

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Kevin Florek, Tina Virgil, Jennifer Stegall, Autumn Lacy, Subdhadeep Barman, Nichol Wienkes, Ann DeGarmo, Fil Clissa, Denise Johnson, Christina Malone, Jessica Geschke, Michael Morgen, Paula Jolly, Faith Price, Ritu Bhatnagar, Sarah Barry, Senator Jesse James, Terry Schemenauer, John Achter, Marjean Griggs, Latisha Spence-Brookens, Jennifer Fahey, Paul Krupski
Date: 6/7/2024	Time Started: 9:30 a.m.	Time Ended: 11:28 a.m.
Location: Online via Zoom		Guests: Chris Wardlow, Hannah Huffman, Lakesha J, Sarah Johnson, Beth Collier, Felice Borisy-Rudin, Amy Anderson, Hannah Lepper, Holly Stanelle, Jonah DeBeir, Lawanda Chambers, Njemeh Barrow, Kelsey Knowles Department of Health Services Staff: Kimberly Dawson, Ryan Stachoviak, Allison Weber, Teresa Steinmetz, Michelle Haese, Leilani Nino, Leilani Nino, Alex Cammilleri, Alex Berg, Amber Colby, Dan Bizjak, Tiffany Nielson
Presiding Officer: Kevin Florek		

Minutes

1. Call Meeting to Order

K. Florek, SCAODA Chairperson, called the meeting to order at 9:30 a.m. K. Florek welcomed Sarah Barry as the newest SCAODA Ex-Officio Designee, representing Department of Safety and Professional Services (DSPS).

Review and approval of the minutes of March 8, 2024.

S. Barry moved to accept the minutes. T. Schemenauer seconded the motion. Motion carried; minutes approved.

Public Comment

No public comment was made.

2. Updates from the Wisconsin Council on Mental Health

R. Stachoviak reported that the Wisconsin Council on Mental Health (WCMH) recently voted to move to a tri-chair model. Three co-chairs oversee the Council and are currently fleshing out their individual roles and responsibilities. At their most recent June meeting, the Council received an in-depth presentation on the Mental Health Block Grant. Their next meeting will be held via Zoom on July 17. At the July meeting, the Council will hear from the Bureau of Prevention Treatment and Recovery about how current work and priorities relate to WCMH's strategic planning. Lastly, the Council is preparing for a two-day in-person meeting in September.

3. SCAODA Committee Updates

Executive Committee

K. Florek shared that this is the time of the year where SCAODA prepares to share budget recommendations with DHS to include in the submittal of agency budget requests. The Executive Committee is asking for each SCAODA committee to consider their priorities, and how they hope the State budget will support these priorities. From there, committees are asked to submit three budget recommendations to the Executive Committee by July 15th. At that time, Executive Committee will consider all recommendations before sending to DHS in August. If committees have a pre-existing meeting planned around mid-July, they may submit their recommendations shortly after July 15.

Next, K. Florek shared that Executive Committee is preparing a workshop to present at 20th Annual Mental Health and Substance Use Recovery Conference to be held at Kalahari Resort and Convention Center, October 17-18.

Lastly, K. Florek noted that Executive Committee is actively tracking council member attendance and thanked those present for their attendance.

Diversity Committee

D. Johnson shared that as Diversity Committee is a newer committee, they continue to be in the process of crafting their mission and objectives. D. Johnson shared the following mission and objectives:

Mission: To enhance and honor the lives of people from diverse populations in Wisconsin by providing access to culturally sensitive services for those who have used or are using substances. This includes offering harm reduction, wellness, peer support, and linguistically appropriate interventions, and related supportive services.

Objectives:

1. To identify, coordinate, review, and promote the use of person-centered best practices and/or innovative and promising practices for programs providing substance use and cooccurring services for underserved populations, aligning with culturally appropriate approaches.
2. To identify unmet needs of underserved populations, considering the impact of labels and language use, and incorporating person-first language.

The Committee plans to finalize their third objective when they meet next on June 26.

Intervention and Treatment Committee

C. Wardlow provided the ITC update, noting that the Committee's workplan is on page 22 of the meeting booklet, as well as their most recent meeting's minutes (pg. 25). The workplan continues to be added upon in an iterative fashion.

Planning and Funding Committee

B. Collier noted that Planning and Funding Committee's workplan also serves as an iterative document, being regularly updated during Committee meetings. The Planning and Funding Committee continues to focus on Medicaid reimbursement. At the most recent meeting they received a presentation on JUUL settlement funds. For their upcoming meeting they plan to review a paper about issues surrounding older adult substance use, which can be viewed on the SCAODA reports [website](#).

D. Johnson, asked for a clarification on the JUUL settlement. B. Collier explained that JUUL is a company that sells electronic nicotine delivery systems (ENDS), such as vapes. DHS is receiving settlement dollars after JUUL used exploitive marketing techniques on adolescents and young adults. Settlement funds are to be spent on the prevention and cessation of ENDS.

Prevention Committee

C. Wardlow provided an update on the Prevention Committee's workplan. C. Wardlow shared that the workplan continues to guide the committee's objectives and priorities. The Committee holds an ad hoc meeting focused on hemp-derived intoxicants. This ad hoc committee is charged with providing recommendations to limit access to hemp-derived products for those aged 21 and over. Currently they are doing this by encouraging municipalities to restrict sales and distribution of products to those younger than 21. C. Wardlow then shared that Congress is working on the Farm Bill. The House Agricultural committee took comment recently and proposed an amendment to close the hemp-derivative loophole. So far, this amendment has passed in the House.

Next, C. Wardlow introduced Felice Borisy-Rudin. F. Borisy- Rudin, who presented on behalf of the Wisconsin Alcohol Policy Project at the most recent Prevention meeting, shared a similar presentation with the SCAODA Council with the following information:

A 1-year study was conducted in six northern Wisconsin counties (Ashland, Bayfield, Price, Lincoln, Oconto, Barron). The counties were selected due to their Northern geography, as well as lack of a border to another state. The sampling included maximum variation of population density. The study was funded by Advancing a Healthier Wisconsin endowment to study local alcohol policies and practices in rural Wisconsin. The Study had the following aims:

1. Engage stakeholders and collect information
 - a. Local alcohol prevention practices
 - b. Perception of implementation policies and practices
 - c. Perception of alcohol use, culture, and harms
2. Collect local alcohol policies into database
 - a. Municipal code
 - b. Ordinances
 - c. Resolutions
3. Compare with alcohol use and health outcomes
 - a. Binge drinking
 - b. Motor vehicle crashes
 - c. Hospitalizations

A total of 177 individuals from the six counties participated with 27-32 persons representing per county. The study found that there were varied opinions about alcohol use, but overall, most communities were concerned about underage and binge drinking. In a focus group with 52 participants (and at least 6 per county), participants noted that so much of recreation is tied to drinking (sports games, community events and fundraisers, Friday supper clubs). Participants noted that with the culture being so alcohol-forward, options for alcohol-free options are few and far between. Participants were surprised to learn Centers for Disease Control (CDC) binge drinking limit of five drinks or more in one sitting for males, and four drinks for females.

One issue identified was that even if a person lost their driver's license due to an Operating While Intoxicated (OWI) for driving a motor vehicle while intoxicated, that individual is still able to drive ATVs, snowmobiles, boats, etc. Additionally, there are issues with individuals driving with open containers in these types of motorized transport. This is particularly challenged by the fact that different state agencies have authority over different motorized vehicles. For example, while the Department of Transportation (DOT) has authority over cars and vehicles on the road, the Department of Natural Resources (DNR) is the authority on watercraft.

The study aimed to document both alcohol policy (such as laws) as well as practice (actual performance and application). It was found that much of the policies and practices are created and held at a municipal level. There are many policies that are not being utilized by municipalities and areas where codes have not been updated, or even conflict with state law. The study found a negative relationship with the number of policies and binge rate, however, acknowledges the small sample size and that the number of policies does not necessarily determine efficacy of each policy. The study identified need for written law and regular practice as well as collaboration amongst multiple stakeholders.

F. Borisy-Rudin noted that many of the counties surveyed lack access to health care, particularly psychiatrists.

Despite being more rural, these areas also had a higher density per person for alcohol outlets. For example, an area with 354 people per alcohol outlet (as opposed to other states with a rate of 1000 persons/alcohol outlet). The study overlay alcohol outlet density over a heat map of motor vehicle crashes and found more crashes where there was a saturation of alcohol licenses.

C. Wardlow asked about the licensing per person comparison across states. F. Borisy-Rudin responded she did not know without revisiting the literature but shared that this density likely contributes to Wisconsin having the highest rate of

binge drinking. F. Borisy-Rudin added that all counties are above the national average, with ¼ of the population engaging in binge drinking at least 1x/month. The average number of drinks is 8 drinks in a sitting, 4x a month.

D. Johnson asked if age was a factor in binge drinking. F. Borisy-Rudin responded that people who start drinking as children or young adults are more likely to binge drink.

K. Florek asked F. Borisy-Rudin to clarify the legality of those with OWI on record still being able to legally drive an ATV. F. Borisy-Rudin responded that DOT and the Department of Justice (DOJ) have recognized a problem with silos impeding enforcement, as all those modes of transportation are regulated separately with separate licensing codes. Additionally, location matters; If an individual is driving while intoxicated on the road, rules of the road apply. However, if on a trail, rules of road do not apply. F. Borisy-Rudin encouraged that this may be an opportunity for SCAODA advocacy. F. Borisy-Rudin later shared via chat that 2023 AB260/SB262 relating to open alcohol containers in or on all-terrain or utility-terrain vehicles failed to pass pursuant to Senate Joint Resolution 1 on 4/15/2024.

F. Borisy-Rudin concluded by announcing a [seminar](#) to be held by the Wisconsin Alcohol Project in Oshkosh on October 7 and 8.

4. Agency Reports:

Department of Health Services

P. Krupski announced that the former Tobacco Prevention and Control Program, has recently changed its name to the Commercial Tobacco Prevention and Treatment Program. This change is intended to make a distinction from tobacco that is used in traditional Native American practices, and support cultural preservation. The name change makes clear the effort to effectively target large-scale commercial tobacco. DHS worked with various partners including the Great Lakes Intertribal Council as well as Wisconsin Native Tobacco Network, and thanks these as well as other partners for guidance in changing the program's name. DHS will continue to integrate this updated language throughout all program areas.

Next, P. Krupski spoke to the Federal CMS extended unwinding to June 2025. P. Krupski noted that this does not impact at the State level, and that the Wisconsin Medicaid office is not changing course and will follow original timelines. More information can be found on DHS website: <https://www.dhs.wisconsin.gov/medicaid/renewal-data.htm>

Lastly, P. Krupski announced that DHS plans to meet with SCAODA Executive Committee later this month to discuss how SCAODA Council can use its platform to advocate. An update from this meeting will be shared at the next September SCAODA Council meeting.

Substance Use Initiatives

M. Haese provided an update on the opioid settlement funding. A proposal for settlement spending was submitted on April 1 to the Joint Committee on Finance. An anonymous objection was received but later approved in May with modest modification. The approved plan includes:

- \$6 million for federally recognized tribal nations with members in Wisconsin to use on prevention, harm reduction, treatment, and recovery services.
- \$6 million for harm reduction efforts, including programs to distribute naloxone; programs to distribute test strips that detect fentanyl and other substances that pose a high risk of adverse reactions; programs to distribute drug disposal kits; and programs to distribute electronic lock boxes for storing and tracking drugs at small facilities like veterinary clinics, behavioral health facilities, surgery centers, nursing homes, fire stations, dental offices, correctional institutions, and rural clinics.
- \$7.7 million to fund projects that would expand prevention, harm reduction, treatment, and recovery services through the construction of new facilities and renovations of existing facilities.
- \$1 million for school-based prevention programs for K-12 students.
- \$1 million for after-school prevention programs for youth.

- \$1.5 million for community-based prevention programs.
- \$3 million for medication-assisted treatment programs.
- \$2.75 million to fund room and board costs for Medicaid members seeking residential substance use disorder treatment.
- \$3 million for law enforcement activities related to community drug disposal systems; programs that keep people with an opioid use disorder out of jail; education and training for staff on the medications for opioid use disorder, including how the medications are used as part of a treatment program; and treatment for jail residents with an opioid use disorder.
- \$1.2 million for a vendor to collect and maintain information regarding substance use disorder treatment providers for the state's substance use disorder treatment platform.
- \$1.5 million to fund substance use data collection, monitoring, and reporting activities needed for the Department of Administration to implement [2021 Wisconsin Act 181](#).
- \$750,000 to educate the public about opioid use disorder, responsible prescription opioid use, signs of opioid use in others, and proper opioid disposal.
- \$750,000 to support the Medical College of Wisconsin's Periscope Project.

Once available, GFOs related to this funding will be posted on DHS website here: [Current Grant Funding Opportunities | Wisconsin Department of Health Services](#)

M. Haese encouraged attendees to sign up to receive an update when Grant Funding Opportunities (GFOs) are released, via this website: [Join One of Our Lists to Receive Email Updates | Wisconsin Department of Health Services](#). M. Haese directed attendees to [DHS Grant Writing Tips](#), to utilize when submitting Grant Applications to DHS. *Department of Safety and Professional Services*

S. Barry noted that in the March 8 SCAODA Council meeting, an issue was raised during public comment regarding the two-time limit of SAC-IT re-certification. S. Barry shared that this limit is written in statutory language (440.88(4)) and would require legislation to amend. This imposed limit came out of Hope Legislation 907 from 2017 and became Act 262. S. Barry encouraged working with legislators = if there is a desire to change the number of renewals permitted.

Other Agencies

A. Lacy shared an update that the Department of Corrections (DOC) received a grant to work with SAMHSA on an anti-stigma addiction policy forum. A. Lacy further shared that the Department is facing challenges sustaining their current services and resources with allocated budget. DOC is looking at budget cuts in fiscal year 2025. In the meantime, the Department continues to be resourceful and is working with a 3rd party administrator to leverage Medicaid reimbursement to offset costs.

5. Updates from the Bureau of Prevention Treatment and Recovery (BPTR)

T. Steinmetz provided BPTR updates. Mike York joined the BPTR as the new State Opioid Treatment Authority (SOTA) after Dan Bizjak moved into the Substance Use Services Section Supervisor position. Sarah Johnson has joined as Section Supervisor of the Prevention Intervention Recovery Services Section. This is a newer created section overseeing primary prevention, recovery support (IPS supported employment) and harm reduction. There are two vacancies to be filled in the Bureau: a Unit Supervisor in the Performance Management Section, as well as in the Integrated Services Section. Once these positions are hired, the Bureau will have a fully staffed leadership team.

Next T. Steinmetz provided an update on Act 249. The Act allows the Department to create administrative rules to certify crisis urgent care and crisis hostels. These sites will help triage mental health and/or substance use with staff that can provide services. Medical clearance can occur onsite, removing the need for this to be done in Emergency Departments. Most states are moving toward this model as a best practice. Currently DHS is waiting for the statement of scope to be approved. From there an advisory group can be formed and rule writing can proceed.

5. Treatment Atlas Presentation

Kelsey Knowles, Shatterproof Senior Director of State Engagement presented on Treatment Atlas. SCAODA last received a presentation on Treatment Atlas in March 2023. The presentation today is intended to re-visit some of this information, as well as provide updates building off that context. Treatment Atlas is an online resource comprised of an individualized needs assessment, that also connects to care. The atlas contains a comprehensive list of facilities for substance use treatment that are regularly updated and contain patient reviews. Treatment Atlas has been funded by state agencies, insurance groups, and foundations. It is not funded by providers, nor is it a “pay to play” model. There is no way for a provider to “boost” themselves up in the listing of available services. In 2020, Treatment Atlas covered 6 states and 13% of the US population, and by 2023 was in 14 states covering 45% of US Population and growing.

K. Knowles provided SCAODA with a demonstration of the platform and described the user testing process. K. Knowles explained that from user testing Treatment Atlas incorporated language that meets a 6th grader reading level, uses affirming language, and large buttons.

While working through the individualized assessment, K. Knowles explained that Shatterproof worked with ASAM to develop needs assessment where client can determine what level of care they need, then receive a tailored list of treatment options. Treatment Atlas prides itself in being a transparent platform for displaying data and a space for clients to leave reviews of treatment. Additionally, there are professional portals where any provider that inputs information into the database can compare how their facility is doing alongside other groups of providers.

D. Johnson asked if the app could filter for ASL providers. K. Knowles responded that you could filter by language, and relevant providers will appear so long as the provider has indicated all the languages they offer.

D. Johnson that asked how the program differs from Impact 211? K. Knowles responded that Treatment Atlas also partners with local resources, but to her knowledge 211 does not have an option for collecting patient reviews and to compare providers based on various filters and metrics.

K. Knowles concluded by asking SCAODA Council members to further explore TreatmentAtlas.org to learn more and explore the platform. She encourages any provider not yet registered on the platform to do so. For any further questions, Kelsey Knowles can be reached here:

Kelsey Knowles

Director of State Engagement, Atlas

kknowles@shatterproof.org | (954) 648-2223

6. Agenda items for September 6, 2024, Meeting

- B. Collier suggested an update on the RFP for Opioid settlement funds be provided at September meeting.
 - M. Haese responded that there were 13 different strategies approved, and DHS is working with teams to see what is covered, as opposed to what work needs to be included in a new GFO. M. Haese shared that new funding opportunities will be shared out to the community as soon as they become available.
- B. Collier suggested discussing 1115 waiver for reentry and contingency management.
- R. Bhatnagar suggested discussing the lack of a Good Samaritan bill in Wisconsin, due to the previous law being allowed to lapse during the pandemic.

7. Meeting Adjournment

Tina Virgil moved to adjourn.

Jennifer Stegall seconded the motion.
All in favor. None opposed.
Meeting adjourned at 11:28 a.m.

Prepared by: Kim Dawson on 6/7/2024.

Council reviewed and approved these minutes at its meeting on:

9/6/2024