

**OPEN MEETING MINUTES**

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

**Minutes**

**1. Call to Order**

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

**2. Approval of March 3, 2023 Meeting Minutes**

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

**3. Public input**

None.

**4. Update from Wisconsin Council on Mental Health**

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

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

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

## **5. Department of Health Services Update**

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

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

For general budget updates, Sarah Valencia shared in the chat [https://docs.legis.wisconsin.gov/misc/lfb/budget/2023\\_25\\_biennial\\_budget/500\\_summary\\_of\\_governor\\_s\\_budget\\_recommendations\\_march\\_2023\\_by\\_agency/health\\_services.pdf](https://docs.legis.wisconsin.gov/misc/lfb/budget/2023_25_biennial_budget/500_summary_of_governor_s_budget_recommendations_march_2023_by_agency/health_services.pdf)

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

## **6. Committee updates**

### *Executive Committee*

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

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

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

#### *Diversity Committee*

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

#### *Intervention & Treatment Committee*

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

#### *Planning and Funding Committee*

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

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

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

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

#### *Prevention Committee*

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

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

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

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

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

Kevin Florek moved to pass the motion.

Christine Ullstrup seconded the motion.

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

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

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

Kevin Florek moved to pass the motion.

Dr. Subhadeep Barman seconded the motion.

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

## **7. Vital Strategies Presentation**

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

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

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

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

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

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

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

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

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

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

Council members thanked Vital Strategies for the presentation.

## **8. Homelessness Services Program Updates**

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

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

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

## 9. Overdose Alert System

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

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

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

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

## 10. Other Agency Reports

None shared.

## 11. Bureau of Prevention Treatment and Recovery Update

Teresa Steinmetz shared the update. Some upcoming conferences include:

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

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

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

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

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

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

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

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

Staffing updates include:

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

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

**12. Agenda Items for September 8, 2023 meeting**

- Leadership elections

**13. Meeting Adjournment**

Christine Ullstrup moved to adjourn.

Jennifer Stegall seconded the motion.

All in favor. None opposed.

Meeting adjourned at 12:33pm.

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

Council reviewed and approved these minutes at its 9.8.23 meeting:

