

## OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Roger Frings, Tina Virgil, Brian Dean, Paul Krupski, Autum Lacy, Anthony Peterangelo, Subhadeep Barman, Deb Kolste, Sandy Hardie, Christina Malone, Kevin Florek, Terry Schemenauer, Christine Ullstrup, Nichol Wienkes, Representative Jill Billings, Representative Jesse James, Zachary Stollfus (on behalf of Senator Wimberger), Amanda Kind (on behalf of Senator Smith) Ex-Officio Members in Attendance: MJ Griggs, Jennifer Fahey, Fil Clissa, Elizabeth Salisbury-Afshar, Dr. Ritu Bhatnagar Guests: Kellie Blechinger, Lindsay Just, Denise Johnson, Michael Kemp, Tara Wilhelmi, Kerry Thieme, Joe Kiel, Jenna Flynn, Holly Stanelle, Tom Farley, Constance Kostalec, Amy Parry, Kelsey McDermot, Amy Anderson, Chris Wardlow, Beth Collier, Sheila Weix, Aletha Buch, Shelby McCulley Department of Health Services Staff: Sarah Boulton, Ryan Stachoviak, Katie Behl, Allison Weber, Leilani Nino, Dan Bizjak, Liz Adams, Jamie McCarville, Cindy Matz, Tiffaney Nielson, Janet Fleege, Vanessa Bauman, Heather Carlson, Saima Chauhan, Teresa Steinmetz, Simran Arora
Date: 9/9/2022	Time Started: 9:30am	Time Ended: 12:55pm
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.

#### 2. Approval of June 3, 2022 Meeting Minutes

Tina Virgil moved to approve the minutes of June 3, 2022.  
Sandy Hardie seconded the motion to approve the minutes.  
No comments, corrections made.  
Meeting minutes were approved unanimously.

#### 3. Public input

Michael Kemp offered public comment recognizing recovery month. Extended thanks to everyone who does the work. September 20th is National Addiction Professionals Day. Encourage everyone to treat and celebrate with staff who do the hard work. This is the 20th year that SAMHSA and NAADAC have recognized this day.

Roger Frings announced his retirement from the Council and retirement from state service after 38 years. Council members and guests expressed their appreciation and thanks to Roger for his leadership of and contributions to the Council. Paul Krupski shared a Milestone Achievement Letter from the Governor's Office thanking Roger for his service to the state of Wisconsin.

#### 4. SCAODA Leadership Nomination and Approval

Tina Virgil opened nominations for three Council leadership positions – Chair, Vice Chair, and Secretary.

Nominees for positions announced for Kevin Florek for Chair, Sandy Hardie for Vice Chair, and Christine Ullstrup for Secretary.

Deb Kolste moved to approve the nominations.

Christine Malone seconded the motion to approve the nominations.

No comments or discussion.

Motion to approve nominations passed unanimously.

Kevin, Sandy, and Christine approved to serve one-year terms.

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

Christine Ullstrup shared that COVID is still something to be aware of and that it is influencing capacity for their residential facility. They are still following some protocols that limit capacity. In Milwaukee, there has not been a significant outbreak, so they've been able to continue to serve people. When talking to other providers across the state and city, residential providers are not at full capacity yet.

Kevin Florek shared that Tellurian in Madison had to close their crisis center for about five days due to a staffing shortage. In the state and county, finding staff is number one on the priority list. Some of that has to do with COVID.

Dr. Elizabeth Salisbury-Afshar shared that as a buprenorphine prescriber in a primary care setting, anxious to see if federal guidance will allow providers to continue to be able to initiate Buprenorphine via telemed without a first in-person appointment. It's something that's been useful intermittently. Don't use it all the time but do work with a lot of folks who have a hard time getting to appointments. Medical primary care clinics, in particular, are having a lot of in-person services but some of those allowances during COVID have been really helpful with engagement and faster processes for getting people in.

## **6. Committee updates**

### *Executive Committee*

Roger Frings shared the update. The Committee met July 27th to review submitted budget recommendations. The request to the standing committees was to keep proposals relatively broad and not attach a specific dollar amount to them. Submitted budgetary recommendations are included in the meeting booklet. Items that were mentioned included: expanding Vivitrol, funding for DSPS, assistance for those seeking recovery, expanded medically managed withdrawal management services, detox services, room and board for residential levels of care, Medicaid expansion for comprehensive community services, expansion supporting development of full continuum of care for all substances, increase in excise tax for fermented beverages, payments for implementation of evidence-based practices, creating a mechanism to collect statewide system level capacity, and conducting a statewide qualitative assessment of health equity diversity and inclusion needs to support substance and misuse prevention efforts in Wisconsin. There were a handful of items that did not receive the approval of the Executive Committee to move forward, however, that was not necessarily because there were objections to them but because more information was needed. Standing committees encouraged to continue working on those items. All the submitted budget recommendations are included in the meeting booklet if folks would like to review them.

### *Diversity Committee*

Roger Frings reported that Harold Gates reached out to him a few days ago and notified him that he would be stepping down as Co-Chair of the Committee.

Denise Johnson gave the update. Committee last met in May and prior to that, had not met since November. The Committee really needs people. Committee membership has dwindled in numbers. If you or anyone you know in the community might be interested in joining the Committee, please reach out Mai Zong Vue at [maizong2.vue@dhs.wisconsin.gov](mailto:maizong2.vue@dhs.wisconsin.gov).

### *Intervention & Treatment Committee*

Roger Frings gave the update. The Committee primarily worked on budget recommendations. The Committee put forth recommendations related to expanding Vivitrol to providers, DSPS funding allocation, financial treatment assistance for those seeking recovery, and expanding medically managed withdrawal management. Three new members have joined the Committee: Beth Collier from Vin Baker Recovery/Addiction Medical Solutions, Karen Connor from Tobacco Research and Intervention, and Chris Wardlow from Catalpa Health + Outagamie County.

In July, the Committee had a presentation from Amy Miles on Methamphetamine. She presented to the full Council earlier this year. At the August Committee meeting, Shelby McCulley from Department of Children and Families and Jason Cram from BPTR presented to the Committee on psychiatric residential treatment facilities for youth in Wisconsin.

#### *Planning and Funding Committee*

Christine Ullstrup provided the update. At the July meeting, Committee spent time on budget recommendations, which are included in the meeting booklet. Cindy O'Connell from Division of Quality Assurance (DQA) also came to speak to the Committee. The Committee wanted to talk to DQA about getting a handle on the capacity of treatment facilities at all levels of care throughout the state and thought one way of capturing some of this information would be to include it in the re-licensing with the revised DHS 75. Have since found out that many of those licenses don't have to be reapplied for. The Committee learned from Cindy that DQA are adding additional questions to the renewal paperwork for DHS 75 certification. They will be asking about the population served, if it's a residential facility, if they serve ambulatory or non-ambulatory, they'll try to get at the number of beds, and if family services for children are included. Cindy also let the Committee know that DQA is moving towards a non-expiring license.

At August Committee meeting, DMS Policy Analyst Jessica Cwirla, Deputy Director Maureen Thomas, and BPTR Deputy Director Andrea Jacobson came to the meeting to discuss the revised DHS 75 and Medicaid. There are new levels of care and Medicaid is determining how to best match up with the new services. The Committee provided feedback, including the concern around the inability to do concurrent service billing until 2024. This means that providers could bill Medicaid for two services that are being provided at the same time. Other feedback was that Medicaid codes could match cultural practices, and that there is concern for the new residential substance use disorder benefit about the authorization approval time getting back to providers. Committee also had a presentation on the proposed psychiatric treatment facility for youth. Beth Collier has joined the Committee as a member and is willing to serve as Co-Chair. Roger is also planning to continue to join the Committee at future meetings. At August meeting, Committee also developed a motion, which is included in the meeting booklet. Motion reads as SCAODA highly recommends that DHS prioritize the implementation of a mechanism to collect system-level capacity for DHS 75 certified entities, including service level and workforce, across the state for planning and creation of a public facing system. Implementation should include planning for the ongoing maintenance and sustainability of such a system.

Representative Jill Billings asked how this would work to complement the work of the Hub and Spoke Pilot and if it would be a duplication of work that's being done. Christine Ullstrup noted that if someone is using the hub and spoke system and want to make a referral to a provider, it's hard to know in real-time where the providers are across the state. For example, is there an outpatient slot available right now. Care Coordinators for hub and spoke likely end up doing a lot of calling. One of the things the Committee thinks would be helpful is to have information real-time, within reason. Nobody can have exact real time, but it could give an idea if there are beds available or space available for treatment. There is 2-1-1 where you can call and find out about treatment providers but there is not one database. Denise Johnson asked what kind of data would be collected. Christine Ullstrup noted that they are trying to collect capacity for services of all levels of care that are licensed through DHS 75. Also trying to get a snapshot, if possible, on workforce. Know there are shortages but can't address workforce issues if don't know where the gaps are. Roger Frings asked if the Committee has talked with the Department at all to discuss logistics and resources, etc. Christine Ullstrup reported that they have not, noting that they wanted to put it out there in hopes that maybe somebody would put out an RFP or an RFI that could maybe even just investigate this or look at the models that exist in other States, for example Minnesota and California. Roger Frings noted that he thinks the Council should always be sensitive to the amount of time and resources that things like this require of the Department at a time when they are, like other State agencies, struggling to fill positions. Concern is that this is a worthwhile idea but question if the Department has the capacity to do something like

this currently. Teresa Steinmetz noted that the bureau thinks it would be helpful as well but that it is a very significant undertaking. At this point, don't have the staffing capacity, nor the expertise that it would take to implement this type of data system. It would also be helpful if it could be integrated with mental health work as well so there aren't different, competing systems trying to look at capacity and needs and availability of beds. There have been pockets of these things that have been funded mostly through State GPR that have come through for certain types of work. There would have to be a way for providers to enter capacities and they wouldn't necessarily all have the same electronic system. Unless department is actually providing funding through a contract, there isn't going to be a mandate requiring them to report. Even with current initiatives that have rolled out in this capacity, it's voluntary reporting. Data is only as good as what's entered, so need to think about how that could be accomplished. Paul Krupski agreed and added that this could not be done without funding, and it would be a large undertaking. Funding would have to be found somewhere for this. The SUD platform that was mentioned, the Department provided input around what this should look like, but ultimately the budget has to be approved by the Legislature. It might be beneficial to give some time and see what that ultimately looks like, and what it does provide. From tech perspective, not clear if it would be best to build off something or build from scratch. Would echo concerns shared by Roger and Teresa but conceptually think it's a great idea, just a matter of how it would get done, the resources necessary to get it done, and a mechanism that would require providers to submit information. That's a real challenge. Denise Johnson commented in the chat why not explore what other States that may have the data system for DHS. Paul Krupski noted that what's been procured for the current platform is restricted to what was in the budget and funding. There was also funding in the budget for an opioid and methamphetamine database that DOA is overseeing. Again, that was dictated in the funding and not within our realm to be able to modify that. Teresa Steinmetz noted that there has been research done on other States, specifically around the treatment system as a whole, and crisis services. Looking at other state systems for geolocation, real-time bed tracking, and real-time service availability. It is a lot of money to implement something like that. Dr. Ritu Bhatnagar asked via chat if opioid settlement dollars could be used for something like this. Paul Krupski noted it would have to be something that the department puts forward in a plan, and then is approved by the Legislature, or something that the Legislature would add to a settlement funds plan. Dr. Lacy reported that Department of Corrections does have a system that is like what this motion proposes. Contract with about 280 beds in the community and have a system that Bureau of Technology management put together, that allows access for input from community providers. At any given time, can pull up that database and see where there are openings and what capacity is. Exists in the State and maybe some more internal conversations regarding what we have already, and how we can maybe help in that effort could help with this idea. Deb Kolste reported that she was ranking on Health Committee for her entire time serving in the Legislature and any medical task force that was out there talked about this at every stage. It is a big task, but it is also really important. Dr. Ritu Bhatnagar asked if counties might use their opioid settlement funds for this since they are receiving the bulk of settlement funds. That would enable information to come directly from the counties. Paul Krupski noted that counties and municipalities are receiving funds and they do have a little more flexibility in that they don't need legislative approval to spend it if it's in the exhibit from the settlements but some of the counties are receiving very minimal amounts. The counties may want to try to address other issues so we might not expect them to tackle something like this. Dr. Ritu Bhatnagar noted that a county association meeting is coming up and that's something that they could speak to. Nichol Wienkes noted that as a member of the county human services association, she would echo what Paul said. Counties would find this type of project useful and would love to have access to this type of data, but it would be difficult to get all of the counties to agree that this was the best use of the funding, especially given some of the smaller allocation amounts. Concerns about staffing if this moved to the county level. Counties are understaffed and have positions that have been open for months with no applications. Roger Frings asked if they might change the language of the motion as there are concerns. Christine Ullstrup suggested that they try to move ahead as written. For the Committee, next steps would be trying to help investigate how this might happen and give some recommendations. Tina Virgil commented that she would like to better understand what the goal is. The Department of Justice is very concerned Law Enforcement transporting folks to places in locations where there aren't any available beds and then holding them because they don't know what to do with them. It seems that DOJ, DOC, and DHS could work together on this because in agreement that this will be a huge lift.

Deb Kolste moved to accept the motion as written  
Dr. Subhadeep seconded the motion.

Five members voted in favor.  
The motion as written did not pass.

Roger Frings suggested friendly amendment to the motion to read that SCAODA encourages that DHS investigate a mechanism to collect system level capacity for DHS 75 certified entities.

Christine Ullstrup moved to accept the amended motion.

Deb Kolste seconded the motion.

Ten members voted in favor. Eight members abstained (Brian Dean, Paul Krupski, Roger Frings, Dr. Autumn Lacy, Anthony Peterangelo, Representative Jesse James, Senator Eric Wimberger, Senator Jeff Smith).

Amended motion passed.

#### *Prevention Committee*

Chris Wardlow provided the update. July Committee meeting was spent mostly on developing budget recommendations.

Maureen Busalacchi provided an update on the work of the Wisconsin Alcohol Policy Project. SCAODA put forth a report on [Policies and Strategies to Reduce and Prevent Excessive Alcohol Use in Wisconsin](#), which has been a helpful tool.

Trying to implement as many of the recommendations as possible. One of the recommendations was on place of last drink, and so working closely with Department of Transportation, Department of Justice, and others in moving that forward, so that place of last drink information can be tracked through the badger tracks system, which is available to all 525 law enforcement agencies in the State. There is also a lot of work in providing training and support to ensure that law enforcement understands the usefulness of the information and why they should be collecting it over time because it helps us understand where overserving is occurring. Also working to better understand the alcohol environment in Wisconsin. Have started building an epidemiology law database to understand what ordinances there are. For example, Milwaukee has 50 pages of ordinances related to alcohol, while another city in northern Wisconsin will have two.

The process of licensing varies dramatically, and many places are doing a lot with that. Having better information around things like alcohol policies, crash data, and health outcomes can help show what works in Wisconsin. Have been asked to present a poster at the American Public Health Association regarding the report.

Alcohol Policy Project is hosting the Alcohol Policy Seminar on October 19th in Green Bay. Registration link shared in the chat: <https://www3.uwsp.edu/conted/Pages/Wisconsin-Alcohol-Policy-Seminar.aspx>. There has been a lot of media coverage lately on excessive alcohol use. The Dane County Traffic Safety Commission released information showing large increase in fatalities involving alcohol. Milwaukee Magazine ran a comprehensive article on alcohol consumption and culture in Wisconsin. Hopefully this is continuing to raise awareness that will help local coalitions, the Alliance for Wisconsin Youth, and other community partners.

#### **7. Overdose Fatality Review and Department of Corrections Overdose Response**

Constance Kostalec and Amy Perry from the Medical College of Wisconsin, Institute for Health & Equity provided a presentation on the Wisconsin Overdose Fatality Review (OFR) The OFR is a locally based, multi-disciplinary process for understanding the risk factors and circumstances leading to fatal overdoses and identifying opportunities to prevent future overdoses. It is a joint effort of DHS and DOJ and is funded by two federal grants: Overdose Data to Action and Comprehensive Opioid Stimulant and Substance Abuse Program (DOJ). Medical College of Wisconsin provides training and technical assistance.

Dr. Autumn Lacy provided a presentation on the Department of Corrections (DOC) Opioid Response. The DOC Overdose Death Review Team includes members from the Division of Adult Institutions, Division of Community Corrections, Division of Juvenile Corrections, Medical College of Wisconsin, and a Community Treatment Provider. Team meets monthly to review two cases with technical assistance and facilitation provided by the Medical College of Wisconsin. Gaps are identified and recommendations to fill those gaps are made to the Opioid Response Steering Committee. There are currently 36 recommendations.

OFR State Advisory Group is a multidisciplinary group that began in April 2021 with the mission to reduce overdose fatalities in Wisconsin through support of the overdose fatality review process and recommendations of the local multidisciplinary teams. State level recommendations include:

- Medications for opioid use disorder need to be included on the Wisconsin PDMP to bring awareness to prescribers about all controlled substances prescribed to individuals.
- Co-locate naloxone with AEDs on UW campus residence halls and public buildings.
- Multi-faceted recommendation for health care providers and pharmacists with co-prescribing naloxone with an opioid.
- Persons who are incarcerated should be trained in administration of and equipped with naloxone prior to release from incarceration.
- Incarcerated individuals should have access to substance use disorder treatment, regardless of time to serve as well as for type of crime.

## **8. Council Strategic Planning Process**

Roger Frings shared the update. It is time to update the Council's Strategic Plan. That doesn't mandate that anything is changed, rather it gives the opportunity to review goals and objectives for the Council. Committees should be prepared to share updates on their annual workplans at the December Council meeting to help support this process. DHS staff Sarah Boulton added that committee chairs and staff can reach out if they need support in updating their plans. Looking for volunteers for people who are interested in being on the Strategic Planning Workgroup. Chris Wardlow and Deb Kolste volunteered. Roger Frings noted that having a Strategic Plan is helpful for things like the recent budget recommendations, as recommendations could be tied back to the goals of the Council. A strategic plan helps to keep the work of the Council focused.

## **9. State Agency Updates**

DHS: Paul Krupski shared the update. Circling back to the budget recommendations that were submitted by the State Council on behalf of DHS. Thank you very much for all the hard and thoughtful work that went into that and for submitting those to the department. Also really appreciated the budget recommendations that were submitted to DHS' sister state agencies as well. Many of those budget recommendations are obviously supportive of accompanying work that the department focuses on or issues that DHS has supported in the past. At the department, wrapping up some high-level budget initiative work that will be submitted to the Governor's office this month.

It is Recovery Month, and this coming Saturday is the annual Rally for Recovery at the State Capital. Everyone encouraged to take part in this event. It's a great annual event that takes place, supported by the Wisconsin Voices for Recovery organization, and many other groups across the State.

The Department has been trying to bring more awareness and education around fentanyl. The presence of fentanyl in the drug supply has been driving overdoses and deaths nationally, as well as in Wisconsin. Last month, DHS put out a [public health advisory](#) specifically around Fentanyl being present in overdose deaths around the state. Over the last year, synthetic opioids, primarily fentanyl, were identified in 91 percent of opioid overdose deaths and 73 percent of all drug overdose deaths. DHS will continue to provide education and spread awareness in the coming months around this issue, especially once 2021 data is finalized. Wisconsin was one of many states across the country where fentanyl test strips were illegal but in March of this year legislation was passed and signed by Governor Evers decriminalizing fentanyl test strips (FTS). Since that happened, the department has been looking for funding that can be allocated to support FTS dissemination around the state. DHS has been working to develop a mechanism similar to the Narcan direct program to disseminate FTS statewide and get them in the hands of individuals who need it.

Following up on previous updates, DHS submitted an opioid settlement proposal plan to the Legislature pursuant to Act 57 in order to ask for approval from the Joint Committee on Finance, so that we could expend those funds. There was an objection to the plan. Came back and held a hearing, and they approved an amended plan for the opioid settlement funds. Again, this is just for the initial first year of funds Wisconsin is receiving from two specific settlements. The

Department is required to go back to Joint Finance on an annual basis. This first year, we're expecting 31 million dollars in funding from the two settlements. Joint Finance approved basically 85% of what was in DHS' initial plan. Funding will support the expansion of the FTS program that was just talked about, additional funding for tribal nations that are disproportionately impacted by the opioid epidemic, DHS Central Alert System to provide alerts to counties and tribes, and room and board support for residential treatment for opioid use disorder. Pilot initiative for family support centers and funding to support prevention initiatives addressing root causes was removed from the plan. MAT expansion was increased. Three new additions were made to the plan, including a grant program for law enforcement agencies across the state, a grant program to a Statewide community-based organization that serves after-school youth, and then there is also 1 million dollars that is going towards the DHS Hub and Spoke Pilot Project to establish additional hub agencies across the state. As of now, state has received six million dollars.

Denise Johnson asked if settlement money will support service providers to get necessary education and licensing to better provide services to underserved populations. Paul Krupski thanked Denise for the question and noted that with this initial round of funding, there is not any that is going specifically to address workforce needs but well aware of the challenges that are there. This is only the initial round of settlement funds that we're receiving, so it does not mean that future funds cannot support that. Christine Ullstrup asked how quickly funding has to get out. Paul Krupski noted that funding will not expire and does not have to be returned, like some federal funding, but also appreciate the urgency that many of these items need to be addressed. Have to report back to the State Legislature with progress on a quarterly basis.

Department of Corrections: Dr. Autumn Lacy shared DOC updates. Having some discussions on how we can bring MAT to our residential facilities to decrease the barrier that our residential treatment facilities have with getting folks to clinics for their medication. Also looking at bringing mobile MAT into rural areas to provide that service to folks at their home. Created a treatment unit so that we could address some of the gaps that we were seeing within services for our clients. So right now, have one clinical supervisor and seven treatment specialists, five of which are filled. We have a waiting list of 250 individuals to get into residential treatment. What that usually means, is that we have 250 people sitting in county jails waiting for a bed to open for them to get residential treatment. It's a large need for us in the community and it's a gap for us, and we're constantly trying to increase what we're able to do. DOC is doing a variety of things in recognition of Recovery Month, including lunch and learns for staff every week, a weekly newsletter, and holding a ceremony to recognize clients that have engaged in treatment.

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

Teresa Steinmetz shared the update. Bureau staffing updates include: Leilani Nino is now the Criminal Justice Coordinator, Elizabeth Adams moved from Prevention Outreach Specialist to Prevention Coordinator, Vanessa Bauman is a new Prevention Coordinator, Jake Niesen and Anne Vulpas are new Harm Reduction/ Recovery Services Coordinators, and Michelle Lund is now the Lead Substance Use Treatment Program Coordinator.

A reminder the revised DHS 75 will go in effect in a couple weeks with an October 1st start date. The new rule increases access to services across the state, while maintaining high quality standards of care. The rule had not been revised in many years, and there really wasn't a way to just make smaller revisions. This meant we had to implement a full repeal and rewrite of the rule. The focus of the department, secretary, administration, and the entire division working on this right now is to ensure as smooth of a transition as possible. We know that this is challenging. We know there's been a lot of bumps in the road, and we really want our continuity of services to be the top priority, and to really assure that there is no interruption of services for consumers, and no interruption of payments for providers. As we roll this out, continue to look at ways to be as flexible as possible. The DHS 75 website is continually being updated with new information and resources, including frequently asked questions. Most new applications have been published. The remaining application should be released next week. DQA recently sent out letters to all currently certified providers with instructions on the conversion or new certification process. We ended up being able to implement an automatic conversion process for the majority of providers. That means if you are currently certified in one of the DHS 75 categories, you will automatically be converted to the new certification category. There are some providers out there, however, like intoxicated driver

programs that are being offered an abbreviated application process. There wasn't a way to just do a conversion for some of the new certifications that are coming.

A reminder about 988. 988 is the shorthand for the 988 Suicide and Crisis Lifeline. In Wisconsin and nationally, individuals can access 988 by calling, chatting or texting 988. Don't have a full picture of August data yet. Wisconsin lifeline did see a 19% increase in calls routed to their center in July. Went from 5,089 calls in June to 6,068 calls in July. Of these calls, the lifeline in Wisconsin was able to answer 4,420. Other calls still answered. There were 617 mental health related referrals that occurred. The Wisconsin lifeline provider continues to bring on new staff, train them and have them answer calls to respond to the increase. Since April the lifeline has hired 13 new staff.

Department of Children Family Services Bureau of Youth Services Director Shelby McCulley shared an update on a budget initiative on psychiatric residential treatment facilities (PRTF) for youth. DCTS and DCF are working collaboratively to develop a budget paper. Shelby McCulley noted that DCF is responsible for providing out of home care. PRTFs are non-hospital facilities that address psychiatric care. The overall number of children in these settings has declined, which is good, however, the small number of children being placed in residential treatment facilities out of state has increased. These are children with intensive needs that are not being met in Wisconsin. The intention for this project is that PRTFs would not just be for children in Child Protective Services (CPS) but would also be available to children that are not in the system. Currently, children are being sent out of state for these services, which may be far from parents/guardians. Having one or two facilities in the state could help with this.

#### **11. Agenda Items for December 2, 2022 meeting**

Representative Jill Billings asked if the meeting will be in-person or virtual. Roger Frings noted that the Council has had significantly increased participation with Zoom meetings and that it may be difficult for people to travel. Council agreed to hold the December meeting virtually and to revisit this item next year.

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

Christine Ullstrup moved to adjourn.

Roger Frings seconded the motion.

All in favor. None opposed.

Meeting adjourned at 12:55pm.

Prepared by: Sarah Boulton on 9/9/2022.

The Council reviewed and approved these minutes at its 12/2/2022 meeting.