are working with people who use drugs. John Hopkins University, School of Public Health, is the data and evaluation partner in the initiative, and the Pew Charitable Trusts is the policy-focused partner.

Wisconsin is one of seven states participating in the initiative. States were identified using a variety of different criteria, including overdose mortality rates and opportunities for partnership. The initiative is flexible in identifying projects to reduce overdose deaths and is based on the needs of local stakeholders. The work is framed around three different categories – making medications accessible, engaging with communities, and preventing the criminalization of people who use drugs.

There are several projects in Wisconsin. In Milwaukee County, Vital Strategies is working to finalize a contract with 16 community health centers to increase the range of services on the southside of Milwaukee, performing community outreach on the north side of Milwaukee, and has hosted five community events in addition to bi-weekly outreach. In Dane County, supporting a network of five barbershops in collaboration with Perry Family Clinic. In Winnebago County, gearing up to support harm reduction peer support efforts. Vital is collaborating with the Bad River Tribe in expanding their reach to people who live in rural and indigenous communities for their mail-order harm reduction program. Program link shared in the chat: <https://nextdistro.org/wisconsin>. Dr. Elizabeth Salisbury-Afshar asked in the chat if there is any plan/ability expand mail order harm reduction services to the entire state? Diana Kumar confirmed that the target is indigenous communities and people who live in rural areas but technically anyone in the state can make a request. Lastly, Vital Strategies is working with Legal Action of Wisconsin who provide civil legal support with a scope of practice in the lower half of the state. Focus on things like housing, employment and benefits discrimination based on using medication for opioid use disorder, for example. Contact information shared in the chat legalhelpwi@legalaction.org or call (414) 639-7976. Denise Johnson asked for additional explanation regarding the discrimination being addressed. Adrienne Hurst noted that the Federal Department of Justice has clarified that withholding medication for people who use drugs in different settings is a violation of the ADA. Substance use disorder is considered a disability. Folks can connect with the legal team to answer more specific questions. Unrelated to Vital funding, people can refer carceral related ADA violations and MOUD to Chris Donahoe cdonahoe@aclu-wi.org.

Adrienne Hurst presented preliminary results from the Voices Survey. Vital Strategies wanted to ensure that people who use drugs had a voice in the way initiatives move forward. A survey was conducted among people who use drugs to share their expertise on what they want and need from Vital, from government agencies, and implementers to reduce overdose deaths and ensure respectful, equitable services. There is a widening disparity for fatal overdoses in Wisconsin with Black Wisconsinites dying at twice the rate of the general population. Two thirds of Black Wisconsinites live in Milwaukee County, and one third of all overdoses in the state happen there. By focusing efforts there, can better understand the state's overdose disparities. Met with over 30 organizations to inform the anonymous survey. Additionally, learned from more than 10 groups contributing to different types of research about drug use and service involvement in the state. Three-member advisory board made up of community leaders is also involved in an ongoing basis.

Starting in late January, 15 organizations advertised the phone-based survey to their clients. In addition to substance use treatment and harm reduction programs, also chose social service agencies to engage people who use drugs and who are not receiving services. People who called the survey line and were eligible to take the survey were compensated for their time and expertise. Eligibility excluded individuals who only used alcohol, tobacco, and/or marijuana in the past year.

The survey reached 485 unique respondents, reaching a higher number of Black and LatinX respondents by design. One of the common theories that was heard from people in the field was that Black people were dying at increasing rates due to Fentanyl entering the stimulant supply. But among people who only use stimulants, 10% reported than overdose in the past year, 29% of poly substance users reported experiencing overdose, and people who reported no stimulant use reported about the same. Black people in the sample were much less likely to engage in harm reduction services and a bit less likely to engage in treatment. Must ask ourselves if services are designed to reach this population? The hope is that the full Voices survey results will influence how decision-makers ask themselves these questions.

The top barriers to harm reduction services among people who use drugs in the past 30 days did not vary by race or ethnicity. The top three were people feeling they don't need services, don't know where to get services near them, or were worried what other people might think. Increasing availability of services and normalizing harm reduction to reduce stigma are important things to look at for the future.

Many more survey domains than those reviewed today, including some open-ended questions. Also going to conduct more thorough interviews with a subset of people who said they would be interested in doing so. Those findings will be presented as well. Hope to have usable findings and recommendations by the fall.

Council members thanked Vital Strategies for the presentation.

8. Homelessness Services Program Updates

Amy Pulda, Homelessness Services Manager in Division of Medicaid Services provided the update. There is a Wisconsin Interagency Council on Homelessness that has created a statewide plan called Welcoming Wisconsin Home, and it includes many statewide strategies for addressing homelessness and each Department has specific strategies listed to undertake. Medicaid is undertaking some of these strategies. Currently working on a 1915 State Plan Amendment, which will be used to pay for supportive housing services for Medicaid members who are experiencing homelessness and have an identified health care need. Medicaid members must have a substance use disorder and/or a mental health condition, be 18 years or older, and experiencing homelessness as defined by HUD. Program is providing transition supports to help individuals prepare for and transition to housing, will include things like providing education and assisting on the housing search, ensuring that units are safe and adequate for moving, helping to address credit issues, applying for leases. Individual support will also be provided to help individuals remain housed and achieve housing stability, so that will include things like education on the role and rights and responsibilities of tenants and landlords, conflict resolution, and helping to support individuals in the development of independent living. Additionally, offering relocation supports which would be a \$2,000 benefit to help facilitate transition to housing, and that can cover things like security deposits, utility activation, home furnishings, or services necessary for an individual's health and safety in a unit, things like pest eradication or cleaning prior to occupancy. The way this initiative would work is that services would be provided by agencies enrolled as supportive housing providers under the Wisconsin Medicaid Provider agreement process. This would be an entirely new type of Medicaid provider of supportive housing providers. Submitted the 1915(i) State Plan Amendment to CMS in 2022. Since then, CMS has requested some additional information. Hoping to obtain approval in 2023.

Another initiative that DMS is working on is partnering with the Wisconsin Department of Administration to make recovery housing vouchers available to individuals who are experiencing homelessness and who have an opioid use disorder. Using \$2 million dollars of opioid settlement funds to support this recovery voucher grant program. Funding will go to the voucher program that the Department of Administration oversees. Vouchers will pay for rent for up to 24 months at a recovery residence registered through DHS. The program began at the beginning of the year.

The Welcoming Wisconsin Home Plan also includes statewide strategies to prevent homelessness and work with homeless populations. One strategy is to explore the use of the Substance Use Block Grant to fund programs and services for homeless populations. If the Council has any feedback on this strategy, that would be great. Contact is Amy.Pulda@wisconsin.dhs.gov.

9. Overdose Alert System

Caitlin Murphy, DHS and Tom Bentley, DHS provided the update. Tom Bentley shared that the department is creating an overdose alert system with more real-time data for the entire State, WISOARR. Caitlin Murphy reviewed the history of alert systems in the state. There is a pilot program that has been ongoing for the last year and a half where overdose alerts are disseminated to 10 or 12 counties. That is a daily alert system that evolved from a weekly program. With the support of APRA funding, data team has been working to develop this web-based, secure application for overdose anomalies and a visualization summary data tool, which will have data mapping functionality and the ability to customize alert profiles. Tool built into the system will provide summary data and analytics.

Caitlyn Murphy reported there a couple efforts, distributed across the department, that hope to capitalize on and connect to the alert system so that the responses are both culturally and geographically relevant and also highlights some of the resources that jurisdictions might not know as much about. Hope to provide access to and partner with some of those services that maybe aren't so specifically tied to a local health department, like syringe service programa.

Tom Bentley noted that this will not be a public facing system. People will need to log-in to have access to the system. Caitlin Murphy showed sample of system. Currently system has EMS data and emergency room visits, hope to include information on fatalities as well. Map shows where those overdoses are happening, but not an exact location. The intention is to provide insight into where to direct resources and to receive alerts.

There will be several phases of development of the system. Data team will want to get feedback on functionality before it is distributed statewide. If folks are interested in being testers, they can reach out to Tom at Thomas.Bentley@dhs.wiscosin.gov and/or Caitlin at Caitlin.Murphy@dhs.wisconsin.gov.

10. Other Agency Reports

None shared.

11. Bureau of Prevention Treatment and Recovery Update

Teresa Steinmetz shared the update. Some upcoming conferences include:

- Harm Reduction Conference, June 28th – 29th in the Dells. <https://www.dhs.wisconsin.gov/aoda/harm-reduction-conference.htm>

- Prevention Conference, September 13th – 14th in the Dells.

<https://www.dhs.wisconsin.gov/aoda/prevention-conference.htm>

Wisconsin Residential Recovery Trainings provide training and technical assistance opportunities for individuals who operate recovery residences to learn more about better practices and learn how to develop policies. This program has been possible through supplemental funding.

<https://www.uww.edu/orsp/research-centers-and-initiatives/citee/wi-residential-recovery-trainings>

Wisconsin was also just awarded State Opioid Response Grant for just under \$600,000. SAMHSA had some additional funding for SOR grants and states were awarded for year two based on what they were providing. Will use additional funding to meet unmet needs in the State of Wisconsin when it comes to opioid and stimulant use treatment.

Wisconsin was one of eight states chosen to attend a SAMHSA Policy Academy that is focused on the Naloxone State Saturation Plan. This will help target the response for Naloxone Saturation.

The Advisory Committee for Act 122 has started. This was the act that allows for the creation of an administrative rule and Medicaid reimbursement for peer recovery supports. The administrative rule is DHS 72. The Advisory Committee will look at things like how to get meaningful involvement, what research is needed, and how to develop the new administrative rule.

Staffing updates include:

- Jeremy Becker is the new SOR Program and Policy Analyst
- Yolanda Candler and Annie Short are new Prevention Coordinators
- Substance Use Services Supervisor Simran Aurora has resigned
- Deputy Director Andrea Jacobson is stepping down as of today

Andrea Jacobson expressed her gratitude for the work of the Council and the opportunity to support its work.

12. Agenda Items for September 8, 2023 meeting

- Leadership elections

13. Meeting Adjournment

Christine Ullstrup moved to adjourn.

Jennifer Stegall seconded the motion.

All in favor. None opposed.

Meeting adjourned at 12:33pm.

Prepared by: Sarah Boulton on 6/2/2023.

These minutes are in draft form. They will be presented for approval by the governmental body on: 9/8/2023

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Executive Committee			Attending: Kevin Florek, Christine Ullstrup, Sandy Hardie DHS Staff - Sarah Boulton
Date: 5/2/2023	Time Started: 1:05PM	Time Ended: 1:20PM	
Location: Zoom			Presiding Officer: Kevin Florek, Committee Chair

Minutes

1. **Call Executive Committee to Order**

The meeting was called to order at 1:05pm by Committee Chair Kevin Florek.

2. **Review of February 7, 2023 Meeting Minutes**

Christine Ullstrup moved to approve the Committee's meeting minutes of February 7, 2023.

Sandy Hardie seconded.

No discussion or changes mentioned.

Motion to approve the minutes carried unanimously.

Minutes of February 7, 2023 were approved.

3. **Public Comment**

None.

4. **Setting Agenda for June 2, 2023 Council Meeting**

Committee members reviewed the draft agenda for the June 2nd Council meeting. Agenda items include an update from Wisconsin Council on Mental Health Chair Jessica Barrickman, an update from DHS staff on the Opioid Alert System, and a presentation from Vital Strategies.

5. **Adjournment**

Meeting adjourned at 1:20pm with a motion from Sandy Hardie and a second from Christine Ullstrup.

Prepared by: Sarah Boulton on 5/2/2023.

Minutes were reviewed and approved by the Executive Committee at its 8/1/23 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

August 1, 2023

1:00pm – 2:00pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wisconsin.gov/zoom/j/1609937479>

Meeting ID: 160 993 7479

Conference Call: 669-254-5252

AGENDA

- 1. Call to OrderKevin Florek
- 2. Review of May 2, 2023 Meeting Minutes.....Kevin Florek
- 3. Public Comment.....Kevin Florek
- 4. Tobacco 21 Motion Follow Up.....Executive Committee
- 5. Planning and Funding Motion Follow Up.....Executive Committee
- 6. Setting Agenda for September 8, 2023 Council Meeting.....Executive Committee
- 7. Adjournment.....Kevin Florek

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

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 by email at Sarah.Boulton@dhs.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

Governor Tony Evers
Office of the Governor
Room 115 East, State Capitol
Madison, WI 53703

SENT VIA EMAIL

RE: Need for a strong state Tobacco 21 policy

Dear Governor Evers:

The State Council on Alcohol and Other Drug Abuse (SCAODA) is the statutorily authorized, Governor-appointed Council whose function is to advise the Governor, Legislature, and Department of Health Services (DHS) on substance use issues confronting the state.

On behalf of the SCAODA, I am writing to express the need for a strong state Tobacco 21 policy. One that not only prohibits the sale of any and all tobacco products (as defined in section 201(rr) of the Federal Food, Drug, and Cosmetic Act¹) to persons under the age of 21, but that also requires retailers of all tobacco products to be licensed, thereby holding tobacco retailers and licensees accountable rather than youth purchasers or non-management employees. Additionally, a Tobacco 21 policy needs to ensure that local jurisdictions have the authority to enact more stringent regulations for tobacco products than state or federal law.

On December 20, 2019, President Trump signed legislation to amend the Federal Food, Drug, and Cosmetic Act, and raise the federal minimum age of sale of tobacco products from 18 to 21 years. As such, it is now illegal for a retailer to sell any tobacco product – including cigarettes, cigars, and e-cigarettes – to anyone under 21. While the law does not require that states pass laws to raise their sales age to 21, it does require states to demonstrate that their retailers are complying with the law. If a state's retailer noncompliance rate exceeds 20 percent, the state risks losing a portion of their federal substance use block grant funding.

Raising the minimum sales age for all tobacco products will help reduce tobacco use, nicotine addiction and tobacco-related death and disease. Also, aligning state law with federal law will help return the state's noncompliance rate to pre-pandemic levels by enabling local enforcement of Tobacco 21. This in turn will help ensure that the state does not incur a Synar violation and be penalized 10 percent of its federal substance use block grant allocation.

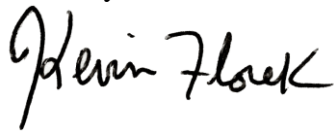
¹ <https://www.federalregister.gov/d/2023-03950>

The rationale for enacting a strong state Tobacco 21 policy includes:

- ✓ Tobacco use remains the leading cause of preventable deaths in the U.S.
- ✓ According to the 2021 Annual Commercial Tobacco Use Cessation Report to the Governor and the Legislature, tobacco causes the preventable deaths of approximately 7,900 Wisconsinites annually and costs an estimated \$2.66 billion in annual health care expenses, \$581.4 million in Medicaid claims, and \$2.06 billion in lost worker productivity. Also, the report mentions that nearly 30 percent of Wisconsin's cancer deaths are attributable to smoking.
- ✓ Nearly 95 percent of adult smokers report starting tobacco use before 21.
- ✓ Nearly 1 in 8 Wisconsin tobacco retailers sold tobacco products to customers under the age of 21 in 2022.
- ✓ The 2022 violation rate was 11.9 percent, nearly double the pre-pandemic rate of 5.5 percent, according to DHS.
- ✓ Wisconsin's purchasing age for cigarettes, other tobacco products, and products containing nicotine (including e-cigarette products containing nicotine) is still 18, despite the federal age limit being raised to 21 over a year ago.
- ✓ Local law enforcement in Wisconsin can enforce local ordinance and state law; they cannot enforce the federal prohibition on sales to 18–20-year-olds.
- ✓ State statute prevents local municipalities from raising the minimum legal purchase age of tobacco products to 21.
- ✓ Wisconsin's Substance Abuse and Treatment Block Grant is tied to state compliance. States risk losing up to 10 percent of their block grant if compliance falls below 80 percent. In Wisconsin, 10 percent of the block grant would be approximately \$2.7 million annually.

Thank you for your attention to this critically important matter.

Sincerely,

A handwritten signature in black ink that reads "Kevin Florek". The signature is written in a cursive, slightly slanted style.

Kevin Florek,
Chairperson
State Council on Alcohol and Other Drug Abuse



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Date: August 1, 2023

To: Senator Chris Kapenga, Senate President
Senator Patrick Testin, Senate President Pro Tempore
Senator Devin LeMahieu, Senate Majority Leader
Senator Melissa Agard, Senate Minority Leader
Senator Dan Feyen, Senate Assistant Majority Leader
Senator Jeff Smith, Senate Assistance Minority Leader
Representative Robin Vos, Assembly Speaker
Representative Kevin Petersen, Assembly Speaker Pro Tempore
Representative Tyler August, Assembly Majority Leader
Representative Greta Neubauer, Assembly Minority Leader
Representative Jon Plumer, Assembly Assistant Majority Leader
Representative Kalan Haywood, Assembly Assistant Minority Leader

From: State Council on Alcohol and Other Drug Abuse (SCAODA) Executive Committee

RE: Need for a strong state Tobacco 21 policy

The State Council on Alcohol and Other Drug Abuse (SCAODA) is the statutorily authorized, Governor-appointed Council whose function is to advise the Governor, Legislature, and Department of Health Services (DHS) on substance use issues confronting the state.

On behalf of the SCAODA, we are writing to express the need for a strong state Tobacco 21 policy that not only prohibits the sale of any and all tobacco products (as defined in section 201(rr) of the Federal Food, Drug, and Cosmetic Act¹) to persons under the age of 21, but that also requires retailers of all tobacco products to be licensed, thereby, holding tobacco retailers and licensees accountable rather than youth purchasers or non-management employees. Additionally, Tobacco 21 policy needs to ensure that local jurisdictions have the authority to enact more stringent regulations for tobacco products than state or federal law.

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¹ <https://www.federalregister.gov/d/2023-03950>

cigars and e-cigarettes – to anyone under 21. While the law does not require that states pass laws to raise their sales age to 21, it does require states to demonstrate that their retailers are complying with the law. If a state’s retailer noncompliance rate exceeds 20 percent, the state risks losing a portion of their federal substance use block grant funding.

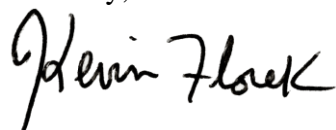
Raising the minimum sales age for all tobacco products will help reduce tobacco use, nicotine addiction and tobacco-related death and disease. Also, aligning state law with federal law will help return the state’s noncompliance rate to pre-pandemic levels by enabling local enforcement of Tobacco 21. This in turn will help ensure that the state does not incur a Synar violation and be penalized 10 percent of its federal substance use block grant allocation.

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Thank you for your attention to this critically important matter.

Sincerely,



Kevin Florek,
Chairperson
State Council on Alcohol and Other Drug Abuse



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

August 16, 2023

12:00pm – 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1602657524>

Meeting ID: 160 265 7524

Conference Call: 669-254-5252

AGENDA

- 1. Call to OrderKevin Florek
- 2. Public Comment.....Kevin Florek
- 3. Motion Consideration: *That SCAODA oppose 2023 AB 304/2023 SB 332*.....Kevin Florek
- 4. Adjournment.....Kevin Florek

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

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 by email at Sarah.Boulton@dhs.wisconsin.gov.

SCAODA Motion Introduction

Committee Introducing: Prevention Committee

Motion: That SCAODA oppose 2023 AB 304/2023 SB 332.

Related SCAODA Goal: Goal #2: Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders. Objective 2(a): Enhance Council visibility as a substance use disorder policy body and increase its level of advocacy to the Wisconsin Governor, Legislature, and interested citizens.

Background: 2023 SB 332 proposes to overhaul the alcohol laws in Wisconsin.¹ If enacted, the bill would change Wisconsin laws for the production, regulation, and distribution of alcohol beverages and change how alcohol is regulated and oversight is provided. This memo outlines ten significant changes this bill creates for alcohol regulation. SB 332 would allow for greater production of alcohol beverages in the state, increasing the accessibility of ready-to-drink cocktails, fermented malt beverages, wine, and intoxicating liquors. It would extend closing hours for licensed premises, increase production arrangements, and increase available retail sites for those holding permits. The proposed legislation also creates a new division within the Department of Revenue (DOR) for alcohol beverage regulations, enforcement, and production called the Division of Alcohol Beverages (Division). The bill would require 10 agents but provides no specific funding for the Division.

The omnibus bill SB 332 would implement the following changes that would increase the accessibility of alcohol, thereby increasing alcohol beverage consumption:

1. Create a No-Sale Event Venue Permit that would allow venues such as wedding barns to rent locations for parties in which beer and wine are sold or provided by the renter or lessee to attendees, without the venue being licensed.
2. Expand the definition of fermented malt beverages to be closer to the federal definition of beer and include various alcohol beverages that do not have malt, such as ready-to-drink cocktails.
3. Provide permits to manufacturers (such as brewers, vintners, and distillers) for “full-service retail” premises that would allow the sale of any and all beer, liquor, and wine for on or off-premises consumption, not just the type of alcohol beverage or specific product made by the manufacturer; and allow brewers to provide free taste samples at retail premises in a way that preempts more restrictive municipal ordinances, and that allows the brewer to supply the product without purchasing it from the retailer (breaks down the 3-tier system).
4. Eliminate early closing hours for wineries holding “Class B” licenses (currently 9 pm – 8 am) to only require them to be closed 2 am – 6 am on weekdays and 2:30 am – 6 am on weekends.

¹ 2023 AB 304 was passed in the State Assembly on June 21, 2023, in 90-4 vote. Currently the two bills are identical except for one amendment made in the Assembly: Amendment 2 added to Sec. 3G crossing out “tax investigator” and replacing with “a special agent.”

5. Repeal requirement that a “Class C” license could only be provided to a restaurant – allows wine bars without limitation.
6. Allow small distillers to use cooperative wholesalers in a similar way to wineries, and define a small distiller as one that produces less than 50,000 gallons (more than 4.2 million standard drinks); as well as doubling the production allowed by small wineries and small breweries.
7. Remove the 2-permit limitation on the number of permits a person can acquire for liquor wholesale, manufacture, or rectifier.
8. Changes closing hours for 14 counties in southeast Wisconsin to allow bars to stay open until 4 am during and immediately following the Republican National Convention.
9. Allow axe-throwing facilities to receive beer and liquor licenses; and allow unsupervised minors of any age to be on the premises of axe-throwing facilities, preempting any municipal restrictions.
10. Create a statewide operator’s permit valid in all Wisconsin municipalities, that would be issued by the DOR. This would mean bartenders, waiters, cashiers, etc., could get statewide permits rather than seeking a license from each municipality in which they work. Municipalities could still independently issue operator’s licenses, but they would have no way to independently revoke a DOR-issued statewide operator’s permit under circumstances where the operator failed to comply with the law.

Positive aspects of the bill:

1. Creation of Division of Alcohol Beverages (Division): Creates a new division within the DOR entitled the Division of Alcohol Beverages (Division). This Division would have its own police powers. It would enforce alcohol laws within the state and be able to make rules regarding alcohol. The Division would also have enforcement, legal services, education, and community outreach ability. Members of the Division may not be employed or have financial interests in any alcohol beverage industry or business regulated by the Division. There would be at least ten field agents dedicated to enforcement for this division. However, the bill only provides funding for 1 agent, and does not provide funding for the 9 other agents, administrator, or any enforcement actions.
2. Attempt to regulate wedding barns by creating a No-sale Event Venue Permit, and limiting the number of times a venue may use the permit to 6 times per year, once per month.
3. Clarify prohibited interests and limit cross-tier involvement by restricted persons.
4. Define and tax alternating proprietorships.
5. Create a fulfillment house permit for wine shipping that requires containers of wine to be conspicuously labeled and requires monthly reporting; create a common carrier permit for wine shipping and requires monthly reporting.

- **Positive Impact: Opposing** this bill could prevent a complex and inadequately funded revamp of the alcohol code. Enforcement funding on both the State and local level would be critical to ensure proper monitoring occurs by law enforcement. However, the bill does not increase or fund local law enforcement to deal with the public safety consequences of its expansion of alcohol availability. If enacted, this would lead to greater availability and access to alcohol beverages in Wisconsin and ultimately increase excessive alcohol use in Wisconsin.
- **Potential Opposition:** The bill has many provisions that were results of long-term negotiations and compromise, many of which are highly supported by the alcohol industry to allow for greater alcohol production while still maintaining desired “small” status of craft producers. In exchange, they provided for some improved regulation. However, while it includes a restructuring of alcohol regulation, it does not provide adequate funding for safeguards, and it preempts many aspects of alcohol regulation currently allowed to the municipalities through home-rule. It does not increase or fund local law enforcement to deal with the public safety consequences of the additional licenses and permits. In addition, while the bill proposes to increase the safe-ride surcharge and promote awareness of the program, this program has not been shown to decrease excessive alcohol consumption.

Rational for Supporting:

- In its current form, the bill would increase alcohol availability and access and increase excessive alcohol use in Wisconsin.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Date: August 16, 2023

To: Senate Committee on Universities and Revenue

From: State Council on Alcohol and Other Drug Abuse (SCAODA) Executive Committee

RE: Opposition to 2023 SB 332

The State Council on Alcohol and Other Drug Abuse (SCAODA) is the statutorily authorized, Governor-appointed Council whose function is to advise the Governor, Legislature, and Department of Health Services (DHS) on substance use issues confronting the state.

On behalf of the SCAODA, we are writing to express our opposition to 2023 SB 332, which proposes to overhaul the alcohol laws in Wisconsin. If enacted, the bill would change Wisconsin laws for the production, regulation, and distribution of alcohol beverages and change how alcohol is regulated and oversight is provided. This memo outlines ten significant changes this bill creates for alcohol regulation. SB 332 would allow for greater production of alcohol beverages in the state, increasing the accessibility of ready-to-drink cocktails, fermented malt beverages, wine, and intoxicating liquors. It would extend closing hours for licensed premises, increase production arrangements and increase available retail sites for those holding permits. The proposed legislation also creates a new division within the Department of Revenue (DOR) for alcohol beverage regulations, enforcement, and production called the Division of Alcohol Beverages (Division). The bill would require 10 agents but provides no specific funding for the Division.

The omnibus bill SB 332 would implement the following changes that would increase the accessibility of alcohol, thereby increasing alcohol beverage consumption:

1. Create a No-Sale Event Venue Permit that would allow venues such as wedding barns to rent locations for parties in which beer and wine are sold or provided by the renter or lessee to attendees, without the venue being licensed.
2. Expand the definition of fermented malt beverages to be closer to the federal definition of beer and include various alcohol beverages that do not have malt, such as ready-to-drink cocktails.
3. Provide permits to manufacturers (such as brewers, vintners, and distillers) for "full-service retail" premises that would allow the sale of any and all beer, liquor, and wine for

on or off premises consumption, not just the type of alcohol beverage or specific product made by the manufacturer; and allow brewers to provide free taste samples at retail premises in a way that preempts more restrictive municipal ordinances, and that allows the brewer to supply the product without purchasing it from the retailer (breaks down the 3-tier system).

4. Eliminate early closing hours for wineries holding “Class B” licenses (currently 9 pm – 8 am) to only require them to be closed 2 am – 6 am on weekdays and 2:30 am – 6 am on weekends.

5. Repeal requirement that a “Class C” license could only be provided to a restaurant – allows wine bars without limitation.

6. Allow small distillers to use cooperative wholesalers in a similar way to wineries, and define a small distiller as one that produces less than 50,000 gallons (more than 4.2 million standard drinks); as well as doubling the production allowed by small wineries and small breweries.

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This bill has many provisions that were results of long-term negotiations and compromise, many of which are highly supported by the alcohol industry to allow for greater alcohol production while still maintaining desired “small” status of craft producers. In exchange, they provided for some improved regulation. However, while it includes a restructuring of alcohol regulation, it does not provide adequate funding for safeguards, and it preempts many aspects of alcohol regulation currently allowed to the municipalities through home-rule. It does not increase or fund local law enforcement to deal with the public safety consequences of the additional licenses and permits. In addition, while the bill proposes to increase the safe-ride surcharge and promote awareness of the program, this program has not been shown to decrease excessive alcohol consumption.

Opposing this bill could prevent a complex and inadequately funded revamp of the alcohol code. Enforcement funding on both the State and local level would be critical to ensure proper monitoring occurs by law enforcement. However, the bill does not increase or fund local law enforcement to deal with the public safety consequences of its expansion of alcohol availability. If enacted, this would lead to greater availability and access to alcohol beverages in Wisconsin and ultimately increase excessive alcohol use in Wisconsin. Therefore, the SCAODA opposes SB 332 in its current form.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Kevin Florek". The signature is written in a cursive style with a large initial 'K'.

Kevin Florek,
Chairperson
State Council on Alcohol and Other Drug Abuse

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Amy Anderson, Sheila Weix, Alisha Kraus, Chris Wardlow, Dave MacMaster, Holly Stanelle, Chuck Schauburger, Jolee Buhr; Jennifer Stegall, Laura Fabick DHS: Anne Larson, Saima Chauhan, Alicia Cooke, Dan Bizjak, Janet Fleege Guests: Ron Wilson, Sarah Johnson, Patrick Riley, Hannah (Arena-Strategy Group)
Date: 5/9/2023	Time Started: 10:06 AM	Time Ended: 11:14AM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Sheila Weix-co-chair
Minutes			

1. Sheila Weix called the meeting to order at 10:06 AM.

Comments or Announcements: Quorum confirmed by Saima. Introduction of Guests and new DHS staff.
Not in attendance: **Michael Kemp, Roger Frings, Beth Collier, Chris Wardlow**

2. Review and approval of 4/11/2023 meeting minutes. (Roger Frings)

Sandy Adams made a motion to approve the 4/11/2023, ITC Meeting Minutes. Second provided by Holly Stanelle. No opposition. Approved unanimously.

3. 2023 Assembly Bill 143- Relating to: Prohibiting statutes and rules examinations for certain professions

Roger was unavailable to discuss this topic. <https://docs.legis.wisconsin.gov/2023/proposals/ab143>

4. Update on Mobile units (Dan Bizjak)

Mobile Units are new for Wisconsin

- SOR- funding for 3 units: Marinette, Manitowoc, Kenosha
- GPR funding for 3 units: Portage (Columbia County) north side of Milwaukee, La Cross, and Monroe Counties served.

Units are in the processing and certification process.

More info coming on further expansion of mobile units/ mobile Opioid Treatment (OTP) units. Believed to be at least 10 units.

Units are able to provide all three forms of MOUD options, Narcan, harm reduction and Peer supports.

Presentations on the mobile units can be seen at:

- **May 16-18:** Opioid, Stimulant, and Trauma Summit in Wisconsin Dells (also Hybrid); <https://www.dhs.wisconsin.gov/aoda/opioids-stimulants-trauma-summit.htm>
- **June 28-29th:** Harm Reduction conference in Green Bay. <https://www.dhs.wisconsin.gov/aoda/harm-reduction-conference.htm>. A mobile unit will be at the conference to allow for viewing. Staff of these programs will be able to answer questions.

5. Questions for DSPS (Sheila Weix)

Postponed until the next meeting.

6. CYF subcommittee update (Anne Larson)

Anne Larson announced she is leaving her position with DHS and a new staff person will be assigned to staff and restart this committee.

7. COVID-19 Unwinding and FoodShare Emergency Allotments (Saima)

The Public Health emergency is set to end on May 11th. Saima shared information on DQA website Everyone will be evaluated for reenrollment. This was not occurring during the emergency. It will not occur all at once but will occur on a rolling basis. Several attempts will be made to reach consumers before their coverage is dropped. A helpful document was shared and will be sent to members. The result of the unwinding will be loss of coverage for a number of people.

[Coronavirus Waivers | CMS](#)

[Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap | HHS.gov](#)

Division of Quality Assurance (DQA) Information

The following DQA Memos creating flexibilities during the Public Health Emergency for COVID-19 will be obsoleted effective May 11, 2023.

8. Prevention Committee motion on cannabis-derived products (Chris Wardlow)

Postponed until next meeting.

9. Tobacco Integration Update (Karen Conner)

New contract with DCTS to work with 2 priority populations:

- women-and pregnant women who inject drugs will be supported while awaiting placement in treatment.
- individuals who are justice involved-will work with DHS 75 facilities serving these populations.

First Breath Program, training, and education; programs will be announced or presented at the June Webinar and on the DHS 75 page.

10. DHS 75 implementation update (Saima Chauhan)

Recordings and power point materials are at the link below:

[Substance Use: Provider Information | Wisconsin Department of Health Services](#)

DHS 75 Webinar Series- survey to providers to focus the training:

The DHS 75 Webinar Series is focused on supporting providers of residential and/or outpatient substance use services.

Saima covers Residential SUD- June presentation will cover questions asked by Residential Providers and the responses that were given. 1.5-hour webinar.

Lori Goeser- covers Outpatient Treatment: 1 hour webinar.

Questions about DHS 75 trainings and technical assistance can be sent to:

DHSDCTSDHS75@dhs.wisconsin.gov

Upcoming sessions

- Sessions for **residential services providers** are scheduled for June 15, September 21, and December 14 from 12:00 p.m. to 1:30 p.m.
- Sessions for **outpatient services providers** are scheduled for May 25, August 17, and November 16 from 12:00 p.m. to 1:00 p.m.

11. Public Comments

- Sheila Weix gave a heads up regarding the CARES act- changes confidentiality rules for SUD to basic (less stringent) HIPAA rules. Be aware of impact to SUD clients.
- Chuck Schauburger mentioned one rationale for the change is that the treatment programs have been reluctant to release treatment records to our Maternal Mortality Review. There is a quality improvement exception to CFR, but this is a problem to our review.
- Sandy Adams brought up ongoing credentialing issues including applications to add providers to the Forward Health (Medicaid) portal. Difficulty navigating the site. Recommend a downloadable cheat sheet to assist providers. Pam Lano at Medicaid
- Amy Anderson mentioned the Mental Health Access Improvement Act has passed which allows for LPCs and LCSWs to be covered by Medicare. Delays in credentialing mean access to this option may not be in effect until 2024.
- Patrick Riley brought up barriers to becoming a SUD clinical supervisor if you are a bachelor level provider.
- Saima Chauhan announced **Lars Brown** started yesterday as the new DCTS Assistant Administrator. He has taken over the role previously filled by Gynger Steele who was promoted to Administrator of DCTS.

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

Future Agenda Items:

- **Prevention Update**
- **SCAODA update**
- **Covid transition-unwinding; Food Share**
- **Statute and Rules Test [Wisconsin Legislature: AB143: Bill Text](#)**
- **DSPS- updates**
- **Pam from DMS (Medicaid)**
- Opioid Settlement Funds-Finance report
- Update on DHS-SUD services specific to Women
- Hub and Spoke updates
- Social Determinants of Health: Info RE available supports for housing, transportation, food, childcare, etc.

Holly Stanelle moved to adjourn; **Jolee Buhr** seconded. **Unanimous approval to adjourn the meeting at 11:14 AM**

*Next scheduled Meeting: SCAODA on June 2, 2023; Next ITC July 11, 2023

Prepared by: Anne Larson on 5/09/2023.

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



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

INTERVENTION AND TREATMENT COMMITTEE (ITC)

Time: July 11, 2023, 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/1610346565?pwd=RHdHdFhIRGt4d1VnQzRma3pwaFVGUT09>

Meeting ID: 161 034 6565

Passcode: 812076

AGENDA

1. Call to order and roll call
2. Review and approval of 5/9/2023 meeting minutes (Roger Frings-Sheila Weix)
3. ForwardHealth- Navigating the website/portal & process for credentialing (Pam Lano)
4. Revisions/updates to the 2023-2027 SCAODA STRATEGIC PLANNING
5. Update on Bills & Acts (Saima Chauhan-Sheila):
 - [2023 Assembly Bill 143](#)- Relating to: Prohibiting statutes and rules examinations for certain professions
 - **Proposal: [SB267 \(-2917\)](#) [View Bill History](#)**
relating to: a grant program for recovery high schools and making an appropriation.
 - Other proposed Bills
6. CYF subcommittee update (Vacant)
7. Prevention Committee motion on cannabis-derived products (Chris Wardlow)
8. Tobacco Integration Update (Karen Conner)
9. Updates on DHS 75 (Saima Chauhan)
10. Public comments
11. Future meeting dates, future agenda topics, and other announcements
12. Adjourn

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

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 an alternate format, you may request assistance to participate by contacting Saima Chauhan at 608-469-9317 or saima.chauhan@dhs.wisconsin.gov.

*Next scheduled ITC Meeting: **August 8, 2023** & SCAODA: September 8, 2023

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, David MacMasters, Jessica Geschke, Sheila Weix, Holly Stanelle, Sandy Adams, Michael Kemp, Jolee Buhr, Alisha Kraus, Chris Wardlow, Beth Collier, Charles Schauburger, Laura Fabric, DHS: Saima Chauhan, Leilani Nino, Alicia Cooke, Janet Fleege, Guests: Hannah Huffman, Sarah Johnson, Paula Jolly, Jessica Cwirla, Njemeh Barrow, Sarah Thompson
Date: 7/11/2023	Time Started: 10:04 AM	Time Ended: 11:49AM	
Location: virtual meeting occurred via Zoom platform			
			Presiding Officer: Sheila Weix-co-chair

Minutes

1. **Roger Frings called the meeting to order at 10:04 AM.**
 Comments or Announcements: We will be ending the meeting at 12pm due to the DHS 35 providers meeting. Quorum confirmed by Saima. Introduction of ITC member, DHS staff and gust. Not in attendance: **Amy Anderson, Tamara Feest, Karen Conner**
2. **Review and approval of 5/9/2023 meeting minutes.** (Roger Frings)
Holly Stanelle made a motion to approve the 5/9/2023, ITC Meeting Minutes. Second provided by Beth Collier. No opposition. Approved unanimously.
3. **ForwardHealth- Navigating the website/portal & process for credentialing** (Jessica Cwirla)- Jessica is a program and policy analyst. She works on the behavioral health team under Pam Lano, who is the section manager for the Behavioral Health Medicaid policy. Navigating the portal is something that generally the provider representatives help with. Jessica gave a quick overview, and then she provides some information on how to find a provider representative if experiencing issues. Jessica showed the forward Health Home page where there is information on policy, the Forwardhealth handbooks and information about specific updates. Jessica walked through how to enroll, the enrollment categories, choosing a provider type, portal access and shared some helpful hyperlinks. Jessica said she would work on having someone speak from DMS on more in-depth overview of the portal in the August or October ITC meeting.
4. **Revisions/updates to the 2023-2027 SCAODA STRATEGIC PLANNING** (Roger Frings)- provide feedback for any revisions that the full SCAODA Council will take in consideration. ITC revied all 4 goals in the SCAODA 2023-2024 Strategic Plan. ITC members made suggestions on different language to be used in the goals and most of the objectives. See attached copy of SCAODA strategic plans for suggested changes.
5. **Update on Bills & Acts (Saima Chauhan)-**
 - a. Assembly Bill 203-An Act to amend 440.01 (1) (dm); and to create 440.08 (2m) of the statutes; Relating to: renewals of certain credentials. **Status: A - Enacted into Law Senate Bill 135**
 - b. Senate Bill 135-An Act to repeal 89.073 (1), 89.073 (2m), 440.09 (1) and 440.09 (2m); to amend 89.073 (title), 89.073 (2) (b), 440.09 (title) and 440.09 (2) (b); and to create 440.09 (6) of the statutes; Relating to: reciprocal credentials.
 - c. Senate Bill 196- Relating to: ratification of the Counseling Compact.
 - d. **2023 Assembly Bill 143**- Relating to: Prohibiting statutes and rules examinations for certain professions
6. **CYF subcommittee update** (Vacant)-None
7. **Prevention Committee motion on cannabis-derived products** (Chris Wardlow) - Motion on cannabis-derived products was tabled at the last Prevention Committee meeting. The Prevention Committee meeting meets July 20th and will return to that discussion because they had a couple of questions that they needed, answered and the members needed answers before they could move forward.

- 8. Tobacco Integration Update** (Karen Conner was out - Sarah Thompson reported in Karens place)- DCTS is working with CTRI to provide information about tobacco treatment to providers who work with two particular populations, one population being pregnant persons who use tobacco, and the other population being people who are justice involved and use tobacco. There will be a webinar scheduled for Thursday, August 3rd at noon. It's going to be an hour and a half, Webinar ninety minutes for providers who provide treatment to women. The 2-part webinar is going to presentation with the Wisconsin women's health foundation. The first part we'll focus on data about pregnant women. Abuse tobacco. The second part of the Webinar is going to focus on first breath, which is a program through the Wisconsin Women's health Foundation.
- 9. Updates on DHS 75** (Saima Chauhan)-None
- 10. Public comments**-None
- 11. Future meeting dates, future agenda topics, and other announcements –**
- a. Sheila Weix- Have a topic/agenda item regarding “What are providing struggling with after the Medicaid unwinding or how much of an impact the unwinding has had with access to treatment.”
 - b. Chris Wardlow-keep the strategic plan on the agenda just to provide an update to the committee. Where we are with the renewal of the farm bill, because that that's in the process in Congress, and there's been a lot of advocacies across the nation to get Congress to close that loophole in the Farm Bill. Chris will do more research on the Farm Bill.
 - c. Roger Frings- We need to do a little bit of work at looking at how best to deliver messaging regarding the dangers of hemp/cannabis-derived products. Its important that we start talking about this. The motion is one item that will help spur this discussion. Saima, would it be possible for our august meeting to have some sort of budget summary? Saima- yes, I will ask Teresa.
- 12. Adjourn**- Holly Stanelle moved to adjourn; Michael Kemp seconded. Unanimous approval to adjourn the meeting at 11:49AM

*Next scheduled Meeting: SCAODA: **September 8, 2023**; Next ITC : **October 10, 2023**

Prepared by: Saima Chauhan on 8/7/2023.

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



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

INTERVENTION AND TREATMENT COMMITTEE (ITC)

Time: August 8, 2023, 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/1610346565?pwd=RHdHdFhIRGt4d1VnQzRma3pwaFVGUT09>

Meeting ID: 161 034 6565

Passcode: 812076

AGENDA

1. Call to order and roll call
2. Review and approval of 7/11/2023 meeting minutes (Roger Frings-Sheila Weix)
3. Revisions/updates to the 2023-2027 SCAODA STRATEGIC PLANNING (Sheila Weix)
4. Summary of the 2023-25 Biennial Budget (Teresa Steinmetz)
5. Review ITC's Strategic Planning
6. Post-PHE: The impact of the unwinding of Medicaid
7. Update on Bills & Acts (Saima Chauhan-Sheila)
8. CYF subcommittee update (Vacant)
9. [Hemp and hemp-derived products](#) and the [Agriculture Improvement Act of 2018](#) (also known as the Farm Bill) (Chris)
10. Tobacco Integration Update (Karen Conner)
11. Service Dogs (Jolee Buhr)
12. Updates on DHS 75 (Saima Chauhan)
13. Public comments
14. Future meeting dates, future agenda topics, and other announcements
15. 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.

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 an alternate format, you may request assistance to participate by contacting Saima Chauhan at 608-469-9317 or saima.chauhan@dhs.wisconsin.gov.

*Next scheduled ITC Meeting: **October 10, 2023** & SCAODA: September 8, 2023



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

July 19, 2023

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1617160029>

Meeting ID: 161 716 0029

Conference Call: 669-254-5252

AGENDA

- | | | |
|-----|---------------------------------------|--|
| 1. | Call to Order and Roll Call | Christine Ullstrup, Co-Chair
Beth Collier, Co-Chair |
| 2. | Review April 19, 2023 Meeting Minutes | Beth Collier |
| 3. | Public Comment | Beth Collier |
| 4. | Advisory Committee Updates | Committee Members |
| 5. | Block Grant Application Overview | Sarah Boulton, DHS |
| 6. | Annual Workplan Updates | Committee Members |
| 7. | Council Strategic Plan Feedback | Committee Members |
| 8. | DHS Updates | Sarah Boulton, DHS |
| 9. | COVID Updates/Workforce Challenges | Committee Members |
| 10. | Agenda for August | Committee Members |
| 11. | Adjournment | All |

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

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Members: Christine Ullstrup, Beth Collier, Karen Kinsey, Jill Gamez, Michelle Devine Giese, Sheila Weix, Kevin Florek
Date: 7/19/2023	Time Started: 9:49 AM	Time Ended: 12:00PM	DHS Staff: Sarah Boulton Guests: Hannah Huffman
Location: Zoom			Presiding Officer: Beth Collier and Christine Ullstrup
Minutes			

1. Call Planning and Funding Committee to Order

Committee Co-Chair Christine Ullstrup called the meeting to order at 9:49AM.

2. Review April 19, 2023 Meeting Minutes

Beth Collier made a motion to approve the minutes of 4.19.23.

Sheila Weix seconded the motion.

No discussion or changes mentioned.

Motion to approve the minutes carried unanimously.

Minutes were approved.

3. Public Comment

Beth Collier asked if anyone has applied for the new IOP and how they are doing this since Medicaid hasn't set up the benefit yet. Jill Gamez reported that Arbor Place has not. Christine Ullstrup reported that Meta House is utilizing grant funding as they provide many more groups that what they are reimbursed for.

Jill Gamez reported that she met with Senator Jesse James, who is a member of SCAODA and the Chair of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families. Information shared in the meeting chart: <https://docs.legis.wisconsin.gov/2023/legislators/senate/2563>.

Kevin Florek commented that the state budget has gone out. Budget Veto Message sent out by Governor Evers shared via email with committee members. Kevin Florek noted that the budget includes \$2 million for telehealth. Committee noted ongoing discussion around opioid overdoses. Combination with xylazine is rendering Narcan ineffective.

4. Advisory Committee Updates

None.

5. Block Grant Application Overview

DHS Staff person Sarah Boulton reviewed the draft Executive Summary for the Mental Health Community Services Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) Combined Application. Federal law requires that each state submit an annual application for their allocation of the MHBG and SUBG funds. This year's application is for the first year of two years of funding and programmatic planning. The deadline for submitting to SAMHSA is September 1, 2023. For the application, SAMHSA has identified five key priority areas and four core principles to address the behavioral care needs of individuals, communities, and services providers. The five key priority areas are:

- Preventing Overdose
- Enhancing Access to Suicide Prevention and Crisis Care
- Promoting Resilience and Emotional Health for Children, Youth and Families
- Integrating Behavioral and Physical Health Care
- Strengthening the Behavioral Health Workforce

The four core principles are:

- Equity
- Trauma-Informed approaches
- Recovery
- Commitment to Data and Evidence

The 2024-2025 Block Grant Priority Areas and SUBG high level allocation plan for FFY 2024 reviewed.

Priority Areas for the SUBG, include:

1. Ensure compliance of Behavioral Health treatment agencies certified by DHS, Division of Quality Assurance (DQA) with TB screening, information and referral requirements.

2. Increase prevention, street outreach and access to recovery-oriented treatment for persons who inject drugs.
3. Increase access to culturally appropriate and comprehensive services for underserved population communities.
4. Reduce youth access to tobacco products and maintain at retail outlets a non-compliance rate of less than 10 percent statewide.
5. Increase the number and quality of substance use disorder prevention, intervention, and treatment services targeting pregnant women and women with dependent children.
6. Provide services for individuals in need of primary substance use disorder prevention by spending a minimum of 20 percent of the SUBG funds on primary prevention services, training, and technical assistance.

Additional Priority Areas identified, include:

1. Reduce binge drinking for adults ages 18-55 and for youth ages 12-17.
2. Increase the number of people with opioid use disorders who receive services to reduce the number of opioid-related deaths.
3. Increase the number of persons with methamphetamine use disorder who receive services.
4. Increase the number of people who participate in a Treatment Alternative Program (TAP).

Combined Priority Areas identified include:

1. Expand the use of Evidence Based Practices in the Mental Health and Substance Use Disorder service systems.
2. Expand and enhance the workforce capacity for Mental Health and Substance Use Disorder services.
3. Improve the quality and effectiveness of behavioral health services in the criminal and juvenile justice systems.
4. Increase service quality and system capacity through the training, certification, employment, and utilization of Certified Peer Specialists and Certified Parent Peer Specialists.

Jill Gamez noted that reporting at local level needs to be easier. Process for reporting to meet federal reporting requirements needs to be clarified. There is increased uncertainty about primary prevention and how it intersects with overdose prevention. Sheila Weix noted that harm reduction is across primary prevention, treatment, and intervention. Important to look at drug supply for fentanyl and xylazine.

Jill Gamez noted that many of the priority areas include the word 'increase,' which makes sense as a measurable outcome. However, if we want to service more people, need more funding. Trying to do more with less.

Christine Ullstrup noted that the Committee really should have input on process. What do RFPs look like? The Committee should have input in how these things look and deliverables on the local level.

Jill Gamez reported that years ago there were far more people who needed county-supported services. Now there are more people on Medicaid. Sheila Weix noted that with the emergency unwinding, the number of people with Medicaid will significantly decrease.

Beth Collier asked if the state will be reviewing the formulas for allocations on the state and county contract. DHS staff to take question back.

Committee members discussed at what point in the process Planning and Funding Committee should be involved, noting that it would be helpful to know when GFOs are being written, when contracts are renewing, and when contracts are ending.

6. Annual Workplan Updates

Committee members reviewed and revised the Annual Work Plan. Following revisions made:

- Added exploration of 115 waiver, Minnesota example, and other state examples to task 2 under objective A. Action step to invite Dr. Elizabeth Salisbury-Afshar to discuss examples with the committee added to the plan as an action step.
- Added additional step under task 2 to identify issues within residential treatment through smaller workgroup discussion, including review of CCS.
- Updated the status of task 1 under objective D to completed.
- Added a third and fourth task to Objective D, including:
 - o Explore opportunities to utilize ATLAS to collect system-level capacity for DHS certified entities.
 - o Continue discussions with Division of Quality Assurance (DQA) around licensure process to enhance capacity tracking, including potential system updates and related funding.

7. Council Strategic Plan Feedback

Committee members reviewed the SCAODA 2018-2022 Strategic Plan and offered suggested revisions, including:

- Changing “problems” to “challenges”
- Changing “into healthy behavioral outcomes” to “allow people to live their best lives”
- Changing “Wisconsin citizens” to “people of Wisconsin” or “Wisconsin people”
- Changing “interested citizens” to “people of Wisconsin” or “Wisconsin people”

Committee members discussed if the Children, Youth and Family should potentially be a standing committee rather than a sub-committee of ITC. Jill Gamez noted that Mental Health Council has a committee devoted to this, which leads to a different level of engagement. Beth Collier noted that there is continued stigma around SUDs in children, whereas mental health is broadly discussed. Many people still don’t think of children and youth have substance use disorders. Committee agreed to bring to Strategic Planning Workgroup for further discussion. Karen Kinsey noted that the Council should address the composition of voting members to increase provider voices. Changes in membership have made the Council less effective and less visible.

8. DHS Updates

DHS staff person shared DHS updates via email following the meeting.

9. COVID Updates/Workforce Challenges

None.

10. Agenda Items for August

- Invite DMS rate setting team
- Invite Dr. Elizabeth Salisbury-Afshar

11. Adjournment

Meeting adjourned at 12:00pm with a motion from Beth Collier and a second from Kevin Florek.

Prepared by: Sarah Boulton on 7/19/2023.

Planning and Funding Committee reviewed and approved these minutes at its 8.23.23 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

August 23, 2023

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhswi.zoomgov.com/j/1617160029>

Meeting ID: 161 716 0029

Conference Call: 669-254-5252

AGENDA

- | | | |
|-----|---|---|
| 1. | Call to Order and Roll Call | Christine Ullstrup, Co-Chair
Beth Collier, Co-Chair
Committee Co-Chairs |
| 2. | Review July 19, 2023 Meeting Minutes | |
| 3. | 2023 – 2025 Budget Overview | Paul Krupski, DHS |
| 4. | Public Comment | Committee Co-Chairs |
| 5. | Advisory Committee Updates | Committee Members |
| 6. | Residential Workgroup Updates | Committee Members |
| 7. | Annual Workplan Updates | Committee Members |
| 8. | Questions/Comments for DMS Rate Setting Team | Committee Members |
| 9. | DHS Updates | Sarah Boulton, DHS |
| 10. | COVID Updates/Workforce Challenges | Committee Members |
| 11. | 1115 Waiver Brainstorming with Dr. Elizabeth Salisbury-Afshar | Committee Members |
| 12. | Agenda for October | 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.

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA prevention committee		Attending: Chris Wardlow, Jennifer Stegall, Annie Short, Felice Borisy-Rudin, Maggie Northrup, Danielle Luther, Hannah Huffman, Megan Barnett, Kathy Asper, Melissa Moore, Hannah Lepper, Alex Berg, Faith Price, Linnea James, Devin Manns, Emily Holder, Maureen Bussalachi Staff: Yolanda Calder, Allison Weber
Date: 4/20/2023	Time Started: 9:30 AM Time Ended: 12:08PM	
Location: virtual zoom		Presiding Officer: Chris Wardlow, Stacy Stone
Minutes		

1. **Welcome and Introductions.** Stacy Stone, Chair and Chris Wardlow
Chris called the meeting and noted that there was a quorum. Introductions were made.
2. **Public Comment.** Stacy Stone and Chris Wardlow.
Chris opened the floor for public comments. No public comments.
3. **Approve minutes from January 2023 meeting.** Stacy Stone and Chris Wardlow
Motion: Kathy Asper. 2nd Melissa Moore. Approved. Yes
4. **State Health Improvement Plan (SHIP) and serving as the Alcohol Action Team.** Maggie Northrop
Maggie: SHIP has published as exec summary and will fully publish later in Spring.
Link to report: <https://www.dhs.wisconsin.gov/publications/p01791-2023.pdf>
Prevention Comm as alcohol group and for opioids are grandfathered in to next 5 years
Potential Outcome could be the alcohol priority action team. Felice noted that substances keep changing so we need to focus on policy and environment change.
5. **Wisconsin Alcohol Policy Project (WisAPP) Updates.** Maureen Busalacchi and Felice Borisy-Rudin
 - o April was Alcohol awareness month-AWY web page has a lot for social media.
 - o Concerns of legislature bill for remote delivery (click and collect, curbside) as it shifts responsibility to delivery company. Senate Bill 130- can sign up for alerts on bills or topics
<https://notify.legis.wisconsin.gov/Subject/Manage?defeatCache=f449e2b314c744a19e0058cbcd99584>
*CONSIDER A MOTION FOR THE COMMITTEE TO PRESENT TO THE COUNCIL
Motion: Chris Wardlow-forward to the council that they weigh in on SB130 and oppose the bill. **Second:** Annie Short. **Approved:** Yes **Abstain:** Jennifer Stegall (OIC)
 - o WPHA-legislative tracker system-can sign up <https://www.wpha.org/page/CurrentLegislative>.
 - o Discussed social host ordinance and how to identify which communities have such an ordinance. The municipal database developed by WisAPP will capture a wide variety of ordinance so that we are able to track ordinances around the state. It is in beginning stages of development.
 - o Conferences attending include the Public Health Law conference and the WI PH Conference.
 - o In June hosted a POLD meeting which will now be virtual to attend for free.
 - o Had a webinar on legislature policy through the Alliance for WI Youth.
 - o The ability to track the Place of Last Drink (POLD) will hopefully go statewide within the Badger TRaCS system which is used by all law enforcement for road violations. Using POLD in that system can help identify problem places, areas or events for alcohol overservice. Eventually, the hope is Wisconsin will be able to have a system that tracks all alcohol related incidents, not only OWI/road way stops.
6. **Tobacco 21 Updates.** Committee Members

Invite someone to be at this meeting regularly Have we asked council to weigh in? Probably not for this session (leg). To encourage the state to align with federal standards for tobacco 21

Motion: Ask council To encourage the state to align with federal standards for tobacco 21: Maureen Busalacchi.

Second: Annie Short. **Approved:** Yes

We will accept recommendations to add tobacco content experts to the next meeting.

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

Motion 1: Chris W: A motion requesting that SCAODA urge the Legislature and Governor to take emergency action to prohibit the sale and distribution of hemp-derived psychoactive cannabinoids to persons under the age of 21.

Motion 2: Felice: A motion requesting that SCAODA urge the Legislature and Governor to take emergency action to prohibit the sale and distribution of hemp-derived psychoactive cannabinoids to persons under the age of 21, except for persons under the age of 21 with a valid prescription for the hemp-derived psychoactive cannabinoid.

Motion 3: Felice requesting that SCAODA urge the Legislature and Governor to take emergency action to prohibit the sale and distribution of hemp-derived psychoactive cannabinoids to persons under the age of 21, except for persons under the age of 21 with a valid prescription or certificate authorized under Wis. Stat. 961.32(2m)(b) for that hemp-derived psychoactive cannabinoid or cannabidiol product.

Statute 961.32

Discussion: Felice-so many hemp derived products, chemists able to make lots of products, we have to really think about THC in general. There are folks who use medicinal THC with an Rx. Melissa-2019 Wisconsin Act 68-state approval of the farm bill. Jennifer: pre-empting municipal ordinances? Good point, we'll look into it. Danielle-worried about the Rx.

The SCAODA Prevention Committee group also requested language clarification about the Hemp Farm Bill and whether it's national or WI, to be clearly written in the motion

Table this to another time-small group outside of the quarterly meeting? Chris will take progress to next ITC meeting

8. Equity and Inclusion ad hoc Workgroup and Prevention. Meagan Barnett

Tabled for now until DHS has more staff for Diversity Comm and its sub-committees

9. Updates. committee members

Allison reminded everyone that SAP-SIS reports are due on May 12, 2023

10. Future agenda items. committee members

Next meeting is Thursday, July 20, 2023

Prepared by: Allison Weber on 3/6/2023.

These minutes were reviewed and approved on 7/20/2023



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
Zoom link**

<https://dhs.wi.zoomgov.com/j/1618483791?pwd=VklOR2VVSjVQYVVBQSVBPTeH0dDZPUT09>

Meeting ID: 161 848 3791 Passcode: 506418

**Thursday, July 20, 2023
9:30 a.m. to Noon**

MEETING AGENDA

1. **Welcome and Introductions.** Stacy Stone, Chair, and Chris Wardlow
2. **Public Comment.** Stacy Stone and Chris Wardlow
Accept comments from public relating to any committee business.
3. **Approve Minutes from April 2023 Meeting.** Stacy Stone and Chris Wardlow
4. **State Health Improvement Plan (SHIP) and serving as Alcohol Action Team.** Maggie Northrop
5. **WisAPP Updates.** Maureen Busalacchi and Felice Borisy-Rudin
6. **Tobacco 21 Updates.** Committee Members
7. **Hemp-Derived Regulation.** Committee Members
Small workgroup?
8. **Fentanyl Prevention/Harm Reduction Partnership.** Chris Wardlow
9. **Equity and Inclusion ad hoc Workgroup and Prevention.** Meagan Barnett
10. **SCAOD Strategic Planning Updates.** Chris Wardlow
11. **Member Updates.** Committee Members
12. **Agency Updates.** Committee Members
13. **Future Agenda Items.** Committee Members

Next meeting is Thursday, October 19, 2023.

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

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SCAODA Motion Introduction

Committee(s) Introducing Motion: PREVENTION
Motion: A motion requesting SCAODA approve the creation of an ad-hoc committee within Prevention Committee to provide recommendations and guidance in addressing the proliferation of hemp-derived, psychotropic cannabis products.
Related SCAODA Goal: Goal #2 – Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders. Objective 2(a) – Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.
Background: A loophole in the Agriculture Improvement Act of 2018 (Farm Bill) allows psychoactive (i.e., mind-altering or intoxicating) cannabis products to be commercially marketed and sold across the U.S.—including in states where recreational cannabis is not legal. The Farm Bill legalized the growth and sale of hemp. Hemp is defined as a botanical class of the cannabis sativa plant that contains low concentrations of delta-9 THC and high concentrations of non-psychoactive cannabidiol (CBD). But, hemp also contains low concentrations of hundreds of other cannabinoids which, until recently, were believed to be present in amounts too small to produce psychotropic effects. Under the protection of the Farm Bill, manufacturers can synthesize and sell hemp-derived cannabis products with psychoactive doses of cannabinoids as long as their products fit the Farm Bill’s definition of hemp. This interpretation of the Farm Bill was upheld in 2022 by the Ninth Circuit Court of Appeals. The Court ruled that federal law does not explicitly prohibit the manufacture and sale of hemp-derived products, regardless of how they are manufactured or their intoxicating affects, as long as the products are initially sourced from either hemp or a cannabinoid extracted from hemp. This has opened the floodgates and now in many states, including Wisconsin, there is retail access to a number of hemp-derived psychoactive cannabinoids like, among others, delta-10-thc, HHC, HHC-O, THCA, THC-O, THCP, THCv, delta-9-thc, and delta-8-thc. These hemp-derived products produce similar psychotropic effects as delta 9 -THC and are being sold as vape cartridges, edibles, concentrates, and tinctures (e.g., infused liquids) online and by brick-and-mortar retailers (e.g., vape and smoke shops, convenience stores, and gas stations).
Rationale for Supporting Motion: The rationale for this motion is outlined by the Cannabis Regulators Association (referred to as CANNRA), a non-partisan association of government agencies that regulate cannabis and hemp across 45 states and U.S. territories.* 1. Today, a significant portion of the marketplace is consumable hemp-derived products that contain THC and other intoxicating cannabinoids found in the Cannabis sativa L. plant – which is the same plant species for hemp as for marijuana or cannabis.

- Hemp-derived products on the market today often contain THC levels that meet or exceed the levels permitted in state marijuana or cannabis marketplaces.
 - The current hemp marketplace also includes cannabinoid products that are expressly prohibited by state marijuana regulators because they appeal to youth or have dangerously high levels of THC or other intoxicating cannabinoids.
 - Some of the cannabinoids found in so-called “hemp” products are not found in nature and have never been studied for human consumption or safety.
2. Unregulated and often intoxicating hemp-derived cannabinoid products can pose serious risk to consumers, including:
- A lack of testing and tracking for consumer safety – Products, whether intoxicating or not, may have contaminants that can be harmful to human health.
 - A dangerous lack of consumer awareness and education – Consumers may not know that the hemp products they are purchasing can have an intoxicating effect or result in a positive drug test.
 - Product packaging and forms that appeal to children and mimic existing commercial food and candy products.
 - Inaccurate and incomplete product labeling.

[* https://oversight.house.gov/wp-content/uploads/2023/07/CANNRA-Written-Testimony_07-2023_Final-1.pdf.]

Despite the fact that hemp-derived psychoactive cannabis products are marketed for their intoxicating effects, the lack of regulation has led to these products being sold online and by brick-and-mortar retailers (e.g., vape and smoke shops, convenience stores, and gas stations).

SCAODA Motion Introduction

Committee(s) Introducing Motion: PREVENTION

Motion: A motion requesting SCAODA to use its platform to rally policy makers and focused associations to limit access to those 21 and under and recommends for a legislative policy for age-restrictions on hemp derived substances to 21.

Related SCAODA Goal: Goal #2 – Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders. Objective 2(a) – Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.

Background: The proliferation of retail access to hemp-derived **psychoactive** cannabinoids like delta-8-thc is the result of a loophole discovered in the 2018 Farm Bill. The 2018 Farm Bill...

- Makes hemp legal in the United States.
- Defines hemp as “[T]he plant species Cannabis Sativa L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 THC concentration of not more than 0.3% on a dry weight basis.”
- Removed hemp from the definition of marijuana in the Controlled Substances Act (CSA) and created an exception for tetrahydrocannabinols in hemp.
- Allows for hemp cultivation broadly, no longer just for pilot programs for studying market interest in hemp-derived products.
- Allows for the transfer of hemp-derived products across state lines for commercial or other purposes.
- Places no restrictions on the sale, transport, or possession of hemp-derived products, so long as those items are produced in a manner consistent with the law.

Soon after passage of the 2018 Farm Bill there was an overproduction of hemp-derived CBD. This led to a dramatic drop in CBD prices and producers with large inventories of the product. In exploring possible uses for the glut of CBD, producers discovered the loophole. As long as their products fit the Farm Bill’s definition of hemp, there were no restrictions on whether or not they were psychoactive. This interpretation of the Farm Bill was upheld in 2022 by the Ninth Circuit Court of Appeals. The Court ruled that federal law does not explicitly prohibit the manufacture and sale of delta-8-THC products, regardless of how they are manufactured, as long as the products are initially sourced from either hemp or a cannabinoid extracted from hemp. This has further opened the floodgates and now in many states, including Wisconsin, there is retail access to additional hemp-derived **psychoactive** cannabinoids like, among others, delta-10-thc, HHC, HHC-O, THCA, THC-O, THCP, THCV and delta-9-thc.

As of yet, neither the federal government nor the state have implemented regulations to protect young people from the potential harms of using these psychoactive substances during a key phase of vulnerability in their brain development. Access to hemp-derived

psychoactive substances needs to be strictly limited to those age 21 and older for the same reasons as nicotine and alcohol.

Rationale for Supporting Motion: Hemp-derived psychoactive substances are widely marketed for their intoxicating effects. The Food and Drug Administration has issued a warning about delta-8 products in particular, which have prompted reports of adverse events like hallucinations, vomiting, tremors, anxiety, dizziness, confusion, and loss of consciousness. Delta-8 products may also contain dangerous byproducts left over from the manufacturing process, and Delta-8 THC has psychoactive and intoxicating effects, similar to delta-9 THC. A study has also linked it to symptoms of psychosis, and THC-O, a similar compound, has been linked to respiratory problems when vaped.

A recently published study in the British Journal of Psychiatry found that among In a general population sample of 13- to 14-year-olds in the UK, individuals using cannabis, synthetic cannabinoids or cannabidiol (compared with those who did not) were more likely to report symptoms consistent with a probable depressive disorder, anxiety disorder, conduct disorder or auditory hallucinations. [Accessed online on 8-23-23 at <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/association-of-cannabis-cannabidiol-and-synthetic-cannabinoid-use-with-mental-health-in-uk-adolescents/558744235C0C7982039CA13B1D489A90>]

Although no federal regulation has been put in place to control delta-8 THC and other intoxicating cannabinoids derived from hemp, several U.S. states have begun to regulate the manufacturing and sale of these products. About 15 states, including Arkansas, have moved to ban these products, while others have implemented strict regulations on their sale. [Accessed online 8-23-23 at www.forbes.com/sites/dariosabaghi/2023/04/25/arkansas-bans-delta-8-thc-products-and-other-hemp-derived-psychoactive-cannabinoids/?sh=33a7b8c86448]

American Academy of Pediatrics “strongly” believes that: People under 21 should not use any form of cannabis; Parents, relatives and other caregivers should set a good example and put children's safety first. This means avoid using cannabis in front of kids and keeping all cannabis products locked and out of reach; Cannabis advertising and promotions that target young people should be banned; And, cannabis products should be sold in child-proof packaging.

American Academy of Family Physicians (aafp.org): Regulatory measures focused on preventing youth initiation of marijuana and cannabinoid product use must be prioritized to prevent a public health epidemic.

SCAODA Motion Introduction

Committee Introducing: SCAODA Prevention Committee

Motion: That SCAODA oppose AB286 and SB279: Relating to: Service of alcohol beverages on retail licensed premises by underage persons

Related SCAODA Goal: Goal #2: Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders. Objective 2(a): Enhance Council visibility as a substance use disorder policy body and increase its level of advocacy to the Wisconsin Governor, Legislature, and interested citizens.

Background:

Overview

AB286 and SB279 would allow a minor who is not yet 18 years of age but who is at least 14 years of age to serve alcohol, specifically to carry any type of alcohol beverages, including beer, wine, and hard liquor (intoxicating spirits), on Class “B,” “Class B,” and “Class C” licensed premises, from a person allowed to serve alcohol beverages under current law to a customer and serve that customer, except for a customer seated at the bar.

AB286 and SB279 would also specifically change Wisconsin Statute sec. 103.66 to preempt the ability of the Department of Workforce Development (DWD) to set the minimum age for hazardous employment for minors serving alcohol. Under this bill, DWD must permit the employment of a minor 14 years old or over to carry and serve alcohol beverages to customers as described in the bill.

Assembly Amendment 1 to AB 286 would change the bill to 16 years (instead of the current 18, or the bill’s proposed 14).

Other States

47 states require people who serve any type of alcohol in bars or restaurants to be at least 18 years old. [Alcohol Policy Information Systems](#) shows, as outliers, West Virginia for allowing for 16-year-olds to serve and Maine for allowing 17-year-olds to serve, and according to [several media stories](#), Iowa recently implemented a law that does allow a 16-year-old to serve alcohol in Iowa restaurants, as long as two adults are present. No states allow 14- or 15-year-olds to serve alcohol in bars or restaurants.

Adolescent judgement abilities

Fourteen to seventeen-year-olds have limited ability to judge adult behavior, to understand if someone is intoxicated, and to refuse service to intoxicated or underage individuals, all of which could lead to increased overconsumption of alcohol. Research on human behavior has shown “that adolescents (ages 14-17) display less responsibility and perspective relative to college students (ages 18-21), young-adults (ages 22-27), and adults (ages 28-40)” and “numerous developmental theorists maintain that adolescents, ages 13–18, may lack the judgmental maturity to make decisions based on their own inclinations and principles.” [Modecki, KL. \(2008\)](#). As a result, adolescents that are confronted with having to decide whether a patron is old enough to purchase alcohol or too intoxicated to have another drink may have difficulty making a mature judgment call.

Potentially risky environments

In the context of the proposal, the setting and serving of alcohol could impact the minor employees' perceptions of alcohol consumption and increase risk to their health. Research has demonstrated that those who work in licensed alcohol establishments have an increase in frequency and amount of drinking, as well as an increase in illicit drug use in comparison to the general population [Buvik \(2018\)](#) and [Bell \(2022\)](#). Thus, staff at licensed premises can be considered an at risk-group for alcohol and illicit drug use and therefore represent an important target population for prevention.

The findings are important for public health because it describes a population at risk for developing alcohol and substance use problems. It calls for further research to understand the risk factors and causality in hazardous alcohol and drug use in this population. This suggests that policies should not encourage placing younger people in environments that could lead to higher risk for alcohol use as well as other drugs.

Putting children at risk

Working in the alcohol industry also increases the risk of exposure to sexual harassment, particularly for minors. Research by [Aborisade \(2022\)](#) demonstrates that an increase in exposure for children in a bar and restaurant increases risk for sexual harassment from patrons, even when the owner and staff are not harassing the adolescent employees. "Although participants reported low incidents of sexual harassment and violence from colleagues and managers, they reported high incidents of sexual harassment from bar patrons. . . they reported various forms of sexual harassment from bar customers which include unwanted sexual advances, sexually inclined comments, gestures, signs, and physical harassments which are sexual in nature."

This basic concept seems to be translatable – bars and restaurants may choose children working as servers for two main reasons: 1) they're cheaper labor; and 2) because customers prefer them for various reasons, including vulnerability, less resistance to sexual abuses, and submissiveness to adults. This could also perpetuate the issue of minors not being able to stand up to adults and tell them they've had too much to drink, or even to stand up to underage adults and tell them they're too young to purchase alcohol. Additionally, adolescents are particularly impacted by working in an environment where alcohol is being consumed [Naimi \(2016\)](#), and may drink more as a result.

Harm from underage drinking

[Drinking alcohol for people under 21](#) can have harmful outcomes such as poor school performance, social, legal and physical problems, as well as unintentional injuries such as burns, falls, drowning or motor vehicle crashes. It can also impact brain development, disruption of normal growth. It can also lead to physical and sexual violence, increasing the risk of suicide and homicides. In the most recent data available, Wisconsin still trends higher than the nation in underage drinking. According to [American's Health Rankings](#): Alcohol is the most used substance among youth in the United States.

- **Positive Impact:** Opposing these bills would prevent making Wisconsin the only state allowing children ages 14 and 15 years to serve alcohol, and only one of 3 states allowing 16 year-olds to serve alcohol; and would protect Wisconsin's teenagers by ensuring that they are not handling alcohol beverages in their employment.

- **Potential Opposition:** Immediately following the COVID19 pandemic, there was a difficulty hiring retail staff, and many food service and hospitality businesses experienced staffing shortages. While many other industries have stabilized, leisure and hospitality have both the highest hiring rate and a higher-than-average quit rate, driven in part by traditionally lower wages. [Understanding America’s Labor Shortage: The Most Impacted Industries | U.S. Chamber of Commerce \(uschamber.com\)](#). Unfortunately, child labor receives the lowest wages of all, which makes this group very desirable to the hospitality business.

Rational for Supporting:

Underage drinking is a [significant public health problem](#). While both nationally and in Wisconsin, underage drinking decreased [according to Wisconsin DHS](#), but remains the most used substance among youth.

For many reasons including the health of our youth, our future workforce, and to reduce exposure and potential substance use of alcohol and other drugs, Wisconsin should work to have effective policies to reduce alcohol consumption [Blanchette \(2020\)](#) and further restrict youth access to alcohol as well as increase strategies [and policies to reduce excessive alcohol use](#)

In looking at the evidence, knowing risks for youth development and potential for increase alcohol and drug use as well as safety for our young people, it is our recommendation that SCAODA oppose this legislation, including the proposed amendment.

SCAODA Four-Year Strategic Plan: 2023-2027

DRAFT

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

SCAODA Primary Goals and Objectives for 2023-27

1. Change Wisconsin's cultural norms and policies to transform the state's substance use and misuse challenges into healthy outcomes.

Objectives:

- (a) Seek to reduce stigma associated with seeking and obtaining services for substance use and misuse.
- (b) Promote environmental policies to reduce substance use and create more support and understanding of those in recovery and those who need treatment.

2. Educate people of Wisconsin on the social, economic, and health impacts of substance use and misuse; as well as the benefits of effective prevention, harm-reduction, treatment, and recovery services.

Objectives:

- (a) The council will continue to fulfill its responsibility to provide leadership and coordination by promoting and advocating best-practices and policies for prevention, harm reduction, treatment, and recovery among all levels of government and in communities.

3. Advocate for policies, adequate funding, capacity, and infrastructure to implement effective outreach, prevention, harm reduction, treatment, and recovery services for all in need.

Objectives:

- (a) Expand prevention, treatment, and recovery interventions and supports across the lifespan.
- (b) Increase focus and resources for prevention, treatment, and recovery services for children, youth, transitional youth, and young adults.
- (c) Continue revitalizing the Children, Youth and Family Treatment Sub-Committee.
- (d) Build awareness and capacity to identify and address the changing needs of older adults due to substance use and misuse.
- (e) Enhance and expand capacity within the substance use workforce to better understand and address the diverse needs of higher risk and underserved populations, including those with language and cultural barriers - as recommended in the CLAS.
- (f) Advocate for and support increased utilization of evidence-based interventions like SBIRT in schools, workplaces, health care, and communities.
- (g) Advocate for and support adoption of innovative policies, promising practices, and programs in substance use and misuse prevention, treatment, harm reduction, and recovery.
- (h) Support and advocate for increasing the state excise tax on alcoholic beverages to the median tax level nationally and increase the portion of tax revenue allocated for prevention, treatment, harm reduction, and recovery programs.

4. Reduce health disparities and inequities, recognize and rectify historical trauma, and address biases within systems, policies and practices.

Objectives:

- (a) Improve the effectiveness of substance use prevention, treatment, harm reduction, and recovery

services in addressing the needs of higher risk and historically underserved populations. Expand scope of prevention, treatment, harm reduction, and recovery services to be inclusive of populations most impacted by social drivers of health - including socioeconomic standing, zip code, legal status, and other health disparities. Support research and identification of substance use and misuse risk and protective factors.

- (b) Advocate for and support the adoption of innovative and promising practices and programs across the continuum of care that fully integrate the National CLAS Standards.

<u>Committee</u>	<u>Objective/Plan to address SCAODA Primary Goal</u>	<u>Goal & Objective</u>
Diversity	Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.	2(a)
	Improve the effectiveness of addressing populations-specific SUD needs.	4(a)
	Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.	4(b)
	Support research and identification of SUD-related social determinants of health.	4(c)
	Support and advocate adoption of merging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.	4(d)
Intervention and Treatment	Increase focus and resources for youth and adolescent prevention and treatment programs, to include: (1) collegiate recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.	3(a)
	Address the rising levels of SUD needs for the senior population.	3(b)
	Support and advocate adoption of emerging innovative and promising SUD programs and practices.	3(e)
Planning & Funding	Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.	1(a)
	Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.	2(a)
	Increase focus and resources for youth and adolescent prevention and treatment programs, to include: (1) collegiate recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.	3(a)
	Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the Culturally and Linguistically Appropriate Services (CLAS) Standards.	3(c)
	Continue supporting and advocating the use of SBIRT (Screening, Brief Intervention and Referral to Treatment) models throughout schools and communities.	3(d)
	Increase the excise tax on fermented beverages to meet the avg. tax of all states; increase portion of excise tax revenue apportioned to SUD programs.	3(f)
Prevention	Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.	1(a)
	Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.	2(a)
	Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific	3(c)

	language and cultural issues as recommended in the Culturally and Linguistically Appropriate Services (CLAS) Standards.	
	Support and advocate adoption of emerging innovative and promising SUD programs and practices.	3(e)
	Improve the effectiveness of addressing the needs of underserved populations.	4(a)

Substance Use Disorders Prevention and Treatment Trainings and Conferences

Wisconsin Substance Use Prevention Conference

September 12-14, 2023

Kalahari Resort: Wisconsin Dells, Wisconsin (with virtual option)

To highlight strategies to prevent all types of substance use. Those who attend get continuing education credit. For more information, visit the [conference website](#).

19th Annual Mental Health & Substance Use Recovery Conference

October 19-20, 2023

Kalahari Resort: Wisconsin Dells, Wisconsin

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 2023 Meeting Dates

March 3, 2023 (Via Zoom)

June 2, 2023 (Via Zoom)

September 8, 2023 (Via Zoom)

December 1, 2023 (Meeting Mode TBD)

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

<please note: lines underlined below are taken directly from statute.>

ARTICLE I

Purpose and Responsibilities

Section 1. Authority

The council is created in the office of the governor pursuant to sec. 14.017 (2), Wis. Stats. Its responsibilities are specified under sec. 14.24, Wis. Stats.

Section 2. Purpose

The purpose of the state council on alcohol and other drug abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

Section 3. Responsibilities

The state council on alcohol and other drug abuse shall:

- a. Provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state.

- b. Meet at least once every 3 months.
- c. By June 30, 1994, and by June 30 every 4 years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs. The state plan shall include all of the following:
 - i. Goals, for the time period covered by the plan, for the state alcohol and other drug abuse services system.
 - ii. To achieve the goals in [par. \(a\)](#), a delineation of objectives, which the council shall review annually and, if necessary, revise.
 - iii. An analysis of how currently existing alcohol and other drug abuse programs will further the goals and objectives of the state plan and which programs should be created, revised or eliminated to achieve the goals and objectives of the state plan.
- d. Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, review and make recommendations to the governor, the legislature and state agencies, as defined in [s. 20.001 \(1\)](#), regarding the plans, budgets and operations of all state alcohol and other drug abuse programs. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- e. Provide the legislature with a considered opinion under [s. 13.098](#).
- f. Coordinate and review efforts and expenditures by state agencies to prevent and control alcohol and other drug abuse and make recommendations to the agencies that are consistent with policy priorities established in the state plan developed under [sub. \(3\)](#).
- g. Clarify responsibility among state agencies for various alcohol and other drug abuse prevention and control programs, and direct cooperation between state agencies.
- h. Each biennium, select alcohol and other drug abuse programs to be evaluated for their effectiveness, direct agencies to complete the evaluations, review and comment on the proposed evaluations and analyze the results for incorporation into new or improved alcohol and other drug abuse programming.

- i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- j. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages, ethnicities, sexual orientation, disabilities, and religions to address alcohol, tobacco and other drug abuse problems.

ARTICLE II

Membership

Section 1. Authority

Membership is in accordance with section 14.017(2), Wis. Stats.

Section 2. Members

- 2.1** The 22-member council includes six members with a professional, research or personal interest in alcohol, tobacco and other drug abuse problems, appointed for four-year terms, and one of them must be a consumer representing the public. It was created by chapter 384, laws of 1969, as the drug abuse control commission. Chapter 219, laws of 1971, changed its name to the council on drug abuse and placed the council in the executive office. It was renamed the council on alcohol and other drug abuse by chapter 370, laws of 1975, and the state council on alcohol and other drug abuse by chapter 221, laws of 1979. In 1993, Act 210 created the state council on alcohol and other drug abuse, incorporating the citizen's council on alcohol and other drug abuse, and expanding the state council and other drug abuse's membership and duties. The state council on alcohol and other drug abuse's appointments, composition and duties are prescribed in sections 15.09 (1)(a), 14.017 (2), and 14.24 of the statutes, respectively.

The council strives to have statewide geographic representation, which includes urban and rural populated areas, to have representation from varied stakeholder groups, and shall be a diverse group with respect to age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

2.2 There is created in the office of the governor a state council on alcohol and other drug abuse consisting of the governor, the attorney general, the state superintendent of public instruction, the secretary of health services, the commissioner of insurance, the secretary of corrections, the secretary of transportation and the chairperson of the pharmacy examining board, or their designees; a representative of the controlled substances board; a representative of any governor's committee or commission created under [subch. I](#) of ch. 14 to study law enforcement issues; 6 members, one of whom is a consumer representing the public at large, with demonstrated professional, research or personal interest in alcohol and other drug abuse problems, appointed for 4-year terms; a representative of an organization or agency which is a direct provider of services to alcoholics and other drug abusers; a member of the Wisconsin County Human Service Association, Inc., who is nominated by that association; and 2 members of each house of the legislature, representing the majority party and the minority party in each house, chosen as are the members of standing committees in their respective houses. [Section 15.09](#) applies to the council.

2.3 Selection of Members

From Wis. Stats. 15.09 (1)(a); Unless otherwise provided by law, the governor shall appoint the members of councils for terms prescribed by law. Except as provided in [par. \(b\)](#), fixed terms shall expire on July 1 and shall, if the term is for an even number of years, expire in an odd-numbered year.

2.4 Ex-Officio Members

- a. Ex-officio members may be appointed by a majority vote of the council to serve on the council, special task forces, technical subcommittees and standing committees. Other agencies may be included but the following agencies shall be represented through ex-officio membership: The Wisconsin Departments of: Revenue, Work Force Development, Safety and Professional Services, Veteran Affairs and Children and Families, the Wisconsin Technical Colleges System and the University of Wisconsin System.
- b. Ex-officio members of the council may participate in the discussions of the council, special task forces, technical subcommittees, and standing committees except that the chairperson may limit their participation as necessary to allow full participation by appointed members of the council subject to the appeal of the ruling of the chairperson.

- c. An ex-officio member shall be allowed to sit with the council and participate in discussions of agenda items, but shall not be allowed to vote on any matter coming before the council or any committee of the council, or to make any motion regarding any matter before the council.
- d. An ex-officio member may not be elected as an officer of the council.
- e. An ex-officio member shall observe all rules, regulations and policies applicable to statutory members of the council, and any other conditions, restrictions or requirements established or directed by vote of a majority of the statutory members of the council

2.5 Selection of Officers

Unless otherwise provided by law, at its first meeting in each year the council shall elect a chairperson, vice-chairperson and secretary from among its members. Any officer may be reelected for successive terms. For any council created under the general authority of [s. 15.04 \(1\) \(c\)](#), the constitutional officer or secretary heading the department or the chief executive officer of the independent agency in which such council is created shall designate an employee of the department or independent agency to serve as secretary of the council and to be a voting member thereof.

2.6 Terms of Voting Members

- a. Voting members shall remain on the council until the effective date of their resignation, term limit or removal by the governor, or until their successors are named and appointed by the governor.
- b. Letter of resignation shall be sent to the governor and council chairperson.
- c. Each voting member or designee of the council is entitled to one vote.

2.7 Code of Ethics

All members of the council are bound by the codes of ethics for public officials, Chapter 19, Wis. Stats., except that they are not required to file a statement of economic interest. Ex-officio members are not required to file an oath of office. As soon as reasonably possible after appointment or commencement of a conflicting interest and before

voting on any grant, members shall reveal any actual or potential conflict of interest. Chapter 19.46 of Wisconsin State Statutes states that no state public official may take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest or use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.

2.8 Nondiscrimination

The council will not discriminate because of age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

2.9 Nomination Process for Appointed Members and Officers

As per Article II, Section 2.1, the governor is required to appoint six citizen members. In addition, the council elects the chairperson, vice-chairperson and secretary, annually. The council will follow this process when making recommendations to the governor concerning appointments and nominating a slate of officers:

- a. The council, along with the office of the governor and department staff, will monitor when council terms will expire. It will also monitor the composition of the council with respect to the factors specified in Article II, Section 2.1.
- b. The vice-chairperson of the council shall convene a nominating committee and appoint a chairperson of that committee as needed to coordinate the process for all appointments to the council as outlined in Article II, Section 2 and annually put forth a slate of officers as identified in Article II Sections 3.1, 3.2 and 3.3. The Council Chairperson may ask for nominations from the floor to bring forth nominations in addition to the slate of officers brought forth by the nominating committee. The nominating committee shall make recommendations to the council regarding nominations and appointments prior to the September council meeting and have such other duties as assigned by the council.
- c. The nominating committee of the council, with support of bureau staff, will publicize upcoming vacancies, ensuring that publicity includes interested and underrepresented groups, including

alcohol, tobacco and other drug abuse agencies, alcohol, tobacco and other drug abuse stakeholder groups, consumers, and providers of all ethnic groups. Publicity materials will clearly state that council appointments are made by the governor. Materials will also state that the governor normally considers the council's recommendations in making council appointments.

- d. While any person may apply directly to the governor according to the procedures of that office, all applicants will be asked to provide application materials to the council as well. Bureau staff will make contact with the office of the governor as necessary to keep the committee informed regarding applicants, including those that may have failed to inform the committee of their application.
- e. Applicants shall provide a letter of interest or cover letter, along with a resume and any other materials requested by the office of the governor. The nominating committee, in consultation with department staff, may request additional materials. The nominating committee, with support of bureau staff, will collect application materials from nominees, including nominees applying directly to the governor. The nominating committee or staff will acknowledge each application, advising the applicant regarding any missing materials requested by the nominating committee. The nominating committee or staff will review each application to ensure that all required nomination papers have been completed.
- f. The nominating committee may establish questions to identify barriers to attendance and other factors related to ability to perform the function of a member of the state council on alcohol and other drug abuse and to identify any accommodations necessary to overcome potential barriers to full participation by applicants. The nominating committee may interview applicants or designate members and/or staff to call applicants. Each applicant shall be asked the standard questions established by the committee.
- g. The nominating committee shall report to the full council regarding its review of application materials and interviews. The report shall include the full roster of applicants as well as the committee's recommendations for appointment.
- h. The council shall promptly act upon the report of the nominating committee. Council action shall be in the form of its recommendation to the governor. Department staff shall convey the council's recommendation to the office of the governor.

2.10 Removal from Office

The Governor may remove appointed members from the council. The council may recommend removal but the Governor makes the final decision regarding removal.

Section 3. Officers

3.1 Chairperson

The chairperson is the presiding officer and is responsible for carrying out the council's business including that motions passed be acted upon in an orderly and expeditious manner and assuring that the rights of the members are recognized. The chairperson may appoint a designee to preside at a meeting if the vice-chairperson is unable to preside in their absence. The chairperson is also responsible for organizing the work of the council through its committee structure, scheduling council meetings and setting the agenda. The chairperson may serve as an ex-officio member of each council committee. The chairperson shall represent the positions of the council before the legislature, governor and other public and private organizations, unless such responsibilities are specifically delegated to others by the council or chairperson. The agenda is the responsibility of the chairperson, who may consult with the executive committee or other council members as necessary.

3.2 Vice-Chairperson

The vice-chairperson shall preside in the absence of the chairperson and shall automatically succeed to the chair should it become vacant through resignation or removal of the chairperson until a new chairperson is elected. The vice-chairperson shall also serve as the council representative on the governor's committee for people with disabilities (GCPD). If unable to attend GCPD meetings, the vice-chairperson's designee shall represent the council.

3.3 Secretary

The secretary is a member of the executive Committee as per Article IV, Section 5. The secretary is also responsible for carrying out the functions related to attendance requirements as per Article III, Section 6.

3.4 Vacancies

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

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

ARTICLE III

Council Meetings

Section 1. Council Year

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

Section 2. Meetings

2.1 Regular and special meetings

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

2.3 Notice of meetings

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

2.3 Quorum

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

Section 3. Public Participation

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

Section 4. Conduct of Meetings

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

Section 5. Agendas

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

Section 6. Attendance Requirements

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

Section 7. Staff Services

The division of mental health and substance abuse services shall provide staff services. Staff services shall include: record of attendance and prepare minutes of meetings; prepare draft agendas; arrange meeting rooms; prepare correspondence for signature of the chairperson; offer information and assistance to council committees;

analyze pending legislation and current policy and program issues; prepare special reports, and other materials pertinent to council business.

Section 8. Reimbursement of Council and Committee Members

According to Section 15.09 of Wisconsin Statutes: Members of a council shall not be compensated for their services, but, except as otherwise provided in this subsection, members of councils created by statute shall be reimbursed for their actual and necessary expenses incurred in the performance of their duties, such reimbursement in the case of an elective or appointive officer or employee of this state who represents an agency as a member of a council to be paid by the agency which pays his or her salary.

ARTICLE IV

Committees

Section 1. Committee Structure

- 1.1** There shall be an executive committee as provided below. The executive committee is a standing committee of the council.
- 1.2** The council may establish other standing committees and subcommittees as necessary or convenient to conduct its business. Of the standing committees established by the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. Subcommittees are a subset of a standing committee. Subcommittees are standing committees, which by another name is a permanent committee. Standing committees meet on a regular or irregular basis dependent upon their enabling act, and retain any power or oversight claims originally given them until subsequent official actions of the council (changes to law or by-laws) disbands the committee. Of the standing subcommittees established by the state council on alcohol and other drug abuse, at least one shall have a focus on children youth and families and is a subcommittee of the intervention and treatment committee, at least one shall have a focus on cultural competency and is a subcommittee of the cultural diversity committee, and at least one shall have a focus on epidemiology and is a subcommittee of the prevention committee.

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

It is the intent of this section that:

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

1.3 Committees may determine their own schedules subject to direction from the full council.

Section 2. Composition of Committees

2.1 Council committees may include members of the public as well as council members.

2.2 The council chairperson may appoint a chairperson who must be a member of the council, for each committee. The council chairperson, with the advice of the committee chairperson may appoint other committee members.

2.3 Committees may designate subcommittees including ad hoc committees, as necessary or convenient subject to limitation by the full council.

2.4 A council member shall not chair more than one committee.

- 2.5** A committee chairperson's term shall not exceed the length of their appointment or four years whichever comes first. With the majority vote of the council, a chairperson may be reappointed.

Section 3. Requirements for all Committees

- 3.1** A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.
- 3.2** All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.
- 3.3** Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.
- 3.4** Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 3.5** Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.
- 3.6** The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

Section 4. Requirements for Committee Chairpersons

The chairperson of each committee is responsible for:

- a. Ensuring that the by-laws and every applicable directive of the council are followed by the committee as indicated in Chapters 15.09, 14.017 and 14.24 of Wisconsin Statutes;
- b. Ensuring that recommendations of the committee are conveyed to the full council;

- c. Submitting meeting minutes in the approved format to the council; and
- d. Coordinating work with other committees where items could be of mutual interest.

Section 5. Executive Committee

5.1 The executive committee shall be comprised of at least three members, including the council chairperson, vice-chairperson and secretary.

5.2 The executive committee will have the following responsibilities:

- a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.
- b. Meet at the request of the chairperson as needed;
- c. Provide for an annual review of the by-laws;
- d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and
- e. Other duties designated by the council.

5.3 Rapid Response

The executive committee may act on behalf of the full council only under the following circumstances:

- a. When specifically authorized by the council;
- b. When action is needed to implement a position already taken by the council;
- c. Except when limited by the council, the executive committee may act upon the recommendation of a committee, other than the executive committee, if such action is necessary before a council meeting may reasonably be convened, provided that if more than one committee has made differing recommendations concerning the subject, the executive committee may not act except to request further study of the subject; or
- d. Except when limited by the council, the executive committee, by unanimous consent, may take such other action as it deems

necessary before a council meeting may reasonably be convened.

ARTICLE V

Amendments

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

