

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Roger Frings, Jessica Geschke, Tina Virgil, Brian Dean, Paul Krupski, Autumn Lacy, Jan Grebel, Tony Peterangelo, Dr. Subhadeep Barman, Deb Kolste, Sandy Hardie, Christina Malone, Kevin Florek, Stacy Stone, Christine Ullstrup, Nichol Wienkes, Victoria Casola on behalf of Representative Jesse James, Senator Jeff Smith, Ann DeGarmo, Jennifer Fahey, Richard Immler, Mark Wegner, Faith Price, Dr. Ritu Bhatnagar Guests: Michael Kemp, Harold Gates, Sheila Weix, Denise Johnson, Mike Tierney, Chris Wardlow, Ramsey Lee, Michael Kemp, Amanda Kind, Dave MacMaster, Jenna Flynn, Nick Lutes, MJ Griggs, Sean Kirkby, Laura Fischer, Kerry Thiernes Department of Health Services Staff: Sarah Boulton, Ryan Stachoviak, Teresa Steinmetz, Andrea Jacobson, Allison Weber, Janet Fleege, Joann Stephens, Mai Zong Vue, Maddie Johnson, Leilani Nino, Simran Arora, Saima Chauhan, Tom Bentley, Mike Christopherson, Paige Andrews, Tim Connor, Laura Gebhardt, Liz Adams, Katie Behl, Cindy Matz, Lorie Goeser
Date: 6/3/2022	Time Started: 9:30am	Time Ended: 12:22pm
Location: Online via Zoom		Presiding Officer: Roger Frings

Minutes

1. Call to Order

Council Chairperson Roger Frings reviewed housekeeping for Zoom meetings. Quorum was confirmed to conduct Council business. Meeting was called to order at 9:30am. Roger Frings welcomed newly appointed Citizen Member, Deb Kolste. Roll call completed with council members, invitees, guests, and DHS staff members introducing themselves.

2. Approval of March 18, 2022 Meeting Minutes

Dr. Subhadeep Barman moved to approve the minutes of March 18, 2022.
Stacy Stone seconded the motion to approve the minutes.
No comments, corrections made.
Meeting minutes were approved unanimously.

3. Public input

Michael Kemp offered public comment in recognition of colleague Jerry VanKirk, who is the department head of the Substance Use Disorder Counseling program at Moraine Park Technical College and is retiring as of July 1st. Thank you to Jerry for all the marvelous work and everything he's done. A shout out to all the students who have graduated in addiction studies programs throughout all the technical colleges and universities in Wisconsin. Thank you to those who have had interns at their sites for the mentorship provided as we attempt to grow the workforce in this profession. As an addiction professional, continue to be concerned about the lagging services from DSPS. People are looking for workers that can't work until they become certified, especially given there is an addiction crisis. Willing to be involved in anything with the Governor's office to help address the shortage. Unclear what the answer is, but there is plenty of brain power on this Council and in this profession to do something to get people working. Recovery & Addiction Professionals of Wisconsin are holding a golf outing on August 12th at the Kettle Moraine Golf Club. Anyone from the Council is welcome to join.

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

Sheila Weix noted that COVID is alive and well. Infection rates in their service area include some of the highest levels. Just last week had to go to the higher risk response level. Using technology to deliver group services. People being outdoors seems to be a good thing and expect to see COVID case numbers drop over the next few weeks.

Stacy Stone reported that they are having lots of challenges, like others throughout the state, in getting their facility up and running again after having to shut down due to COVID. Having a hard time finding the certified staff needed to staff the facility. They have a SAMHSA program in the northern region to provide mental health in the school district. With the summer break from school, there will be a lapse in mental health and AODA care for those students and families. Want to continue some of those services during the summer if anyone can provide support or ideas.

Christine Ullstrup provided an update for Meta House in Milwaukee. There have been some spikes in the community and seeing clients with COVID within the residential facility. Have had to reinstitute procedures of quarantine and testing. Don't want to go to full capacity yet in their residential facility. Continue to have a strict mask mandate throughout the facilities, with everyone wearing N-95s, but outbreaks still happen.

5. Report from Wisconsin Council on Mental Health

Dr. Richard Immler provided the update. Jessica Barrickman has been elected as the new chair of WCMH, effective July 1st. Jessica comes from a nine-county western regional county consortium and has a strong background in CCS, consumer advocacy, and strategic planning. The Council has begun a strategic planning process, which has been led by Jessica. That process will continue through the summer and fall. Lynn Harrigan, who has been a liaison to SCAODA, will also be stepping down from WCMH at the end of June. Lynn has been a powerful advocate for prevention in both mental health and substance use services, WCMH is appreciative of the service she's provided.

WCMH committees developed 12 motions that are budget related priorities. Hopefully, the various departments that were forwarded these recommendations will pass them on to the Governor for his proposed budget. In terms of DSPS, WCMH has had similar concerns around delays in licensing. In the last budget cycle, with an understanding of the constraints DSPS have, drafted a motion that can be forwarded onto SCAODA for review. Motion sought to address budget constraints that DSPS is currently working under.

There have been some great discussions between SCAODA and WCMH leadership to explore more opportunities for integrated efforts between councils. Previously, the councils shared meetings at least once a year, and that was helpful in getting to know one another and identifying shared priorities. The SAMHSA 2014 Best Practices for State Behavioral Health Planning Councils is a great resource for evidence-based approaches for councils to work together. The shared priority for addressing dual disorder needs of consumers would benefit from collaboration between SCAODA and WCMH.

Ramsey Lee thanked Dr. Immler for his work on WCMH.

6. Committee updates

Executive Committee

Roger Frings gave the update. The Committee met May 18th primarily to develop the agenda for this Council meeting. A reminder that the September meeting will include leadership elections for the Council, including Chair, Vice Chair, and Secretary positions.

Diversity Committee

Harold Gates gave the update. LGBTQ Pride month is something to acknowledge, celebrate, and be involved in activities for this month. The Committee had a productive meeting in May, with most members in attendance. The Committee is still recruiting for new members. Michael Kemp and Jessica Geshke attended the last meeting as guests and are interested in becoming members of the Committee.

The Committee won't be presenting at annual Mental Health and Substance Recovery Conference this year due to lack of capacity. The Equity and Inclusion ad hoc workgroup has not convened since last summer also due to capacity issues. A couple items related to this work include:

[Center for Medicare & Medicaid Services \(CMS\) Framework for Health Equity 2022-2032](#) shared with Council. Framework was published in April 2022 and is looking at health equity for the next ten years. CMS is looking at five priorities. These priorities impact a lot of the work that is being done relative to the mission of SCAODA. Frequently looking at evidence-based practice but don't usually have evidence to support or ability to look at disparities that exist throughout the state because there isn't any uniform way of collecting data. Priority area related to building capacity for healthcare organizations and the workforce to reduce health care disparities. Michael was speaking to this earlier. The issue is not only doing the work but having people available to do the work and getting them into the pipeline so that we have a diverse workforce that can address the issues of underserved populations nationwide, as well as in Wisconsin. Another priority area is advancing language access, healthy literacy, and the provision of culturally tailored services. This is an area the Committee has talked about over time and the CLAS standards is one of the infrastructures that can be used to help make that happen. Some of this is federally mandated, like language access. The challenge is assessing if Wisconsin is living up to that and ensuring that we are using methods and resources to make that happen. The final priority is to increase all forms of accessibility to health care services and coverage.

[Governor's Health Equity Council Recommendations Executive Summary](#) shared with Council. The Healthy Equity Council just completed their work in April of this year and they came up with some recommendations that they sent to the Governor, and they will be coming up with a final report this summer. Broad range of recommendations looking at social determinants of health. To highlight a few recommendations, they include the need for: community health workers, post-partum Medicaid eligibility, health care workforce, accessible education and housing, basic income, earned income tax credit, and employment for formerly incarcerated persons. The path forward is basically a moral imperative for us to do better, to serve the needs of all people in Wisconsin in terms of healthcare, behavioral health, substance use disorder, and other things.

This work is not up to just one committee. This is something that all of us share a passion for and responsibility in helping make equity a main part of all the work we do.

Intervention & Treatment Committee

Roger Frings shared the update. At May meeting, Committee did not have quorum to conduct official committee business. Chris Wardlow from the Prevention Committee joined the meeting to discuss Kratom, Delta-8, Delta-9, and marijuana, and talked about further collaboration between ITC and the Prevention Committee on education efforts. Committee received an update on medication for opioid use disorder in jails and prisons from Department of Corrections, Michael Kemp provided an update on federal legislative matters, members reviewed some of the recent changes regarding the online licensing at DSPS, Sheila Weix provided an update on hub and spoke, and Dave MacMaster provided an update on tobacco integration.

Planning and Funding Committee

Christine Ullstrup provided the update. Committee met in April and welcomed Sheila Weix as a member. BPTR Data and Evaluation staff members Tom Bentley and Lindsay Emer attended the meeting to review available data sources, data collection, and evaluation. The Committee is interested in exploring this, especially related to treatment services and capacity. As providers, the Committee appreciates the dashboards that have already been produced. The Committees is very interested in exploring ways to report treatment capacity across this state, looking at things like how many beds there are, how many outpatient sites, how many men's beds, how many women's beds, how many of these are being funded by Medicaid, how many are doing family centered care where children can come into the program. To the best of Committee knowledge, this is currently not being done.

At Committee meeting in May, BPTR Director Teresa Steinmetz and ARPA Coordinator Emily Jaime provided an overview of ARPA behavioral health dollars. With ARPA dollars and the opioid settlement dollars, need to know the capacity and

the workforce across the state. Committee is looking at how this all interrelates together, but overview provided a good idea of how the bureau is planning on spending those dollars. The Committee has invited Department of Quality Assurance (DQA) to review the licensing process for the new DHS 75. Would like to explore if there is a way with licenses and applications, to start gathering information from providers about their capacity.

Prevention Committee

Chris Wardlow provided the update. Committee met in April and received an update from Maureen Busalacchi of the Wisconsin Alcohol Policy Project, which has taken the lead on disseminating and creating awareness throughout the state on the SCAODA report [Moving forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin](#). The report was released on March 28th, in time for alcohol awareness month. The report will also play a role in the alcohol policy summit in October, which is tailored toward people at the local level, charged with regulation and licensing, as well as law enforcement.

Biggest issue that the Committee is grappling with is legal psychoactive cannabis, which is an unintended consequence from the 2018 Farm Bill. The Prevention Committee is collaborating with ITC Committee to brainstorm on how to develop some education and awareness around this. The discussion was sparked by a vending machine in a local grocery store that sells these products. Currently, there's no regulation at the state level and there's very little happening at the federal level. The concern from a prevention standpoint is the psychoactive piece to this and the access that young people have to these products and the damage they can do to developing brains. The other concern about these products is the very limited regulatory infrastructure. Most often, products do not have the percentages and quantities of cannabinoids and other products that are advertised and often exceed the limit for THC. The Committee is currently collecting as much information as possible on this topic and invites Council members to send any information they come across, whether it's health information, regulatory information, enforcement, or other. Please email it to chris.wardlow@outagamie.org and the Committee will add it to a growing library of information, which can then be disseminated to community partners.

7. PPS Replacement System

BPTR Substance Use Data and Evaluation Specialist Tom Bentley presented on the Program Participation System (PPS) replacement project. PPS is the DCTS data collection tool for county agencies to report on mental health and substance use clients and the services they receive, as required by the block grants. Currently, PPS collects information for about 35,000 substance use clients and 70,000 mental health clients. Information collected includes things like client demographic characteristics, summary indicators on types of needs at enrollment, functioning status at enrollment, the types of services provided to consumers, and provider agency type. The current PPS system is being replaced and will change to a Salesforce platform. Data will continue to be submitted through a batch file process or a web-based data entry. A lot of the data collected will remain the same because it's required block grant reporting. Currently, PPS collects mental health services, substance use services, mental health program participation, core module human services revenue report, and 942 expense reports. These are going to be collected in the new Salesforce system. One additional thing that will be collected in the new system is the Substance Abuse Prevention Services Information System (SAP-SIS) that is not currently reported in PPS. The hope is to integrate mental health and substance use requirements from two modules into one module, which will be one of the more significant changes to the system. The analytic abilities of Salesforce will provide counties the ability to look at their data more easily. Counties and programs who are sending in data will be able to look at submitted program data in the system, which is something the current PPS is not able to do very well. Tableau will be integrated into the Salesforce system, which will allow for more visualizations by the counties and for DHS staff to look at the data.

DCTS is covering the cost of the development of the new system, but there may be related expenses that fall to the counties to adapt to any new data requirements, including the cost to program the new requirements into their EHR system. Costs to agencies will likely be incurred by fiscal year 2023.

Currently, DCTS is talking to external partners and advocates to gather feedback. In August, DCTS will finalize the specifications for Salesforce. In September, additional communication will go out to counties about the changes. DHS

staff will then be working with the vendor to create the technical aspects of the new system. The hope is that by the end of 2023, the counties will be transitioning to the new system. Details about the project can be found at <https://www.dhs.wisconsin.gov/pps/mh-aoda.htm>.

Some of the demographic fields are being updated, for example, more expansive options for gender. The team welcomes additional input on what updates should be incorporated. Denise Johnson asked via chat if this data system will collect underserved populations or number of underserved individuals that are receiving SUD or mental health services. Tom Bentley noted that the system will collect data for everyone who's receiving state funded services and that this will hopefully be integrated with Medicaid to gather more of that information in the future.

Sheila Weix noted that a number of non-county providers use PPS for required reporting and asked if these providers will be included in communications about updates in the future. Data team confirmed that communications and updates will go out to these providers as well.

Ramsey Lee suggested that team be aware of and act to ensure accessibility of the data entry survey. Tom Bentley confirmed that this is something the team will be working with the vendor on as they create the new system.

Tom Bentley noted that there are a few additional fields that they considering adding but want to be thoughtful about collecting additional information as this may create additional burden for providers to collect. Want to look at program success without creating extra burden in reporting. Will have this in mind as the system is being created. Other possible new fields include refugee status, translator services, behavioral health characteristics, chronic disease, developmental disability, trauma history, pregnancy status, level of functional impairment, school attendance, quality of life indicators, suicide risk via the Columbia Suicide Severity Scale, severity of psychiatric symptoms indicators, stages of recovery indicators, and program enrollment information.

Sheila Weix asked via chat if the option is available for father as the single parent when collecting number of dependent children. Tom Bentley noted that this has not been created yet so if people think that would be helpful, that feedback is needed. As the team is developing options for these fields, it is helpful to have feedback on what the options should be.

Chris Wardlow asked via chat if this system will replace SAP-SIS. Mental Health Data and Evaluation Specialist Tim Connor noted that the SAP-SIS system will be moved to the new platform.

Harold Gates asked if the team has considered looking at the CMS Framework for Health Equity. Tim Connor noted that they have not looked at that specifically, but the team is looking for resources as they are looking at those requirements through the lens of equity and diversity. The demographic fields will be expanded to have a better understanding of the characteristics of the population being served. Harold noted that the CMS framework has specific recommendations for data, and that the other materials shared from Robert Wood Johnson look at aggregating data to report the demographics of people being serviced more accurately to better address the disparities that exist. Another resource to use as the system is being developed is the Governors Health Equity Council's Recommendations.

A survey will be available on the DHS website for people to provide additional input. The survey is not available yet but should go live soon. Link to sign up for email updates on the PPS replacement project shared in the chat: https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_363.

8. State Agency Updates

DHS: Paul Krupski shared the update. June is pride month. Governor Evers signed Executive Order 166 that the Progress Pride Flag will be flown at all state agencies in recognition of the importance of keeping diversity, inclusion, and intersectionality at the forefront of equity efforts. For the first time, DHS is flying the Progress Pride Flag outside of 1 West Wilson in recognition of Pride Month. Compared to the general population, LGBTQ+ experience poorer health outcomes, including mental health disorders, which often stem from discrimination and marginalization. LGBTQ+ youth

in Wisconsin are at an increased risk of bullying and are more likely to consider and attempt suicide when compared to other youth. These trends cannot be the norm. DHS' work to protect and promote the health and safety of all Wisconsinites has never been more important.

At the March Council meeting, update on opioid settlement funds was shared that states had reached settlements in two major cases: one with three major distributors and one with Johnson and Johnson. A little more information has become available since the March Council meeting but additional details about the rollout of those settlements are still forthcoming. Wisconsin anticipates receiving around \$400 million from those two settlements. Governor Evers signed Act 57 in 2021, which designated that 30% of those funds will go to the Department of Health Services. The other 70% will go to the other subdivisions who are part of the settlement, which includes counties and municipalities that filed suit as part of those settlements. An approximation of those numbers would mean that about \$120 million would come to the state and about \$280 million would go to the subdivisions. These funds will not be received in lump sum. The settlement with the major distributors will be paid out over 16 years, and the settlement with Johnson and Johnson will be paid out over nine years. With Act 57, DHS must submit an annual proposal plan to the Joint Committee on Finance by April 1st of every year. DHS does not know exactly how much money will come with the initial payments, but they did submit a plan for fiscal year 2023 for whenever they are received. The Joint Committee on Finance objected to the plan, primarily due to the funding amount being unknown. Once additional information is available, DHS will attach funding allocations to the different strategies and initiatives that were proposed and will resubmit to the Joint Committee on Finance. Part of the delay in recipients finding out how much they will receive is that, as part of the settlements, a national administrator had to be hired, who will oversee dispersing funds to all recipient entities. An administrator was hired in mid-May, and hopefully final numbers for settlement amounts will be coming out shortly. The Department will be having conversations with counties and municipalities that will be receiving their own set of funds as well, to make sure that all dollars coming into the state are being leveraged. There are three additional settlements still pending that are in different stages of the litigation process.

The legislative session has wrapped. Some items from this past session that were relevant to the Council include:

- Drinks to Go legislation was passed and signed. This allows for alcoholic beverages to be sold by restaurants, bars, wineries, for consumption offsite.
- Act 57 divided up the opioid settlement funds by 30% and 70% and made it a requirement for DHS to submit a plan to the Joint Committee on Finance.
- Act 155 modified administrative rules related to driver safety plans and medication-assisted treatments, including an evaluation of the appropriateness of medication-assisted treatment as part of driver safety plans.
- Act 180 decriminalized fentanyl test strips.
- Act 181 required the Department of Administration, in collaboration with DHS and DSPS, to create an opioid and methamphetamine data system.
- Act 222 provides that an advanced practice social worker or independent social worker may treat substance use disorder as a specialty without obtaining a certification from DSPS or satisfying education supervised training requirements. It also allows an advanced practice social worker or independent social worker to represent himself or herself as a substance abuse counselor without obtaining a substance abuse counselor certification from the SPS. This cleaned up previous legislation that overlooked advanced practice social workers and independent social workers.

Following 13.10 hearings, funds were released for three items that were included in the DHS budget, including medication-assisted treatment expansion, methamphetamine addiction treatment training grants, and a substance use disorder platform.

Act 122 from the previous session looked at a way to make peer support services reimbursable through Medicaid. DHS did try to work on a trailer piece of legislation to clean up some of the issues that were identified in trying to implement Act 122. Unfortunately, that did not get moving fast enough in the process. That is something that DHS will look at for the next session.

At the December Council meeting, Nancy Michaud spoke to the Council about the Synar survey. Discussion came up around Tobacco 21 Legislation, which was put forth but did not pass in the senate.

The Department has started to work on internal processes for budgeting. The process for stakeholders, including SCAODA, to submit input on the budget and/or suggesting policy change, enhancement or expansion or programs is informal. Councils are asked to submit proposals directly to the department to the Office of the Secretary, specifically, Beth Wickler and Sam Austin. Email addresses shared in the chat: elizabeth.wikler@dhs.wisconsin.gov; samuel.austin@dhs.wisconsin.gov. Clarity and brevity in submissions are appreciated as many submissions are anticipated. DHS recommends that input be submitted by all external partners by August 1st.

Committee chairs noted that they will hold committee meetings in mid-July. Chair Roger Frings asked that committees send budget recommendations for review by the Executive Committee in advance of the August 1st deadline.

Department of Safety and Professional Services: Mike Tierney shared the update. On March 16th provided testimony to Assembly Committee about licensure issues. Department has seen a huge increase in the number of applications received each year but staffing levels have remained the same. Additionally, department was using the same antiquated software for licensure that dates to 1990s. One of the things that was done last year was the modernization of licensure software. Contracted with a vendor in October and new software went live on May 16th with program called Licensee, which gives people the ability to apply online. So far, have not had any major issues with it. Under the old system, a person submitted an application via email, regular mail, fax, or in-person drop off. Applications were then converted to an electronic file that still had to be hand entered by staff into the licensing software. With the new system, people can enter all of their application information online. The system automatically requires that all fields are filled, which will prevent issues with items being left blank and requiring follow up. For forms that that are needed from third parties, instructions are sent to them to go to Licensee, enter the application number, and upload the required information. Staff can do the necessary approval or communicate back to the applicant, then move on to a different application. Currently, there is a dual track where there are still applications being processed that were received through the legacy system. Currently in the middle of graduation season, which means there are a lot of people that have graduated from different programs and Department is receiving a huge number of certificates of professional education. Under the new system, those can be directly uploaded. For the people that applied under the legacy system, the staff will have to go through and enter that information by hand. In the future, graduates will be able to apply via Licensee for licenses and renewals.

Roger Frings noted that Michael Kemp offered to be involved and that there are likely a number of individuals that are members of the Council who have been directly impacted by the licensing issues at their facilities and would be willing to offer their assistance and advocacy. Encourage DSPS to continue to work with these stakeholders.

Sandy Hardie noted in the chat that she has a staff member who cannot get her transcripts through and when calling in they had no answer for her. Mike Tierney noted that the department is working with vendors who receive transcripts from educational institutions to be able to upload transcripts into the system. Under the current system, receive transcripts for students and there's a time limit on how soon the file can be opened and downloaded. This is an area that they are hoping to improve with Licensee.

One area that DSPS has a lot of contact about is the legal reviews for convictions, pending charges, or disciplinary issues. When a person is still in school, if they can file for pre-determination, it allows the legal staff to review and provide the person with information, which can save critical time processing the application. Then, if there aren't additional legal issues in the meantime, when they graduate, they don't have to do the legal review. Legal review is something that consistently takes a long time. If educational institutions and others can help promote pre-determination, that can significantly reduce application review time. Even with upgraded software, there is still a need for additional legal review staff. In the last budget, the Governor proposed three additional paralegals, that would be funded by program revenue, which did not go through. Currently, there are three attorneys and one paralegal, which is an inadequate number of

staff to do the job. Advocating for adequate staff to conduct these reviews is always helpful. One of the best things that people can do to help get people licensed is to advocate for the appropriate staffing for conducting legal reviews.

Denise Johnson asked via chat if other states are experiencing similar issues. Mike Tierney noted that this is an issue across the board and many states are experiencing similar issues with their licensing.

Wisconsin Society of Addiction Medicine: Dr. Ritu Bhatnagar provided the update. Wisconsin Society of Addiction Medicine (WISAM) is continuing to provide waiver trainings to educate primary care providers in the state on treating opioid use disorder. With support from DHS grants, have trained over 500 providers in three years. WISAM continues to explore other opportunities for training for emergency room response to overdoses. Through the course of these trainings, finding that there is an inconsistent response across the state when someone shows up in the emergency room with an overdose. Acts passed recently, such as the decriminalization of fentanyl test strips, are creating additional opportunities to collaborate. Trying to figure out ways to make on the ground changes to how stigma is addressed in the emergency room, as well as how to connect people to treatment when people are coming in at possibly the most vulnerable point in their lives.

WISAM remains available to advise as other legislation comes down or if there's interest in hearing about Kratom, Delta-8, Delta-9, cannabis, or other legislation that is introduced, and making sure that there is evidence-based information and nonprofit based representation on the legislation as it's being drafted. WISAM has 150 members, and many people are active in and excited about policy change.

The Wisconsin Society of Addiction Medicine has their annual conference October 13th-14th in Madison. Please see <http://wisam-asam.com/2022-Annual-Conference> for more information.

8. Bureau of Prevention Treatment and Recovery updates

Teresa Steinmetz and Andrea Jacobson provided the update. Teresa Steinmetz shared funding updates. There is a current funding opportunity announcement to fund withdrawal management support and beds in the community as well as integrated behavioral health crisis stabilization beds. This is a new category in revised DHS 75 that is meant to provide crisis stabilization and substance use withdrawal management services in the same setting. Applications are due in early August. There is also an existing Funding Opportunity Announcement out that is meant to expand and enhance crisis programs throughout the state of Wisconsin. This is state funding that's been around for years, but in the past required a financial match for anyone who was applying. The financial match could be challenging for providers wanting to apply. In recent legislative session, language was changed so the match can be in-kind, the total requirement was lessened, and the language for the funding was expanded. Funding can now be used to expand existing crisis services and/or to support increased partnerships with law enforcement, focusing on co-responder models for individuals who are in crisis.

There is other funding, either through the state budget process, state GPR dollars, or through the state opioid response discretionary grant carry over funds, that is going out. There are two different funding opportunities supporting expansion of mobile MAT teams. Two sites will be funded with state dollars, and three additional sites will be funded with the state opioid response funding. A press release and announcement will go out once sites are finalized. The substance use disorder platform funding, that Paul Krupski touched on, will be one time funding. This will not get at real time availability in any way. This platform is really meant to be a web resource where providers of substance use treatment can voluntarily sign themselves up to be on there and individuals who receive treatment can write reviews about services. Funding was also made available to expand training on treatment models for methamphetamine addiction. Partnering with existing trainer, Center for Urban Population Health Institute, to expand and enhance Matrix Model training and contingency management. A funding opportunity to award one crisis stabilization facility in each of the five regions of Wisconsin went out and applications are currently being scored. The bureau also funded an expansion to have a statewide peer warm line. An application has been awarded in that competitive process, but the announcement has not come out as it's currently in the contract negotiation phase. Most of these initiatives are going

through either the end of 2024 or September of 2025. This will give time to help develop infrastructure for things like Medicaid reimbursement, additional budget requests, and other ways to offset costs.

Two funding opportunity announcements that are being funded with Treasury dollars are looking at expanding telehealth throughout the state of Wisconsin: expanding pediatric psychiatric services through telehealth and supporting access to telehealth services at home and in non-traditional settings.

Christine Ullstrup asked how digital platform is different than existing information available on 211 other than ability for consumers to provide reviews. Teresa Steinmetz noted that information will not be significantly different but is specifically focused on substance use services.

Andrea Jacobson provided staff updates, noting that Simran Arora will now be overseeing the Substance Use Services section, which is the section in BPTR that focuses on substance use treatment. Simran just started but will be getting more involved with DHS 75 rollout moving forward. Leilani Nino is the new Substance Use Disorder Treatment Coordinator in the Substance Use Services Section

The next DHS 75 training is Friday, June 10th. It will be specific to residential providers. The training planned for Friday, June 17th will be for office based opioid treatment. Additional trainings will focus on specific levels of care. The Division of Quality Assurance is going to be sending out an email to confirm that they have correct contact information for providers. There is a DHS 75 implementation web page, which includes a survey option to submit questions and/or express concerns related to the rollout. A cross divisional team is reviewing each of those questions or concerns and using them to inform training and information that needs to be provided.

Andrea Jacobson provided the update on the bureau's diversity, equity, and inclusion work. Mission is to have a behavioral health system that's grounded in diversity, equity and inclusion for all. BPTR has some key areas of focus that includes hiring, retention, and advancement of diverse populations, exploring and utilizing data collection for driving DEI decisions, with focuses on training and workforce development, as well as funding and contracting practices. Work groups have formed to advance efforts across these different strategies.

11. Agenda Items for September 9, 2022 meeting

Leadership elections for Chair, Vice Chair and Secretary. If anyone is interested in one of these positions, should reach out to DHS staff Sarah Boulton. Sandy Hardie suggested more presentations. Any ideas/recommendations for future presentations should be sent to DHS staff Sarah Boulton.

12. Meeting Adjournment

Holly Stanelle moved to adjourn.

Tina Virgil seconded the motion.

All in favor. None opposed.

Meeting adjourned at 12:22pm.

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

The Council reviewed and approved these minutes at its 9/9/22 meeting.