

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Roger Frings, Subhadeep Barman, Brian Dean, Kevin Florek, Jessica Geschke, Paul Krupski, Holly Stanelle (on behalf of Autumn Lacy), Terry Schemenauer, Christine Ullstrup, Tina Virgil, Nichol Wienkes, Tony Peterangelo, Christina Malone, Representative Jill Billings, Representative Jesse James, Gina Bartoszewicz, Fil Clissa, Faith Price, Ritu Bhatnagar, Mark Wegner, Angela Bins Guests: Harold Gates, Chris Wardlow, Amy Miles, Denise Johnson, Sheila Weix, Meagan Pichler, Maureen Busalacchi, Lynn Harrigan, Hannah Lepper, Paige Andrews, Michael Kemp, Oleysa Kitzro, Jessica Brost, Jenna Flynn, Frank Burrell, Dave MacMaster, Felise Borisy-Rudin, Amanda Kind, Annie Short, Alex Berg Department of Health Services Staff in Attendance: Sarah Boulton, Ryan Stachoviak, Teresa Steinmetz, Andrea Jacobson, Mai Zong Vue, Lori Kirchgatter, Liz Adams, Lindsey Emer, Janet Fleege, Heather Carlson, Emily Jaime, Amy Anderson, Allison Weber, Nancy Michaud, Tom Bentley, Saima Chauhan, Raina Haralampopoulos, Sarah Coyle, Katie Behl, Dan Bizjak, Annie Larson, Jamie McCarville, Michelle Holt
Date: 3/18/2022	Time Started: 9:33am	Time Ended: 12:50pm
Location: Online via Zoom		Presiding Officer: Roger Frings
Minutes		

1. Call to order

Chairperson Roger Frings reviewed housekeeping for Zoom meetings. Quorum was confirmed to conduct Council business. Meeting was called to order at 9:33AM.

Roger Frings announced that Citizen Member Mary Ann Gerrard has resigned from the Council as of 3.14.22, leaving a vacancy. Anyone who is interested in serving as a member is encouraged to reach out to the Governor’s office. Roger also introduced new ex-officio members and designees. Faith Price is now the designee for Department of Children and Family Services, Gina Bartoszewicz is now the designee for Department of Veteran Affairs, and Dr. Ritu Bhatnagar is now the representative for WISAM.

2. Approval of December 3, 2021 meeting minutes

Dr. Subhadeep Barman moved to approve the minutes of December 3, 2021.
Tina Virgil seconded the motion.
No comments, corrections made.
Meeting minutes were approved unanimously.

3. Public input

Michael Kemp shared public comment encouraging addiction professionals to attend the upcoming NAADAC Annual Advocacy in Action Conference and Virtual Hill Day April 19th and 20th. It is free to attend and includes continuing education credits. On the 21st, there will be a meeting with federal representatives, state representatives, and state senators. The focus will be looking at continuing to expand national certification to address the workforce shortage.

4. Committee updates

Executive Committee

Roger Frings provided the update, noting that the Committee met February 23rd primarily to develop the agenda for the March Council meeting.

Diversity Committee

Harold Gates provided the update, noting that the Committee is at a critical juncture. At February meeting, they did not have quorum to conduct Committee business. Last full meeting was in September. Loss of membership means the Committee is not able to continue things in the same way. Denise Johnson is open to co-chairing the Committee. Roger Frings confirmed that he chatted with Denise earlier this week. Given the resignation of Mary Ann Gerrard, there is a current vacancy on the Council for a Citizen Member. DHS Staff Sarah Boulton shared the link to apply for Government appointments in the meeting chat <https://appengine.egov.com/apps/wi/gov/boardsandcommissions>.

Harold Gates reported that at most recent meeting, the Committee discussed recruitment and retention of members. Putting a call out to SCAODA for anyone that would like to join the Committee. Emerging Leaders program just finished and the Committee will continue efforts to connect with them. The Committee is developing a presentation for the Mental Health and Substance Use Recovery Conference in October to address diversity, equity, inclusion, and self-care, which will likely be a panel discussion. The meeting booklet includes the Committee's workplan for the past year. Priorities include continued involvement in the CLAS standards implementation at all levels; advocating for funding to hire staff to adequately support the diversity, equity, inclusion, and cultural work of the Committee; recruiting additional Committee members; and ongoing advocacy and education for the inclusion of building a culturally competent behavioral workforce in order to impact system change and increase access to mental health and substance use services for underserved populations in Wisconsin. The Committee can offer subject matter expert assistance and help with CLAS implementation.

Intervention & Treatment Committee

Roger Frings shared the update. The ITC Committee meeting in January included a discussion with Chris Wardlow around possible collaborative efforts between the ITC and Prevention Committees and what they can collectively do to increase awareness regarding the dangers of Kratom and Marijuana going forward. ITC also developed an updated scope for the Children, Youth, and Family Treatment Subcommittee, which will go out to the other committees for review. The meeting also included updates on hub and spoke from Sheila Weix, departmental updates on the status of DHS 75, and opioid treatment updates.

The ITC Committee's February meeting focused on items working their way through the legislature, including several bills and proposals that the Committee has been monitoring. Dennis Radloff from DPH provided an update on harm reduction work. The Committee also received additional information on hub and spoke, DHS 75, and tobacco integration. Michael Kemp added that DSPS provided an update related to agency staff shortages, which is complicating timely licensure and certification processing. Sheila Weix noted that DSPS is still processing licensing application materials completely on paper, which makes the workload overwhelming. There is a need for materials to be digital.

Planning and Funding Committee

Christine Ullstrup provided the update. The Planning and Funding Committee met in January and February. Survey that went out to residential providers was not successful. Committee received some feedback that the survey may be too long, that reporting was cumbersome, and that some surveys were sent to the wrong contact. At the next meeting, they plan to review the survey and see if it needs to be reformatted because still very interested in feedback from providers who have the Medicaid benefit. Another reason the Committee wanted to do these surveys was to learn how many beds there are for licenses 75.11 and 75.14. DQA does not have information about specific beds that each license holds, especially separating out those by women's beds, men's beds, and for facilities that include children in the program. Committee discussed that with the DHS 75 rewrite, most of the facilities will have to reapply for licensing coming up, so one way of potentially capturing all the beds is to add a question on to those licenses of how many beds facilities have. This would be good for providers to know because most providers have an extensive waitlist at this point and would like

to expand capacity. It's hard for providers to start talking to funders when they can't even present the facts of what the capacity of beds is across the state. The Committee has also been working on their strategic plan for this year, which is included the meeting booklet.

Pam Lano from Division of Medicaid attended the February meeting to explore reimbursement for complex interventions. Interventions like Multidimensional Family Therapy don't receive compensation for things like training and supervision. The Committee hopes to encourage Medicaid to start looking at value-based reimbursement rates, looking at what providers are doing in their treatment, and the related outcomes. One idea is doing some pilot programs in which Medicaid could reimburse via outcomes and the value that's being added to treatment. Pam Lano was interested in these ideas and reported that she will take them back to her team. Committee members who are residential providers expressed that they are very happy with the new Medicaid benefit, however, there are increasing challenges to cover all costs, especially with increased cost for staff.

The Committee is looking for new members. Thank you to Sheila Weix for joining. Anybody else who might be interested, can reach out to Christine Ullstrup or Sarah Boulton.

Prevention Committee

Chris Wardlow provided the update. The Committee is very excited to have Stacy Stone as the chair of the Committee. Stacy brings a wealth of experience in the full continuum of care from prevention all the way to relapse recovery support. She is going to be a great asset and leader for the group. Thank you to the DHS staff who support the work of the Prevention Committee, Raina, Allison, and Liz.

In time for Alcohol Awareness Month, March 28th will be the public release of SCAODA's latest alcohol report, Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin. Maureen Busalacchi, who chaired the ad hoc workgroup and who is the director of the Wisconsin Alcohol Policy Project, is coordinating the public and media release of the report. The Wisconsin Alcohol Policy Project has created several tools to help local coalitions and organizations connect with the media, including talking points and a one pager. The Committee is appreciative of the work of the ad hoc committee, and the expertise and leadership of Maureen Busalacchi.

At the January meeting, the Committee was introduced to Joann Stephens who is the Consumer Affairs Coordinator at DHS. Her priority is working to bring people with lived experience and peer voices into discussion and to the various tables to provide insight.

The Committee has been focused on how they can collaborate to educate the broader public about new and emerging substance that are flooding communities. The Committee is looking forward to the presentation today from the State Lab of Hygiene. Vending machines are popping up claiming to be selling CBD products but on closer look are selling products that have THC derivatives, which can be psychoactive. A significant concern for people working with kids and young people is that these products are very attractive to young people, and it coalesces with the epidemic we're seeing with youth vaping. Annie Short noted that in a coalition meeting, there was a discussion around delta 8 and other items, and a member brought to the groups attention that there is a website that is allowing people from Wisconsin to purchase THC and have it mailed to them. The site indicates that Wisconsin is an authorized state when it is not. Chris Wardlow noted the concern is that THC is functioning as a gateway for youth and that THC is a contributor to the youth mental health crisis that the surgeon general has recently spoken about. The group hopes to learn more from the presentation today and go from there.

5. Wisconsin State Lab of Hygiene presentation

Amy Miles, Director of the Forensic Toxicology Unit at the Wisconsin State Lab of Hygiene (WSLH) presented on THC and Kratom. The role of WSLH includes processing operating while intoxicated cases and medical examiner case work. Find that 70 percent of the caseload for operating while intoxicated is poly substance including alcohol. The lab receives a little over 20,000 samples a year. Another 10,000-breath alcohol testing comes through the program run by the state patrol. The lab provides analytical testing and interpret those results and then testify in court. Last year, the lab testified

in over 300 cases. Testing is not necessarily done to support a charge but rather so that the person can be appropriately assessed and can hopefully avoid recidivism.

WSLH faces challenges in keeping up with the 'revolving door' of new drugs. Instrumentation is also difficult. DHS helped in this area by purchasing high end instrumentation that was implemented in 2019, which changed the lab's testing scope and landscape. Now the lab can find and see novel drugs that they hear about, whether it's a synthetic benzodiazepine or a synthetic opiate.

Dr. Heather Barkholtz, who joined WSLH and UW School of Pharmacy in 2021, is working on a non-fatal overdose project, one of which already exists in Milwaukee County, where the forensic lab receives samples for individuals coming into the emergency department with an overdose. Similar project is now being expanded to rural areas, including northern and northwestern Wisconsin, to partner with hospitals to start doing this type of testing. This allows for comparative data between urban Milwaukee area and more rural areas and can start to demonstrate what drugs are in specific areas of the state.

At the lab, THC/cannabis has always been number one behind alcohol in impaired driving and medical examinations. The number three drug that is being found now for both impaired driving and medical examinations is fentanyl. Also seeing fentanyl analogs and novel psychoactive benzodiazepines. WSLH is watching these trends and trying their best to stay on top of them and track them.

Route of administration has really changed in the last five years with vaping and edibles. See very different reactions and impairment. With vaping, people are buying cartridges that indicate they are a delta-8 product when they have delta-9 THC in them. This is because of the lack of oversight and regulation for those products. Delta-9 THC is considered a restricted controlled substance and it's a schedule I, so any amount of delta-9 while driving is a violation of the law. Impairment does not need to be proven. On average, it takes an hour and a half for blood to be drawn in the state of Wisconsin after someone is pulled over/is in a crash. Concentration at the time of draw is not representative of the time of a stop or crash. Blood work can give only a rough estimate approximately when last use was.

Legal CBD and Hemp are products that contain less than .3% THC. These products do not have oversight and regulation. From a public health standpoint, it's buyer beware. There is not a good understanding of interaction with other medications, such as SSRIs or antidepressants. The lab gets lots of questions about THC and adolescents, which is difficult to study. Some wrap models show that you minimize synaptic connections and/or that there's less efficient connections, which may result in underpinning of cognitive deficit. There's also a hypothesis that THC is a gateway drug. There is not a great review or synthesis of the data to tell us if that's true or not.

Recent bills are being drafted and presented that would pull Kratom or Mitragynine out of Schedule I, as it is currently classified in Wisconsin. When the lab does see Mitragynine in their cases, it is rarely alone. Administration can be through leaves, teas, powders, topical agents, etc. Depending on the concentration that is used, going to see very different effects. As the concentration is increased, it moves from stimulant type effects to sedation and euphoria. Binds to the same receptors as opioid receptors, and tolerance occurs. Lab hears a lot of reports that it's used to self-treat for opioid addiction.

Article link regarding Kratom shared in the chat: <https://www.frontiersin.org/articles/10.3389/fphar.2021.775073/full>. Some of the key findings from this letter were that we need to do more scientific assessments on how people are using, need to know scale and degree of dependence, and if it's truly the gateway drug that people claim it is to opioids. Finally, need to assess causality. There have been fatal overdoses where Mitragynine is a drug of abuse, but there are other opioids there too. The biggest public health concerns is, like delta-8 and CBD products, that anytime you put something in a user's hand it's unknown what is in there and how they're going to use it.

Chris Wardlow asked if the lab puts out an annual report of what was included in the presentation today and the trends that are being seen. Amy Miles noted that this is a great idea but that currently they do not.

Sheila Weix asked if there is potential for some collaborative work where the lab could provide some details and data and one of the committees could put out an infographic showing the trends. Amy Miles notes that they are able to provide data with advance requests.

Dr. Ritu Bhatnagar asked if the lab is seeing designer benzodiazepines. She has seen folks in her practice who have ordered these from online sources. Does the lab come across other ones or is it a matter of how they are detected in the lab? Amy Miles noted that it is cyclical. The lab is seeing all types of things that they've never seen before. Dr. Bhatnagar asked if the lab has a routine panel or how they even start looking for newer ones. Amy Miles answered that they've secured some key instrumentation that not many other labs have and because of that, they are able to see thousands of different drugs when they screen.

Roger Frings noted that looking at the work between the Prevention and ITC Committees, how might they be able to utilize some of the information that is available through the state lab in their efforts to educate the public about the dangers of the substances that are out there that are "legal." Chris Wardlow asked if there is any state that has a regulatory framework that tries to get out in front of things like this – that looks at the potential public health impact before these things enter the market. Amy Miles reported that there is a group she works with, The Center for Forensic Science Research & Education that uses public health data, border patrol data, DEA data, and tries to predict, in advance, things that are in seized drug chemistry. Amy Miles shared the link in the chat <https://www.cfsre.org/>.

Dr. Barman shared a link in the chat <https://www.cdc.gov/mmwr/volumes/68/wr/mm6814a2.htm> for a report from the CDC, with reported fatalities related to Kratom where Kratom was the only substance detected. Amy Miles noted that Kratom has powerful lobbyists behind it, including the American Kratom Association, who produce materials that are not substantiated by data. The WSLH tries to support everything with data.

Roger Frings expressed his appreciation to Amy Miles for attending and presenting to the Council and encouraged Amy to reach out to the Council and/or any committees if they can be of assistance.

6. FY2022 Synar Update

Nancy Michaud, Youth Access Program Coordinator with the Tobacco Prevention and Control Program (TPCP) at DHS presented. TPCP has a common goal to prevent the underage sale of tobacco to youth. This is done through the Wisconsin Wins program, which is the state program that checks compliance with the federal Synar regulation. TPCP also houses the Wisconsin FDA Inspection Program, which checks compliance on federal law of regulated tobacco products. In the 1990s there was federal legislation, the Synar amendment, that was enacted to decrease youth access to tobacco products. It required states to enact and enforce laws prohibiting the sale of tobacco products to minors and required state's tobacco retailers to train their employees on the legal sale of tobacco products. DHS has an online free training for retailers called Wisconsin Tobacco Check. States are required to keep the retailer violation rate below 20 percent. If exceeded, the state stands to lose 10 percent of the block grant, which is around \$2.7 million for Wisconsin.

When the federal tobacco 21 law passed in December 2019, it didn't require states to align their tobacco sales age law with the federal law, but it did require states to show that retailers were complying with the federal law, giving states a three-year transition period to do so. Wisconsin is heading into the third year of that transition period. The retailer violation rate is determined by the Synar survey, done in partnership with the UW Survey Center. The Annual Synar Report, included in the meeting booklet, provides details about the methodology and results of that survey. Since the federal law passed there has been a tremendous amount of confusion since Wisconsin law is still 18 years of age. The federal law supersedes the state law. In 2019, the retailer violation rate was 5.5 percent. That jumped to 14.1 percent in 2021. The last time the rate was that high was in 2003 when the state put significant funding into creating the Wisconsin Wins Program, which dropped the retailer violation rate significantly. Current efforts to keep the rate from increasing include continuing Wisconsin Wins efforts, retailer education, and the Tobacco 21 media campaign. There was a bill to align Wisconsin's law with the federal law that was introduced in the most recent legislative session, but it didn't pass in

the senate. FDA Tobacco Inspection Program only has nine inspectors to cover the entire state. They are seeing extremely high violation rates of over 30 percent with their compliance checks of the federal law.

Chris Wardlow asked if the Council took a stance or encouraged the legislature to act on tobacco 21 bill. Roger Frings noted the Council has not taken a position on that legislation and if that's something the Prevention Committee would like to see, the Council can entertain that moving forward.

Representative Billings thanked the Council for the reports today and noted that efforts need to be focused on the senate, as the assembly has passed this legislation in the past. Anyone who would like to weigh in as the session starts and/or wants advice on this, is encouraged to reach out to Representative Billings' team.

7. State Agency Updates

DHS: Paul Krupski provided the update. COVID-19 is trending in the right direction. Statewide efforts continue to monitor COVID-19. Anyone with symptoms is encouraged to get tested. Vaccines are still important, specifically it's important for people to get their boosters if they have not yet. DHS is doing a tour to thank communities for all the COVID-19 response efforts that have taken place over the last two years. Leadership from DHS, and the governor's office will be travelling across Wisconsin to hear directly from those who have been serving on the frontlines. National Public Health emergency related to COVID-19 is scheduled to expire in April. The state has received an additional 150 million of Medicaid funds for each quarter that the emergency has been in effect. CMS has promised a 60-day notice of when the public health emergency will be ending, which has not been received. President Biden notified Congress that he is recommending an extension. Governor Evers, along with several other governors, submitted a letter to Congress asking for an extension of the public health emergency through the end of July, as well as extending the 60-day notice to a 90-day notice to provide states with more time to plan.

DHS held listening sessions related to opioid settlement funds throughout January. Twelve listening sessions were held to hear from partners and stakeholders on how they would like to see DHS invest those funds. The department collected valuable information that they can use moving forward when settlements are reached. DHS will be putting out a short report based on the listening sessions. Thank you to everyone who participated and provided input.

There was a bill signing earlier this week in La Crosse. Thank you to Representative Billings and Representative James for attending that event and for being such champions in moving that legislation forward. Set of three bills that were signed by Governor Evers. First piece of legislation was decriminalizing fentanyl test strips. Wisconsin was one of many states that fentanyl test strips fell under the permanent drug paraphernalia statutes, so legislation was required to clear that up. Second piece of legislation was creating an opioid and methamphetamine database. The purpose behind this is the creation of a centralized database that will bring together data that is collected from state agencies, like DHS, DSPS, DOC, DOJ, DPI, around opioid and methamphetamines, to support surveillance, and assist in planning efforts. Third piece of legislation was related to punitive and criminal sentencing related to fentanyl. Given that fentanyl has been the driving force behind the overdose crisis, penalties for distribution and manufacturing will now resemble those for heroin. Thank you to Representative Billings who was the author and champion behind this.

For counties and tribes that applied for the funding opportunity for the room and board costs for residential substance use, should anticipate receiving an award notification letter in early April. DHS anticipates being able to award all that applied but may not be for the full amount that was applied for.

A reminder that budget season is getting into full swing and the department will be engaging SCAODA for opinions, thoughts, and feedback on the different budget initiatives and proposals that the department will put forward to the Governor's Office. The department has put together several themes for the biennium budget that are going to be the focus for budget initiatives. One theme is around eliminating barriers for individuals in need of mental health or substance use disorder services from accessing the right care at the right time.

Denise Johnson asked in the chat how the opioid listening sessions were made to available to underserved populations. Paul Krupski reported that interpretation and other supports were available for people to participate in sessions and that the notice for sessions went out far and wide across Wisconsin to all different groups and was specifically targeted to not just underserved populations, but also populations that are disproportionately affected by opioids.

Representative Jill Billings thanked Paul Krupski for being part of the bill signing in La Crosse and noted that La Crosse Lighthouse, which is the newest Peer Run Respite in the State, were wonderful hosts.

8. Bureau of Prevention Treatment and Recovery updates

Teresa Steinmetz and Andrea Jacobson provided the updates. Teresa Steinmetz reviewed the planning for ARPA funding that goes through September 2025. In Wisconsin, there has been an increase in overdoses, a significant increase in suicides, as well as behavioral health crises in general, so significant funding is supporting initiatives that focus on crisis support and intervention. Six hundred thousand has been allocated to award two counties to enhance their existing crisis systems. Bureau also recently released a GFOA to stand up and support infrastructure development for five regional crisis stabilization facilities throughout Wisconsin, with the hope to have one in each of the five DHS designated regions. The 988 rollout is occurring in Spring of this year and additional funds were allocated to increase capacity to take additional calls. 988 was rolled out at the federal level, creating easier access for individuals experiencing a mental health and/or substance use crisis. It did not come with additional funding, so to take the increase in calls, which is projected to be about 600 percent in Wisconsin, allocation needed to be set aside. The Bureau has put out a GFOA for a statewide peer run warmline, creating an earlier point of access where peers can provide support. Applications have recently been submitted and hope to award the highest scoring application within the next month. Two million has been specifically allocated to substance use crisis. Currently working on a GFOA to help support detoxification community-based beds since the department has heard from many stakeholders that there are not enough resources for detoxification. ARPA will also focus on harm reduction support with funding to support additional peer recovery coaches, additional distribution of Narcan direct, as well as support for initiatives for fentanyl test strips. Four million will go towards recovery support, which is focused on recovery centers and recovery coach development. Three and a half million will go towards primary prevention activities, funding various campaigns and initiatives. An RFA will be going out to fund Native American and African American populations in focusing on substance use primary prevention activities in their local communities. Women's treatment will receive an additional two million as part of set aside.

Andrea Jacobson shared personnel updates, including the following staff departures: State Opioid Treatment Authority Elizabeth Collier, Substance Use Services Supervisor Amanda Lake, Prevention Coordinator Raina Haralampoulous has moved to a position with DPH, and Harm Reduction Coordinator Dennis Radloff has moved to a position with DPH. New Bureau staff include Harm Reduction Coordinator Tiffany Neilson, ARPA Behavioral Health Coordinator Emily Jaime, and Prevention Intervention and Recovery Services Section Supervisor Janet Fleege. Janet introduced herself, noting that she came from Milwaukee County Behavioral Health Division and is proud to be serving at DHS.

Teresa Steinmetz shared current budget initiatives. Department had 13.10 hearings for approval by the Joint Committee on Finance. First budget item was the expansion of MAT services. Efforts are focused on expanding mobile MAT through mobile units – approved for the first year of the biennium budget for \$500,000 and for one million in the second budget year. Department currently developing GFOA, which should be released in the next week. Another budget initiative that was passed will expand and enhance training for providers of methamphetamine use disorder. This was approved for \$150,000 in the current year and \$300,000 for the second budget year, that will go towards Matrix Model training for providers through a partnership with Center for Urban Population Health. Third substance use related budget priority that was approved was a substance use disorder platform. Web based application will list providers of substance use treatment and individuals who are engaged in services will be able to rate services. GFOA will go out in next couple weeks, which will be for one time funding of \$300,000.

Andrea Jacobson provided an update on DHS 75. DHS 75 website shared in the chat <https://www.dhs.wisconsin.gov/rules/dhs75-implementation.htm>. This website includes up-to-date information, upcoming trainings, and FAQs. Questions may be submitted through an online survey at

<https://www.surveygizmo.com/s3/6571672/DHS-75-Questions>. DHS will be providing trainings that will be specific to provider types. There will also be more general training and information about the application and recertification process in the next few months.

Teresa Steinmetz reported that the State Opioid Response Discretionary Grant carryover request was recently approved. There was just over \$7 million from year one of the SOR grant that was not spent and SAMHSA approved all of that to be carried over to year two. This, in addition to the existing year two funding of around \$23 million, can be put towards opioid response.

Andrea Jacobson shared an update on Culturally and Linguistically Appropriate Services (CLAS) rollout. This was a recommendation from SCAODA to the Bureau. The Bureau is utilizing a strategic plan to roll out CLAS standards in phases. Phase one has already started with internal staff receiving training. Language around CLAS standard requirements is being phased into contracts. First phase for agencies is to learn about CLAS standards and to identify a lead person in their agency for these efforts. The second phase will be for those agencies to do their own self-assessment of CLAS standards and then develop an implementation plan. The Bureau will provide technical assistance and support and review plans as they're developing. The Bureau has also developed a vision, mission, core values, top themes, and strategic goals for Diversity, Equity, and Inclusion (DEI) efforts. Vision is that behavioral health system would be grounded in diversity, equity, and inclusion for all. Mission is to dismantle systemic inequities and transform behavioral health practice and policy through innovation and transparent collaboration.

Andrea Jacobson provided updates on tobacco related activities. With DHS 75 and the new rule, there are added requirements specific to tobacco treatment and smoke free environment. It does require that programs will have written policies outlining how they approach assessment and concurrent tobacco use disorder treatment, and a policy regarding smoke free environment. The Bureau is working with UW Center for Tobacco Research and Intervention to provide trainings related to the new rule. In response to Chairperson's Roger Frings inquiry about preventing tobacco and nicotine use and treating tobacco use disorders, the Bureau drafted a letter outlining activities. The letter will go out to the Council following the meeting. Roger Frings thanked the Bureau for putting the letter together and encouraged Council members to review the letter and recognize all the work that's being done in this area.

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

No updates were shared.

10. Report from Wisconsin Council on Mental Health

Lynn Harrigan shared the update. WCMH has been working on Strategic Planning with developed themes that have DEI imbedded within them. Themes include prevention, social determinants of health, No Wrong Door approach to accessing community-based services, and reducing hospitalization and medical costs, including improved navigation. Council would like to work closer with SCAODA to collaborate on working towards integrated care.

11. Agenda Items for June 3, 2022 meeting

Chris Wardlow suggested the impact of Kratom on patients
PPS Replacement Project

12. Meeting Adjournment

Holly Stanelle moved to adjourn.
Tina Virgil seconded the motion.
All in favor. None opposed.
Meeting adjourned at 12:50pm.

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

The Council reviewed and approved these minutes at its 6/3/22 meeting.