

### 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, Mary Ann Gerrard, Jessica Geschke, Jan Grebel, Sandy Hardie, Paul Krupski, Autumn Lacy, Christina Malone, Terry Schemenauer, Stacy Stone, Christine Ullstrup, Tina Virgil, Nichol Wienkes, Rep. Jesse James, Meghan Sovey (on behalf of Senator Jeff Smith), Rep. Jill Billings, Angela Bins, Fil Clissa, Richard Immer, Colleen Rinken, Marianne Rosen, Mark Wegner, Ann DeGarmo Guests: Harold Gates, Dean Krahn, Vaughn Brandt, Amy Miles, Gwen Jones, Megan Sulikowski, David MacMaster, Maureen Busalacchi, Michael Kemp, Mike Tierney, Sheila Weix, Chris Wardlow, Lynn Harrigan, Amy Anderson, Ramsey Lee Department of Health Services Staff in Attendance: Sarah Boulton, Ryan Stachoviak, Teresa Steinmetz, Andrea Jacobson, Amanda Lake, Katie Behl, Annie Larson, Chelsey Myhre Foster, Dan Bizjak, Elizabeth Collier, Lindsay Emer, Liz Adams, Lori Kirchgatter, Michelle Lund, Raina Haralampopoulos, Wesley Van Epps, Allison Weber, Saima Chauhan, Tom Bentley, Dennis Radloff, Gary Roth, Holly Audley, Jamie McCarville, Joann Stephens, Kenya Bright, Sarah Coyle
Date: 12/3/2021	Time Started: 9:31am	Time Ended: 1:10pm
Location: Online via Zoom		Presiding Officer: Roger Frings
<b>Minutes</b>		

**1. Call to order**

Roger Frings called the meeting to order at 9:31am and reviewed Zoom protocols. Quorum was confirmed to conduct council business.

**2. Approval of September 10, 2021 meeting minutes**

Tina Virgil moved to approve the minutes of September 10, 2021.

Kevin Florek seconded the motion to approve the minutes.

No comments, corrections made.

Meeting minutes were approved unanimously.

**3. Public input**

David Macmaster, Managing Consultant for the Wisconsin Nicotine Treatment Integration Project, provided public comment to request that SCAODA support requests for funding tobacco integration, for technical support, and other resources. He suggested with the new DHS 75 revisions, now is the time for our Prevention, Treatment, and Recovery team to begin the work of developing the language, policies and procedures, and standards of practice to ensure access to multilevel, comprehensive SUD treatment services for people with tobacco use disorder. He expressed gratitude to Governor Evers and the DHS team in the DCTS for authorizing the DHS 75 revision with its improvements, as well as to Roger Frings and the ITC Committee for the support and credibility they have provided.

#### **4. Latest provider updates on services during COVID-19**

Sheila Weix noted that their service area continues to be significantly impacted. Team is flexible with people being served if they call in and say they aren't feeling well. Hospital bed capacity in the area is super tight.

Christina Ullstrup reports that the biggest impact of COVID for Meta House in Milwaukee is that they aren't able to serve the number of people they would like to serve because of needing to quarantine when people come into the facility. They currently have a huge waitlist. The hardest thing for clients is needing to stay in the facility and not being able to leave with passes. Meta House did mandate vaccination for their agency staff with a decision made in October. They are having a hard time with staffing, as others are across the state, in terms of hiring people, especially licensed clinicians. The outpatient program is going strong via a combination of telehealth and in-patient groups, but depending on how things go, they may shift back to entirely telehealth. This is similar for other providers in Milwaukee.

Representative Jill Billings reported that she wanted to highlight areas of brightness and good things happening in our communities, noting a Peer Run Respite Center opened in La Crosse after years of people trying to get this initiative off the ground. There is an open house this afternoon to celebrate the opening of Lighthouse. This is the sixth peer run respite that's been funded by DHS in Wisconsin.

Jessica Geschke reported that in response to the annual overdoses announced by the CDC, they've focused on educating employer groups in Wisconsin. They are going out to employers statewide to provide education and training on being recovery friendly workplaces. There is engagement with employers around meeting their employees where they're at and potentially offering Employee Assistance Programs. They are also training employers so that they are equipped with Narcan in their workspaces. Roger Frings noted that this ties in to work done by the Prevention Committee around workforce development and SUD in the workforce.

#### **5. Presentation on Wisconsin's Integration of Hub and Spoke and Health Home Models for People with SUD**

Paul Krupski provided a brief background on Wisconsin's integration of Hub and Spoke and Health Home Models for People with SUD and introduced presenters Vaughn Brandt from DHS's Division of Medicaid Services (DMS) and Dr. Dean Krahn who is a consultant in DCTS. Presentation highlights included:

DMS is launching a new model to improve behavioral health integration and treatment for people with SUD and co-occurring conditions. A core team developed the RFA and, from 17 quality applications, selected three applicants through an objective scoring process. The top three applicants were an urban site, a rural site, and a blended site. SUD Health Homes coordinate all primary, acute, and behavioral health care, and potentially also long-term care services related to a member's chronic condition(s). One of the key features is coordination of care, but also designed to address the social determinants of health (SDOH). Hubs are to provide regionally based specialty substance use treatment to address complex care needs and support locally based spokes via consultation and training to care for less complex patients, expanding overall capacity to provide quality care. Wisconsin model unique in that it's open to all SUD diagnoses, though tobacco use disorder alone does not qualify.

SUD Health Homes are designed to provide person centered, integrated care, which is generally considered best practice, but Medicaid isn't usually able to pay for. Addressing whole person needs, including comorbidities, smoking cessation, family relations, community integration, and personal recovery goals. Target population includes youth or adults who are Medicaid eligible with a moderate or severe SUD and who are experiencing, or at risk of experiencing, chronic associated physical and behavioral health conditions.

In pilot program, looking at how the hub can serve as the primary billing provider, primary center of excellence to coordinate care, and to intake participants. System of care that allows people to titrate down when they are doing well, and to allow the hub to maintain the capacity to enroll new members. Spokes can be a wide variety of entities, in WI model generally Medicaid eligible, but can also be non-Medicaid eligible stakeholders if not being paid directly by the hub. Potential spokes include MAT providers, residential providers, county governments. Stakeholders could include law

enforcement, drug courts, and other systems of care. Services are designed to meet people on a mobile basis and to be variable in intensity. A fundamental pillar of the program is to provide rapid engagement and to retain members in treatment and other services for as long as possible. Two required roles on every hub and spoke model: specialized care coordinator, who has expertise in SUD, Medicaid eligibility, and co-occurring disorders, and certified peer specialist/recovery coach, who has lived experience and promotes engagement.

Health Home bundled services include six core services: comprehensive care management, care coordination, health promotion, transitional care & follow up, patient & family support, and referral to community & social support. Services billed separately via existing Medicaid benefits include SUD counseling, MAT induction, OTP & OBOT, acute and primary medical/dental care, and residential treatment. No wrong door approach – can enter via emergent and non-emergent pathways. Currently, there is no waitlist for services. Telehealth likely an important tool for ongoing engagement.

Three pilot sites:

- The Family Health Center of Marshfield Inc.: FQHC that will provide services through Minocqua Alcohol and Drug Recovery Center.
- The Oneida Nation Behavioral Health Center: FQHC that will provide services to any federally enrolled Native American in the Oneida Nation, and Brown and Outagamie Counties.
- Wisconsin Community Services Inc.: Non-profit, community-based organization serving Milwaukee County that operates as a freestanding hub and will provide mobile, community-based services.

Program evaluation plan is in final stages of development. Within two-and-a-half-year primary pilot phase, working with each site to collect data on Medicaid claims, member enrollment data, and new data elements: socio-demographic stratification, member complexity, Monthly Brief Addiction Monitor (BAM), and treatment and services provided by staff. UofW program evaluation will include qualitative and quantitative program outcomes for members in terms of: SDOH, DEI, substance use and other outcomes, access and consistency of MAT, tobacco cessation outcomes, and the function of peer supports.

## **6. Committee updates**

### *Executive Committee*

Roger Frings provided the update, noting that the Committee met November 10th primarily to develop the agenda for the Council meeting. SCAODA has been without chairs for two standing committees, the Diversity Committee and the Prevention Committee. In order for these committees to function effectively, and as outlined in SCAODA bylaws, a council member is needed to chair. All members of the council are encouraged to consider chairing one of these committees. Roger recognized the hard work and efforts of Chris Wardlow as interim chair of the Prevention Committee and of Harold Gates as co-chair of the Diversity Committee and encouraged anyone who is interested in chairing to reach out to him.

Roger recognized DHS Designee Paul Krupski. Paul noted that he's been part of SCAODA meetings for a decade now and he will continue to bring department level updates as he has for the past year and a half during the COVID pandemic. He is happy to officially fill the designee role and looks forward to continuing to work with everyone on the Council.

Roger introduced the newest member of the Council, who was recently appointed, Stacy Stone. Stacy Stone introduced herself, noting that she lives in Lac Du Flambeau and has been in the field for almost 20 years and is currently in the role of State Emergency Data Analyst Coordinator. She has participated with a variety of state groups, noting that her focus is looking at co-occurring disorders, trauma informed care, gap analysis, and seeing how to fill those gaps within tribal nations and how to effectively partner within facilities. She is excited to be part of the Council and is interested in looking at the different ways of making policy change. Roger welcomed Stacy to the Council and confirmed that she will serve as the SCAODA representative to the Governor's Committee for People with Disabilities.

### *Diversity Committee*

Harold Gates provided the update and thanked Roger for the reminder that someone on the Council is needed to be a co-chair, noting that Thai Vue's resignation has left a big void in the work of the Committee. A lot is going on around equity, including the hiring of the first Director of the Office of Health Equity, Dr. Michelle Robinson. Each division now has a senior diversity leader and Langston Hughes was hired to fill this role at DCTS. Loss of staff and members has impacted the Committee's ability to do the work. Filling the role of co-chair and member recruitment are critical.

Harold reported that he recently attended an excellent webinar looking at examples from Georgia, Ohio and Oklahoma in implementing CLAS standards and utilizing those standards to make services better. Georgia was looking specifically at making services better for people with disabilities, but they were all great examples about how to implement CLAS standards. The Equity & Inclusion Subcommittee that worked through June also has recommendations that will be distributed. Additional tools are available through the Great Lakes Addiction Technology Transfer Center and Office of Minority Health. The Prevention Committee has also been working in the community with CLAS and the Diversity Committee is able to provide coaching and mentoring to other committees/groups around CLAS standards. Additional efforts will be included in the summary of work that will go out to the Council.

### *Intervention & Treatment Committee*

DHS staff Saima Chauhan provided the update. At ITC meeting in October, Amy Miles from Wisconsin State Laboratory of Hygiene provided a great presentation on Kratom, how it works, and the effects. Amy Miles will present to full SCAODA Council in March. ITC also talked about different legislative updates on different proposed bills related to Act 262 and allowing advanced practice social workers and independent social workers to provide substance use disorder services, as they were not added in Act 262. The Committee also talked about decriminalizing fentanyl test strips, which looks like hopefully it will pass, as many providers had communicated that this was important. ITC has also reviewed and discussed the DHS 75 revisions, which were put out for providers to review and will go into effect October 2022.

Roger thanked Saima for the update and reminded the Council about the Children, Youth and Family Subcommittee and noted that he continues to talk with department staff to try to generate more membership and to re-energize this Subcommittee.

Ramsey Lee thanked the Committee for their hard work. Per Ramsey, he's been listening as a member of the public and there's been a lot of work happening. Roger thanked Ramsey for attending and encouraged continued attendance.

### *Planning and Funding Committee*

Christine Ullstrup provided the update. The Committee met twice since the last Council meeting and has been working to develop a survey for DHS 75.11 and 75.14 Providers to assess the new Medicaid RSUD benefit that went into effect in February 2021. Of the 61 surveys sent, they've received 13 responses. The survey asked if providers signed up to be a Medicaid provider, or why not, if they are contracted with counties for room and board costs, and how they are finding the billing and authorizing process. The survey was recently re-sent and it will be re-sent again following the holidays. More than half of the 13 respondents said that room and board was approved by counties and tribes, more than half of respondents indicated that additional clarification around use of block grant dollars would be helpful, a majority of respondents indicated that they've had to increase staffing for the time it takes to do the billing and authorization, and, on average, respondents have 32 beds in their program.

Christine noted that the Committee has also been looking at the Opioid Settlement Dollars and that Paul Krupski presented at the November meeting. The Committee emphasized to Paul, DHS, and the Secretary's Office that planning and implementation for settlement money should include feedback from providers and stakeholders, noting there are significant capacity issues in the state and that there aren't enough beds, providers, or workforce. The Committee will

be developing a list of ways to utilize these dollars in preparation for planning. Lastly, the Committee is updating their annual strategic plan and is recruiting new members, who are not required to be members of the Council.

## **7. Report from Wisconsin Council on Mental Health (WCMH)**

Rick Immler provided Council updates. This fall, the WCMH held another 10 hours of informational zoom meetings with the question of where money is going and/or where it is at. Presentations included the Department of Corrections, Dr. Lano and Jim Jones from Medicaid, Milwaukee, Jefferson, and Washburn Counties, where they're doing a lot in many cases with not more Medicaid dollars for their programs, and a presentation from NAMI programs in Wisconsin and Minnesota. The next steps of the WCMH are to learn more about opportunities and data, noting we're constrained by the county-based PPS data system, whereas Medicaid tends to be a much more robust source of data.

## **8. Committee updates continued**

### *Prevention Committee*

Chris Wardlow provided a brief Committee update, noting that he would defer most of his time to Maureen Buslacchi, Director, Wisconsin Alcohol Policy Project, to present on the work of the Alcohol Prevention Ad Hoc Workgroup. Chris expressed his gratitude to the members of the ad hoc workgroup for their hard work and to state staff that provided the necessary support to get the report out.

### *Alcohol Prevention Ad Hoc Workgroup*

Maureen presented on the workgroup's report Wisconsin Works: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin. The context of the workgroup generating this report is the death of 3,100 people from excessive alcohol use in Wisconsin in 2020. Surveys have shown that nine out of 10 excessive drinkers are not alcohol dependent, which means that an environment has been created where there's a lot of damage being done by folks who are excessively drinking in Wisconsin, with costs at approximately \$4 billion a year to deal with excessive alcohol use. With this context, the Workgroup was approved by SCAODA in June of 2020, formed, and launched in October of 2020. The Workgroup began by researching evidence-based practices and reviewing expert statements. The report was recently approved by the Prevention Committee after over a year of work from the Workgroup.

Maureen reported that the 2010 Alcohol Culture and Environment Report is an important building block, which was the first of its kind in Wisconsin and gave very specific policy recommendations to a variety of users like municipal governments, elected officials, and community organizations. The Workgroup followed a lot of that work and found it to be a helpful tool. The newly developed report tried to make everything very actionable and provide additional context for communities, like alcohol outlet density maps, to understand what efforts will be most helpful, for example, place of last drink in highly dense areas. The report is focused on primary prevention and preventing excessive use in the first place. The implementing agencies do not include employers because there is a separate report that SCAODA did that specifically addressed this. A comprehensive approach is needed for preventing excessive alcohol use and communities may need to look at multiple angles to get the results they want. There are 61 recommendations in the report, including top tier recommendations like reducing the density of alcohol outlets in communities, encouraging place of last drink collection, alcohol age compliance checks, screening and brief interventions, and raising the price of alcohol. Council members and invitees are encouraged to share the report and educate communities, coalitions, and elected officials.

**Motion from the Prevention Committee: Review and adopt the Alcohol Prevention Ad-Hoc Workgroup's analysis and recommendation report, Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin.**

Dr. Barman moved for adoption of the report.

Stacy Stone seconded the motion for adoption of the report.

Roger Frings opened the motion for discussion.

Tina Virgil extended appreciation from the Attorney General's Office for all the work that has gone into the report and requested the following revisions: In reference to recommendation five, where the Department of Justice, Bureau of Training and Standards, is listed as the lead agency for enforcement of Minimum Legal Drinking Age, it's noted that the Department of Justice does not have enforcement authority and request that the term 'enforcement' be stricken from the recommendation. Also, in reference to recommendation five, indicating the biennial budget for the DOJ should include annual GPR funding for alcohol age compliance checks, it's noted that the DOJ does not have a separate budget line to dedicate funding as this is done as part of the legislative review process for the budget and request that the language that refers to sufficient annual GPR funding now read as 'sufficient annual grant funding.'

**The motion to adopt the revised report carried unanimously with three abstentions** (Paul Krupski, Tina Virgil, Jan Grebel).

## 9. State Agency updates

DHS: Paul Krupski provided COVID updates. A new COVID variant, Omicron, was identified last week. To reiterate messaging from the federal level, this is a cause for concern but not a cause for panic. We have the tools to fight the variant today. Best steps are to get vaccinated and to get a booster if you have already been vaccinated. Vaccines provide protections against variants because many of the virus characteristics remain the same. In addition to vaccines, DHS encourages a layered approach: wear masks, avoid large gatherings, and maintain good hand hygiene. DHS also encourages all Wisconsinites to get the flu shot. A reminder that individuals can receive the COVID vaccine at the same time as the flu shot.

Paul shared Medicaid related updates, including a change in leadership. Jim Jones has retired. Lisa Olson, who was most recently the Assistant Deputy Secretary at DHS, has been named the new Medicaid Director beginning in January 2022. Updates on ARPA dollars for home and community-based services - ARPA allows for a 10 percent enhanced federal matching on certain home and community-based services and states will be permitted to use this funding through March 2024. States must use these funds to implement or supplement the implementation of one of more activities that enhance, expand, or strengthen HCBS under the Medicaid program. It's anticipated this will generate \$350 million that will be reinvested into the Medicaid HCBS system. DHS has identified nine initiatives for use of these funds:

- 1) Medicaid rate reform for HCBS services
- 2) Direct care workforce credentialing and training reform
- 3) Grants that will expand, enhance, or strengthen HCBS services
- 4) Tribal long term care system enhancements
- 5) Independent Living pilot to support older adults that are at risk of entering Long Term Care
- 6) Virtual Aging and Disability Resource Center
- 7) Resource Center for families with children with disabilities
- 8) Assisted living reporting, member assessment, and certification
- 9) Adult and Child Protective Service enhancements.

Paul introduced the Office of Health Equity, which is a dedicated team that will serve as a centralized hub that will help align and amplify diversity, equity, and inclusion efforts. Additionally, they will support the external work of the Minority Health Program and support the work of the Governor's Health Equity Council. The office will play a very active role in changing the internal culture at DHS. A Director of the Office of Health Equity started a few weeks ago, Dr. Michelle Robinson.

Paul shared the next budget process will begin in January. There is not a timeframe or an exact schedule for the budget process – but SCAODA will be asked to provide input and feedback.

A member of the public shared that it is hard to get good caregivers and there are all kinds of technical issues with electronic business verification. Focus should be on getting good caregiver rates, ensuring caregiver availability, and

quality of care. Minnesota asked for a federal extension, and it seems Wisconsin would have merit to ask for one as well. Roger thanked members of the public for their feedback.

DSPS: Mike Tierney provided updates. Primary concern is licensure timelines. Third parties that are primary sources have to provide information, which can be delayed. Legal review process for licensure can take a lot of time. Legislative bill in 2019 to remove single non-violent offenses, which would enable quicker licensing, did not pass. Three additional paralegals for legal review purposes were approved. Reviews can be very lengthy for convictions, education, disciplinary matters, reciprocity, etc. and there is limited DSPS staff. Another central concern is applicants getting through on the phone. Department is consistently getting up to 5000 calls per week but only able to have six staff in the call center. New online system will catch mistakes if people aren't entering their address and other information that can cause delays. In the next six or seven months, hope to have this in place for credentialing and anticipate that it will help with licensing delays.

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

Teresa Steinmetz and Andrea Jacobson provided updates. Due to time constraints, updates for ARPA behavioral health funding will be shared at next meeting. Andrea thanked everyone who provided updates and input to DHS 75 revision. It was published on October 25th. Based on stakeholder feedback, where time to transition was requested, the new administrative rule will go into effect in October 2022. That creates logistical challenges during the transition period. DHS is working with DQA to get information that can be shared. The updated administrative rule reduced some duplicative certification requirements, incorporates the Governor's Task Force on Opioid Abuse recommendations, includes new provisions for integrated mental health and substance use, and removed the nicotine or tobacco exclusion. DHS will continue to include tobacco use treatment in grant funding opportunities and support training for behavioral health providers in addition to ongoing collaboration with the UofW Center for Tobacco Research, with WiNTiP, and the Tobacco Prevention and Control Program in DPH. The DHS website now includes a DHS 75 webpage that is going to be the primary location and hub for all related information. There is an online form to ask questions, which will help develop the Frequently Asked Questions page. DHS Staff Amanda Lake shared the web page dedicated to the revised rule implementation, which includes information on the monthly webinar series focused on implementation. The first webinar session was held November 12 and the video will be posted to the website.

DHS Staff Sarah Boulton shared that the annual SABG report was submitted to SAMHSA earlier this week and that the report will be available to committees and the Council for review.

DHS Staff Ryan Stachowiak shared that new DHS staff member Sarah Boulton will serve as the staff support for SCAODA and as coordinator for the SABG.

#### **10. Agenda items for March 11, 2022 meeting**

Items should be emailed to Sarah Boulton or Roger Frings  
Presentation from Amy Miles, WI State Laboratory of Hygiene  
BPTR ARPA Updates

#### **11. Meeting adjournment**

Christine Ullstrup moved to adjourn.  
Terry Schemenauer seconded the motion.  
All in favor. None opposed.  
Meeting adjourned at 1:10pm.

Prepared by: Sarah Boulton on 12/3/2021.

The Council reviewed and approved these minutes at its 3/18/22 meeting.

