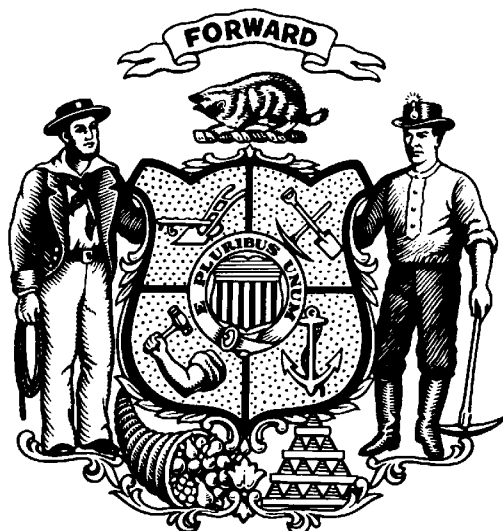


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



June 4, 2021
VIRTUAL MEETING
(via Zoom)

Roger Frings
Chairperson

TONY EVERS
Governor



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

June 4, 2021, 9:30 AM to 1:00 PM

Join Zoom Meeting

Meeting ID: 655-139-5128

Meeting URL:

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Phone one-tap US: 1-312-626-6799

MEETING AGENDA

1. Welcome and introductions.....Roger Frings, SCAODA Chairperson
2. Approval of March 5, 2021 meeting minutes.....Council Members.....p.5-33
3. Public inputSCAODA Chairperson
4. Latest Provider Updates on Services during COVID-19.....Council Members & Guests
5. Committee Updates:
 - Executive CommitteeRoger Frings.....p.34/35
 - ✓ Council Membership status
 - Diversity CommitteeThai Vue & Harold Gates.....p.36/52
 - ✓ Equity & Inclusion ad hoc Workgroup Update
 - Intervention & Treatment CommitteeRoger Frings.....p.53/66
 - Planning & Funding CommitteeChristine Ullstrup.....p.67/75
 - ✓ Motion supporting equivalency of Tobacco Use Disorder and SUD treatment.....p.76/77
 - ✓ Motion supporting proposed expansion of BadgerCarep.78
 - Prevention CommitteeJulia Sherman.....p.79/94
 - ✓ Motion opposing AB 242 – Sale Tax Exemption covering Alcohol Sales.....p.84/85
 - ✓ Alcohol Prevention ad hoc Workgroup Update

6. Digital Therapeutic Services in Substance Use Disorder Treatmentp.95/: 7
Dr. Subhadeep Barman and representatives from Pear Therapeutics

7. Agency Reports:
 - Governor’s OfficeJessica Geschke
 - Department of Health Services..... Lisa Olson
 - Other Agencies.....Agency Designees

8. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS...p.86-87
 - Update on recent SABG Supplemental Grant Awards

9. Report from Wisconsin Council on Mental Health.....WCMH Representative

10. Agenda Items for September 10, 2021 Meeting.....Council Members

11. Meeting Adjournment.....Council Members

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

If you need accommodations because of a disability, need an interpreter or translator, or need this material in another language or format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or Michael.Derr@wisconsin.gov. See also <https://www.dhs.wisconsin.gov/scaoda/index.htm> for instructions on joining by phone or Zoom.

Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851
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Draft Meeting Minutes

March 5, 2021 via Zoom Conference Call

Members Present: Dr. Subhadeep Barman, Sen. Janet Bewley, Sen. Jeff Smith (replacing Sen. Bewley on Council), Rep. Jill Billings, Sen. Eric Wimberger, Brian Dean, Kevin Florek, Roger Frings, Mary Ann Gerrard, Jan Grebel, Sandy Hardie, Anthony Peterangelo, Christine Ullstrup, Tina Virgil, Sue Shemanski, Jessica Geschke, Nichol Grathen, Dr. Autumn Lacy, Terry Schemenauer.

Members Excused: Julie Willems Van Dijk, Mike Knetzger, Thai Vue.

Ex Officio Members Present: Ann DeGarmo, Mark Wegner, Fil Clissa, Carl Hampton, Kenyon Kies, Delora Newton, Colleen Rincken.

Ex Officio Members Excused: Dr. Andrew Putney, Timothy Weir, Jennifer Wickman.

Staff: Mike Derr, Sarah Coyle, Teresa Steinmetz, Andrea Jacobson, Anne Larson, Allison Weber, Ryan Stachoviak, Dennis Radloff, Rebecca Main, Michelle Lund, Beth Collier, Raina Haralampopoulos, Amanda Lake Cismesia, Gary Roth, Dan Bizjak, Saima Chauhan, Katie Behl, Paul Krupski, Mai Zong Vue, Lori Wiebold, Angie Moran.

Guests Present: Amy Anderson, Nancy Michaud, Derek Veitenheimer and Starr Moss (DOJ), Harold Gates, Chris Wardlow, Sheila Weix, David Macmaster, Lindsay Just, Chelsey Wasielewski, Norman Briggs, Robin Ryan, Rachel [last name unknown], Alyssa Neuser, Michael Kemp, Ramsey Lee, Sarah Smith, Denise Johnson, Mark Wakefield (?), Maria Kielma and Tracy Kleppe (ASL interpreters).

Call to Order: Roger Frings called the meeting to order at 9:34 am, and reviewed Zoom protocols. Attendance was taken during this time, and Council members and guests introduced themselves. Roger offered congratulations to Sue Shemanski on her retirement and thanked her for her many years of service on the Council. He welcomed Nichol Grathen as the new WCHSA representative on the Council. He also welcomed Sen. Eric Wimberger as the new Majority party representative, and Sen. Janet Bewley introduced Sen. Jeff Smith as her replacement as Minority party representative.

Approval of December 4, 2020 Meeting Minutes: Council members and staff noted a few changes needed for the minutes: (1) Terry Schemenauer did attend the Dec. meeting; (2) corrected clarification on

whether lab drug tests are separately reimbursable under the RSUD benefit. Mary Gerrard motioned to approve the minutes, Sandy Hardie seconded. Minutes were approved unanimously, with changes incorporated into final version.

Public Comments: Mark Wakefield (?) with Attic Community Corrections believed that the proposed DHS 75 rules time frames for clinical supervision and medical director approvals are too short.

Provider Updates on Services during Covid-19 Pandemic: Harold Gates noted the disparity in vaccination rates among person of color and marginalized populations. Issues still exist getting information out to these groups and providing vaccination sites that are easily accessible for those groups. David Macmaster noted that recovery communities have made good transitions into virtual settings and adapting to Zoom meetings. Wisconsin Voices for Recovery has increased its outreach during this period, a very positive development. Christine Ullstrup mentioned that overdose rates are higher than during prior, pre-Covid years. Residential treatment programs have had to adapt, decreasing the number of available beds. When they reopen to full capacity, they will be pushed to their limits.

Committee Updates:

Executive Committee

Roger Frings provided the update, noting the Committee met in February to discuss a **motion from the Prevention Committee to act on behalf of the full Council in opposing SB 22/AB 32**, the “Cocktails to Go” bill. Chris Wardlow directed Council members to the Motion document in the Booklet and gave some background on the Prevention Committee’s concern. The bill would promote greater access to alcohol by minors, increase risk of drinking and driving, allow people to buy alcohol from restaurants, taverns, bars, etc., for offsite consumption, and overall increase access to alcohol. The bill was intended to help food service industry but there are other concerning issues created, especially that there is no expiration date or sunset law built in, making these changes permanent. In addition, there’s no requirements that food be purchased, no limit on size of container or limit of number of beverages purchased by one person. Anne DeGarmo clarified how the bill impacts how sellers would use “sealed container” to convey sold alcohol. In addition, the Prevention Committee is asking the Council to oppose SB 56/AB 70 (Click N’ Collect bill) and SB 57/AB 71 (Alcohol Delivery bill), as both would promote more unfettered access to alcohol, particularly by underage persons.

Sue Shemanski suggested that all three bills should be combined into the motion opposing legislation, Christine Ullstrup and Dr. Subhadeep Barman agreed. **Sandy Hardie moved to amend the Prevention Committee original motion to also include opposition to SB 56/AB 70 and SB 57/AB 71. Dr. Barman seconded the motion. The motion carried unanimously, with four abstentions (Jan Grebel, Tina Virgil, Carl Hampton, Roger Frings, and Tony Peterangelo).**

Sue Shemanski then moved that the Council approved the amended motion to voice its opposition to all three bills to the Governor’s Office and legislators, and Mary Ann Gerrard seconded. The motion carried unanimously, with five abstentions (Jan Grebel, Tina Virgil, Roger Frings, Sen. Wimberger, and Carl Hampton).

In addition, Roger noted that Council passed a motion in the Dec. 2020 meeting to support to the Room and Board coverage in Gov. Evers' proposed budget. His signed memo expressing that support on behalf of the Council was recently sent to legislators.

Diversity Committee

Harold Gates provided the update, and welcomed Jamelia Hand to the Committee. Harold went over committee ideas for the past year and the plan to continue to move with strategic planning goals. The Committee received an update from Mike Derr on the SABG two-year planning process, and is looking at its 2021 goals, and CLAS standard implementation ideas. In addition, the Committee has explored funding to promote diversity expansion efforts. Members are involved in ongoing advocacy and education for CLAS and workforce development. The Committee presented its proposal for upcoming Fall MHSUR Conference. The Committee decided to meet four times per year, along with ad hoc meetings as needed.

Harold also gave an update on the Equity & Inclusion Ad Hoc Workgroup activities, starting with the Feb. 19th kickoff meeting. The Workgroup is looking for equity on policies and procedures across the state, and to develop recommendations that align with Governor's Executive Order #59, and Governor's Advisory Council on Equity and Inclusion. The Workgroup is looking how its mission, goals and objectives relate to the SCAODA strategic plan and standing committees' plans. Members are asking: Who, what and where are the needs and how do we address them? Other associations nationally have put out statements on equity and inclusion. He is seeking participation from every standing committee. The ultimate goal is to help make life better for everyone in the state.

Initially, the Workgroup was to issue a final report and set of recommendations by the June SCAODA meeting. Roger Frings noted that over the last few weeks the WI Mental Health Council also wants to play a role in this. Both are Councils are working together on these issues. Roger clarified that the Workgroup will need additional time throughout the year to do its work and formulate a series of recommendations for addressing equity and inclusion needs and issues. At the June 4th Council meeting, the Workgroup will provide an overview on work achieved to date. He thanked Thai and Harold for taking the lead on this.

Intervention & Treatment Committee

Roger Frings and Saima Chauhan provided the update. Carl Hampton of DSPS is working with ITC on resolving worker credentialing and certification issues. Roger thanked him for his involvement and helping work through challenges. David Macmaster anticipated that DHS 75 rule changes will be well received, and that an ad hoc workgroup looking at strategies for promoting tobacco treatment as equivalent and similar in priority and importance with other forms of alcohol and drug use treatment. Saima mentioned that Amanda Lake Cismesia is now the Bureau's Substance Abuse Services Section chief, and that Andrea Jacobsen is the assistant Bureau director. Saima also noted the benefits of telehealth service delivery as recounted by ITC members.

Planning and Funding Committee

Christine Ullstrup gave the update. Committee members devoted time discussing the new Medicaid RSUD coverage benefit. Members expressed several concerns: Many providers opted out. The reimbursement rate does not cover costs. Room and board costs are not covered by MA; counties have varied with their policies on whether to cover room and board, and may have expressed lack of clarity on whether they can use SABG funds. Also, the DHS Medicaid team has been very helpful. Also, the Committee

survey is almost finalized to ascertaining from residential treatment providers on why they participated or opted out of MA. The Committee will share survey results with the full Council.

Also, the P&F Committee reviewed the Governor's Budget proposals, looking at areas that would be helpful for SUD and mental health services. The Committee strongly supports BadgerCare expansion as proposed by Gov. Evers. In addition, the Committee submitted a workshop session proposal to the MHSUR Conference planners, very similar to last year's proposal that focused on providing participants with information on advocacy and effective use of SCAODA resources. Finally, the Committee continues to seek new members. Ramsey Lee offered a suggestion for seeking members who can speak to services meeting the needs of persons with disabilities.

Prevention Committee

Chris Wardlow provided the update. He thanked the full council for approving the motions to oppose the three alcohol related bills. At the Jan. 2021 meeting, Maggie Northrup presented several Healthy Wisconsin alcohol strategies. The Committee will infuse CLAS language into all of its policies and projects. Also, the Committee has recently focused on availability of more harm reduction resources. Mai Zong Vue presented to the Committee on CLAS standards. Chris also referenced in the meeting booklet the WI Alcohol Prevention Ad hoc Workgroup efforts and reports. Seven discussion groups have been formed for the ad hoc Workgroup and are meeting currently to gather information. Chris offered thanks to Raina Haralampopoulos for her great work and assistance.

FY 2021 Synar Report and Update:

Nancy Michaud with the DHS Division of Public Health presented on the Synar Report. In the 1990s, federal regulations were developed to decrease access to tobacco products for minors. The legislation directed states to keep retail sales to youth below 20% or lose 10% of SABG funding. This is done by conducting year-round compliance checks, which are completed through the WI WINS campaign. Retailer violation rates are compiled by conducting random, unannounced inspections of licensed retailers. Typically, the survey is conducted in June of each calendar year but due to COVID-19 and the inability to conduct compliance checks, no survey was conducted last year. There are no concerns about loss of funding as states were provided a three-year transition period to update Synar regulation compliance. Currently, funding is being used to conduct community outreach and education/resources for retailers. The hope is that the increased education will continue promoting low retailer violation rates.

There is confusion among retailers and municipal officials related to the discrepancies between the state law allowing for tobacco sales at age 18 but the federal law being age 21. A campaign was launched to educate retailers and consumers on the federal law and to provide resources for consumers aged 18-21 who may previously have been allowed to purchase tobacco products and are in need of cessation assistance. Projects overseen by the Tobacco Prevention & Control Program within DPH target parents of middle school age youth to bring awareness to the changing dynamics surrounding tobacco use, including the ease of youths ability to hide vaping. There is an additional emphasis being placed on education regarding menthol cigarettes targeting the African American community.

Update on the DOJ's Overdose Fatality Review Project:

Derek Veitenheimer and Starr Moss provided information on the WI Department of Justice's Overdose Fatality Review Teams (OFR) data collection efforts. The goals of OFR is to better understand the nature of overdose fatalities through comprehensive information sharing, to develop innovative, proactive

responses and to strategically focus limited enforcement and intervention activities on identifiable risks. There are 17 teams representing 20 counties currently completing overdose fatality reviews. The OFR team members shared information related to circumstances and risk factors to build a shared understanding of gaps in service that may increase overdose risk. Data is collected thru REDCAP and allows for comparisons of risk factors and identifies themes that can lead to recommendations for prevention of future deaths. DHS has recently provided teams with 2 years of prescription drug monitoring and hospital discharge data to help cross reference data and identify additional prevention opportunities.

In response to David Macmaster's question, Derek responded that tobacco use is currently not being tracked as part of this project; however, there is a cross reference to fatal drug combinations being looked at. It is OFR's hope that this will be an ongoing project, which continues to grow with a statewide advisory council being created to adopt statewide and localized approaches to overdose deaths in WI.

State Agency Updates:

DVD: Delora Newton, the DVR Administrator with the Department of Workforce Development (DVD), clarified that substance use disorders are considered a disability and that DVR can assist individuals who feel their SUD prevents them from getting or keeping a job. Last year, 306 individuals who identified SUD as their primary disability were served. An array of services can be offered to individuals, including career counseling, education, skills development, and other individualized services.

DHS: Paul Krupski updated the council on the statewide COVID response noting that Wisconsin has hit a plateau with new cases. The rates of vaccination are outpacing rates of infection. Wisconsin has administered over 1.5 million first doses of COVID vaccines (approximately 16% of the population). The goal is for 80% of the state population to be given vaccines. Wisconsin has administered 94% of the vaccines it has been allotted and ranks 3rd in the nation in doses administered. The demand for vaccine outpaces the supply.

Paul provided an overview of the Governor's budget with a reminder that the budget is a ways off from finalization. It was noted that the proposed budget makes substantial effort to address behavioral health, mental health and equity and disparity issues. These include such resources as Medicaid expansion and specific line items related to substance use disorders and harm reduction initiatives. The Governor has also proposed the legalization of the sale of marijuana for recreational use. Sixty percent of the excise tax collected would support community reinvestment efforts and allow additional staff to regulate marijuana sales and production.

The RSUD benefit through Medicaid was rolled out on February 1, 2021 and although there have been some implementation struggles, the roll out has gone well. Over 36 providers (60% of DQA certified residential providers) have enrolled thus far. Over 250 prior authorizations approvals have been completed and a variety of DHS offices continue to provide ongoing technical assistance to providers. The Hub and Spoke Model initiative continues to progress with anticipated roll out on June 1, 2021. Three pilot sites have been selected and work continues with the sites in order to ensure a smooth transition.

Act 120 called for DHS to develop a Recovery Residence Registry. Last month, information was posted to the DHS website to provide information on how to submit a registry application. In order to receive state funding or receive referrals from state funded sites, the recovery residence program must be on the registry. Although these programs are not *certified* through the state, complaints regarding the residences will be handled by Division of Quality Assurance (DQA). Beginning in April 2022, sites will be required to provide for individuals who receive MAT services.

DVA: Colleen Rincken spoke on the Veterans Outreach and Recovery program, which is again back out on the streets providing 1:1 services as well as taking new enrollments. The ability to provide these services was limited during COVID. Services are also provided to veterans who are experiencing homelessness or are at risk of becoming homeless. The Veterans Housing Recovery program is posted on their website information to ease concerns of those who are concerned about living in congregate settings during the COVID pandemic.

DPI: Brian Dean highlighted three current grant opportunities, which are due April 19. Money has been distributed to provide peer to peer student suicide prevention, and additional opportunities are available for the school based mental health program and AODA grants.

DOC: Dr. Autumn Lacy reported that DOC has joined OFR committees and these partnerships allowed DOC to increase services related to an increase in overdose deaths that were experienced among the corrections population during the pandemic. DOC is currently working with Medical College of Wisconsin and has developed an Overdose Response Team within DOC with a cross section of divisions. The plan is to review two clients each month with a cross section of data to see who is most vulnerable to overdose death within their population with the goal being to identify trends and provide policy changes. A decision has been made to not reopen MSDF so community options for treatment are being looked at. There have been recent policy changes including language around requiring treatment interventions rather than incarceration as a response to substance use violations and the addition of contract language to provide additional telehealth services, as this allows for additional treatment options for clients.

Office of Commissioner of Insurance (OCI): Sara Smith discussed budget items that the agency is prioritizing and advocating for. These are represented in the belief that every Wisconsinite deserves access to quality health care and prescription medication affordability and increased access to telehealth services. OCI has been charged with developing a state-based exchange marketplace to increase Wisconsinites' access to health care, reducing the costs of prescription drugs and providing for less out of pocket costs for individuals and families.

Bureau of Prevention Treatment and Recovery Updates:

Mike Derr reported that Wisconsin would be receiving approximately \$25.5 million dollars in additional SABG funds and \$28.4 million in MHBG funds, which must be used between March 2021 and March 2023. The majority of this funding will likely go to counties and tribes to address gaps that were identified due to COVID. DHS is seeking approval from SAMHSA for increased flexibility with the use of this funding. The SABG/MHBG 2022-23 Application Plan is due to SAMHSA by September 2021; the Plan identifies and strategizes prevention, treatment and recovery programs for the next funding cycle.

Upcoming trainings and conferences were listed in the Booklet, and the Bureau expects that trainings and conference will continue to be held in a virtual format throughout 2021. Amanda Lake provided an update on DHS 75. The proposed rule is now with the Legislative Committee for Review and clarification. It is expected the rule will be approved in mid to late 2021. Allison Weber provided an update on the Small Talks Campaign, which launched last year encouraging adult to begin talking to youth about the dangers of alcohol use beginning at age 8. April is Alcohol Awareness Month and there will be another push for Small Talks.

Report from Wisconsin Council on Mental Health: No report was provided.

Agenda Items for June 4, 2021 Meeting:

Roger clarified that this will be a virtual meeting. Dr Barman requested to do a presentation on digital therapeutics. Mike Derr will provide the SABG update on the grant application and needs assessment. An update will be provided from the Equity and Inclusion ad hoc Workgroup. Ramsey Lee requested that SCAODA provide member support for the Governor's Disability Council. Additional items or suggestions should be emailed to Mike or Roger.

Meeting Adjournment:

Motion to adjourn made by Tina Virgil. Seconded by Terry Schemenauer. No discussion or objections, all in favor. Meeting adjourned at 1:13 PM.

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Executive Committee, State Council on Alcohol and Other Drug Abuse (SCAODA)			Attending: Roger Frings, Sandy Hardie and Kevin Florek -- committee members; Mike Derr -- DHS Staff.
Date: 2/10/2021	Time Started: 3:14 pm	Time Ended: 3:56 pm	
Location: via Zoom conference call			Presiding Officer: Roger Frings, Committee Chair
Minutes			

Roger Frings called the meeting to order at 3:14 pm. Kevin Florek moved for approval of the Committee's November 19, 2020 draft minutes. Sandy Hardie seconded the motion. No discussion or changes mentioned. Motion carried – minutes were approved.

The Executive Committee was asked to act on behalf of the full Council regarding the Prevention Committee's motion requesting the Council to oppose proposed legislation that would open up how alcohol could be sold by restaurants and food establishments to more consumers. The proposed bill is known as the Cocktails-to-Go proposal (SB-22/AB-32). Kevin and Roger noted the bill is very vague, could lead to other similar proposals making alcohol access even more dangerous and high risk. It seems like businesses go to increasing alcohol sales when seeking to improve business sales or creativity. Kevin moved to approve the Prevention Committee's motion, and Sandy seconded. Motion carried 2-0, with Roger abstaining. Roger will work with Mike and Julia Sherman in drafting a letter to the Governor and Legislature opposing the bill.

The Committee members reviewed the draft agenda for the March 5th Council meeting, and discussed some specific items, including the Governor's proposed budget. Kevin said it was disappointing that none of the revenue generated from the Governor's proposed marijuana legalization bill would go toward SUD treatment or prevention. All three Committee members recognized the revenue gained from such a bill, but were concerned about the negative impacts of legalizing marijuana use. Roger noted the proposal was unlikely to pass.

The members also discussed the impact of the Medicaid RSUD treatment coverage on providers and county referring agencies, how the reimbursement rates would impact whether providers participate and the quality of services they could provide.

No public comments were offered during the meeting. Sandy moved to adjourn meeting, Kevin seconded motion. Motion carries. Meeting adjourned at 3:56 pm.

Prepared by: Michael Derr on 5/4/2021.

Executive Committee reviewed and approved these minutes at its 05/06/2021 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

May 6, 2021
10:00 – 11:00 am
Via Zoom

Join Zoom Meeting
Meeting ID: 655.139.5128

Meeting URL

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZNlVMbHdpTS9ha3l6Zz09>

Phone number: 1-312-626-6799, 6551395128#

MEETING AGENDA

1. Call to OrderRoger Frings
2. Review of February 10, 2021 Meeting Minutes.....Roger Frings
3. Prevention Committee Motion: Opposing Proposed Legislation.....Executive Committee
 - Other Committee motions
4. Agenda for June 4, 2021 Council MeetingExecutive Committee
5. Fall SU/MH Recovery Conference – SCAODA Forum.....Executive Committee
6. Public Comment: Substance Use Disorder (SUD) Planning Topics.....Roger Frings
7. Adjournment.....Roger Frings

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

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 Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA - Cultural Diversity Committee		Attending: Harold Gates, Thai Vue, Judy Bertoni, Jamelia, Denise Johnson; Excused: Kimberly Whitewater and Sandy Hardie; Absent: Anthony Harris; Staff: Mai Zong & Mike Derr; Guests: interpreters and closed captioning staff	
Date: 2/19/2021	Time Started: 9:08 A.M.	Time Ended: 12:20 PM	
Location: ZOOM Meeting		Presiding Officer: Harold Gates & Thai Vue	
Minutes			

Meeting Call to Order: Thai called meeting to order.

Introduction:

Thai introduced himself. He is a SCAODA member who was appointed by the Governor's office. He is retired but has more work to do now. Prior to retirement, Thai was the Executive Director of Wisconsin United Coalition of Mutual Assistance Association (WUCMAA). WUCMAA is a statewide agency working with 18 agencies in Wisconsin. Prior to WUCMAA, Thai was in La Crosse Mutual Assistance Association for 19 years as the Co-Executive Director and then the Executive Director for five years. Thai has been working in the human service field in the last 30 years. Prior to his work in the MAA work, Thai was cleaning state refugee office as a janitor—he cleaned 1 West Wilson state office building.

Harold introduced himself and shared that Jamelia and Harold served on the GLATTC Board for several years. He is the co-chair and have been pushing the Council to – 25 years at university level. Now Harold is a consultant working with institutions on cultural diversity areas. Harold is a champion in disparities and cultural diversity issues. The work continues and we still need more members for this committee.

Denise welcomed Jamelia and introduced herself. She is the statewide project coordinator at Independent First in Milwaukee with 30+ years in this area. Her role is providing advocacy and training. Denise's area is anything related to mental health and police. Also, she is doing a lot of prevention work as well and she has been in the Cultural Diversity Committee for 17+ years.

Jamelia, a new member, introduced herself. Jamelia indicated that she has been in the AODA field for 21 years. She spent nine years in manufacturing setting. Wisconsin was her first customer who purchased her first product. She looks forward to be a resource for Wisconsin, especially not only advocate but push for more culturally appropriate tools and resources. Jamelia also provides strategic planning for medical assistant treatment. Thank you for having Jamelia!

Judy gave a quick introduction about herself. She is Hmong and is a counselor for mental health and drug issues. Judy has been practicing on her own for one year now.

Approval of November 13 Meeting Minutes:

Everyone reviewed the meeting minutes. Harold moved to approve the November 13, 2020 Meeting Minutes as submitted and seconded by Denise. The meeting minutes was approved.

MHBG Planning and Assessment Updates:

Mike explained that it is time to start the planning process for the next 2 years (September 2022-2023) for the Mental Health Block Grant Plan and Assessment for the federal. His role is to plan and lay out priority areas to help guide a total of \$27 million per year to the federal funders. Therefore, Mike would like to have a discussion with this Committee to determine what priority is important for Diversity within the Plan and Assessment. He walked through the different sections in the Needs Assessment Plan with everyone. The goal is to submit the Plan by September 1 to the federal, which the work should be done by summer. Mike went over sections 1-6 regarding federal requirement; sections 7-9 which is related to SABG funds; sections 1-4 which is the combined areas of mental health and substance abuse, and sections 1-3 on mental health block grant.

Mike is sharing and discussing the priority #3, which is a federal requirement. Mike indicated that we need to discuss it not because it is required, but we should be having this conversation in order to increase access to culturally competent services. It is important to include strategies for the different topics—alcohol, drug, etc. For example, for

prevention, we need a strategy to that includes data collection across the board in all areas. The key question is: How do we know there are culturally competent services? Mike will need a working draft by May 2021. Mike would like feedbacks on Priority #3 by reading what is currently listed, review all priorities, and give feedbacks to Mike.

Denise asked: Does the bureau staff understand the same terms and definitions the same way as the people in this Committee? The deaf and hard of hearing issue is usually left out in the funding process. In data, deaf people should not be lumped with disability group but listed separately. Deaf people are not disabled people, but people looking for access due to language barriers, not physical disability. It is important how we ask questions like: is it hearing loss, how many kinds of hearing loss, what is the person's first language, is the person deaf blind, etc.

Mike thanked Denise for bringing the issues to his attention. Mike explained that the challenge is to use a language that is inclusive and not forced to spell out all populations, for when you spell out you risk not getting everyone on the list. He recognized that there is a lack of data for underserved populations.

Jamelia asked if technology has been as a priority and the answer was: no, there has not been any as a strategy.

Thai asked: What have we achieved under the annual Plan and Assessment under SABG? Thai shared his frustration that "we can talk until the sky comes down and nothing is done until we allocate money for services to underserved populations."

Harold asked if Mike can send the handout to everyone on the Committee.

A comment was made that staff must take the risk to list those we know or defined as underserved populations and add as others are identify. How can you get data if you don't want to spell the populations?

Bureau Updates:

It was shared that Ms. Timberlake is the new DHS Secretary.

The Emerging Leaders Project is underway. The leadership training has been completed. The booster and celebration sessions will be coming up in June and October.

With the federal COVID relief funds coming to Wisconsin, DHS has issued a few request for proposals aiming at underserved populations.

State staff are still working remotely at this time.

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

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

Prepared by: Mai Zong Vue on 5/12/2021

These minutes were presented and approved by Diversity Committee on 5/21/2021.

Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Cultural Diversity Committee

May 21, 2021
9 a.m. – 12 p.m.

[Join Zoom Meeting](https://dhs.wi.zoom.us/j/88294776148)
<https://dhs.wi.zoom.us/j/88294776148>

Meeting ID: 882 9477 6148

By Phone: Dial 312 626 6799 and enter meeting ID: 882 9477 6148

Mai Zong Work Cell: 608-469-4370

MEETING AGENDA

- 1. Welcome and Introduction.....Committee Chair
- 2. Public Comment: The committee will accept comments from the public relating to any committee business.....Committee Chair
- 3. Approve Minutes from February 19 Meeting.....Committee Chair
- 4. DCTS Updates.....Mai Zong Vue
- 5. Diversity Workshop Report.....Denise Johnson
- 6. SCAODA E & I Ad Hoc Work Group Goals & Objective Input.....Harold Gates
- 7. Board Recruitment (1 recruitment/board).....Harold Gates
- 8. Diversity Committee Goal Review.....Judy Bertoni
- 9. Others.....All
- 10. Future Agenda Items.....All

<https://scaoda.wisconsin.gov>

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

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 Mai Zong Vue at 608-266-9218 or at maizong2.vue@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Equity & Inclusion Ad Hoc Workgroup (SCAODA)		Time Started: 9:33 am	Time Ended: 10:36 am	Attending: Members: Thai Vue; Harold Gates; Roger Frings; Danielle Luther; Vanesa Carmona-Lewis; Tina Virgil; David Macmaster; Joe Muchka; Cecie Culp; Meagan Pichler; Michael Waupoose; Denise Johnson. Guests: Rick Immler; Kristin Welch; Kimberlee Coronado; Tracey Kleppe and Scottie Allen (ASL interpreters). DHS Staff: Mike Derr; Mai Zong Vue; Madeline Johnson; Alexa Nobis; Holly Audley; Monique Larson Hicks; Joannette Robertson; Jamie McCarville.
Date: 2/19/2021				
Location: Via Zoom		Presiding Officer: Thai Vue and Harold Gates		
Minutes				

Call to Order:

Roger Frings called meeting to order at 1:06 pm. Roger thanked all Workgroup members to agreeing to serve on the Workgroup. He asked that the Workgroup produce a report of activities by the June SCAODA meeting, noting that more time will likely be needed to develop a series of final findings and recommendations. He is confident that with the collective expertise, good findings and recommendations will be developed. Workgroup members then introduced themselves and gave a brief background.

Public Comments:

Thai Vue and Harold Gates facilitated the remaining meeting discussion. Thai asked remaining guests and DHS staff to introduce themselves. Rick Immler, director of the WI Council on Mental Health, noted that several Council members were participating in this meeting as guests. Last fall, the Council listened to issues of equity and inclusion from persons of color across the state, and came up with preliminary observations and recommendations. There is a small contingent of Council members present to observe the Workgroup’s proceedings.

Overview of Workgroup Mission & Background:

Harold Gates gave a brief history and background of the formation of this Workgroup. Harold noted that Goal #4 of the 2018-22 – remedy historical, racial/ethnic, gender and other bias in SID systems, policies and practices – and the four underlying objectives relate specifically to the goals of this Workgroup. He highlighted various components of the Workshop’s Final Statement of Facts, Mission, six goals and five underlying objectives. For Goal #2 (Improving workforce recruiting for racially diverse providers), Harold referenced using the 2020 Behavioral Health Gaps Study completed by UW Population & Health Institute, the SCAODA IT Committee’s 2017 Workforce Report, and the Addiction Technology Transfer Center Network’s (ATTC’s) Roadmap for Training and Technical Assistance Efforts in Substance Use Service Administration. He also referenced Goal #3 (Improve education and collaboration with Law Enforcement emphasizing cultural competence), suggesting perhaps Tina Virgil and others could work on this goal. In Harold’s words, the driving force of this Workgroup effort is to reduce and chip away of the existing health inequities across the state.

Goal #4 of the Workshop’s final statement read: Continue and further work with drug free community coalitions to enhance funding opportunities that embrace cultural competence within prevention efforts. A brief discussion later ensued on language and culture inclusion in WI administrative rule DHS 75 and grant funding announcements. David Macmaster asked about the status of language and culture in the WI administrative rules, and gave an example that DHS 75 specifically excluded tobacco treatment from being referenced as a

type of approved SUD treatment. He noted that it has taken a long time to integrate tobacco use treatment into rule DHS 75 from his experiences. Mac asked, where else and what other rules contain exclusion and barriers language affecting underserved populations, race and ethnicity. Vanessa Carmona-Lewis shared that funding announcement guidelines should require recipients to do their part in promoting diversity, equity and inclusion as required policy in the grant projects. Harold concurred, stating that required policies should also include education, and inclusive languages such as terminologies or definitions used.

Rick Immler of the WI Mental Health Council shared about efforts understanding the needs of underserved populations, which includes several presentations from underserved communities. Four broad videos on these presentations were completed and posted on the Council website. Dr. Immler mentioned the potential for collaboration of this SCAODA Workgroup with the Mental Health Council because the work that this Workgroup and MH Council are performing is similar and targeting the same population.

Timeline for Workshop Meetings & Activities:

A discussion was held on finding future meeting dates for the Workgroup. It was agreed that a doodle request be sent to core Workgroup members to find the best time for most people. Mai Zong and Mike will send out the doodle. The Workgroup agreed to meet monthly at least until this June. There were some conversations about needing to do the work by breaking into subcommittees so at each monthly Workgroup meeting, the subcommittee work can be reviewed and prioritized. Harold Gates suggested perhaps scheduling a retreat in between two of the monthly meetings so that the Workgroup would have more time to flesh out all of the equity and inclusion resources, goals and objectives.

Discussion on Resources and Representation:

While discussing the Workgroup Statement of Mission, Goals and Objectives, Harold Gates referenced the CLAS Standards themselves, several assessments, reports and other resources that the Workgroup and its committees should reference and use for developing policies and recommendations. The CLAS Standards are divided into three categories: Governance; Leadership; Workforce; and Engagement, Improvement and Accountability. Workgroup tasks could be divvied up based on those categories, as well as communication/language assistance, and inclusive language. There were some feedback, questions and exchanges on system change and resources. It was commented that the Workgroup include representation from the Latinx community. Michael Waupoose commented about the current behavioral health service delivery system and asked a few hard questions: Our current system is not set up to be inclusive of people of color. How do we radically reimagine the system so that it “centers” services for black and brown persons and “decenters” services designed primarily for white persons? Until we change it, our service delivery system changes will continue to be only a bandage approach. We presently use behavioral health systems that do not really value black and brown communities. How do we reimagine a new system that does not oppress people of color?

Action Steps and Topics for Next Meeting:

1. Determine Workgroup meeting times and dates for March, April, May and June.
2. Decide which subcommittees to create and bring proposal March meeting.
3. Individual vision brainstorming -- Brainstorm actions for each Workgroup goal between now and next meeting. What is your vision and dreams for this Workgroup?
4. Establish priority action steps for this Workgroup.
5. Provide guidance to Dr. Immler on the Mental Health Council’s role with this Workgroup.
6. Create and share a list of core Workgroup members.

Adjournment: By consensus, the Workgroup adjourned the meeting at 2:31 pm.

Prepared by: Michael Derr and Mai Zong Vue on 3/19/2021.

Minutes were approved by the E&I Workgroup at its 3/22/2021 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

Equity & Inclusion Ad Hoc Workgroup

March 22, 2021 -- 9:00 AM to 11:00 AM

<https://dhs.wisconsin.gov/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Meeting ID: 655 139 5128

Dial by your location: 1-312-626-6799 (Chicago)

MEETING AGENDA

1. Call to OrderThai Vue & Harold Gates, Workgroup Co-Chairs
 - Meeting Guidelines
2. Review of Feb. 19, 2021 Draft Meeting Minutes..... Workgroup Members
3. Update Timeline for Workgroup Activities & Recommendations.....Workgroup Co-Chairs
4. Review of Brainstorm Survey Responses on achieving Workgroup Goals.....Workgroup Members
5. Identify Workgroup Action Steps.....Workgroup Members
 - Assign Workgroup Members to specific Action Steps
6. Review existing Equity & Inclusion Resources.....Workgroup Co-Chairs & Mike Derr
 - See resources posted at <https://www.dhs.wisconsin.gov/scaoda/equity-inclusion.htm>
 - Identify other resources
7. Public Comment and Open Discussion Time.....Meeting Participants
8. Next Meeting in April 2021 – Topics for Discussion.....Workgroup Co-Chairs

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Equity & Inclusion Ad Hoc Workgroup serves under the Cultural Diversity Committee within the State Council on Alcohol and Other Drug Abuse (SCAODA). The Workgroup’s primary mission is to provide leadership and guidance to ensure that appropriate substance use disorder services are culturally appropriate and made available to all who need them across Wisconsin. 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 Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Equity & Inclusion Ad Hoc Workgroup (SCAODA)			Attending: Members -- Thai Vue; Harold Gates; Tina Virgil; Meagan Pichler; Michael Waupoose; Jessica Geschke Guests -- Rick Immler; Ramsey Lee DHS Staff -- Mike Derr; Mai Zong Vue; Jamie McCarville
Date: 3/22/2021	Time Started: 9:05 am	Time Ended: 11:00 am	
Location: Via Zoom			Presiding Officer: Thai Vue and Harold Gates

Minutes

Call to Order:

Harold Gates called meeting to order at 9:05 am. Harold and Thai Vue thanked Workgroup members for logging in and thanked Mike Derr and Mai Zong Vue for their efforts to prepare members for this meeting. Quick introductions were made by all participants. Mike Derr read and reviewed *Guidelines for Conduct of Zoom Meetings*.

Approval of Minutes:

The *2/19/21 Workgroup Meeting Draft Minutes* were posted and reviewed. Michael Waupoose moved for approval of minutes as written, Tina Virgil seconded motion. No discussion. Motion approved unanimously.

Timeline for Workshop Meetings & Activities:

Harold and Thai noted that at the 2/19/21 meeting the Workgroup agreed to meet monthly at least until this June, and mentioned the expectation that members move forward with developing recommendations and strategies by breaking into subcommittees so at each monthly Workgroup meeting, the subcommittee work can be reviewed and prioritized. The subcommittees will be structured around the six Workgroup goals contained in the *Workgroup Final Statement of Mission & Goals*. The *SCAODA Equity & Inclusion Ad Hoc Workgroup Chart* was posted and described by Mike Derr and Mai Zong Vue.

Each Subcommittee will convene separately in between monthly Workgroup meetings to review ideas and concepts from the *Workgroup Brainstorm Survey*, review and analyze resources, then select its priorities and recommended strategies. The priorities and recommendations from all the subcommittees will ultimately be grouped together into a final Workgroup report to be shared with the full SCAODA Council. Harold recognized that this process would take longer than 2-3 months to complete, so the Workgroup report at the 6/5/21 SCAODA meeting will consist of a status update, with the final report to be completed later.

Discussion on Brainstorm Survey Responses:

Mike and Mai Zong spent several minutes reviewing the *Brainstorm Survey* raw responses, noting that there are re-occurring themes in responses to two or more of the questions. Comments from Workgroup members and guests included:

- Tina Virgil: It is good that the group is approaching this task from collective perspective.
- Michael Waupoose and others: Discussion on need to identify geographic locations where there are SUD treatment gaps.
- Harold Gates reiterated that the Workgroup should consult existing assessments, findings and reports to guide responses and recommendations for closing treatment gaps, meeting E&I needs. Several of the CLAS Standards implementation tools can be tweaked and used to address the needs identified by Workgroup and others in the SUD system. He also encouraged participants to remember Goal 4 of the SCAODA 2018-22 Strategic Plan, and the Governor’s Executive Order #59, which discuss remedying historical racial/ethnic gender and other biases in SUD systems and practices.

- Michael Waupoose led a discussion of the need to recommend broader, systemic solutions and practices to address lack of health services for marginalized groups, and improve level of access. It is not just enough to educate on cultural competency and CLAS Standards. He noted need to address and remove deeper systemic barriers to meet needs of marginalized populations.
- Michael Waupoose and Others: How is the State ensuring that grant funded providers are meeting culturally appropriate and underserved population needs? (i.e., language-appropriate communication) Grant monitoring should include asking providers *how* they are meeting client-specific needs of marginalized persons.
- Several meeting participants asked about DHS utilizing other various data sources to obtain a fuller picture of cultural/racial/ethnic demographics on who receives SUD services. This would to identify treatment gaps. Rick Immler noted need for better data to identify on distribution of behavioral health professionals including those who are BIPOC. Michael asked if there is good data on the demographics of SUD clients served. Jamie McCarville: The Office of Informatics within Division of Public Health may have good data. Rick Immler: Medicaid data is much more expansive that what the PPS database tracks. Also, the WI Health Information Organization captures most insurance information on services.
- Jamie McCarville mentioned DHS Office of Legal Counsel now has a staff person tasked with monitoring client accessibility issues.
- Thai Vue noted that cost would always be present as a factor or barrier in provision of culturally appropriate services and health equity issues.

Workgroup Action Plan Chart and Sub-committees:

Mike and Mai Zong will review and categorize *Brainstorm Survey* responses into the “Ideas from Brainstorm Survey” column of the *Workgroup Chart* following the March 22nd meeting, to be used by the Workgroup and all subcommittees. There will be overlap in responses and priority topics across two or more of the six Workgroup goals.

Meagan Pichler volunteered to lead Workgroup Goal #4 subcommittee (Prevention). One subcommittee task: review what other states are doing with CLAS standards in prevention realm. Tina Virgil volunteered to lead Workgroup Goal #3 subcommittee (Law Enforcement). Harold and Thai will work with other Workgroup members to identify leads for other subcommittees prior to and by the next Workgroup meeting. Harold referenced statements recently issued by organizations like the APA and AMA for ideas on how to move forward with health equity recommendations.

Harold suggested that the Workgroup advocate for more DHS staff support with the current Workgroup meeting process as well as implementation of recommendations. Mike Derr suggested that Harold and Thai write a letter to Bureau of Prevention Treatment & Recovery director Teresa Steinmetz requesting that SABG Supplemental funds be used to hire and assign an LTE to provide staff support. Harold and Thai will work with Mike to draft a letter.

Public Comments and Open discussion time:

Guest Ramsey Lee shared information on a series of free virtual trainings regarding the Governor’s proposed budget, sponsored by the WI Board for People with Developmental Disabilities, Disability Rights Wisconsin and People First Wisconsin. He also shared information on upcoming Badger Bounce back Live Sessions to share feedback with Gov. Evers. Rick Immler suggested that in addressing cultural sensitivity, it might be helpful to consider the importance of primary care clinicians as often the first point of access. If they are more aware of equity and access issues, that would be helpful in addressing systematic barriers.

Workgroup Resources:

Mike Derr gave quick overview of the E&I Workgroup's webpage, located on the SCAODA website, and shared the portion of the webpage featuring posed resources relating to equity and inclusion needs and strategies. See resources posted at <https://www.dhs.wisconsin.gov/scaoda/equity-inclusion.htm>.

Adjournment: By consensus, the Workgroup adjourned the meeting at 11:00 am.

Prepared by: Michael Derr on 4/15/2021.

Minutes were reviewed and approved by the E&I Workgroup at its 4/20/2021 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

Equity & Inclusion Ad Hoc Workgroup

April 20, 2021 -- 9:00 AM to 11:00 AM (Virtual Meeting)

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Meeting ID: 655 139 5128

Dial by your location: 1-312-626-6799 (Chicago)

MEETING AGENDA

1. Call to OrderThai Vue & Harold Gates, Workgroup Co-Chairs
 - Meeting Guidelines
2. Review of March 22, 2021 Draft Meeting Minutes.....Workgroup Members
3. Discuss Brainstorm Survey Results/Complete Workgroup Action Plan Chart,.....Workgroup Members
4. Assign Sub-committee Leaders – Discuss Sub-committee Activities.....Workgroup Members
5. Review existing Equity & Inclusion Resources.....Mike Derr
 - See resources posted at <https://www.dhs.wisconsin.gov/scaoda/equity-inclusion.htm>
 - Identify other resources
6. Public Comment and Open Discussion Time.....Meeting Participants
7. Next Meeting in May, 2021 – Topics for Discussion.....Workgroup Co-Chairs

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Equity & Inclusion Ad Hoc Workgroup serves under the Cultural Diversity Committee within the State Council on Alcohol and Other Drug Abuse (SCAODA). The Workgroup’s primary mission is to provide leadership and guidance to ensure that appropriate substance use disorder services are culturally appropriate and made available to all who need them across Wisconsin. 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 Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA Equity & Inclusion Ad Hoc Workgroup		Time Started: 9:04 am	Time Ended: 11:02 am	Attending: Members -- Thai Vue; Harold Gates; Tina Virgil; Meagan Pichler; Joe Muchka; Danielle Luther; Cecie Culp; Roger Frings; David Macmaster; Denise Johnson; Alexandria Kohn.
Date: 4/20/2021				Guests -- Rick Immler; Jamie McCarville; Sim Kaur; Carol Goeldner and Nicole Keeler (ASL interpreters). DHS Staff -- Mike Derr; Mai Zong Vue.
Location: Via Zoom		Presiding Officer: Thai Vue and Harold Gates		
Minutes				

Call to Order and Introduction:

Harold Gates called meeting to order at 9:04 am. Quick introductions were made by all participants. Mike Derr read and reviewed *Guidelines for Conduct of Zoom Meetings*. Mike Derr shared that the DHS Secretary’s Office announced the creation of the Office of Health Equity. Secretary Karen Timberlake also issued a statement acknowledging that structural racism exists and needs to be addressed. Mai Zong Vue mentioned that the Bureau of Prevention Treatment & Recovery (BPTR) recently issued a GFO seeking mental health grant proposals that would fund 10 programs targeting underserved populations. The proposals were due the week prior to this meeting.

Approval of Minutes:

The *3/22/21 Workgroup Meeting Draft Minutes* were posted and reviewed. Denise Johnson moved for approval of minutes as written, Tina Virgil seconded motion. No discussion. Motion approved, with Denise, David Macmaster and Joe Muchka abstaining.

Timeline for Workshop Meetings & Activities:

Harold and Thai noted that at the 2/19/21 meeting the Workgroup agreed to meet monthly at least until this June, and mentioned the expectation that members move forward with developing recommendations and strategies by breaking into subcommittees so at each monthly Workgroup meeting, the subcommittee work can be reviewed and prioritized. The subcommittees will be structured around the six Workgroup goals contained in the *Workgroup Final Statement of Mission & Goals*. The *SCAODA Equity & Inclusion Ad Hoc Workgroup Chart* was posted and described by Mike Derr and Mai Zong Vue.

Each Subcommittee will convene separately in between monthly Workgroup meetings to review ideas and concepts from the *Workgroup Brainstorm Survey*, review and analyze resources, then select its priorities and recommended strategies. The priorities and recommendations from all the subcommittees will ultimately be grouped together into a final Workgroup report to be shared with the full SCAODA Council. Harold recognized that this process would take longer than 2-3 months to complete, so the Workgroup report at the 6/5/21 SCAODA meeting will consist of a status update, with the final report to be completed later.

Discussion on Brainstorm Survey Responses:

Mike and Mai Zong spent several minutes reviewing the *Brainstorm Survey* raw responses, noting that there are re-occurring themes in responses to two or more of the questions. Comments from Workgroup members and guests included:

- Tina Virgil: It is good that the group is approaching this task from collective perspective.
- Michael Waupoose and others: Discussion on need to identify geographic locations where there are SUD treatment gaps.

- Harold Gates reiterated that the Workgroup should consult existing assessments, findings and reports to guide responses and recommendations for closing treatment gaps, meeting E&I needs. Several of the CLAS Standards implementation tools can be tweaked and used to address the needs identified by Workgroup and others in the SUD system. He also encouraged participants to remember Goal 4 of the SCAODA 2018-22 Strategic Plan, and the Governor’s Executive Order #59, which discuss remedying historical racial/ethnic gender and other biases in SUD systems and practices.
- Michael Waupoose led a discussion of the need to recommend broader, systemic solutions and practices to address lack of health services for marginalized groups, and improve level of access. It is not just enough to educate on cultural competency and CLAS Standards. He noted need to address and remove deeper systemic barriers to meet needs of marginalized populations.
- Michael Waupoose and Others: How is the State ensuring that grant funded providers are meeting culturally appropriate and underserved population needs? (i.e., language-appropriate communication) Grant monitoring should include asking providers *how* they are meeting client-specific needs of marginalized persons.
- Several meeting participants asked about DHS utilizing other various data sources to obtain a fuller picture of cultural/racial/ethnic demographics on who receives SUD services. This would to identify treatment gaps. Rick Immler noted need for better data to identify on distribution of behavioral health professionals including those who are BIPOC. Michael asked if there is good data on the demographics of SUD clients served. Jamie McCarville: The Office of Informatics within Division of Public Health may have good data. Rick Immler: Medicaid data is much more expansive that what the PPS database tracks. Also, the WI Health Information Organization captures most insurance information on services.
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Workgroup Action Plan Chart and Sub-committees:

Mike and Mai Zong will review and categorize *Brainstorm Survey* responses into the “Ideas from Brainstorm Survey” column of the *Workgroup Chart* following the March 22nd meeting, to be used by the Workgroup and all subcommittees. There will be overlap in responses and priority topics across two or more of the six Workgroup goals.

Meagan Pichler volunteered to lead Workgroup Goal #4 subcommittee (Prevention). One subcommittee task: review what other states are doing with CLAS standards in prevention realm. Tina Virgil volunteered to lead Workgroup Goal #3 subcommittee (Law Enforcement). Harold and Thai will work with other Workgroup members to identify leads for other subcommittees prior to and by the next Workgroup meeting. Harold referenced statements recently issued by organizations like the APA and AMA for ideas on how to move forward with health equity recommendations.

Harold suggested that the Workgroup advocate for more DHS staff support with the current Workgroup meeting process as well as implementation of recommendations. Mike Derr suggested that Harold and Thai write a letter to Bureau of Prevention Treatment & Recovery director Teresa Steinmetz requesting that SABG Supplemental funds be used to hire and assign an LTE to provide staff support. Harold and Thai will work with Mike to draft a letter.

Public Comments and Open discussion time:

Guest Ramsey Lee shared information on a series of free virtual trainings regarding the Governor’s proposed budget, sponsored by the WI Board for People with Developmental Disabilities, Disability Rights Wisconsin and People First Wisconsin. He also shared information on upcoming Badger Bounce back Live Sessions to share feedback with Gov. Evers. Rick Immler suggested that in addressing cultural sensitivity, it might be helpful to consider the importance of

primary care clinicians as often the first point of access. If they are more aware of equity and access issues, that would be helpful in addressing systematic barriers.

Workgroup Resources:

Mike Derr gave quick overview of the E&I Workgroup's webpage, located on the SCAODA website, and shared the portion of the webpage featuring posed resources relating to equity and inclusion needs and strategies. See resources posted at <https://www.dhs.wisconsin.gov/scaoda/equity-inclusion.htm>.

Adjournment: By consensus, the Workgroup adjourned the meeting at 11:00 am.

Prepared by: Michael Derr on 4/15/2021.

Minutes were reviewed and approved by the E&I Workgroup at its 5/25/2021 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

Equity & Inclusion Ad Hoc Workgroup

May 25, 2021 -- 9:00 AM to 11:00 AM (Virtual Meeting)

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Meeting ID: 655 139 5128

Dial by your location: 1-312-626-6799 (Chicago)

MEETING AGENDA

1. Call to OrderThai Vue & Harold Gates, Workgroup Co-Chairs
 - Meeting Guidelines
2. Review of April 20, 2021 Draft Meeting Minutes.....Workgroup Members
3. Review Subcommittees’ Work & Recommendations.....Workgroup Members
 - Prevention, Law Enforcement & Workforce Sub-committees
 - Other Sub-committees – upcoming work
4. Upcoming Tasks and Work under Workgroup Action Plan.....Thai Vue & Harold Gates
5. Update on available Equity & Inclusion Resources.....Mike Derr
 - See resources posted at <https://www.dhs.wisconsin.gov/scaoda/equity-inclusion.htm>
6. Public Comment and Open Discussion Time.....Meeting Participants
7. Next Workgroup Meeting in June 2021 – Schedule & Topics.....Workgroup Co-Chairs

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Equity & Inclusion Ad Hoc Workgroup serves under the Cultural Diversity Committee within the State Council on Alcohol and Other Drug Abuse (SCAODA). The Workgroup’s primary mission is to provide leadership and guidance to ensure that appropriate substance use disorder services are culturally appropriate and made available to all who need them across Wisconsin. 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 Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

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

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Jessica Geschke, Holly Stanelle, David Macmaster, Joe Muchka, Sandra Adams, Amy Anderson, Sheila Weix, Elizabeth Collier, Saima Chauhan, Michael Kemp, Jill Gamez, Carl Hampton, Anne Larson, Amanda Lake, Tamara Feest
Date: 1/12/2021	Time Started: 10:03am	Time Ended: 12:00pm	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

Minutes

1. Roger Frings called the meeting to order at 10:03am.
Comments or Announcements: Quorum confirmed by Saima Chauha.
2. **Review and approval of 11/10/2020 meeting minutes.** The minutes were approved unanimously with no opposition nor abstentions. Move to approve by Michael Kemp; Second by Holly Stanelle. No comments. No opposition. Approved unanimously.
3. **Update on Tobacco Integration by David Macmaster (“Mac”).** Mac provided an update on the Tobacco integration proposal. Mac talked to Bruce Christiansen (WINTIP) re the need to determine reasonable assumptions for calculating the cost of this addition to the fee schedule of treatments Ask Senator Janet Bewley about how to move forward with an independent review of the costs. Refer to document provided by Mac showing relatively minimal impact of adding tobacco and nicotine to the substances banned in treatment. Mac believes this proposal will not greatly disrupt existing practices and current EBP guidelines as both ASAM and DSM 5 include Tobacco Use Disorders in their criteria. The absence of disruption in current system should facilitate decision making re this proposal. No direct opposition-DCTS has always been supportive. In addition to ITC- SCAODA Planning and Funding Committee is also working on this proposal- Christine Alstrup will lead that effort. Our Work group will be able to review input so it is properly vetted prior to putting the information before decision makers. Mike Sheridan-Wisconsin Voices for Recovery-mentioned to Mac that this proposal may not have priority support given COVID-19 priorities in Legislature. Mac is consulting with New York state re their 856 EBPs which incorporated tobacco treatment into their state addiction treatment services. Mac will organize updates and bring fresh information to each ITC meeting.

Sheila Weix –offered feedback re language on culture in the draft. Be mindful of how the nations view sacred tobacco.

Tamara Feest- revenue section-savings to MA? Health inequities; cost offset to not using tobacco-? Revenue potential. Have funding committee look at these questions.

Roger- have fiscal Bureau (not audit) bureau to review revenue and expenditures. -as relates to DHS 75 and upcoming budget.

Amanda Lake- DHS will offer training, forums to assist providers with the conversion to changes in DHS 75. Perhaps put out a guidance document re components of the rule. 400 providers of substance use services that will need to adapt to changes in the DHS 75 Rule.

4. **Discussion of COVID-19 and considerations for substance use services.**

Sheila Weix shared that there’s been a positive response to the vaccine. Her staff will be fully vaccinated by end of January- 100% of staff opted to take it. Wondering when patients will be able to be vaccinated. Still not sure about when and how to do in person work. May implement onsite groups in February using PPE- due to patient requests.

Saima shared that OP Clinic staff are now eligible to be vaccinated. Changes are noted on the state COVID-19 page- link in chat.

Sandra Adams- staff getting vaccinated this week. Anxiety and uncertainty about ongoing coverage by telehealth. Many want to continue telehealth and unsure it will continue to be covered- 10 clinics 150 providers. Sheila concurs that many clients want to continue telehealth. It has removed barriers regarding access to treatment (e.g. lack of driver's license; lack of transit; job schedules- rural areas, parents with children at home; access to technology).

Beth Collier mentioned that a survey will be coming out for providers re tele-options.

Roger- noted their department is in constant contact with providers wanting telehealth to continue post COVID-19.

Michael Kemp- Question re-experience with interns and work force development. Mike had 18 students but dropped to 11 due to challenges during the pandemic. Usually only 1-2 drop. Difficult to remotely address trauma, recovery issues that come up.

Sheila said they shut down to interns for a while-then had 1 virtual internship that went fine. Sheila-post-Covid positive result- Sheila noted that the telehealth exposure has been a benefit to this group of interns and new staff because they will be better prepared to engage clients via telephone and virtual settings.

Sandy- still taking them but it's a challenge-especially regarding supervision.

Tamera- virtual format but have only 1 intern due to concern over what their experience might be.

Also training new staff in the same environment-challenge all around.

Saima noted that when she was at Journey they had interns paired with a supervisor and client through Zoom.

Roger- would the ITC have an interest in making a motion for a letter supporting the benefits of telehealth? For a vote at February ITC to take to the full SCAODA Meeting in March-then take to DMS, Insurance Commissioner. Committee support to move forward with this.

Sheila, Sandy, Tamera and Roger offered to draft the motion for the February meeting. Sheila-will include data from focus group of people served by telehealth. Joe Muchka noted we could include workforce benefit of telehealth to expand opportunities for homebound providers as well. Sheila gave an -example-employee was able to return to work – covering multiple sites covering needs in multiple counties. Sheila- this is how counties have covered psychiatry for a long time due to shortages. Sandy we should highlight the removal of barriers for providers and program participants.

5. **Department of Safety and Professional Services (DSPS)**, Guest speaker Carl Hampton stated he is working to provide responses to questions posed by the committee re provider credentialing and 2017 Act 262. The committee proposed to continue discussion of Act 262 impacts and recommendations at future meetings. Working with DHS to clarify 262 questions and also the document shared to answer previous questions. Roger expressed appreciation for ongoing work and participation by Carl in the ITC/SCAODA meetings.

Sheila- shared appreciation re an SU counselor in training who needed help with a question on required hours. She received her credential the same day she submitted the corrected information.

Carl stated work being done on credentialing improvements. DSPS is working with DHS and WCHSA to reduce ambiguities on 262. Carl said it is okay to share current FAQ document to the public.

Controlled substance board meeting this Friday-Carl has been acting as the liaisons to this committee but the new Director (Mr. Barr) will take over in the future. Gabapentin on future agenda. Invite to reach out as needed.

6. **RSUD survey results & discussion on residential treatment rate.**

Saima- 30 (55%) residential-providers responded –findings 43% decreased capacity; 24% furloughs; 1 permanently closed and temporarily closed; 13% layoffs; 20% decrease in hours; 55% health related staff leave/absences due to COVID-19 outbreak. Saima plans to organize the information and add data related to the Child and Adolescent Day Treatment for a discussion at the February ITC.

Sheila asked if the new residential rate is in place and ready to be paid in February. Saima- said she believes it starts in February.

7. **Update to the At-Risk SUD in Older Adults Report.** Saima noted additional information came out via SAMHSA Tip 26 in September of 2020 and requested permission to update the report with these new best practice recommendations. Joe noted the original document was adopted by SCAODA and published so this new information would be an addendum to the original report- Sheila- worked on the original report and is very supportive of adding new information to the report.

8. **ITC strategic plan progress and priorities.**

RE: Item 2 continue to Joe recommended noting the older adult report addendum-

RE: Item 3 get Connected toolkit link-

Any edits re what Mac presented on tobacco initiative,-ok;

Saima- add Diversity and Inclusion as 5th priority including collaboration across committees.

Roger, Joe and Amanda all recommended highlighting -efforts to pool resources and collaborate with other committees due to overlap in committee plans. Sheila is there a way to share the plans across committees? In SCAODA meeting booklet? Amanda- surprised about overlap.

Joe- Sheila-Recovery oriented systems pf care- important recognition of impact across committees.

Sheila- Question- should youth be number 1 as it gets the least amount of attention? Are these listed in order of priority? Amanda suggested CYFT Committee may be listed as "1" because it is the only subcommittee identified in the SCAODA Charter.

RE: Item 5 Joe- add in strategic plans from other SCAODA committees

Saima will follow up with Mike Derr to see if committee plans can be shared. Saima will make these recommended updates to the ITC Plan.

9. **DHS 75 Revision.** Amanda- process- approved through the department and submitted to the Governor's office. The legal council wants rapid turnaround. Feb 6 deadline to submit to legislature. Some opposition from stakeholders. Very large rule. The advisory committee provided more opportunities to influence the rule but ability to make changes as the rule gets developed – more admin and legal focus. Learning process.

Sheila- does legislature have a deadline to respond? Roger believes they will take action before it would die in committee.

Site to find the submitted rule: Clearing house rule number 20-047. Wisconsin Legislative website – Bulletin of Proceedings-history section for updates.

10. **Public comments.** There were no public comments.

Sheila noted concerns RE Data waiver- RE allowing use of NPs and PAs in buprenorphine programs- 2016 CARA act expires 10/2021- Roger- Do we want to pursue extension on the Data waiver?

Beth Collier- heard that SAMHSA may be interested in moving it forward but unsure- waiting for new administration.

Michael Kemp- NADAC Advocacy in Action Conference on April 13,14,15- willing to bring this issue forward to Hill Day on 4/15.

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

2021 ITC and SCAODA schedule of Meetings provided by Saima.

Agenda topics: Continue discussion of COVID-19-19; DSPS update by Carl; residential rates; DHS 75 status update; update from MAC re tobacco/nicotine initiative; strategic plan progress; add 2020-21 legislative session-- Roger will provide info on contact lists, committees, etc.

Roger provided an update on the Equity and Inclusion work group-

Member list? Mac and Joe want to be on the committee. Roger talked to the Chair of the Mental Health Council – they are very interested in SCAODA efforts. Roger will attend their January meeting to see how to combine efforts- and will provide an update at the February ITC meeting. Sheila noted the need for representation from Northern and other rural communities- send suggestions to Roger –stakeholder participants. Joe requested he be included in the MH Committee email notification list. Roger will follow up.

Future ITC meetings dates have been shared. Next meeting 2/9; March SCAODA meeting.

Saima- noted there are 2 BPTR position vacancies: Harm Reduction Treatment Coordinator and the Women’s Treatment Coordinator. Posted soon. Forward health trainings on the new Residential Treatment changes- Jan 12 and 27th; Multiple ASAM trainings- 3 dates filled but more to come. 2/19

Additional agenda items should be forwarded to Saima Chauhan.

The meeting was adjourned at 12:00pm, following a motion by Joe Muchka and a second by Sheila Weix.

Prepared by: Anne Larson on 1/27/2021.

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

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Jessica Geschke, David Macmaster, Joe Muchka, Sandra Adams, Amy Anderson, Sheila Weix, Elizabeth Collier, Saima Chauhan, Michael Kemp, Jill Gamez, Anne Larson, Ramsey Lee, Tamara Feest
Date: 2/9/2021	Time Started: 10:06am	Time Ended: 11:40am	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

Minutes

1. Roger Frings called the meeting to order at 10:06am.
Comments or Announcements: Quorum confirmed by Saima Chauha.
2. **Review and approval of 1/12/2021 meeting minutes.** The minutes were approved unanimously with no opposition nor abstentions. Move to approve by Joe Muchka; Second by Sandy Adams. No comments. No opposition. Approved unanimously.
3. **Discussion of COVID-19 and considerations for substance use services.**
Sheila Weix shared that there's been a positive response to the vaccine. Her staff are fully vaccinated. Most of the patients served are interested in being vaccinated but not sure when that will be available. Still not sure about when and how to do in person work. Planning to implement onsite groups in February using PPE- due to patient requests. Substance use is up including Meth. A new substance of misuse (Tianeptine) was brought to their attention. It is approved in Europe and Latin America but not US. Michigan classified as schedule 2 drug. It can be found over the counter in herbal remedies and on the internet. It targets the same receptors as opioids but cannot be detected in urine testing. Narcan does reverse Tianeptine overdose.
Ramsey Lee (a guest today) is on the Governor's Committee for People with Disabilities (GCPD) and mentioned that there is a meeting on 2/17 that will address the challenges of the visually impaired in terms of access to the online unemployment system.
Saima noted that DHS has updated their COVID-19 data dashboard.
Jessica Geschke- Wisconsin Voices for Recovery- received private funding from Serve-You Pharmacy to provide a new program called **Nalox-Zone**. The funding supports the placement of Narcan in boxes placed in common community locations such as hotels, stores, MAT facilities, police stations, etc. in Madison area; Milwaukee, West Bend, Grafton, Portage, Beaver Dam, Appleton. So far, 12 boxes have been placed and a Nalox-Zone box at a hotel was accessed to provide Narcan to revive a nearby homeless person experiencing an opioid overdose. Let Jessica know if you'd like to suggest box locations. Boxes are free and can be placed anywhere in the state.
4. **Department of Safety and Professional Services (DSPS)**, Carl Hampton was not present. –No update at this time.
5. **Cares Act- Buprenorphine Waiver Update** (*Beth Collier*)
The act was rolled out at the end of the Trump administration but never published in the Federal Register. It has been on hold pending action by the Biden administration. The previous rules are still in effect. Will still look at the waiver in the future. Sheila and Sandy are both happy this has been put on hold and the previous rules are still in effect.
RE: Office of National Drug Control Policy (ONDCP): Candidates for national leadership include Wesley Clark (previous CSAT Director at SAMHSA) and Rep. Joseph P. Kennedy.
6. **2020-2021 Legislative Session Update** (*Roger Frings*)

Not much to report- Prevention Committee motion re opposition to SB-22-“Drinks to Go” Legislation. SCAODA Exec will meet on 2/10 to act on the motion. If passed- a letter will go to the Governor and Legislature in opposition of SB-22. Copy of the letter will go out to SCAODA committees

Gov. Evers budget includes support to legalize recreational marijuana. Not likely to receive much support from Legislators. May be more support for a medical marijuana initiative.

Beth Collier mentioned- SB-49- Opioid and Methamphetamine Data system which would house all data under one platform. Was in previous session. Roger added it to the agenda for the next meeting.

Ramsey Lee mentioned the Governor’s 2021-2023 Budget announcement will be available 2/16 at 7:00 PM on Wisconsin Eye.

7. Update on support for Telehealth & Telephonic & discussion on residential SUD treatment rates.

Saima checked with Pam Lano at DMS re “Audio-only” telehealth options. Pam said she understands audio only can reduce barriers-especially in rural areas with limited video options. Sheila and Sandy put together a document covering how telehealth has reduced barriers and enhanced capacity and workforce options. Nice option for enhanced continuum of care and removal of barriers.

Beth mentioned monthly Telehealth Workgroup. Next meeting March 8th.

Ramsey brought up the need to support hearing impaired. He offered support of this initiative.

Joe also noted telehealth support for visually impaired.

Roger mentioned SCAODA member Denise Johnson is a strong advocate and would be good on these workgroups.

8. RSUD survey results & discussion on residential treatment rate.

Saima- the report is in draft format. Topics included the impact of treatment, revenue, staffing levels, service quality, youth day treatment.

- Of 58 certified providers, 37 responded (64%). 1 Day Treatment and 1 Residential program has permanently closed. 3 Residential programs temporarily closed. Capacity has decreased by 19%; 10%; 4 more at risk of closing by 6/30/2021.
- Revenue- Some programs received Federal COVID-19 funds which mitigated the impact on those programs.
- 55% residential providers responded –findings 43% decreased capacity; 24% furloughs; 1 site permanently closed; 13% layoffs; 20% decrease in hours; 55% health related staff leave/absences due to COVID-19 outbreak.
- Specialized services had the greatest reductions. Individual OP and MAT most likely to be maintained.
- Screening daily for symptoms but testing is not universal. Most reported they have adequate PPE but it had a negative impact on their budget.

Saima plans to organize the information and add data related to the Child and Adolescent Day Treatment for a discussion at the next ITC.

Saima- What would you recommend to support providers? How can we support programs at risk of closure?

Roger- Telehealth approval and acceptance;

Jill Gamez- it is 100% funding. Reduced occupancy due to need for social distancing. Can’t fill all beds but fixed costs don’t change. Payment of testing and PPE helps but little impact. The residential benefit payments by MA are inadequate. Not all counties are willing or able to pay for room and board (which is not covered by MA). Need subsidies for an infrastructure that supports treatment providers.

Tamera Feest- County perspective- County Levy doesn’t provide funds for the room and board fees.

9. ITC strategic plan progress and priorities.

Priority #5: ITC will collaborate with the SCAODA Ad Hoc Equity and Inclusion workgroup towards a unified objective to provide leadership, guidance, and advocacy to insure that appropriate substance

use disorder services are culturally appropriate, inclusive, evidence-based, and made available to all who need them anywhere in the state of Wisconsin

Committee agreed the new language represents the intent of the committee. The revised priority list including #5 was motioned for approval by Joe Muchka, 2nd by Michael Kemp. All in favor, no opposition. Approved unanimously.

10. **DHS 75 Revision.** Amanda was not present to give an update. Saima noted that the revised version with public comment has now been posted to the clearing house.

11. **Public comments.** There were no public comments.

Sheila Weix- question re SCAODA website. Saima clarified that DHS has moved all councils and committees to the DHS site to eliminate multiple web platforms. The new SCAODA page on the DHS site should provide access to relevant reports. Saima will let the committee know when it is updated.

Mac offered an update on Priority #4. Tobacco use disorder is also being prioritized by the Tobacco Prevention. He also noted 3 significant training opportunities highlighted on his written update which was provided to the committee.

Ramsey Lee- Survey to look at the impact of COVID-19 on people with disabilities. Survey available on GCPD webpage (link provided in chat)

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

Agenda topics: Budget update; Equity and Inclusion workgroup; Subcommittee work plans; Continue discussion of COVID-19-19; DSPS update by Carl; DHS 75 status update; update from MAC re tobacco/nicotine initiative; strategic plan progress; add 2020-21 legislative session.

Future ITC meetings dates have been shared. Next meeting 3/5; March 5th SCAODA meeting. Next ITC meeting in April 13th

Saima announced- Andrea Jacobson was promoted to Deputy Director of the Bureau of Prevention, Treatment and Recovery and Amanda Lake has filled her position as the Section Chief for the Substance Use Section

Additional agenda items should be forwarded to Saima Chauhan.

The meeting was adjourned at 11:40 AM, following a motion by Joe Muchka and a second by Sheila Weix.

Prepared by: Anne Larson on 2/15/2021.

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: April 13, 2021 10:00 AM Central Time (US and Canada)

This meeting will be held via teleconference.

How to join the teleconference:

Join Zoom Meeting

<https://dhs.wi.zoom.us/j/86207515196>

Meeting ID: 862 0751 5196

+1-312-626-6799

AGENDA

1. Call to order and roll call
2. Review and approval of 2/9/2021 meeting minutes
3. Discussion of COVID-19 and considerations for substance use services
4. Opioid Treatment Update/Announcements (*Beth Collier*)
5. Senate Bill 49- Opioid and methamphetamine data system (*Roger Frings*)
6. Cross reference other SCAODA committees strategic plan priority's for 2021(*Saima Chauhan & Joe*)
7. Update on support for Telehealth & Telephonic
8. SCAODA Ad Hoc Equity and Inclusion workgroup (*Roger Frings and Joe Muchka*)
9. DHS 75 revision-(*Amanda Lake Cismesia*)
10. Update on Tobacco Integration- (*David "Mac" Macmaster*)
11. Public comments
12. Future meeting dates, future agenda topics, and other announcements
13. 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 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: May 11, 2021 & SCAODA: June 4, 2021

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Jessica Geschke, David Macmaster, Joe Muchka, Sandra Adams, Amy Anderson, Sheila Weix, Elizabeth Collier, Saima Chauhan, Michael Kemp, Jill Gamez, Anne Larson, Holly Stanelle, Amanda Lake (Holly, Mike and Beth left early for 11:00 meetings)
Date: 4/13/2021	Time Started: 10:08am	Time Ended: 12:22PM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

Minutes

1. Roger Frings called the meeting to order at 10:08 AM.
Comments or Announcements: Quorum confirmed by Saima Chauhan.
2. **Review and approval of 2/09/2021 meeting minutes.** Move to approve by Sandy Adams; Second by Holly Stanelle. No comments. No opposition. Approved unanimously.
3. **Discussion of COVID-19 and considerations for substance use services.**
Sheila Weix shared that there's been a positive response to the vaccine. They are beginning to transition back to the office from telehealth. In person groups are occurring in Minoqua. Physical space for distancing is a concern so some groups have a max of 4 participants. Some newer clients hadn't been met in person. Increase engagement with in person contacts; Marshfield is still mostly telehealth. Prioritizing in-person appointments for people who are just starting out, struggling or able to come in without hardships to work. Inductions always in person.
The increase in Michigan cases is concerning. Increase in vaccinations. Walk-in clinic at local casino by an FQHC which went really well. Her staff are fully vaccinated. Most of the patients served are interested in being vaccinated but not sure when that will be available. Happy to start fresh- looking at pre-covid processes differently.
Sandy Adams- transitioning to in person- some providers not comfortable coming in. Many consumers are fighting on PPE- masks and distancing. Acting like it's not required. Some people refuse to mask, refuse to vaccinate. Some never want to come back in person. Obsessive Compulsive Disorder is more prevalent.
Jill Gamez- not a lot of push back on masks; toll on staff is significant. Turnover is always an issue but have not been able to fill many clinical positions; especially MH counselors who may be opting to do tele-health in private practice.
Dave Macmaster inquired about professional orgs assisting with workforce issues. Mike Kemp said the priorities have been related to infrastructure such as broadband.

4. **Opioid Treatment Update/Announcements** (*Beth Collier*)

Opioid newsletter -#HopeActiLiveWI: Responding to Wisconsin's Opioid Epidemic) went out today.

The Opioids, Stimulants, and Trauma Summit is a virtual event focused on highlighting strategies to address the harmful use of opioids and stimulants in Wisconsin. All people interested in building healthy communities are invited to participate.

Three half days: Each day features a keynote presentation followed by three concurrent workshops.

- April 16, 2021 (8:30 a.m. to 12:00 p.m.): This session focused on opioids.
- May 14, 2021 (8:30 a.m. to 12:00 p.m.): This session will focus on stimulants.
- June 18, 2021 (8:30 a.m. to 12:00 p.m.): This session will focus on trauma.

Three continuing education units are available each day through UW-Milwaukee's School of Continuing Education.

<https://www.dhs.wisconsin.gov/aoda/opioids-stimulants-trauma-summit.htm>

Grantees May Now Use Funds to Purchase Fentanyl Test Strips-CDC & SAMHSA (SOR & SABG funds can be used) announced today that federal funding may now be used to purchase rapid fentanyl test strips (FTS) in an effort to help curb the dramatic spike in drug overdose deaths largely driven by the use of strong synthetic opioids, including illicitly manufactured fentanyl.

5. Senate Bill 49 Opioid and methamphetamine data system. (Roger Frings)

RFP –DOA- contract with a vendor- The data system will provided access to data in as close to real time as possible. –Database- intro in January.

Sheila- Measuring everything doesn't necessarily make things better. Sheila- many things they want to measure simply aren't tracked in the community. Holly also wondering about the origin of the bill and potential benefit. SB49 passed Senate health committee 2/11-can go to full Senate. Participation is voluntary so won't fully represent capacity. Providers may not have resources to track additional data elements.

Mike Kemp-and Sandy Adams-we need to stress that the "addiction crisis" also includes alcohol. Beth recommends checking with Paul Krupski (DHS Director of Opioid Initiatives) for additional info on the bill. Roger will check with Paul.

Saima- SB49- is there a need for a committee to address this? Look at issues at hand that are affecting providers.

Amanda Lake- Is there a formal process by which SCAODA fulfills the duties in ch. 13.098, Stats., related to review of legislation concerning SUD services, policies, and programs? So that SCOADA representatives have opportunity to weigh in on proposed items such as SB 49?

Discussion regarding SCAODA input on proposed legislation:

Roger -state council shall take up SB49 and offer an opinion. However, legislation is often introduced and moved forward before a SCAODA committee can review and take a position on a given issue. In recent years- Law makers have not reached out to SCAODA for input.

Sheila- law making- the process isn't – Doesn't hurt to have the discussion and go on record- may be useful to address issues that may come up. Processes have changed- more issues are polarized and not following a structured review process.

Roger-agree we should discuss pertinent legislative issues- even after the proposal has been considered by lawmakers.

Mac-discussing these proposals in SCAODA provides recorded opinions from the field. SCAODA position may or may not change how the proposal proceeds but the process is still important.

Joe-Is there an opportunity to pull together an Emergency subgroup with members from all SCAODA committees that could quickly review time sensitive proposals? How do we keep subcommittees up on issues so they are able to quickly offer input?

Roger-There is a way to use the Executive Committee to quickly respond to urgent issues. For example, we sent timely opposition to the recent bill on "Cocktails to go". The bill was ultimately passed but our opposition is on the record.

Mac- I wonder if there is a record of the voting SCAODA members. I think each SCAODA committee that represents one of the standing 4 committees has a lot on all resolutions so these votes may be informative of how all of our committees have this opportunity to support or abstain from the issues being considered. One way of knowing the issue under consideration has been considered by all our committees at one time in one place; establishes what we support and don't.

6. Cross reference other SCAODA committees strategic plan priority's for 2021 (Saima Chauhan and Joe Muchka)

Prevention- common priorities- We want to design services to be inclusive and meet community needs. We should preplan rather than fix.

Saima- We should look at items we have in common across committees- getting a baseline measure of progress on issues from each committee. We can look at the current Ad hoc Equity and Inclusion Committee as an example of efforts to recruit and address priority areas and identify common themes.

The Tobacco initiative is also an example of how committees can work together

Mac- disparity populations- is the idea inclusive of populations most impacted by certain issues or substances. (E.g. Hmong in Lacrosse)

Are we looking at Youth-adolescent care and treatment- is addressed across all committees?

7. **Update on support for Telehealth & Telephonic**

Sara- Curious about future payment for telephone visits.

Some consumers only have access via phone (no video/internet). Will Medicaid pay less or deter phone visits by denial of payments?

Saima reports there have been no updates to DMS policies/procedures at this time. Current contracts are being maintained.

Sandy noted that crisis codes are being used more this year. Some private insurers are questioning the volume of certain codes. There has been an increase in billing related records requests by private insurers.

8. **SCAODA Ad Hoc Equity and Inclusion workgroup** (*Roger Frings and Joe Muchka*)

The committee has agreed on goals and objectives- mission statement

Mission Statement: To provide leadership, guidance, and advocacy to ensure that appropriate substance abuse services are culturally appropriate, evidence-based, and made available to all who need them anywhere in the state of Wisconsin.

Goals:

- Identify Treatment gaps, focusing on who has needs, what those needs are, where those needs occur, and when. (We can utilize information from the GAPS analysis to further drill down and identify this)
- Improve workforce recruiting for racially diverse providers (How do we improve and advocate for more individuals to enter the treatment provider field with emphasis on ethnic diversity) (We could refer to the GAPS analysis, Workforce Report and the ATTC Road Map)
- Improve education and collaboration with Law Enforcement emphasizing cultural competence (Perhaps invite local law enforcement to the WG, enlisting a discussion with them regarding diversity training and how we might help)
- Continue and further work with drug free community coalitions to enhance funding opportunities which embrace cultural competence within prevention efforts.
- Engage and collaborate with all Standing Committees of SCAODA towards improving substance use services with emphasis on Culturally and Linguistically Appropriate Services (CLAS Standards).
- Collaborate with other DHS bureaus as they relate to these priorities including the Secretary's Office as well as other state agencies.

Objectives:

- Co-ownership of the Goals with the Division of Care and Treatment Services to make them actionable using the following tools generated by the Division. (For example, 2019 Wisconsin Behavioral Health System Gaps Report, 2019 Wisconsin Mental Health and Substance Use Disorder Needs Assessment and the Workforce Report).
- Align the work of the SCAODA Equity and Inclusion Ad Hoc Work Group with the Diversity, Equity and Inclusion work tied to every State of Wisconsin Department via the Governor's Executive Order # 59. (A working retreat of SCAODA Members and could serve to incorporate the recommendations of the Ad Hoc Work Group into the role that SCAODA plays across the state in championing Equity and Inclusion).
- It is the goal of the Work Group to meet monthly, via Zoom.
- The Work Group requests membership and participation representing all 4-standing committees of the full State Council as well as other individuals with expertise in diversity, equity, and inclusion.
- The Work Group shall report back to the full State Council with its preliminary work and findings by June 2021.

Next work group meeting on 4/20- focus on prioritizing deliverables. Always looking for more participants. Work will not conclude by June- will go throughout 2021- probably into 2022.

9. **DHS 75 revision-***(Amanda Lake Cismesia)*

Amanda- DHS 75 is still with Committee on Health in senate and also with assembly committee- Input provided by the WI Hospital Association and OTOG.

Some changes to the rule order- 10 day extension to make revisions and then submit to Joint Committee of Admin Rules (review 30-60 days).

Sheila- will there be public hearings after edits?

Amanda will communicate when it is posted again after Admin review of Rules-

So far, no one has challenged the new tobacco language.

The Department will provide significant training and TA to implement new rule- Dept of Quality- to address conversion and implementation steps.

Amy- has language changed to be destigmatizing (“Substance Abuse”)? Yes, the language changes to “Substance Use Disorder”- only exception is in the professional titles RE: Substance Abuse Counselor” since the language aligns with DSPS language.

Proposal to extend implementation 12 months after rule is published (currently 6 months) Email Saima and Amanda with questions.

10. **Update on Tobacco Integration-** *(David “Mac” Macmaster)*

3/24 email-April progress report distributed to the committee- assume the revisions of 75 will be approved so tobacco integration is a real possibility. Assessing what action steps need to happen proactively to be ready for implementation. Contact fiscal bureau re costs. Funding Committee- equivalent funding request?

BPTR- agency responsible for TUD/SUD would be asked to implement any changes. Q and A issues- WINTIP- rely on provider expertise in how to implement in community. Request for BPTR to start an implementation process using the same standards of practice currently used (eg ASAM and DSM5). Don’t know what this will mean in terms of workload and resources. Strategic planning process-so all stakeholders are invested in this initiative. NY State- model to look at re planning for sustainability. No resistance so far but this isn’t the highest priority for some stakeholders.

11. **Public comments**

No public comments

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

Announcements:

- Summit- dates-4/16, 5/14, 6/18- half day sessions <https://www.dhs.wisconsin.gov/aoda/opioids-stimulants-trauma-summit.htm>
- 2021 HOPE Consortium Conference
August 5 - 6, 2021: Virtually Via Zoom \$25 for 2 days of training
- DCTS 2020 Annual Report has been published <https://www.dhs.wisconsin.gov/publications/p00568-2020.pdf>
- DCTS Strategic priorities published <https://dhsworkweb.wisconsin.gov/dcts/news/strategic-priorities.htm>
- Covid-19 vaccine- any over 16 available (J and J halted today)
- BPTR positions available-
- 4/30 ASAM meeting to discuss potential cases. Friday, April 30th, from 9-10:30 AM DCTS will hold ASAM COP training. The COP training is an interactive training, working through ASAM case examples.
- The original ECHO Project now known as UW Project ACCEPT: Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics <https://www.fammed.wisc.edu/echo/>

- Housing/Sober Living: Leah.Ramirez@dhs.wisconsin.gov-Housing resources: You would contact the COC in the county you are currently in or the county in which the member would like to live. Sober living resource list for the state: <https://www.dhs.wisconsin.gov/regulations/aoda/recovery-registry.htm>
- The original ECHO Project now known as UW Project ACCEPT: Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics <https://www.fammed.wisc.edu/echo/>
- Overarching site with multiple opportunities AND Wisconsin Women's Treatment ECHO <https://www.wisconsinconnect.org/>

Update from Jill on the ITC CYFC Sub-committee: will create a report on Youth (Ages 12-25) treatment and recovery in Wisconsin. It will be important to include youth voice on all committees and have the E and I Committee integrate into this process and report. Vision- Brainstorm and potential participants- Timeline- recruit for participants between April – June. Email Jill or Anne Larson if you'd like a draft copy of notes from our brainstorming session. Annep.larson@dhs.wi.gov

Dave Macmaster: WINTIP Mini-grants- are back – funded again for another year 7/1; Bruce Christiansen retiring in October- recruiting for a replacement.

Future Agenda Items-

Ongoing Legislative Topics SB 49; 2020-21 legislative session.

Request by Joe-When draft agenda is sent out- provide a heads up about hot topics a couple of weeks before the meeting.

Budget update; Equity and Inclusion workgroup; Continue discussion of COVID-19; DSPS update by Carl; DHS 75 status update; update from MAC re tobacco/nicotine initiative; strategic plan progress; add 2020-21 legislative session. Subcommittee work plans;

Sheila- SCAODA- govt heavy -19 state agencies- only a handful of citizen members; want to add members to represent minority-underrepresented groups- Governor is aware of the issues.

Additional agenda items should be forwarded to Saima Chauhan.

The meeting was adjourned at 12:22 following a motion by Jill Gamez and a second by Joe Muchka; no opposition, approved unanimously.

*Next scheduled ITC Meeting: May 11, 2021 &
SCAODA: June 4, 2021

Prepared by: Anne Larson on 5/10 /2021.

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: May 11, 2021 10:00 AM Central Time (US and Canada)

This meeting will be held via teleconference.

Join Zoom Meeting

<https://dhs.wi.zoom.us/j/85070313911>

+1-312-626-6799

Meeting ID: 850 7031 3911

AGENDA

1. Call to order and roll call
2. Review and approval of 4/13/2021 meeting minutes
3. Discussion of COVID-19 and considerations for substance use services
4. Legislative updates: (*Roger Frings & Mike Kemp*)
5. SCAODA Ad Hoc Equity and Inclusion workgroup update (*Roger Frings and Joe Muchka*)
6. CYFT Update (*Jill Gamez*)
7. DHS 75 revision- (*Amanda Lake Cismesia*)
8. Opioid Treatment Update/Announcements (*Beth Collier*)
9. Update on Tobacco Integration- (*David "Mac" Macmaster*)
10. DSPS Update (*Carl Hampton*)
11. Public comments
12. Future meeting dates, future agenda topics, and other announcements
13. 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 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: **July 13, 2021 & SCAODA: June 4, 2021**

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Planning and Funding Committee, State Council on Alcohol and other Drug Abuse (SCAODA)			Attending: Members: Christine Ullstrup; Raeanna Johnson; Michelle Devine Giese; Jill Gamez; Kevin Florek, Karen Kinsey, Kellie Blechinger; Brian Dean.
Date: 2/17/2021	Time Started: 9:32 am	Time Ended: 12:54 pm	Guests: Roger Frings; Sandra Westerman. DHS Staff: Mike Derr
Location: Via Zoom			Presiding Officer: Christine Ullstrup
Minutes			

Call to Order: Christine Ullstrup called meeting to order at 9:32 am.

Review of January 20, 2021 draft meeting minutes:

Jill Gamez moved to approve minutes, and Karen Kinsey seconded. No discussion of changes. Motion carried unanimously (Kellie Blechinger was not yet attending meeting.)

Public Comment:

No comments were made from members of the public.

Covid-19 Updates:

Karen Kinsey shared that there are medical and religious forms ARC Community Services staff can complete to exempt selves from vaccine. Clients are more receptive to shots than some of the staff are. Some pregnant women did not want shots, were afraid of any impact on their fetus. Some minorities opted out, too. Kevin Florek reported no recent outbreaks in or near Tellurian lately, not since having to shut down one unit briefly at the end of the year. Staff have received vaccine shots.

Michelle Devine Giese shared that internal spread has occurred. A few staff had to leave, but mostly because of kids or others being sick. Apricity uses one facility for Level 1(a) and another for Level 3 services. Have been combining male and female residents lately, have not put an end date on this approach yet. Walgreens came in house to give shots. On March 4th coming back to give booster, then again in April for persons who got first shot on March 4th. Apricity did not push staff to receive shots; some staff chose not to receive shots.

Jill Gamez: On Feb. 8th the first shot clinic was held onsite at Arbor Place. One-half of her staff received shots; the next clinic is March 8th. Jill and other committee members shared reasons given by their staff for not receiving vaccine shots; some are concerned of potential side effects of vaccine. Kellie Blechinger mentioned that DOC is down to only 50 Covid-19 cases within its institutions, compared to a high of 2,200. Number of cases have been very low in the re-entry programs.

Brian Dean referenced President Biden commitment that within his first 100 days he wants students in person in school at least 1 day a week. In Wisconsin, the status of in-person vs. online learning varies widely. Some districts might first phase in younger grades, then higher grades. Some schools are in-person 100%; some are 100% virtual. There have been reports of students having greater mental health issues while schooling at home vs at school. (Kids can be bullied virtually – going to school can be a respite for them, i.e., LGBTQx youth). DPI staff is mostly working virtually yet. There are some teachers who want to opt out teaching in person for health reasons. They could still work virtually.

Roger Frings: Madeline at the Governor's office gave Roger a heads up on SUD provisions in the Governor's budget. Public hearings by Joint Finance Committee start in 3rd week of March through early April, then he

anticipates a committee vote on the budget and committee changes by 1st week of June. Then one house reviews it for a week, before the budget goes to the other house. Hopefully the budget will be finalized and approved by June 30th. Office of the Commissioner of Insurance is being asked to administer an insurance exchange. An increase in staff is proposed from 134 to 168. Madeline said the Governor's Office appreciates SCAODA's input on legislature, and appreciates the Council's memos and emails. All standing committees should look at budget, figure out what is important, ask full Council to act on March 5th and later.

Fall 2021 MH and SU Recovery Conference – Proposed SCAODA Session:

After discussion among PF Committee members, it was decided that Christine Ullstrup and Mike Derr would submit a breakout session proposal very similar to last year's session. Proposal is due Feb. 21st. Karen Kinsey suggested that the PF Committee send out a survey to stakeholders seeking input on planning and funding topics and issues to help with future planning efforts. This used to occur at SCAODA forums.

Legislation and Budget Update:

Christine asked Mike and Roger to send out a memo to legislators supporting the Governor's budget line item covering room and board costs incurred by Medicaid-enrolled RSUD treatment providers. Committee members suggesting sending this memo out both via email and hard copy memo. Roger encouraged that all correspondence supporting budget items should include a statement that the Committee/Council supports the proposed Medicaid expansion, and that any support of legislative or budget provisions should not stray far from the Governor's budget bills. Committee members will continue to review the Governor's budget proposals through Legislative Fiscal Bureau and DOA highlights, and discuss whether to support specific provisions at future meetings. Karen Kinsey summed up the two major themes to support – room and board funding for MA-funded residential treatment; and Medicaid expansion. In addition, Roger and Mike updated the PF Committee on the Executive Committee's opposition to SB 22 (Cocktails to Go Bill) on behalf of the full Council, per a motion from the Prevention Committee. Roger shared the following link to the DOA document analyzing the budget bill: <https://doa.wi.gov/budget/SBO/2021-23%20Executive%20Budget%20Complete%20Document.pdf>.

Grant Opportunities and BPTR:

Christine: Twice now, SAMHSA has released a grant funding opportunity for pregnant women services, but the State had to apply. And DHS/BPTR was not able to apply, due to recent staff changes and shortages within the Bureau. What is the solution? Who on the committee can read SAMHSA website and other publications?

Karen: DHS should have designated grant writers. Or sub-contract with a grant writer. PF Committee members needs to talk with a DHS higher up to make this a priority. Christine asked Mike Derr to invite Andrea to April meeting to discuss this concept. More grant proposals seem to exclude providers from providers applying, require states to apply.

A meeting guest, Sandra Westerman, chatted that the WI DOJ received a \$5M grant in Oct 2019 from US DOJ (COAP) to provide treatment for people in county jails and to divert people from jail into treatment. The state DOJ still has not sent out a GFO announcement to the counties for this program.

Discussion on Implementation of RSUD Treatment Medicaid Benefit:

Kevin: Tellurian is not enrolling in Medicaid. They take clients who are dually diagnosed, they have a psychiatrist, addictionologist and dually certified staff. Their presence drives up fixed costs so that MA rates do not sufficiently cover costs. We would prefer to help underserved population, but cannot do it. There are many questions about MA vs. SABG funds, whether counties must use MA providers if clients are MA eligible.

Christine: We need “official” answers from DCTS and Division of Medicaid Services (DMS) as soon as possible. Mike estimates answers in a few weeks. SCAODA needs to know this. It is the P&F Committee’s duty to push on this. DHS and others had two years to figure these questions out, its disappointing this was put off until now.

Karen: DOC is allowing its residential treatment vendors to choose which providers to choose. ARC Community Services is choosing to be a non-MA provider. Many women are assessed based on COMPAS, not on ASAM. However, ARC is being paid through GPR and other funds, not SABG. Also, ARC gets funding from Dane Co. but the county is asking ARC to be MA provider, and requiring to review placements to ARC. Dane Co. has been blocking some placements, would not cover room and board for them, even if MA authorizes placement. Michelle: Outagamie Co. also wants all client placements to go through them for referrals to MA provider if the county is to pay room and board. Karen: This review is a very laborious process. Kevin: Some of clients who should be placed with a residential treatment provider will not be referred and placed. Also, providers used to manage client waitlists, but now counties are managing this more.

Kellie: DOC needs to know answers now on funding priorities and whether MA-eligible clients must be placed with a MA residential treatment provider. She is writing the grant proposal to DHS and needs to address this.

Michelle: Apricity is an MA provider, waiting for PIN in the mail. This is the final step in this laborious process before it can start serving MA clients. (Jill concurred this is to log in to portal.)

Jill: The RSUD coverage benefit experience has been OK. Most 10-day authorizations have been automatic, but next level 20-day authorizations are not automatic. Arbor Place has received two approvals so far, but others result in being asked for further information and clarifications. Not a problem by itself, but Jill is leery – are reviewers looking at client needs, or looking with a DQA view (i.e., authorization request was not underlined by clinical supervisor)? She shared her concern of having MA clients placed on waitlist instead of getting immediate treatment with non-MA provider. Some good news though: Some “financially-tight” counties have recently been covering room and board. Two clients have self-paid room and board costs (family member paid). As of today, all clients have either commercial insurance or MA. Jill and Raeanna Johnson both expressed it would be tragedy if a county can’t use SABG funds to cover treatment if they’re forced to use MA provider but client is then placed on a waitlist instead of being immediately placed with a non-MA provider. Mike noted that under the SABG requirements, wait-listing clients should be minimized as much as possible.

Christine: She related some “between the cracks” situations, grey situations. Should a program hold a bed pending authorization approvals? That is an unpaid, unused bed. Addressing discharge plans, how specific must plan be? She has not heard if Meta House is getting longer initial authorizations up front from pregnant and postpartum women. Feedback from DMS is not getting back to providers very quickly. DMS must be overloaded. Meta House has had some clients self-pay room and board (from relative). Meta House would take a client who cannot self-pay or county will not pay room and board, if that person is pregnant.

Jill: Summary of comments of impacts on SUD residential treatment infrastructure: (1) providers are opting out of MA. Yet there is not enough residential capacity across WI. (2) There are providers not collecting room and board. She has heard two providers say this because surrounding counties will not pay. Too often, they are asked to accept the least high rates and absorb costs the most. (3) Cumbersome steps – barriers -- have been added for clients to jump through to be approved for MA (i.e., county insisting on approving referral and placement). This also affects workforce shortage of clinicians (especially in mental health). She recalled Sen. Bewley expressing at a Council meeting in 2019: It is not true that northern counties do not have money. It is really about making choices.

Jill and Christine will start drafting survey of all residential treatment providers on the impact of MA benefit, and loop in Raeanna. Would like to get survey out in April. Mike will draft minutes or meeting highlights to share with committee prior to March 5th Council meeting.

DHS and Other Updates:

Mike Derr: (1) Gave a brief update on the status of the approval process for proposed administrative rule DHS 75; (2) BPTR staff are starting to develop the new two-year application and plan for the FY 2022-23 SABG and MHBG funds. Staff will be looping in standing committees as they proceed with this. (3) Mike highlighted recently staff changes. Chris Keenan recently left the BPTR evaluation team – there are now three vacant positions there. Kimberly Wild, a prevention specialist, recently left. Amanda Lake Cismesia is the new Substance Abuse Services Section Chief.

Christine noted recent efforts by the IT Committee to include the PF Committee on efforts to incorporate tobacco use disorders into SUD treatment, will invite David Macmaster to the April meeting to discuss.

Adjournment: Jill moved to adjourn meeting, Raeanna seconded motion. Motion passed unanimously. Meeting adjourned at 12:54 pm.

Prepared by: Michael Derr on 4/16/2021.

Minutes were reviewed and approved by the P&F Committee at its 4/21/2021 meeting.



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Planning and Funding Committee

April 21, 2021

9:30 AM to 12:30 PM (Virtual)

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Meeting ID: 655 139 5128

Dial by your location: 1-312-626-6799 (Chicago)

MEETING AGENDA

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review Feb. 17, 2021 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. Recent Updates: COVID-19 and RSUD Medicaid BenefitCommittee Members
5. Incorporating Tobacco Use Treatment into SUD Treatment.....David Macmaster, *IT Committee*
6. RSUD Medicaid Benefit – draft Survey.....Jill Gamez & Raeanna Johnson
7. Governor’s Budget and DHS Budget Update.....Committee Members
8. DHS and Agency Updates.....Mike Derr & Committee Members
 - Status of 2021 Legislative Proposals
 - Grant Opportunities
9. Agenda Items for May 19, 2021 Committee meeting.....Committee Members
10. Adjournment.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Planning and Funding Committee, State Council on Alcohol and other Drug Abuse (SCAODA)			Attending: Members: Christine Ullstrup; Raeanna Johnson; Michelle Devine Giese; Jill Gamez; Kevin Florek, Karen Kinsey, Kellie Blechinger;
Date: 4/21/2021	Time Started: 9:32 am	Time Ended: 12:54 pm	Not Present: Brian Dean. Guests: Roger Frings; Sandra Westerman; David Macmaster DHS Staff: Mike Derr
Location: Via Zoom			Presiding Officer: Christine Ullstrup
Minutes			

Call to Order: Christine Ullstrup called meeting to order at 9:32 am.

Review of Feb. 17, 2021 draft meeting minutes:

Michelle Gamez moved to approve minutes, and Kevin Florek seconded. No discussion of changes. Motion carried unanimously.

Public Comment and General Updates:

No comments were made from members of the public. Kevin noted that the “Cocktails to Go” bill (SB-22/AB-32) passed both houses and was signed into law by Gov. Evers. Roger Frings mentioned that the Governor’s Office confirmed they had received the Council’s letter opposing the bill. What is happening in Wisconsin regarding these and similar bills is happening across the country, according to Julia Sherman. The Executive Committee will meet again soon to consider another motion by the Prevention Committee opposing other bills. Roger expressed disappointment that the Governor’s Office didn’t initially send acknowledgement of the Council’s bill, given that SCAODA is the Governor’s designated entity for SUD policy. Kevin suggested Roger should relay his frustration to the Governor’s Office. Karen Kinsey stated that the Council could support insertion of sunset provisions in the proposed alcohol bills, and work with Rep. Billings and Sen. Bewley. Christine Ullstrup said the Council and P&F Committee could work with the WI Alcohol Policy Project and Prevention Committee on mitigating the impact of these bills. The “Click ‘N Collect” bill (SB-56/AB-70) has passed the Senate, and the third “Alcohol Deliver” bill (SB-57/AB-71) is still in committee.

Covid-19 and RSUD Benefit Updates:

Jill Gamez shared that 60% of staff are vaccinated, and are asking clients if they want vaccines. One challenge has been to find and keep contact with clients who are on waitlist for treatment services. The bed capacity is still restricted, but have been completely filled lately. Michelle Devine Giese shared that 65% of staff are vaccinated and that her facility has been full, with clients on waitlists. She believes Covid relief is making it harder to hire new staff, and that its hard to complete against clinics and counties for staff, given the salaries and benefits they offer. (Jill and Christine Ullstrup concurred that these are challenges for them, too.)

Karen noted that placements in ARC Community Services are normally 4-6 months long; MA would not support placements that long. Majority of ARC staff are now vaccinated. Those who are hesitate are encouraged to talk to their doctors, and then often change their minds. Christine shared that Meta House will be resuming in-person group sessions (held outdoors) by mid May. Raeanna Johnson stated that Tellurian is short one clinician, but recently hired a new person. They are also struggling to hire staff.

Karen expressed frustration with potential that Medicaid funds would run out quicker if proposed initiatives that MA would support are adopted. Roger said the new initiatives are premised on the proposed \$1.3 billion

expansion in MA money that would support an additional 90,000 Wisconsinites. Kellie Blechinger will follow up on Karen's questions regarding DOC services and concerns about the status of those programs in the near future.

Incorporating Tobacco Use Treatment into SUD Treatment:

Mac gave overview of the Tobacco Integration Implementation Project and its strategic planning efforts. Members of the special workgroup for this Project are from the IT and PF committees and include Mac, Christine U and Joe Muchka. Primary purpose is to promote integration of tobacco use disorder (TUD) treatment into standard SUD treatment practices.

Mac noted that challenges and questions include: (1) What will be the actual cost of integrating TUD into SUD treatment? (LFB has been approached to help figure out this cost.) (2) Is SCAODA willing to adopt policy to help establish standard of care for TUD treatment, make it equivalent to other treatments, and help promote equivalent levels of funding for TUD treatment? (BPTR has been supportive of TUD treatment integration)

Mac requested that the PF Committee consider and approved a proposed motion that reads:

SCAODA resolves to support equivalent funding for Tobacco Use Disorder (TUD) treatment as is standard of practice for funding SUD'S in Wisconsin treatment policies and practices

There was further discussion by PF Committee members and guests on the meaning of "equivalent funding" and Mac and others pointed out what is really being sought is "equivalent programming." Based on discussion, Mike Derr suggested the following proposed motion language, which Mac supports:

SCAODA resolves to support standard of care for Tobacco Use Disorder (TUD) treatment, as well as reimbursement rates, that are equivalent to standards of practice for SUD'S incorporated in Wisconsin treatment policies and practices. SCAODA also supports allocation of funding for training and technical support initiatives in the treatment of TUDs.

Christine U and Raeanna J. suggested that PF Committee table consideration of the motion to the May 19th meeting, when the motion language can be further discussed and agreed upon. Other committee members agreed, so by consensus the motion was tabled. Christine mentioned that DHS 75 rule requires consumers to be treated for TUDs. Barriers to such treatment have recently been removed. Karen K agrees that barriers have been removed, not sure that DHS 75 currently requires TUD treatment.

RSUD Benefit – Draft Survey:

Raeanna Johnson and Jill Gamez went online and walked through the 30 draft survey questions designed to help ascertain the impact of the new RSUD benefit on residential treatment providers, and received feedback from Committee members. They hope to send out the survey in May, and will seek to come up with a clever subject line title to attract interest.

Gov. and DHS Budget Update:

Roger gave an update on the overall Wisconsin budget process, and the WI Council on Mental Health letter to the Joint Finance Committee supporting Medicaid expansion. Karen suggested that SCAODA also send a similar letter to Joint Finance supporting MA expansion. Jill Gamez offered a motion – the PF Committee encourages SCAODA to express to Joint Finance its support for MA expansion via a letter. Raeanna seconded the motion. Motion carried unanimously. Jill offered to start writing up the motion supporting documentation, and Roger and Mike will start drafting a letter of support.

May 19, 2021 Agenda Topics:

Andrea Jacobson to meet with PF Committee to discuss strategy for Committee and Bureau of Prevention Treatment and Recovery to partner for seeking future discretionary grant opportunities. Also, committee will update status of motion for SCAODA to support MA expansion, and for supporting incorporation of TUD services into general SUD treatment services. Also Mike will share any updates on the status of the new SABG supplemental grant funds and the 2022-23 SABG two-year plan.

Adjournment: Jill moved to adjourn meeting, Raeanna seconded motion. Motion passed unanimously. Meeting adjourned at 12:54 pm.

Prepared by: Michael Derr on 5/18/2021.

Minutes were reviewed and approved by the P&F Committee at its 5/19/2021 meeting.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Planning and Funding Committee

May 19, 2021

9:30 AM to 12:30 PM (Virtual)

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Meeting ID: 655 139 5128

Dial by your location: 1-312-626-6799 (Chicago)

MEETING AGENDA

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review April 21, 2021 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. Recent Updates: RSUD Medicaid BenefitCommittee Members
5. Committee Support of DHS Bureau to Seek Discretionary Grants.....Andrea Jacobson & Teresa Steinmetz
6. RSUD Medicaid Benefit – Status of Survey.....Jill Gamez & Raeanna Johnson
7. Discussion of Possible Motions to Full Council.....Committee Members
 - Motion Supporting Incorporating Tobacco Use Treatment into SUD Treatment
 - Motion Supporting Governor’s Proposed BadgerCare Expansion
 - Motion relating to 2021 Legislative Proposals
8. DHS and Agency Updates.....Mike Derr & Committee Members
9. Agenda Items for July 21, 2021 Committee meeting.....Committee Members
10. Adjournment.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

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

<p>Committee Introducing Motion: Planning & Funding Committee</p>
<p>Motion: SCAODA resolves to support a standard of care for Tobacco Use Disorder (TUD) treatment, as well as reimbursement rates, that are equivalent to standards of practice for current substance use disorder (SUD) practices incorporated in Wisconsin treatment policies and practices. SCAODA also supports allocation of funding for training and technical support initiatives in the treatment of TUDs.</p>
<p>Related SCAODA Goal: #3 ~ Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.</p>
<p>Background: Historically, treatment services for tobacco use disorders (TUDs) have not been prioritized nor funded at the same level as treatment services for alcohol and other drug use disorders. As an example, federal SABG funds generally cannot support TUD treatment as stand-alone services; instead, TUD must be included with one or more forms of alcohol or drug use treatment in order to be supported by SABG funds. However, recent research and best practices suggest the importance of addressing TUD treatment needs at similar levels to other alcohol and drug use treatment.</p>
<p>Rationale for Supporting Motion: The Planning & Funding Committee agrees with the Intervention & Treatment Committee (ITC) that Wisconsin SUD professionals to assess and treatment TUDs with evidence-based treatment practices proven to motivate persons seeking to quit. The ITC has already requested state regulatory and credentialing agencies to establish this as the standard of care across Wisconsin.</p> <p>TUD integration into behavioral health services is now supported by SAMHSA, ASAM, the CDC and NAADAC. Recent initiatives have supported TUD integration into SUD and other behavioral health services, including:</p> <ul style="list-style-type: none"> • Wisconsin Division of Public Health’s Tobacco Prevention and Control Program (sustained funding) • Wisconsin Division of Care and Treatment Bureau of Prevention, Treatment and Recovery (supplemental funding) • Wisconsin School of Medicine Center for Tobacco Research and Intervention – WINTIP coordination • Recovery Coalition of Dane County (policy approval) • Wisconsin Voices for Recovery (policy approval) • South Central Employee Assistance Program (policy approval) • Michael Miller, M.D. past president of ASAM and co-author of current ASAM CRITERIA, supports WINTIP tobacco integration. <p>Moreover, recent proposed revisions to Wisconsin Administrative Rule Chapter DHS 75 open the possibility Wisconsin SUD treatment programs and services will be asked to provide equivalent SUD treatment for TUD, essentially transitioning programs from a tobacco tolerant system to an alcohol, drug and now tobacco free environment and series of treatment practices. The proposed rule DHS 75</p>

(02) (112) would define **“Substance use disorder” as a diagnosis of substance use disorder listed in the DSM.**

Proposed rule DHS 75 (02) (113) would define **“Substance use treatment” as the delivery of clinical services for the purpose of addressing a substance use disorder as defined in the DSM.**

These proposed definitions open the possibility for Tobacco Use Disorder treatment listed as eligible in DSM-5 to be integrated into our established Wisconsin Substance Use Disorder intervention, treatment and recovery support services.

Potential Opposition: Funding sources such as federal SABG grant guidelines generally do not support stand-alone TUD treatment services, suggesting that TUD needs and treatment services are still not considered or prioritized to the same level as other alcohol and drug treatment needs and services. Also, current rule DHS 75 (02) (86) defines **“substance use disorder” as the existence of a diagnosis of “substance dependence” or “substance abuse”, listed in DSM-IV, excluding nicotine dependence.**

<p>Committee Introducing Motion: Planning & Funding Committee</p>
<p>Motion: The P&F Committee requests that SCAODA express its support for the proposed BadgerCare Expansion under Governor Evers’ 2021-23 budget to the Joint Finance Committee, via a letter sent to its members, and encourage JFC members to support BadgerCare expansion.</p>
<p>Related SCAODA Goal: #3 ~ Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.</p>
<p>Background: The recently completed 2019 Behavioral Health Gaps Analysis in Wisconsin indicated that the most common barrier to access to care was the lack of financial coverage for many consumers. For many individuals near the income cut off for BadgerCare, the high deductibles required of many insurance policies, including insurance provided under the federal Affordable Care Act, is a significant barrier to seeking necessary treatment and other care for substance use and mental health disorders, and other behavioral health issues. Governor Evers’ 2021-23 biennial budget proposes up to an additional \$1.3 billion in Medicaid funds through an expansion of BadgerCare, serving an additional 90,000 consumers in Wisconsin. The use of additional federal funds for this expansion would save an estimated \$634,000 in state funds.</p>
<p>Rationale for Supporting Motion: The Planning & Funding Committee is concerned that without the expansion of BadgerCare, Wisconsin residents and communities will continue to struggle with the following:</p> <ul style="list-style-type: none"> • Residents will continue to experience significant barriers to access medically necessary substance use disorder and mental health disorder treatment services. The current Pandemic has been associated with a rise in overdoses, suicide and attempts. Stress combined with limited access to care are contributory. BadgerCare expansion provides better access to care for an estimated 90,000 Wisconsin citizens, nearly half of whom are uninsured. • Wisconsin has significant racial disparities in access to insurance coverage and health outcomes. BadgerCare expansion will likely have a positive impact on coverage for communities of color and marginalized populations who face these challenges. • Many individuals whose mental health and substance use challenges contribute to entering the State criminal justice system, and without access to treatment supports, the high costs of incarceration will continue. <p>The benefits of BadgerCare expansion for Wisconsin citizens would include better access to care, including substance use disorder and mental health treatment, and reducing unnecessary suffering and death. Expansion would also bring substantial economic gains by capturing our federal tax dollars for the benefit of Wisconsin citizens, reduce unnecessary costs that increase property taxes and support local healthcare.</p> <p>Bipartisan collaboration for the benefit of Wisconsin citizens would be reflected by joining the nearly 40 states, including more than a dozen with fiscally conservative leadership, that have recognized the health and economic benefits of this opportunity.</p>

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Prevention Committee, State Council on Alcohol and Other Drug Abuse			Attending: Members: Chris Wardlow, Julia Sherman, Kari Southern, Sarah Johnson, Danielle Luther, Emily Holder, Faith Price, Annie Short, Meagan Pichler, Jenny Hallet, Alex Berg Not Present and Excused: Chrsintina Denslinger Not Present: Frank Buress, Ronda Kopelke, Mike Knetzger Ex-Officio Members: Nicole Butt, Christy Niemuth, Maggie Northrop, Sarah Linnan Guests: Roger Frings, Mai Zong Vue DHS Staff: Katie Behl, Kimberly Wild, Allison Weber, Raina Haralampopoulos
Date: 1/21/2021	Time Started: 9:30 am	Time Ended: 12:00 pm	
Location: Via Zoom			Presiding Officer: Chris Wardlow, Interim Chair

Minutes

1. Welcome and Introductions.....Chris Wardlow, Interim Chair

Chris Wardlow, Interim Chair welcomed everyone and asked them to introduce themselves since we have a new member to the Committee, Alex Berg. Kimberly Wild shared that she is resigning at the end of the month.

2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow

Interim Chair opened the public comment agenda item and requested comment. No public comment.

3. Approve Minutes from October 15, 2020 Meeting..... Chris Wardlow, Interim Chair

Chris thanked Kimberly for the meeting minutes and her recording skills. Chris welcomed her to join the Prevention Committee at any time and shared his appreciation for her work and efforts. Chris requested the Committee to review them and will entertain a motion. Julia Sherman made a motion to approve the meeting minutes, Kari Southern has seconded the motion, no discussion, and passed unanimously.

4. Update from the December SCAODA Meeting.....Roger Frings, SCAODA Chair

Roger Frings provided updates from the December full Council meeting. During the December meeting they voted in favor of creating a workgroup on Equity and Inclusion within the Diversity Committee; to be led by Harold Gates and Thai Vue. They will be working on a short timeline with both short and long term goals. Currently, they are missing membership from the Planning and Funding Committee and understand that people are getting pulled into many different directions and will continue recruitment. If anyone is interested in participating they can email Raina Haralampopoulos and she will coordinate with the Co-Chairs and Staff to the Equity and Inclusion Workgroup.

5. CLAS Standards and Implementation within Prevention Work.....Mai Zong Vue, DCTS/DHS

Mai Zong Vue, Cultural Coordinator, of the Integrated Section/BPTR/DCTS/DHS, works with underserved populations by identifying needs and is the lead for the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards) for implementation within the Division. She shared the Thinkculturalhealth.hhs.gov website and provide an overview of all the resources it offers to agencies. CLAS

standards has been an effort since early 2000 and is a plan to address health inequities. Mai Zong discussed the framework and strategies to be responsive to the people we serve in Wisconsin.

SCAODA made a motion in 2015 to require CLAS standards to be implemented within the Division and its work. The Division will be working with SCAODA and the Mental Health Council to be part of the implementation and evaluation processes of the CLAS standards.

Discussion continued about picking one CLAS standard to focus on because it can be overwhelming at first however it would be a step in the right direction of advancing healthy equity and improving care and access to services. Mai Zong offered a suggestion about selecting a CLAS standard that the Committee could work on collectively such as helping people understand the “system” so that prevention of behavioral health issues could happen earlier and quicker. Members and Guests shared a discussion about the following topic areas:

- Strategic planning – we tend to leave it out of the process because it is a new, costly
- Data – biggest challenges, historical distrust, and it has been used against people. Cultural sensitivity is lost when you look across populations and at numbers. Conversations, focus groups, even the questions in the survey and its relevancy can show transparency, interest, and respect.
- Continue to challenge ourselves in the work that we do, the reports we create, and strategic plans.
- Dedicate time to learn how to meet people who are not in the system, why are they not participating, request suggestions on how to improve communication and access to the services and resources. The design of the system allows for engagement from some sectors while hindering engagement from others. Find the leaders in the community.
- Respectfully finding, contacting, and working with community leaders in the population.
- Include underserved populations
- Recruitment of members that represent populations; look at capacity and staffing and make it priority

Chris thanked Mai Zong for her presentation and information.

6. Alcohol Priority Action Team (APAT) Update.....Maggie Northrop, OPPA/DPH/DHS

Maggie Northrop shared an update on the Healthy Wisconsin’s priorities and how work has been spent time on creating a cross-cutting theme. Currently, the priorities include adverse childhood experiences (ACEs) and trauma and with the recent COVID-19 pandemic response, there is work being done to create systems/partnerships that are more resilient and equitable. Maggie has been looking at ways to incorporate these partnerships into Healthy Wisconsin and making the connections and links to prevention within each priority area. UW Population Health Institute – MATCH, UW Extension, Wisconsin healthcare systems, and the Divisions of Care and Treatment Services and Public Health will be working to review the priorities’ strategies to see if they are current and feasible, along with incorporating systems and policies changes, and health equity strategies. These will be revised internally and will go to Committees like the Prevention Committee to get approval. The opioid priority area will be revised to include harm reduction strategies since more focus and funding has been allocated to this work. A question was asked about the priorities changing and Maggie shared that for another year and a half they will remain the same. The public can always make comment and revisions could be made to include other substances.

7. Alcohol Prevention ad hoc Workgroup Update.....Raina Haralampopoulos, DCTS/DHS

Raina Haralampopoulos shared an overview of the first couple of meetings of the Workgroup and the structure of how they will be gathering information and testimony. Currently, they are inviting experts to join and offer suggestions on how to improve the alcohol culture and environment in Wisconsin. They have seven smaller workgroups that will be focusing on specific topics as it relates to alcohol and drafting recommendations.

The recent alcohol bill proposed in the Legislature was shared with the Committee. The “cocktails to go” bill does not include language about size of drink, does not limit the number of drinks to sold at one time, does not require the purchase of food or the opportunity to order food, does not include information about the seal of the drink, and undermines local control. Essentially, it expands the area of alcohol sales and raises public health and safety concerns. Roger shared that the Prevention Committee could take action on this proposed legislation if there is enough concern. This would be done by a motion from the Prevention Committee requesting the Executive Committee to convene, take action on the “cocktails to go” bill and write a letter to the Governor and Legislature about their concerns and oppositions (which would include the bill number when assigned), and Roger would then update Chris and Raina after the Executive Committee meeting. Chris Wardlow made the motion for the **Executive Committee of SCAODA to send a letter to the Governor and Legislature sharing their grave concern and go on record in opposition of LRB 6241/P2 also known as the “cocktails to go” bill and when the bill receives a bill number it will be added to the letter.** The motion was seconded by Annie Short, no discussion, and passed unanimously.

8. Updates on Prevention Grants (PFS15, Tribal PFS, PDO, SPF Rx, and SOR 2) – DCTS Staff and Christina Denslinger, GLITC

Raina shared the Word document with Members and Guests of the Prevention Committee and asked if anyone had any questions.

9. Agency Member Updates.....Committee Members

- Faith Price, Dept. of Children and Families shared about the upcoming Youth Conference in April (pg. 2): <https://dcf.wisconsin.gov/files/cwportal/ys/newsletter/ys-newsletter.pdf>
- Emily Holder, Dept. of Public Instruction sent an email about the AODA prevention grants are now open to public school district and CESAs. Emily shared the link to an announcement about the Wisconsin Center for Resilient Schools which is a new initiative that is housed within WISH: <https://www.wishschools.org/aboutus/wisconsin-center-for-resilient-schools.cfm>
- Danielle Luther, Family Health Center of Marshfield, Inc. shared that Wayne Sorenson (formerly with UW-Stevens Point Continuing Education) was hired and started in November 2020. They will be hosting one hour training series on different topics that were voted on by their community partners. They recently received a federal grant to address the prevention, treatment and recovery of neonatal abstinence syndrome (NAS). Under the prevention arm of the project they are looking family programming for new moms and their families, family planning, and adapting Family Circles for the Tribes.
- Christy Niemuth, Division of Public Health (OD2A – Overdose Data to Action grant) shared about the recent collaboration with the Division of Care and Treatment Services on the Dose of Reality and the

kNOw Meth campaigns. They are working to update these campaigns to include information on other types of stimulants, fentanyl, and naloxone.

Chris thanked everyone for their updates. He thanked Kimberly for her work and wishes her well. He also gave well wishes to Nicole Butt because the Tribal PFS grant has ended. Chris welcomed Alex to Prevention Committee and hopes she will continue to participate.

10. Future Agenda Items.....Committee Members

Prepared by: M. Raina Haralampopoulos on 4/14/2021.

Minutes approved by the Prevention Committee at its 4/15/2021 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
Prevention Committee**

April 15, 2021
9:30 AM to Noon

[Join Zoom Meeting](https://dhs.wi.zoom.us/j/82608315941) - <https://dhs.wi.zoom.us/j/82608315941>

MEETING AGENDA

1. Welcome and Introductions.....Chris Wardlow, Interim Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow
3. Approve Minutes from January 21, 2021 Meeting..... Chris Wardlow
4. Update from the March SCAODA Meeting.....Roger Frings, SCAODA Chair
5. Equity and Inclusion ad hoc WorkgroupMeagan Pichler, Marshfield Clinic
6. Alcohol Priority Action Team (APAT) Update.....Maggie Northrop, OPPA/DPH/DHS
7. Alcohol Prevention ad hoc Workgroup Update.....Raina Haralampopoulos, DCTS/DHS
8. Alcohol Legislation.....Julia Sherman, WAPP
9. Updates on Prevention Grants (PFS15, PDO, SPF Rx, and SOR 2) – DCTS Staff
10. Agency Member Updates.....Committee Members
11. Future Agenda Items.....Committee Members

Next meeting is Thursday, July 15, 2021.

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

SCAODA Motion Introduction

Committee Introducing: Prevention Committee
Motion for the Executive Committee of SCAODA: Julia Sherman to draft a letter that would be sent to the Governor and Legislature and go on record in opposition of Assembly Bill 242, and remind them of the opposition against Senate Bill 57/Assembly Bill 71 and Senate Bill 56/Assembly Bill 70.
Related SCAODA Goal: 2) Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.
Background: Excessive alcohol use remains a significant threat to the health, safety and prosperity of Wisconsin's residents. Despite decreases in underage drinking, Wisconsin's rate of underage drinking remains above the national average. Early alcohol use creates a vulnerability to later opiate misuse and dependence among our children, a risk that should trouble all residents. Unhealthy and dangerous drinking among Wisconsin's adult population remains disturbingly high. Recent research suggests that even moderate alcohol use among the elderly carries more health and safety consequences than previously known. Given the broad scope of alcohol-related concerns in Wisconsin, this is a public health and safety concern that must be addressed at the population level.
Rational for Supporting the Opposition: There is a need for effective individual and population level interventions that can be implemented throughout Wisconsin, as well as enforcement of the minimum legal drinking age. Since the 2010 release of State Council on Alcohol and Other Drug Abuse's (SCAODA) report on <i>Alcohol, Culture and Environment</i> , municipal interest and experience implementing evidence-informed policies and practices that reduce alcohol misuse has increased dramatically. In the intervening decade, research into effective policies & practices has refined earlier options and suggested new interventions and policies. In addition, the increasing range of retailing options and alcohol products creates issues unanticipated by current statutes. The Prevention Committee received approval to convene an alcohol prevention ad hoc workgroup that has been meeting monthly to update the <i>Alcohol, Culture and Environment</i> report and with these legislative bills that would increase the availability of and access to alcohol they too have also raised concerns. Across Wisconsin, communities are working to meet the three alcohol-related objectives in <i>Healthy Wisconsin</i> : 1) reducing underage drinking, 2) reducing heavy and binge drinking among adults and, 3) reducing alcohol-related deaths. These three goals will improve the quality of life in Wisconsin and can reduce the financial burden excessive alcohol consumption places on municipalities responsible for emergency services and law enforcement. Assembly Bill 242: Under this bill, beginning on June 1, 2021, and ending on August 31, 2021, the sale of tangible personal property and taxable services sold at any licensed brewpub in this state or at any business that has as its primary business activity in this state an activity classified under the North American Industry Classification System as a motion picture theater, including a drive-in theater; a tavern, restaurant, or other food service establishment; or an amusement park or arcade is exempt from the state sales and use tax. The exemption also applies to the county sales and use tax, the sales tax imposed by a premier resort area, and the food and beverage tax imposed by a local exposition

district. Opposition to the passage of this bill includes the following:

- The holiday would apply to both state and local sales taxes and is projected to result in \$13.3 million dollar loss of local revenue that support.¹

Continued opposition is against Senate Bill 57/Assembly Bill 71 and Senate Bill 56/Assembly Bill 70 as outlined in the memo on March 12, 2021.

- AB-71/SB-57: Allowing alcohol to be ordered remotely and delivered by a third party effectively repeals Wisconsin’s existing requirement for face-to-face alcohol sales. That requirement assigns retailers responsibility for determining if the customer has reached the minimum legal drinking age and is not intoxicated. This bill replaces that requirement with an “assertion” by customers that they are at least 21 years old and not intoxicated. Responsibility and all liability for verifying this information is assigned to the delivery personnel, not the retailer. Alcohol compliance checks conducted in states that currently allow alcohol delivery and curbside pick-up show significant non-compliance rates with alcohol sold or delivered to underage youth.² Yet, enforcement protocols and additional funding for law enforcement are not provided in this bill. While some may believe delivering alcohol reduces drunk driving, that analysis overlooks the very real danger of additional alcohol-related falls and poisoning deaths that already exceed the rate of alcohol-related vehicular deaths in Wisconsin annually.³
- AB-70/SB-56: This proposal, largely unrelated to the pandemic, restricts municipalities’ abilities to control curbside sales of alcohol. For several years in Wisconsin, it has been legal for curbside alcohol pick up to take place if the area where the alcohol was transferred to consumers was added to the “licensed area”. Some municipalities adopted ordinances that set out additional requirements to assist law enforcement and verify purchasers were legal-aged adult purchasers. This bill would invalidate those local ordinances and preempt all other attempts to regulate local curbside pick-up. These ordinances are needed to address these local concerns and promote public health and safety. Preemption does not serve any public purpose and in this situation, would reduce public safety.

¹ Fiscal Estimate – 2021 Session (4/12/2021). Retrieved on 4/23/2021: https://docs.legis.wisconsin.gov/2021/related/fe/ab242/ab242_dor.pdf

² Siddiqui, F. (2020, April 21). The new speakeasy: Uber Eats has turned into a rogue cocktail bar. The Washington Post. Retrieved from <https://www.washingtonpost.com/technology/2020/04/21/uber-eats-cocktails-coronavirus/>

³ Wisconsin Resident Death Certificates, Division of Public Health, Department of Health Services, 2015.

Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Alcohol Prevention ad hoc Workgroup

Join Zoom Meeting: <https://dhs.wi.zoom.us/j/83267977745>

March 19, 2021

9:30 a.m. to 12:00 p.m.

MEETING AGENDA

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair
3. Review and Approve Meeting Minutes from February 19, 2021Maureen Busalacchi, Chair
4. Invited Panel Fact-Finding Presentations.....Maureen Busalacchi, Chair
5. Status of Discussion Groups..... All
6. Future Agenda Items.....Workgroup Members

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

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA - Alcohol Prevention ad hoc workgroup		Attending: Members: Julia Sherman, Father Dave Reith, Dr. Hee Soo Jung, Ann DeGarmo, Dan Nordstrom, Jenny Hallett, Sarah Johnson, Sara Kohlbeck, Chief Aaron Chapin, Lashawnda Maulson, Lynne Cotter, Ex-Officio: Father Brian Mason, Maggie Northrop Guests: Felice Borisy-Rudin, Morgan Bloch, Excused: Montee Ball, Vaughn Bowles, Dawn Berney, David Houghton DHS Staff: Raina Haralampopoulos
Date: 2/19/2021	Time Started: 9:30 a.m. Time Ended: 11:30 p.m.	
Location: Meeting held remotely via Zoom due to COVID-19 pandemic		Presiding Officer: Maureen Busalacchi, Chair

Minutes

1. Welcome and Introductions.....Maureen Busalacchi, Chair

Maureen Busalacchi welcomed everyone to the second meeting of the ad hoc workgroup. She requested all members and guests to introduce themselves. Maureen reviewed the meeting agenda and shared that the agenda might change to allow the guests have time to share their knowledge and experiences.

2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair

There was no public comment.

3. Review and approve the meeting minutes from the last meeting..... Maureen Busalacchi, Chair

Maureen asked voting members to review the meeting minutes from January 15 and for a motion to approve them. Sarah Johnson made the motion to approve the January 15 meeting minutes, seconded by Sara Kohlbeck, no discussion, and motion passed unanimously.

4. Invited Panel Fact-Finding Presentations.....Maureen Busalacchi, Chair

Captain Jason Melby

- Recommended cohesive and clear regulations across the state.
- Age verification for home delivery question
 - Melby: where you lose control aspect of face to face sales.
- Maybe standards not required but recommended with incentives. Best place to create best practices? Who should be involved in developing?
 - Melby: local clerk association, law enforcement, someone from visitor committee
- Does La Crosse have a POLD system
 - Melby: When dealing with intoxication issues in early 2000s, they were tracking when they would take people to detox. Focus of community has changed, shift in what agency is now focusing on.
- Alcohol age compliance checks, car (?) grants, staffing hard?
 - Melby: being able to organize w/o grants is hard. To do it right you need the time and people.

Lisa Rasmussen

- Perspective of Wausau, WI. Stakes were high that we get this right. Appropriate use of chap 125, local resources, and proper policies.
- Local control is important to manage issues properly
- Cocktails to go legislation is a threat to local control
- How do we find balance between best practices and home rule?
 - Rasmussen: joint effort between coalitions and league of municipalities. Consistency is important, treating the licenses the same, rules are the rules, enforce them across the board
- Are convenience stores included in number of license?
 - Rasmussen: That's class B not Class A

- Tell us more about the United Way report that helped you make the changes in Wausau.
 - Rasmussen: Survey. Red flags with underage drinking and access. Clear that something needed to happen. Found out that the way we gave out licenses was on a first come first serve basis, we don't do this anymore, more holistic approach.

Jerry Deschane

- League of Wisconsin municipalities' perspective.
- Biggest issue is the state imposed quota on liquor licenses. Impediment on development. Chapter 125
- Chapter 125 is confusing and needs more clear language and the suspension part is too stringent
- Costs of alcohol - about half of police budget is used on alcohol related issues
- More alcohol licenses will lead to more police calls for alcohol issues. Do communities understand consequences of increased outlet density?
 - Deschane: cities and villages don't necessarily want more bars and taverns, they want things like nice restaurants/venues that need to be able to serve alcohol.
 - Chief Chapin: calls for service different. We don't see a large portion driven by alcohol. But we are different than other places, we don't have the traditional tavern scene. I do agree that bars and taverns are different than restaurants and venues that serve alcohol.
 - Deschane: I don't have a legal answer. Difference needs to be carefully drawn. Whatever we write, can we make it logical, and we don't have that right now with chapter 125.
- Economic vitality and liquor licenses. Is there a threshold on licenses where it would be an impediment to economic vitality?
 - Deschane: I don't know if there is data on that. Would be a good research question.

Sheriff Chris Fitzgerald

- Barron County very preventative.
- We normally do a lot of compliance checks, make sure every place is checked at least once. Education (safe serve program) instead of citation.
- Need to continue to talk about alcohol to the community
- Wedding Barns – have unlicensed barns been an issue
 - Sheriff Fitzgerald: It can be an issue, we haven't had an issue. Support licensing them, makes it easier for us to enforce and access them
- Licensing system- would it make sense to look at different ways to license them
 - Sheriff Fitzgerald: I couldn't answer that, keeping it under alcohol licenses makes it easier for law enforcement to control
- Preference between local laws and state laws
 - Sheriff Fitzgerald: I would love to see it stay local. Leave it local

Paul Williams

- Janesville: Interactive map that shows class A and class B licenses helps to show if there is clustering and helps to make decisions when new applications for licenses come up
- Holistic application approach when issuing alcohol licenses
- Temporary licenses: sometimes not looked at carefully enough
- Growlers are an issue
- Chapter 125: why Class A doesn't have a quota but Class B does
- 300 foot rule should be changed to from property line to property line
- What training as a city council member/alcohol advisory board member do you get
 - Williams: best resource for education is Julia Sherman
- Question on the 300 ft rule, could you talk more
 - Williams: It is part of Chapter 125
 - Julia Sherman shared that it is her belief that this is rarely enforced
- So you consider public health aspect of alcohol availability in decision making
 - Williams: that is a factor, but can't think of a concrete example. Haven't denied because of a public health reason.

5. Structure of Work Gathering Testimony and Discussion Groups..... Maureen Busalacchi, Chair and Julia Sherman

Maureen shared the discussion groups' organization, and the request to include Raina and Morgan in your emails for coordination purposes. Discussion groups will keep a running list of recommendations to bring to the full workgroup to vote on. Julia suggested to schedule discussion group meetings for about 90 minutes. Remember that there are no right or wrong answer. Focus on things that are practical and workable for Wisconsin.

Maureen advised members to attend panels when you can and they will be recorded and saved in Box. If you find research you want to share, add to Box.

6. Future Agenda Items.....Workgroup Members

Prepared by: Morgan Bloch and Mary Raina Haralampopoulos on 3/1/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 3/19/2021



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
Alcohol Prevention ad hoc Workgroup**

Join Zoom Meeting: <https://dhs.wi.zoom.us/j/84733084013>

April 16, 2021

9:30 a.m. to Noon

MEETING AGENDA

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair
3. Review and Approve Meeting Minutes from March 19, 2021.....Maureen Busalacchi, Chair
4. Developing Recommendations Discussion: Expectations and Process.....Maureen Busalacchi, Chair and Julia Sherman, Member
5. Discussion Groups Breakouts..... All
6. Future Agenda Items.....Workgroup Members

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

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**OPEN MEETING NOTICE
Alcohol Prevention ad hoc Workgroup**

Join Zoom Meeting: <https://dhs.wi.zoom.us/j/84733084013>

April 16, 2021

9:30 a.m. to Noon

MEETING AGENDA

- 1. Welcome and Introductions.....Maureen Busalacchi, Chair

Present: Father Brian Mason, David Houghton, Dawn Berney, Felice Borisy-Rudin, Lashawnda Maulson, Julia Sherman, Maureen Busalacchi, Sarah Johnson, Sara Kohlbeck, Dr. Hee Soo Jung, Morgan Bloch, Raina Haralampopoulos, Lynne Cotter, Jenny Hallett, Dan Nordstrom, Chief Aaron Chapin

Excused: Ann DeGarmo, Father Dave Reith,

Maureen asked Members and Guests to introduce themselves and share what they are interested in or what stood out to them during the testimonies.

- 2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair

Maureen opened it up for Public Comment. No public comment and it was closed.

- 3. Review and Approve Meeting Minutes from March 19, 2021.....Maureen Busalacchi, Chair

Raina sent out the meeting minutes this morning and Maureen requested members to review the meetings minutes. David Houghton made a motion to approve the meeting minutes, seconded by Dr. Hee Soo Jung, no discussion, motion approved unanimously.

- 4. Developing Recommendations Discussion: Expectations and Process.....Maureen Busalacchi, Chair and Julia Sherman, Member

Talked about getting the Discussion Workgroups going. Julia has put together a presentation to discuss how we can move recommendations and its process. The expectations of the recommendations will be outlined in the presentation. Julia talked about two documents, Discussion Workgroups Process and Blue Bar document. Groups will be flexible and start talking about issues. All recommendations need to be in by July 9. You can vote on each

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

one. All recommendations should be housed in Box. There will be two votes, a preliminary vote to move it forward and the final vote. Wear all the hats that we have with lots of perspectives. Your experience is relevant. Avoid jargon and that was an error in the first recommendations report. Discussion of an actionable recommendation:

1. Level of government that should be responsible
2. The recommended activity
3. The locations or groups covered by the activity
4. Consequences
5. Funding
6. Data collection, repositories
7. Healthy disparities
8. Providing background education, especially if it has not been adopted before in Wisconsin.

The general public has to be educated on recommendations too – example was sober server.

Review Recommendations Report

Focus on Prevention

Who is the intended audience and how is it disseminated.

- List organizations that should be receiving that information.
- Municipalities
- Resources to help, summary of recommendations, toolkits, PowerPoint, and proactively

#1 – Recommendations in the last report and see where we go from there. They were the right thing last time and right today. Tuesday April 27 at 1 pm

#2 – Next 23 at 9:30, looking at the gaps and local control issues, and the past report

#3 – Next Friday, at 11:00, Sara Kohlbeck moderator, areas to explore and looking at previous report.

Annotated report the status of past recommendations. Question about that we can help you.

Zoom calendars coming out

Sarah Johnson mentioned some health equity tools that could be helpful and guiding the discovery and discussion.

Discussion Groups Breakouts..... All

5. Future Agenda Items.....Workgroup Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Alcohol Prevention ad hoc Workgroup serves under the Prevention Committee of

the State Council on Alcohol and Other Drug Abuse (SCAODA). The Workgroup's primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies.

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Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

State of Wisconsin

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**OPEN MEETING NOTICE
Alcohol Prevention ad hoc Workgroup**

Join Zoom Meeting: <https://dhs.wi.zoom.us/j/83809506992>

May 21, 2021

9:00 a.m. to Noon

MEETING AGENDA

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair
3. Review and Approve Meeting Minutes from April 16, 2021.....Maureen Busalacchi, Chair
4. Discussion Groups 6 & 7.....Workgroup Members
5. Discussion Group 2.....Workgroup Members
6. Discussion Group 3.....Workgroup Members

Next Meeting: June 18, 2021

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

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

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Prescription digital therapeutics: Using software to treat human disease



Available by prescription only (They are not just health and wellness apps)



Evaluated in randomized, clinical studies resulting in validated safety and effectiveness



FDA regulated software as a medical device



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For the treatment of substance use disorder

Please see [Important Safety Information and Indications for Use](#)



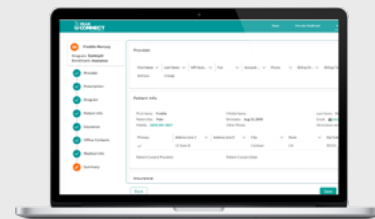
For the treatment of opioid use disorder



For the treatment of chronic insomnia

Please see [Important Safety Information and Indications for Use](#)

The industry's first patient service center for PDTs



Pear has built the first scalable platform infrastructure to discover, develop, and deliver PDTs to patients. Our commitment to developing PDTs is further demonstrated by our comprehensive pipeline of product candidates across therapeutic areas, including specialty psychiatry, specialty neurology, and a host of other non-CNS diseases.

For more information about Pear and our products visit:

www.peartherapeutics.com

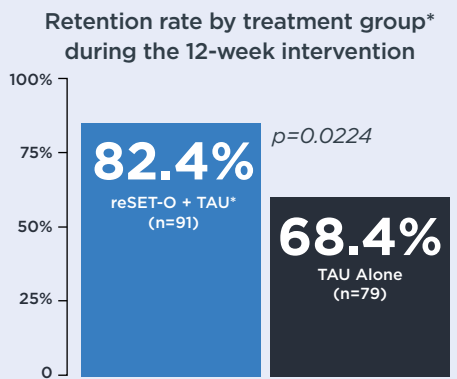
Recovery is an around-the-clock process

Give patients a discreet, 24/7 tool to complement remote or in-office addiction therapy.

reSET-O®

reSET-O®, for opioid use disorder, is the only FDA-authorized digital treatment that's proven to help patients stay in treatment longer.¹

Adding reSET-O to outpatient therapy using buprenorphine increased retention of patients with OUD by almost 15%.¹

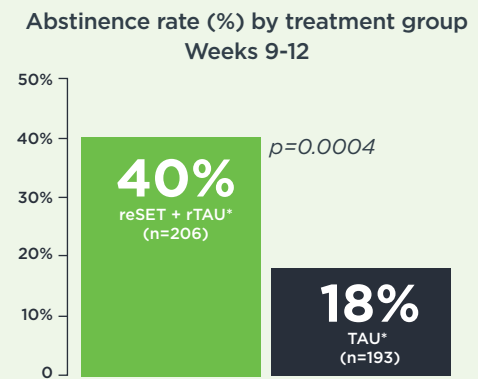


* Treatment as usual (TAU) consisted of transmucosal buprenorphine, outpatient therapy, and contingency management

reSET®

reSET®, for substance use disorder, is the first FDA-authorized treatment proven to increase abstinence and treatment retention.²

Adding reSET to outpatient SUD therapy more than doubled abstinence rates among patients whose primary addiction was not opioids.²



* TAU = treatment as usual consisted of outpatient therapy. rTAU = reduced TAU

Engage patients and clinicians to treat SUD & OUD

Patient Facing App

PROVIDES INTERVENTION^{3,4}



- Cognitive Behavioral Therapy (CBT) Modules
- Fluency Training
- Contingency Management
- Craving and Trigger Assessment

Pear.md Clinician Dashboard^{1,2}

PROVIDES INSIGHTS



- Real-World Engagement
- CBT Module Use
- Contingency Management
- Cravings and Triggers
- Urine Drug Screens and Appointments

Indications for Use and Important Safety Information

reSET-O® INDICATIONS FOR USE:

reSET-O is intended to increase retention of patients with opioid use disorder (OUD) in outpatient treatment by providing cognitive behavioral therapy, as an adjunct to outpatient treatment that includes transmucosal buprenorphine and contingency management, for patients 18 years or older who are currently under the supervision of a clinician. reSET-O is indicated as a prescription-only digital therapeutic.

reSET-O® IMPORTANT SAFETY INFORMATION

Warnings: reSET-O is intended for patients whose primary language is English and who have access to an Android/iOS tablet or smartphone. reSET-O is intended only for patients who own a smartphone and are familiar with use of smartphone apps (applications).

reSET-O should not be used by individuals outside active OUD treatment. It is not intended to replace treatment by you, the patient's medical provider. It should be used as an adjunct to clinician treatment, buprenorphine treatment and contingency management.

reSET-O is not intended to be used as a stand-alone therapy for opioid use disorder (OUD). reSET-O does not represent a substitution for a patient's medication. Patients should continue to take their medications as directed by their healthcare provider. The ability of reSET-O to prevent potential relapse after therapy discontinuation has not been studied.

Clinicians should not use reSET-O to communicate with their patients about emergency medical issues. Patients should be clearly instructed not to use reSET-O to communicate to their clinician any urgent or emergent information. In case of an emergency, patients should dial 911 or go to the nearest emergency room.

This piece does not include all the information needed to use reSET® and reSET-O® safely and effectively. Please see full Directions for Use (in the Clinician Dashboard) for complete Important Safety Information

Reference:

1. reSET-O® Clinician Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2020.
2. reSET® Clinician Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2020.
3. reSET-O® Patient Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2019.
4. reSET® Patient Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2019.

reSET® INDICATIONS FOR USE

reSET is intended to provide cognitive behavioral therapy, as an adjunct to a contingency management system, for patients 18 years of age and older, who are currently enrolled in outpatient treatment under the supervision of a clinician. reSET is indicated as a 12-week (90-day) prescription-only treatment for patients with substance use disorder (SUD), who are not currently on opioid replacement therapy, who do not abuse alcohol solely, or who do not abuse opioids as their primary substance of abuse. It is intended to:

- increase abstinence from a patient's substances of abuse during treatment, and
- increase retention in the outpatient treatment program.

reSET® IMPORTANT SAFETY INFORMATION

Warnings: reSET is intended for patients whose primary language is English and whose reading level is at the 7th grade level or above and who have access to an Android/iOS tablet or smartphone.

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reSET is not intended to be used as a stand-alone therapy for substance use disorder (SUD). reSET does not represent a substitution for a patient's medication. Patients should continue to take their medications as directed by their healthcare provider.

reSET should not be used by individuals outside active enrollment in a SUD treatment program. It should only be used as an adjunct to face-to-face counseling and contingency management. reSET is not intended to reduce the amount of face-to-face clinician time.

The long-term benefit of treatment with reSET on abstinence has not been evaluated in studies lasting beyond 12-weeks in the SUD population. The ability of reSET to prevent potential relapse after treatment discontinuation has not been studied.

The effectiveness of reSET has not been demonstrated in patients currently reporting opioids as their primary substance of abuse.



YOUR PATH TO RECOVERY
STARTS HERE

reSET®

Effective therapy for
substance use disorder
that's always within reach.

The 24-hour support you need
and a unique, discreet approach to
treatment that fits into any lifestyle
—all in one user-friendly app.

Make sure to follow
these **simple steps** to
access reSET and begin
your recovery journey.

DOWNLOAD TODAY!



Use the camera app on your
phone to scan the QR code.

⚠ Once you've downloaded the reSET
app, we recommend doing 4 lessons
per week. The first will take a little
longer than the others to complete,
but be sure to stick with it because our
data show that those who do,
see better results.

Any questions?
Visit resetforrecovery.com
or call **1-833-697-3738**

Please see **Indications for Use and Important
Safety Information** on next page.

1

First, watch out for this text!
The key to your new support
system is linked in this message.
Don't miss it!

PearConnect & Truepill Pharmacy
have received your prescription.
Start here: <https://uat-peartx.cs194.force.com/Forms/FormAccess>. Questions? 833-697-3738.
Reply STOP to stop.



2

Then, follow the embedded link
to verify your identity and
provide consent for use of
your information.



Please Sign



You may receive a call from
PearConnect™ (1-833-697-3738)
if there is no response via text.

3

Next, you'll receive a second text
(just as important) that will
confirm your prescription and
route you to a payment portal.

PearConnect has received a
prescription from your doctor.
Click here to start [https://uat-peartx.cs194.force.com/...](https://uat-peartx.cs194.force.com/)
Note, link expires in 48 hours.



4

And finally, once you've paid
your copay, you'll receive an
access code to download reSET
and get to work.



Access code:
XXXXXX



Indications for Use:

reSET[®] is intended to provide cognitive behavioral therapy, as an adjunct to a contingency management system, for patients 18 years of age and older, who are currently enrolled in outpatient treatment under the supervision of a clinician. reSET is indicated as a 12-week (90 day) prescription-only treatment for patients with substance use disorder (SUD), who are not currently on opioid replacement therapy, who do not abuse alcohol solely, or who do not abuse opioids as their primary substance of abuse.

It is intended to:

- increase abstinence from a patient's substances of abuse during treatment, and
- increase retention in the outpatient treatment program.

Important Safety Information for Patients:

Warnings/precautions: Do not use reSET to communicate any emergency, urgent or critical information.

reSET does not include features that can send alerts or warnings to your clinician. If you have feelings or thoughts of harming yourself or others, please dial 911 or go to the nearest emergency room.

reSET is intended for patients whose primary language is English, who have access to an Android/iOS tablet or smartphone and are familiar with the use of smartphone applications (apps). You should be able to upload data periodically, i.e. have internet/wireless connection access.

reSET should only be used by individuals who are enrolled or participating in an SUD treatment program. It should be used with face-to-face counseling and contingency management (a program that provides incentives for participation in your treatment program). It is not intended to replace outpatient treatment.

reSET is not intended to be used as stand-alone therapy for substance use disorder (SUD) and does not replace care by your provider. reSET is not a substitute for your medications. You should continue to take your medications as directed by your provider.

Please see the Patient Brief Summary Instructions for reSET.

PEAR
THERAPEUTICS

The Pear Promise

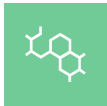
Helping Patients Through Innovation
with reSET® and reSET-O®

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Prescription Digital Therapeutics (PDTs):


A new therapeutic class that is being integrated into standard of care

SMALL MOLECULES




1900-1980

BIOLOGICS



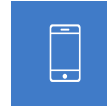
1980-2000

CELL/GENE THERAPIES



2000-2020

PDTs



2020+

“Software as therapeutics” that treat serious diseases with high unmet medical need

PDTs meet stringent regulatory requirements related to:


- Safety and effectiveness of clinical data ^{1,2}
- Regulatory labeling³
- Payers to evaluate coverage based on traditional therapeutic coverage mechanisms

1. Campbell ANC, Nunes EV, Matthews AG, et al. Internet-delivered treatment for substance abuse: a multisite randomized controlled trial. *Am J Psychiatry*. 2014;171(6):683-690.

2. Christensen DR, Landes RD, Jackson L, et al. Adding an internet-delivered treatment to an efficacious treatment package for opioid dependence. *J Consult Clin Psychol*. 2014;82(6):964-972.

3. Federal Drug Administration permits marketing of mobile medical application for substance use disorder [press release]. FDA News Release; Site <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm576087.htm> Published September 14, 2017. Accessed July 2019

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2

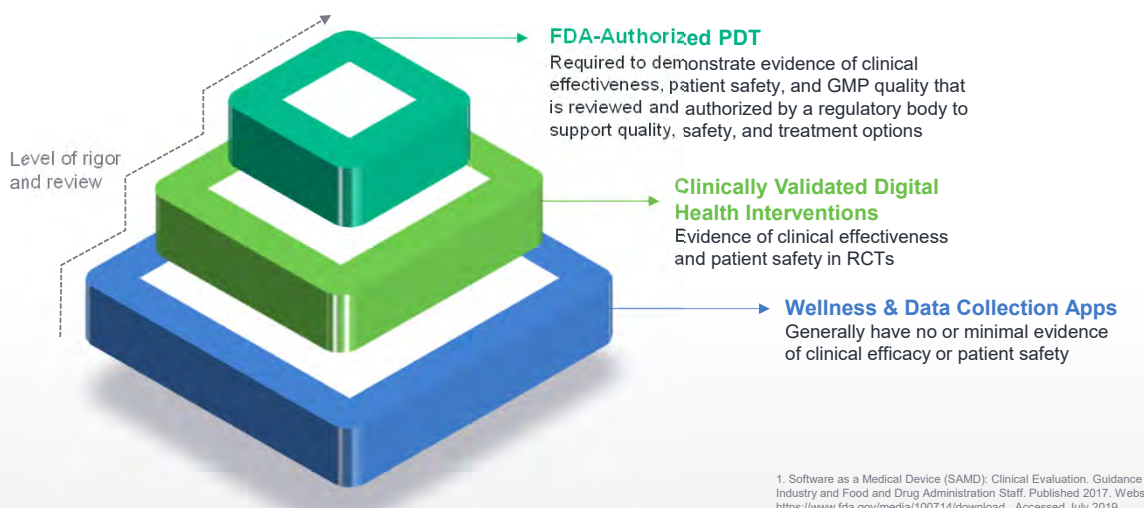


What is a Prescription Digital Therapeutic (PDT)?

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PEAR
THERAPEUTICS **3**

Prescription Digital Therapeutic (PDT)



Level of rigor and review

- FDA-Authorized PDT**
Required to demonstrate evidence of clinical effectiveness, patient safety, and GMP quality that is reviewed and authorized by a regulatory body to support quality, safety, and treatment options
- Clinically Validated Digital Health Interventions**
Evidence of clinical effectiveness and patient safety in RCTs
- Wellness & Data Collection Apps**
Generally have no or minimal evidence of clinical efficacy or patient safety

1. Software as a Medical Device (SaMD): Clinical Evaluation. Guidance for Industry and Food and Drug Administration Staff. Published 2017. Website: <https://www.fda.gov/media/100714/download>. Accessed July 2019

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PEAR
THERAPEUTICS **4**



reSET and reSET-O
The only FDA-regulated PDTs that can help retain patients in therapy^{1,2}

1. https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN160018.pdf
2. https://www.accessdata.fda.gov/cdrh_docs/pdf17/K173681.pdf

Please see Indications for Use and Important Safety Information for reSET and reSET-O.
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PEAR THERAPEUTICS **5**

reSET and reSET-O:
The only FDA-regulated PDTs that can help retain patients in therapy^{1,2}

<p>Clinical Validation^{2,3}</p>	<p>24/7 access for patients</p>	<p>Patient-reported buprenorphine check-ins⁶</p>
<ul style="list-style-type: none"> For people with Substance User Disorder (SUD) and Opioid User Disorder (OUD) Uses technology in new treatment modality to improve the impact of outpatient therapy 	<p>Offers interactive treatment modules that deliver cognitive behavioral therapy, contingency management (rewards), and fluency training to reinforce proficiency</p>	<p>Medication reminder and tracking to support patients' current therapy regimens (reSET-O only)</p>

1. https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN160018.pdf
2. https://www.accessdata.fda.gov/cdrh_docs/pdf17/K173681.pdf
3. Campbell ANC, Nunes EV, Matthews AG, et al. Internet-delivered treatment for substance abuse: a multisite randomized controlled trial. Am J Psychiatry. 2014;171(6):683-690.
4. Christensen DR, Landes RD, Jackson L, et al. Adding an internet-delivered treatment to an efficacious treatment package for opioid dependence. J Consult Clin Psychol. 2014;82(6):964-972.
5. reSET Patient Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2020.
6. reSET-O Patient Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2020.

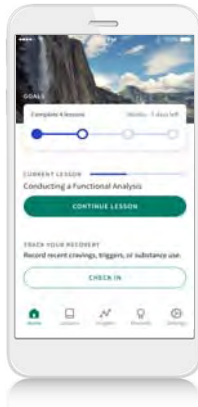
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PEAR THERAPEUTICS **6**

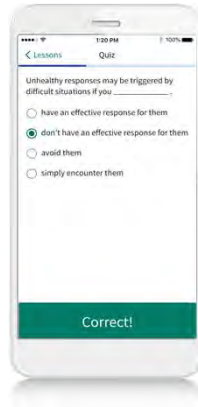
Implementing Well-validated Therapeutic Techniques:

To maximize clinical effectiveness

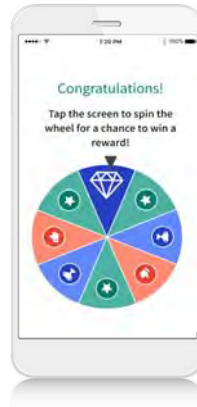
COGNITIVE BEHAVIORAL THERAPY (CBT) LESSONS



FLUENCY TRAINING



CONTINGENCY MANAGEMENT



CRAVING & TRIGGER ASSESSMENT



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7

Using technologies to strengthen current outpatient SUD or OUD therapy^{1,2}

CLINICIAN



Clinicians can follow patient progress and record drug screen results through the Clinician Dashboard to facilitate transparency at face-to-face meetings^{1,2}

PATIENT



Patients interact with treatment modules that deliver cognitive behavioral therapy, contingency management, and fluency training to reinforce proficiency^{3,4}

1. reSET® Clinician Directions for Use. Boston, MA: Pear Therapeutics, Inc.; 2020.
2. reSET-O® Clinician Directions for Use. Boston, MA: Pear Therapeutics, Inc.; 2020.

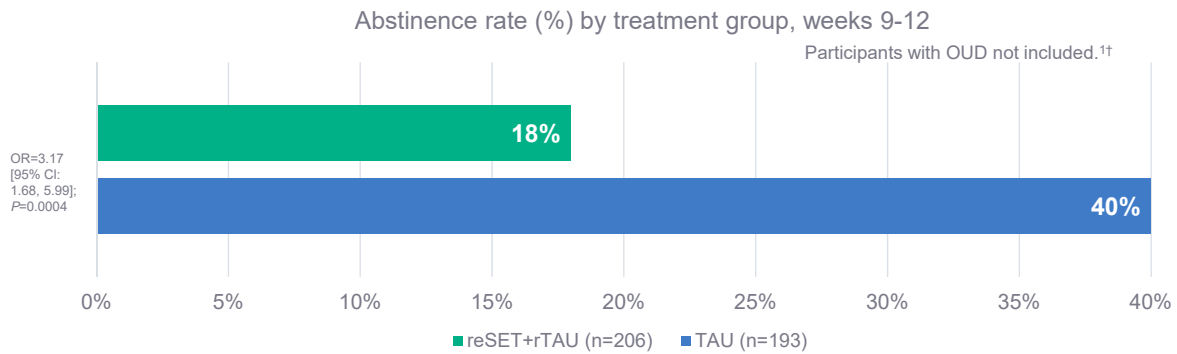
3. reSET® Patient Directions for Use. Boston, MA: Pear Therapeutics, Inc.; 2019.
4. reSET-O® Patient Directions for Use. Boston, MA: Pear Therapeutics, Inc.; 2019.

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8

Adding reSET to outpatient SUD therapy more than doubled abstinence rates¹



[†]As determined in the last 4 weeks of therapy. Abstinence was not measured until weeks 9 to 12 of the study. Abstinence is defined: Patients were present, reported no use, screened negative for drug use for all appointments during Week 9-12.

TES, which has equivalent content as reSET, was studied in this trial, as opposed to reSET itself. Missing data were treated as treatment failures.

rTAU: outpatient therapy reduced by 2 hours per week; TAU: outpatient therapy alone.

CI=confidence interval; OR=odds ratio.

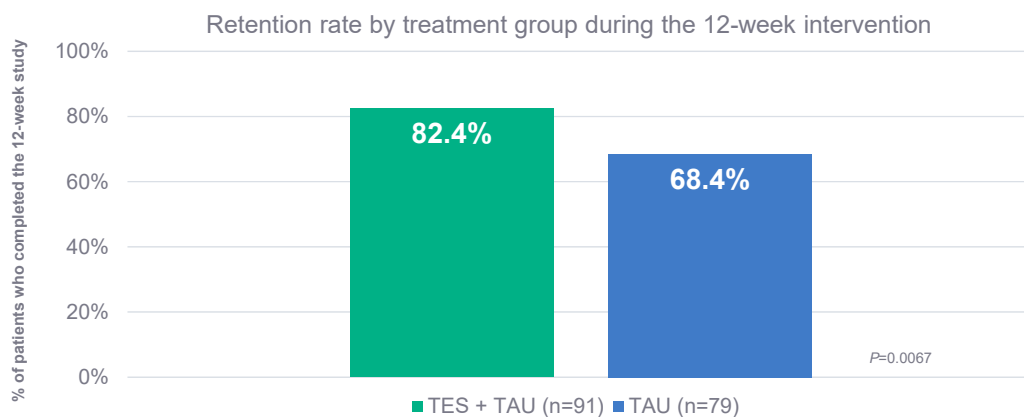
1. reSET[®] Clinician Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2020.

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9

reSET-O can help patients with OUD stay in treatment¹



1. reSET[®] Clinician Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2020.

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10

reSET®



Indications for Use

reSET is intended to provide cognitive behavioral therapy, as an adjunct to a contingency management system, for patients 18 years of age and older who are currently enrolled in outpatient treatment under the supervision of a clinician. reSET is indicated as a 12-week (90-day) prescription-only treatment for patients with Substance Use Disorder (SUD), who are not currently on opioid replacement therapy, who do not abuse alcohol solely, or who do not abuse opioids as their primary substance of abuse.

It is intended to:

- Increase abstinence from a patient's substances of abuse during treatment, and
- Increase retention in the outpatient treatment program.

Important Safety Information

Warnings: reSET is intended for patients whose primary language is English and whose reading level is at the 7th grade level or above and who have access to an Android/iOS tablet or smartphone.

reSET is intended only for patients who own a smartphone and are familiar with use of smartphone apps (applications).

Clinicians should not use reSET to communicate with their patients about emergency medical issues. Patients should be clearly instructed not to use reSET to communicate to their clinician any urgent or emergent information. In case of an emergency, patients should dial 911 or go to the nearest emergency room.

reSET is not intended to be used as a stand-alone therapy for Substance Use Disorder (SUD). reSET does not represent a substitution for a patient's medication. Patients should continue to take their medications as directed by their healthcare provider.

reSET should not be used by individuals outside active enrollment in a SUD treatment program. It should only be used as an adjunct to face-to-face counseling and contingency management. reSET is not intended to reduce the amount of face-to-face clinician time.

The long-term benefit of treatment with reSET on abstinence has not been evaluated in studies lasting beyond 12-weeks in the SUD population. The ability of reSET to prevent potential relapse after treatment discontinuation has not been studied.

The effectiveness of reSET has not been demonstrated in patients currently reporting opioids as their primary substance of abuse.

This presentation does not include all the information needed to use reSET safely and effectively. Please see full Directions for Use (in the Clinician Dashboard) for complete Important Safety Information.

reSET-O®



Indications for Use

reSET-O is intended to increase retention of patients with Opioid Use Disorder (OUD) in outpatient treatment by providing cognitive behavioral therapy, as an adjunct to outpatient treatment that includes transmucosal buprenorphine and contingency management, for patients 18 years or older who are currently under the supervision of a clinician. reSET-O is indicated as a prescription-only digital therapeutic.

Important Safety Information

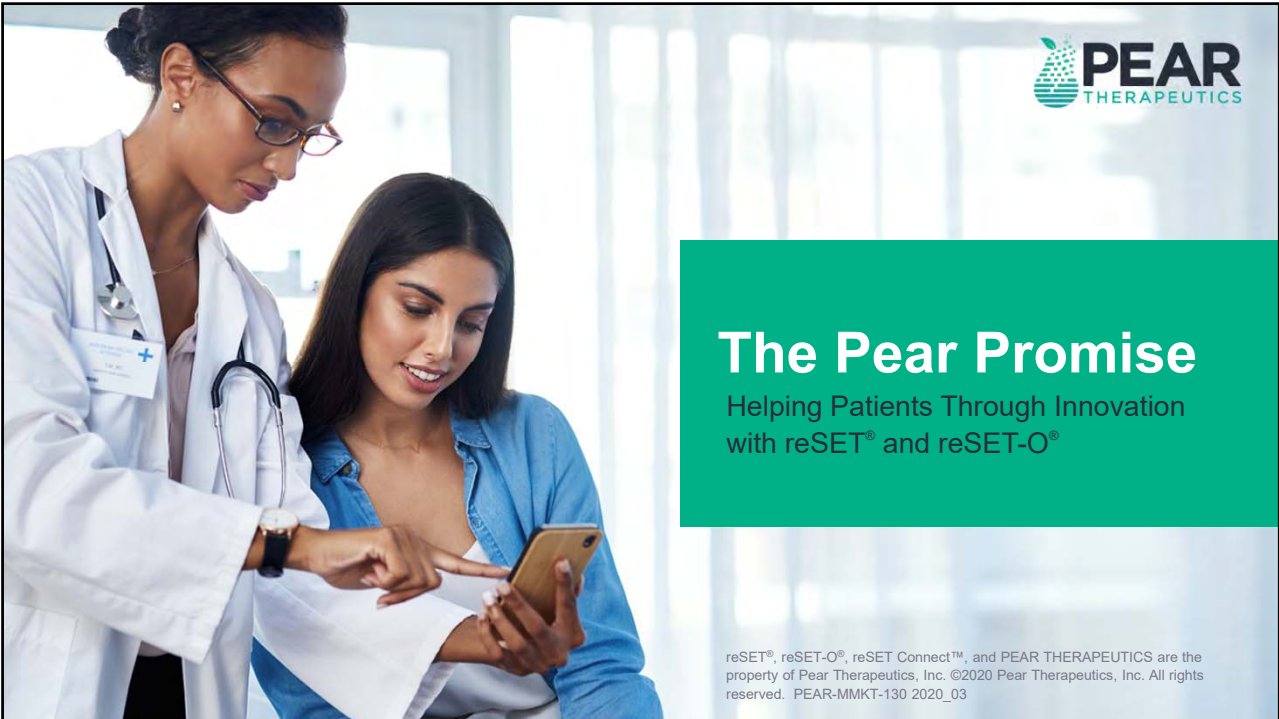
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The Pear Promise

Helping Patients Through Innovation
with reSET® and reSET-O®

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Substance Use Disorders Prevention and Treatment Trainings and Conferences

Wisconsin CONNECT ECHO (Extension for Community Healthcare Outcomes) is a collaboration between the Wisconsin Department of Health Services, Center for Urban Population Health, Wisconsin Association for Perinatal Care, and women-specific substance use treatment programs in Wisconsin. ECHO is an opportunity for women's substance use treatment providers to come together with clinicians who provide medical care to women with substance use disorders to learn and share information and strategies to improve the lives of women, their children, and their families. The ECHO is conducted monthly for one hour and includes a brief educational presentation on a topic of interest, a case presentation by a collaborator, and a discussion on strategies that can help the provider offer the best possible care for the client/patient. *All sessions take place the second Thursday of every month from 11:00 a.m. to 12:00 p.m.*

Women with Disabilities: Implications for Treatment and Recovery

June 10, 2021

Notes from the Field: Self Care

July 8, 2021

To register: <https://www.wisconsinconnect.org/echo.html>

Northern WI Substance Abuse Conference

June 17-18, 2021, 8:00 a.m. - 4:00 p.m.

This conference is for substance abuse counselors, recovery coaches and advocates, health care professionals, social workers and service providers. Pricing: \$150 for both days OR \$100 for single day CEUs: 12 hours for both days OR 6 hours for single day

To register: <https://www.ntc.edu/calendar/2021/06/17/2021-northern-wi-substance-abuse-conference>

2021 HOPE Consortium Conference

August 5 - 6, 2021

Registration will be \$25 and is planned to open in June. Check for updates on the HOPE Consortium webpage at <http://www.hopeconsortium.org/trainings>.

Contact Wayne Sorenson, sorenson.wayne@marshfieldclinic.org, with any questions.

25th Annual Crisis Intervention Conference

September 16–17, 2021

For more information: <https://www.uwsp.edu/conted/Pages/Crisis-Intervention-Conference.aspx>

Mental Health and Substance Use Recovery Training Conference

October 27-29, 2021

For more information: <https://www.uwsp.edu/conted/Pages/Mental-Health-and-Substance-Use-Recovery-Conference.aspx>

Prevention Trainings

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

FASD Project

This awareness film is designed for the average person who does not know what FASD is, and after 15 minutes, elevates awareness to a level of being able to tell someone what FASD is. The FASD Project created the video and are hoping to turn into a docu-series.

<https://www.youtube.com/watch?v=seUE1Liikjo>.



SCAODA 2021 Meeting Dates

March 5, 2021 (Remotely via Zoom)

June 4, 2021 (Remotely via Zoom)

September 10, 2021 (Meeting Mode TBD)

December 3, 2021 (Meeting Mode TBD)

Location of In-Person Meetings:

American Family Insurance Conference Center

6000 American Parkway

A-Building (Training Center), Room A3141

Madison, WI

**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.

