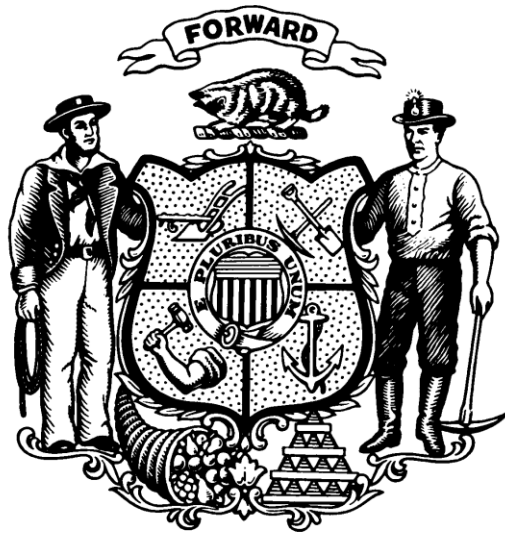


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



December 4, 2020  
MEETING

**Roger Frings**  
Chairperson

**TONY EVERS**  
Governor





State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**

December 4, 2020, 9:30 AM to 1:00 PM

**Join Zoom Meeting**

**Meeting ID: 854 4395 4516**

Meeting URL: <https://dhs.wi.zoom.us/j/85443954516>

Phone one-tap US: 13126266799

**MEETING AGENDA**

1. Welcome and introductions.....Roger Frings, SCAODA Chairperson
2. Approval of September 11, 2020 meeting minutes.....Council Members p. 5-11
3. Public input .....SCAODA Chairperson
4. Residential SUD Treatment Coverage Benefit .....Pam Lano, DHS/DMS
5. Latest Provider Updates on Services during COVID-19.....Council Members & Guests
6. Committee Updates:
  - Executive Committee .....Roger Frings p. 12-15
    - ✓ Schedule of Council meetings for 2021 p. 50
    - ✓ Proposed Equity & Inclusion Ad Hoc Workgroup
  - Diversity Committee .....Thai Vue p. 16-24
    - ✓ Final 2019-20 Work Plan Progress Report
  - Intervention & Treatment Committee .....Roger Frings p. 25-35
    - ✓ Final 2019-20 Work Plan Progress Report
  - Planning & Funding Committee .....Christine Ullstrup p. 36-45
    - ✓ Motion: Room and Board Funding for Medicaid Covered Residential SUD Treatment
  - Prevention Committee .....Chris Wardlow p. 46-49

7. Agency Reports:
  - Governor’s Office .....Jessica Geschke
  - Department of Health Services.....Julie Willems Van Dijk
  - Other Agencies.....Agency Designee
  
8. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS
  
9. Report from Wisconsin Council on Mental Health.....WCMH Representative
  
10. Agenda Items for March 5, 2021 Meeting.....Council Members
  
11. Meeting Adjournment.....Council Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Council’s primary function is providing leadership in Wisconsin on substance use disorder (SUD) issues, advising Wisconsin state agencies on SUD prevention, treatment and recovery activities, and coordinating SUD planning and funding initiatives across state agencies. The Bureau of Prevention Treatment and Recovery within DHS staffs the Council. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, need an interpreter or translator, or need this material in another language or format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or [Michael.Derr@wisconsin.gov](mailto:Michael.Derr@wisconsin.gov). See also <https://scaoda.wisconsin.gov/meetings.htm> for instructions on joining by phone or Zoom.

Tony Evers  
Governor



Roger Frings  
Chairperson

Sandy Hardie  
Vice Chairperson

Kevin Florek  
Secretary

State of Wisconsin  
State Council on Alcohol and Other Drug Abuse  
1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**Draft Meeting Minutes**

September 11, 2020, via Zoom conference call

**Members Present:** Roger Frings, Christine Ullstrup, Sandy Hardie, Sen. Janet Bewley, Sue Shemanski, Mary Ann Gerrard, Natalie Aicher (for Sen. Patrick Testin), Rep. Jill Billings, Jan Grebel, Kevin Florek, Tina Virgil, Terry Schemenauer, Brian Dean, Julie Willems Van Dijk, Dr. Subhadeep Barman, Thai Vue, John Weitekamp, Autumn Lacy

**Members Excused:** Jessica Geschke, Mike Knetzger

**Ex Officio Members Present:** Colleen Rincken, Carl Hampton, Ann DeGarmo

**Ex Officio Members Excused:** Kenyon Kies, Delora Newton, Dr. Andrew Putney, Mark Wegner, Timothy Weir, Jennifer Wickman, Fil Clissa

**Staff:** Mike Derr, Mai Zong Vue, Sarah Coyle, Teresa Steinmetz, Joann Stephens, Andrea Jacobson, Anne Larson, Madeline Johnson, Allison Weber, Ryan Stachoviak, Dennis Radloff, Rebecca Main, Michelle Lund, Beth Collier, Tim Connor, Raina Haralampopoulos, Amanda Lake Cismesia, Dennis Radloff, Kate Rifken, Gary Roth, Lori Wiebold

**Guests:** Harold Gates, David Macmaster, Chris Wardlow, Denise Johnson, Michael Basford, Dan Nordstrom, Michelle Devine Giese, Michael Kemp, Sandra Westerman, Raeanna Johnson, Amy Simonsen and Nicole Keeler (ASL interpreters), Kathy Markeland, Abra Vigna, Saima Chauhan, Michael Kemp, James Ahern, Amy Miles, Eugenia Sousa

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**Call to Order:** Meeting began at 9:33am. Chairperson Roger Frings welcomed members and guests. Frings noted that he attended the 8.19.20 meeting of the Governor's Committee on People with Disabilities and gave reminder that a member of the Council needs to be selected for the Committee. Introductions began, Zoom meeting protocols and rules were reviewed, and attendance was recorded.

**Approval of August 7, 2020 meeting minutes:** Tina Virgil moved to approve the August 7<sup>th</sup> meeting minutes; Mary Ann Gerrard seconded, the motion. No discussion occurred. August 7<sup>th</sup> meeting minutes were approved without opposition.

**Public input:** No public comments were offered.

**Officer Elections, Nomination Committee:** Sue Shemanski facilitated the Officer Election discussion, explaining that the slate of candidates for 2019-20 officers includes: Roger Frings for Chairperson; Sandy Hardie for Vice Chairperson; and Kevin Florek for Secretary. Natalie Aicher stated that Senator Testin abstains from the voting process with no issues or concerns. Tina Virgil moved to approve the slate of candidates, Tai Vue seconded. All members, other than Sen. Testin, voted in favor of the slate of candidates. All three elected officers expressed their gratitude to serve the Council. Kevin Florek expressed his appreciation for Norman Briggs and his service to the Council and as the past Secretary.

**Latest Provider Updates on Services during COVID-19:**

Kevin Florek from Tellurian, LLC explained that the program has seen positive COVID-19 tests from employees and clients. Florek noted that all PPE precautions are available and being taken. With university classes back in session, there have been record-high positive tests, resulting in students coming through the detox center for monitoring with public health and the medical director. Suicide attempts and drug overdose rates have also been higher due to the pandemic and people not receiving services.

Sue Shemanski mentioned that the Waushara County outpatient clinic has remained open since the beginning of the epidemic, and currently utilizes both in-person and Web X based services. While these methods work well, a number of clients do not have the necessary Internet access in order to use online services. One struggle resulted from one staff member testing positive, then half of the staff having to avoid thereafter for quarantining.

Thai Vue discussed encouraging agencies and providers to work with Hmong political and social leaders by including them in this process. He was pleased to see the Department of Health Services' expanded COVID-19 website to include Hispanic and Hmong languages. Vue also shared that a Milwaukee television station is providing information on COVID-19 to the Hmong community, and that the program is reaching a great number of people in the Milwaukee area. Hmong organizations are now talking about COVID-19, and the information being provided is also being updated.

Senator Janet Bewley noted that access to the Internet and telehealth services continues to be a major concern, as well as the increase in the number of homeless persons who need services. She also noted the lack of money many Wisconsin communities and agencies face, even despite the availability of CARES Act funds. She's very concerned that these are very despite circumstances.

Roger Frings introduced Michael Basford of the Department of Administrative (DOA) to further highlight problems faced by the homeless and possible resources. One of the first issues in urban and rural areas is a dramatic increase in numbers of unsheltered homeless people who reside outside. Emergency shelters had to address their operations in regards to CDC guidelines for social distancing. Capacity issues have always been a challenge for emergency sheltering. Often they are very cramped spaces where many people are close together. During the pandemic, shelters had to limit the number of people served. Some communities have invested in hotels or other non-congregating locations. Madison used a community center to create a men's socially distant shelter, and Eau Claire is moving its sheltering services to a local ice arena. Other communities, because of reduced capacity, leave many people with no other choice but to go outside.

There are also a number of homeless people that are doubling up in houses with friends and families. Issues arise with lease agreement evictions for those are asked to leave. In community settings where best non congregated settings are available, an active number of people are not going to shelters in fear of becoming infected. There has also been a dramatic increase in encampments with alcohol and drug abuse of all varieties, and outreach workers are having to struggle with that. Currently, the outreach system is overwhelmed and growing. One major concern is the onset of winter. Agencies and communities are planning how to get more people inside during winter months. Funds are also being provided through the CARES act, as well as through the Department of Housing and Urban Development via emergency solutions such as rapid housing. A first round of funding of almost \$13 million was awarded through the DOA. During the next few months a second round of funding of \$20 million will also be released.

Harold Gates informed participants that the National Center for Complex Health and Social Needs Initiative of New Jersey looks at how to help through the Covid-19 lenses. The Great Lakes Addiction Technical Center Assistance (GLATTC) also provides mental health, prevention and other resources that can be extended to various populations.

Julie Willems Van Dijk shared that DHS continues to have a very active COVID-19 response. The objective is to know the disease, and that the best thing to do is change individual behavior. A mass media campaign continues promoting and emphasizing important actions including masking, physical distancing, hand washing, and staying home if any illness symptoms are present. DHS has also focused on dramatically increasing access to testing. It is too early to predict when a vaccine will be available across the nation as of yet. However, the uptick in disease incidents right now can be linked back to people coming together in congregate settings. It was also discussed that students are coming back to dorms, and some outbreaks have occurred in K-12 schools. Education organizations are currently working to balance the needs of education and controlling disease. Willems Van Dijk also reminded participants that state agencies are developing their proposals for the next state 2021-23 biennium budget.

Mary Ann Gerrard mentioned that the Department of Safety and Professional Services (DSPS) provides licenses to substance use disorder and other workers, but the process has been very slow. She encourages the Council working with DSPS to help speed up that process.

## **Guest Presentations on Housing Recovery:**

**Meta House:** Christine Ullstrup gave a presentation and highlighted slides on Meta House's housing recovery programs. Meta House is located in Milwaukee and currently has 3 different programs. There is a full continuum of care starting with residential treatment. There are 43 beds for women and 15 beds for children under the age of 12. Women are able to bring kids into treatment with them. The recovery housing consists of 16 apartments for families led by women in early recovery. One location holds up to 20 people and the other about 15 women and children. An overview of those who were served in 2019 consists of 34% being in high school, 71% are unemployed, 97% have annual income of less than 20,000, 63% are homeless yet housed and 86% have experienced abuse. About 80% of those who come into Meta House have been to treatment at least once before, and 86% have had criminal justice involvement in their life time. Meta House has been around for 50 years, applying gender specific treatments. 80% of women are survivors of abuse, and receive trauma informed services related to their PTSD symptoms. 80% of women treated are mothers. Many services center on helping women become better mothers, allowing them to feel better about their parenting skills, ability to parent, and their ability to provide. The ability to help children correlates with ability to stay sober.

In 1983, Meta House started looking at bringing children into the facility, considering what happens when residents leave residential care and what kind of challenges they must face in the community. In, 1999, Meta House started housing programs, and from 2000-2003, it constructed its own buildings on 1<sup>st</sup> street and worked closely with HUD funding to get the programming up and running. (HUD no longer funded recovery housing as of 2015, so funding is a continuous challenge.) Housing that was built had two to three bedrooms for women with children or close to reunification, and obtained a total of 25 units. All apartments are furnished everywhere from dishes, pots and pan to towels and paper products. Lengths of stay range from 6-9 months. However, families can in some instances stay up to one year. Regarding eligibility, woman needs to be at least 18 years of age, identify as female, cannot be a sex offenders, and must have had 45 consecutive days of sobriety. If relapse occurs, then the person must go two weeks sober in order to be eligible again. Those at Meta House must also engage in activities for at least 20 hours per week; those activities are also documented. Other outcomes include parenting coaches, ensured technology, financial/literacy courses, onsite peer support, maintenance teams and more. For people that stayed at least 90 days in 2019, 93 percent went to a drug free location. 92 % were employed, in school, had an income or were moving toward and income. 97% had no return to criminal justice and 53% moved into permanent housing.

Sue Shemanski mentioned that even though Meta House primarily serves Milwaukee residents, potential clients do not have to be from the Milwaukee area. David Macmaster asked if it could be franchised to other communities. Saima Chauhan also asked if there are services for Spanish speaking mothers, and if Meta House keeps statistics of African American mothers with children. Council members discussed the possibility of having recovery coaches that can support people on any level of recovery, to focus on harm reduction and help them get into treatment. Ullstrup and others noted that after treatment is completed or during treatment for individuals, it is an additional goal to work with employers on education around polices and what it means to have someone with an addiction in your facility. A state chapter of the National Association of Recovery Residences (NARR) was created in 2018, and is called the WI Association of Sober housing, or WASH. Council members also discussed how COVID-19 is affecting this industry



**Apricity:** Michelle Devine Giese shared slides and gave a presentation on Apricity's recovery housing programs as well as recovery housing across the state. On 1/1/2018, her agency was officially named Apricity. She talked about visiting a program in Prescott, AZ to help inform the development of their programs. She noted that there are four levels of housing certifications; her programs have the first three levels. Devine Giese walked through some of the highlights and priorities of the NARR and WASH organizations, and how they can be helpful for providers and counties seeking to start and operate recovery housing programs.

**Behavioral Health Gaps Study Report Follow-up:** The full Council then engaged in a follow-up discussion on the Behavioral Health Gaps Analysis Report presentation at the Aug. 7<sup>th</sup> Council meeting. Abra Vigna and Tim Connor were available answer questions. Harold Gates and other participants touched on issues for deaf and hard of hearing, that they could use more input and the main areas such as inequities. Gates also spoke about how to improve access to crisis services, improving the workforce and mutually adapt.

### **Committee Updates:**

**Executive Committee:** Roger Frings reported out that the Committee met on August 26<sup>th</sup> to develop an agenda for today's meeting and approved April meeting minutes. The Committee also discussed the council and committee member status, and on August 19<sup>th</sup> Roger Frings joined as a guest for the Governor's Committee on People with Disabilities. There is a vacant seat for a member of SCAODA, and it is encouraged to anyone interested or whom wants to know, to reach out and get more information from Mike Derr or Roger.

**Diversity Committee:** Thai Vue updated the group that the last meeting for the Diversity Committee was on July 24<sup>th</sup>, where the proposed DHS rule 75 rewrite was discussed. He and Harold Gates noted that the federal government has been working hard on health equity and disparity issues. They believe that feel that in order to address disparity issues more effectively, specific language needs to be added to proposed rule DHS 75 in order to promote culturally-inclusive services. Adding specific language would help ensure cultural competence of individuals providing language services. Gates and Vue also addressed the Behavioral Health Systems Gaps report discussed by Abra Vigna and Tim Connor, their belief that equity and disparity issues were not sufficiently addressed in the report, and discussed ideas for how to assess and address healthy equity and disparity needs moving forward in strategic plans, block grant plans and other blue prints.

**Intervention & Treatment Committee:** Roger Frings noted that the 2019-20 Progress Report language is in draft form, and will be finalized at the Committee's October meeting. The Committee did not meet in August, but did meet in July, and asked for updates from participants regarding provider challenges during the pandemic. Carl Hampton of DSPS joined the meeting and addressed efforts by his agency to address licensure and certification issues.

**Planning & Funding Committee:** Christine Ullstrup asked Mike Derr to provide the update, as she missed the last Committee meeting. Derr shared that the Committee met in both July and August to cover topics in the 2019-20 Committee Progress Report, starting on page 37 of the booklet. Committee members will continue studying existing reports, and needs assessments to identify the different substance use disorder needs across the state and regions. Identifying funding streams is

crucial to identify types of funds, amounts, and who has been receiving those amounts in order to verify the correct types of programs that are being funded. The Committee has been very involved with study teams for Division of Medicaid Services' expansion of Medicaid coverage into residential treatment. Derr explains that the committee will continue to review legislation, in conjunction with Bureau staff, when the new session begins in January. The fourth priority involves studying and developing a report that focuses on challenging the barrier that providers face when billing out for services. The Committee will also continue working with the Bureau and DHS to search for ways that providers who are receiving renewed grant awards can continue to receive funding while contracts are updated and executed. At the Fall Mental Health & Substance Use Recovery Conference on Oct. 30th, this committee will host the annual SCAODA public listening session, which will also include tips on advocacy efforts.

**Prevention Committee:** Chris Wardlow discussed the Committee's 2019-20 Progress Report, found on pages 47 and 48 of the booklet. The finalized Ad Hoc Workplace Prevention Committee Report has been posted on SCAODA website and distributed electronically. The report has already been used by local coalitions as a center piece for some training. While 1,500 hard copies have been printed, they can't be mailed at this time due to Covid-19. Wardlow noted a new data dashboard on stimulant drugs data has been posted on the DHS website. Another former workgroup, which issued the 2010 Alcohol Culture and Environment report, will be reconvened to form a new ad hoc workgroup to update that report. The Committee has worked hard to get representatives from a number of sectors, and is trying to reach out to the Latino and Hmong communities. Chris also expressed appreciation to Allison Weber and DHS staff for the roll out of the Small Talks underage drinking prevention campaign.

**Agency Reports:** Jessica Geschke was unavailable to provide a Governor's Report Update.

**Department of Health Services:** Julie Willems Van Dijk provided a COVID-19 update, as well as a budget process update. Additionally, with Paul Krupski absent, Teresa Steinmetz shared other DHS updates. Steinmetz touched on the Hub & Spoke model update, noting that the grant funding opportunity closed on Aug. 24<sup>th</sup>, and that grant awards will be made in October. She also noted International Overdose Awareness Day occurred on Aug. 31st, and that September is Recovery Month and Suicide Prevention Month, and the Voices for Recovery Rally will occur on Sept. 26th. In addition, Division of Medicaid Services has provided several updates on the expanded SUD residential treatment coverage benefit. Steinmetz shared that the Hub and Spoke model is also working toward piloting expanded Medicaid health benefits, and it will be a comprehensive model for care management.

**Department of Safety and Professional Services:** Carl Hampton shared that DSPS has and will continue providing information to the Intervention and Treatment Committee and other provider on licensure and certification issues. We are aware of issues with delayed or improvements that need to be made as far as professional certifications. He will reach out to Mary Ann Gerrard regarding her concerns that she expressed earlier in the meeting.

**Department of Justice:** Tina Virgil updated the Committee on Drug Take Back Day and that she is working through the budget process. The drug take back program will still be held this year on October 24<sup>th</sup>, and is going to launch and ask communities to participate in dropping off prescriptions drugs to local coordinated areas.

**Department of Corrections:** Autumn Lacy mentioned difficult policy changes, and that community corrections changes will also go into place on October 1<sup>st</sup>. DOC is focusing on substance use violations, to have them be added to by treatment options instead of incarceration. DOC is facing challenges with resources in the community, as funding is an issue. However, there has been an increased ability to do telehealth services throughout the state. Due to this breaking down of barriers, it was also decided to create an overdose review team, and DHS is helping with this through the medical college of Wisconsin. A new grant cycle will also start for transitional living sites for veterans on October 1<sup>st</sup>.

**Department of Revenue:** Ann DeGarmo informed participants that research and policy division interactive data has been loaded and will be distributed regarding cigarettes, tobacco and alcohol tax numbers. Information regarding Supreme Court case is also available.

**Bureau of Prevention Treatment and Recovery Update:**

Teresa Steinmetz provided a bureau staff update. BPTR will be hiring a new deputy director, and is hoping to have position filled within next month. Andrea Jacobson is new SU section chief. Updates from Andrea: Shared work history came from DMS as supervisor program improvement and quality outcomes with children with disabilities. Andrea comes to BPTR with over thirty years of experience in the field and started in 1989 in residential treatment. Regarding new staff in our section, Saima is our new substance use disorder treatment coordinator. Sandra Hendricks is also a new treatment coordinator and intoxicated driver coordinator. Recently, our section learned that we received the award for the state opioid response grant. This is a second grant 16.7 million dollars per year for the next two years. There will also be a prevention campaign, promote safe storage and Narcan training, and the DHS 75 rule also closed from public impact. Additionally, BPTR also received the SOR II award from SAMHSA, and in 2021, the SABG Application to SAMHSA will be sent as well. The application itself is in its 2<sup>nd</sup> year of its two year plan. BPTR is also working on 2021 funds, and plans to receive the same amount of money (27 million), however this still could still change.

**Report from Wisconsin Council on Mental Health:** No update was given.

**Agenda Items for December 4, 2020 Meeting:** Roger Frings reminded participants that the meeting will be held via Zoom. Please email Mike Derr with suggestions for meeting topics.

**Motion to adjourn Meeting:** Motion made by Tina Virgil. Motion seconded by Brian Dean, motion carried. Meeting adjourned at 1:20 pm

## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Executive Committee, State Council on Alcohol and Other Drug Abuse (SCAODA)			Attending: Roger Frings and Sandy Hardie -- committee members; Mike Derr -- DHS Staff.
Date: 8/26/2020	Time Started: 9:03 am	Time Ended: 9:40 am	
Location: via Zoom conference call			Presiding Officer: Roger Frings, Committee Chair
<b>Minutes</b>			

Roger Frings called the meeting to order at 9:03 am. Sandy Hardie moved for approval of the Committee's April 26, 2020 draft minutes. Roger Frings seconded the motion. No discussion or changes mentioned. Motion carried – minutes were approved.

Both Roger and Sandy provided quick updates of further Covid-19 related impacts that SUD providers had faced, as recounted during committee meetings and other settings. Topics discussed included barriers to services, use of Telehealth, insurance coverage issues, and the reopening or resumption of services by residential treatment centers.

During the remainder of the meeting, Roger and Sandy reviewed events from the August 7<sup>th</sup> Council meeting and discussed the upcoming September 11<sup>th</sup> Council meeting and agenda. The meeting agenda should reserve time for Council members and guests to share their latest experiences on the impacts of Covid-19. Mike will contact committee chairs and scheduled presenters to encourage them to make their reports and updates concise, including highlights on each committee's progress reports of activities during 2019-20.

Roger, Sandy and Mike also discussed the SCAODA officer elections during the Sept. 11<sup>th</sup> meeting and who would facilitate that discussion. If Sue Shemanski attends the meeting, she will facilitate, as a member of the Nomination Committee. (Sandy Hardie is the other member.) If she is unable to attend, Mike will reach out to other experienced members of the Council to serve that role. The group anticipates that the vacant Secretary position will be filled from that election.

No public comments were offered during the meeting. The meeting adjourned at 9:40 am, pursuant to a motion by Sandy Hardie, seconded by Roger Frings and approved.

Prepared by: Michael Derr on 10/9/2020.

Executive Committee approved these minutes at its 10/9/2020 meeting.



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Kevin Florek  
Secretary

State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**

Executive Committee

October 9, 2020

2:00 – 2:30 am  
Via Zoom

**Join Zoom Meeting**

**Meeting ID: 992.590.49331**

Meeting URL <https://dhs.wi.zoom.us/j/99259049331>

**MEETING AGENDA**

- 1. Call to Order .....Roger Frings
- 2. Review of August 26, 2020 Meeting Minutes.....Roger Frings
- 3. Planning & Funding Committee Motion regarding Medicaid Letter.....Committee Members
- 4. Public Comment: Substance Use Disorder (SUD) Planning Topics.....Roger Frings
- 5. Adjournment.....Roger Frings

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Executive Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA), and consists of the Council’s three officers. The Committee’s primary objective is to provide leadership and direction to the Council in the setting of Council meeting agendas and prioritizing of Council activities.

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## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Executive Committee, State Council on Alcohol and Other Drug Abuse (SCAODA)			Attending: Roger Frings, Sandy Hardie and Kevin Florek -- committee members; Mike Derr -- DHS Staff.
Date: 10/9/2020	Time Started: 2:05 pm	Time Ended: 2:27 pm	
Location: via Zoom conference call			Presiding Officer: Roger Frings, Committee Chair
<b>Minutes</b>			

Roger Frings called the meeting to order at 2:05 pm. Sandy Hardie moved for approval of the Committee's August 26, 2020 draft minutes. Kevin Florek seconded the motion. No discussion or changes mentioned. Motion carried – minutes were approved.

The committee members discussed and reviewed a letter drafted and approved by the Planning & Funding Committee providing feedback on and advocating for specific factors when DHS, Division of Medicaid Services (DMS) releases its latest proposed policies on expanding coverage over SUD Residential Treatment. Kevin Florek summarized the feedback and concerns as focusing around: (1) past reimbursement rates still were too low, relative to what many providers receive from counties and private insurance; (2) room and board being excluded as a reimbursable cost; and (3) avoid setting one uniform rate that applies statewide – providers in different regions of the state face different costs for providing treatment services.

Kevin noted that DMS' new policies are expected to be announced very shortly; he suggested that the Council hold off on submitting the Committee's letter until members first review those new policies. Sandy Hardie agreed, noting DMS has already decided on the new rates. Roger Frings expressed disappointment with DHS for not working more closely with SCAODA on its Medicaid coverage expansion policies. Given this discussion, Kevin moved to table the motion approving the P&F Committee letter, and Sandy seconded the motion. The motion carried by a 3-0 vote. Sandy will inform Jill Gamez and Michelle Devine Giese of the Executive Committee's decision.

No public comments were offered during the meeting. The meeting adjourned at 2:27 pm, pursuant to committee consensus.

Prepared by: Michael Derr on 11/18/2020.

Executive Committee approved these minutes at its 11/19/2020 meeting.



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Kevin Florek  
Secretary

State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**

Executive Committee

November 19, 2020

8:30 – 9:15 am  
Via Zoom

**Join Zoom Meeting**

**Meeting ID: 655.139.5128**

Meeting URL <https://dhs.wi.zoom.us/j/6551395128>

Phone number: 1-312-626-6799, 6551395128#

**MEETING AGENDA**

- 1. Call to Order .....Roger Frings
- 2. Review of October 9, 2020 Meeting Minutes.....Roger Frings
- 3. Actions on Proposed Medicaid SUD Residential Treatment Coverage... Committee Members
- 4. Agenda for December 4, 2020 Council Meeting .....Committee Members
- 5. Public Comment: Substance Use Disorder (SUD) Planning Topics.....Roger Frings
- 6. Adjournment.....Roger Frings

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Executive Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA), and consists of the Council’s three officers. The Committee’s primary objective is to provide leadership and direction to the Council in the setting of Council meeting agendas and prioritizing of Council activities.

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## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA - Cultural Diversity Committee			Attending: Thai Vue, Anthony Harris, Kimberly Whitewater, Denise Johnson, Harold Gates, and Judy Bertoni. Excused: Sandy Hardie; Staff: Mai Zong; Guests: interpreters and Albra
Date: 7/24/2020	Time Started: 10:00 AM	Time Ended: 12:00 PM	
Location: ZOOM Meeting			Presiding Officer: Thai Vue
<b>Minutes</b>			

**Call Meeting to Order:** Thai called meeting to order.

### Welcome & Introduction

Thai welcomed everyone.

### DCTS Updates:

It was shared that an open dialogue discussion continues to be held for staff in DCTS as a result of protests and George Floyd incident. Management would like to do something about this so the open dialogue discussion was born.

The DHS 75 Rule's public comment activities are happening now. Once public comments are done, staff will incorporate the comments and submit it to the next leadership level for review.

The Annual Mental Health and Substance Used Disorder's Conference and Training registration should be coming out soon. Again, it will be held virtually. Please watch for the registration link.

**Approval of the June 26 Meeting Minutes:** The June meeting minutes were approved with minor changes. A motion to approve the minutes was made by Denise and seconded by Anthony.

**Diversity Workshop Submission:** Discussions were held on the workshop format and content. Denise will be the main presenter with Harold as co-presenter.

**DCTS GAPS Report: Ms. Abra Vigna** came and gave an overview of the GAPS Survey results. Abra walked through the major unmet needs categories of the survey. Please see her report for more information.

**Certificate of Appreciation:** Thai will work on the certificate and send it to Gail.

**Strategic Planning Date:** Due to limited time, this was postponed for future discussions.

**SCAODA Annual Report:** It was shared that the Committee will need to review its accomplishments for July 1, 2019 to June 30, 2020 and set its goal for next year. This annual report is due to SCAODA in September. Due to limited time, staff will draft the annual accomplishments for discussion at the October meeting.

**Future Agenda Items:** SCAODA Annual Report, Cultural Diversity Workshop update, and DHS 75 Diversity

The next meeting will be October 28, 2020, Zoom Meeting

**Motion to adjourn:** Denise Johnson **Second:** Harold Gates **Motion Carries**  
**Adjourn at 12 p.m.**



Prepared by: Mai Zong on 11/12/2020.

These minutes were reviewed and approved by the Diversity Committee on: 11/13/2020





State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**

**Cultural Diversity Committee**

November 13, 2020  
9 a.m. – 12 p.m.

[Join Zoom Meeting](https://dhs.wisconsin.gov/zoom/join.htm)  
[https://dhs.wisconsin.gov/zoom/j/88294776148](https://dhs.wisconsin.gov/zoom/join.htm)

Meeting ID: 882 9477 6148

By Phone: Dial 312 626 6799 and enter meeting ID: 882 9477 6148

Mai Zong Work Cell: 608-469-4370

**MEETING AGENDA**

1. Welcome and Introduction.....Committee Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Committee Chair
3. Approve Minutes from June 26 & July 24 Meetings.....Committee Chair
4. DCTS Updates.....Mai Zong Vue
5. Diversity Workshop Report.....Denise Johnson & Harold Gates
6. SCAODA Listening Presentation .....Thai & Sandy
7. SCAODA Annual Report & Goal Review.....Thai Vue
8. Membership Recruitment .....Thai Vue
9. Rule 75 Hearing Preparation .....Harold
10. Others.....All
11. Future Agenda Items.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Diversity Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee's mission is to enhance and honor the lives of Diverse Populations of Wisconsin by providing access to culturally and linguistically appropriate substance disorder use related services.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mai Zong Vue at 608-266-9218 or at [maizong2.vue@dhs.wisconsin.gov](mailto:maizong2.vue@dhs.wisconsin.gov).



## Cultural Diversity Committee 2019-20 Work Plan Progress

SCAODA Primary Goals for 2018-2022	SCAODA Objectives for Each Goal
1. Change Wisconsin's cultural norms to transform the state's Substance Use Disorder (SUD) problems into healthy behavioral outcomes.	(a) Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.
2. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.	(a) Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.
3. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.	<p>(a) Increase focus and resources for youth and adolescent prevention and treatment programs...</p> <p>(b) Address the rising levels of SUD needs for the senior population.</p> <p>(c) Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards.</p> <p>(d) Continue supporting and advocating the use of SBIRT models throughout schools and communities.</p> <p>(e) Support and advocate adoption of emerging innovative and promising SUD programs and practices.</p> <p>(f) Increase the excise tax on fermented beverages to meet the average tax of all states, and increase the portion of excise tax revenue apportioned to SUD programs.</p>
4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.	<p>(a) Improve the effectiveness of addressing the SUD needs of underserved populations.</p> <p>(b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.</p> <p>(c) Support research and identification of SUD-related social</p>

	<p>determinants of health.</p> <p>(d) Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.</p>
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<b>Committee Plan to address Goal &amp; Objective</b>	<b>SCAODA Goal &amp; Objective No. [i.e., 2(a)]</b>	<b>Activities &amp; Outcomes demonstrating Progress during 2019-20</b>
1. Developing a process to identify unmet needs of underserved populations	4 (a)	<ol style="list-style-type: none"> <li>1. Discussion at Cultural Diversity Meetings (4 meetings)</li> <li>2. Recruited members from tribal and Hmong community.</li> <li>3. Elected a co-chair to its structure in order to strengthen the work of the Cultural Diversity Committee.</li> </ol>
2. Promoting Diversity and Cultural Competent Training (CLAS Standards) for improving culturally appropriate service delivery	4 (a - d)	<ol style="list-style-type: none"> <li>1. Conducted a CLAS Standards Workshop by Harold Gates and Mai Zong Vue at the Annual MH/SUD Conference, October 2019</li> <li>2. Advocated to include CLAS Standards in DHS 75 Rule Revision</li> </ol>
3. Coordinating diversity forum & representation at DHS's annual Mental Health & Substance Abuse Conference	3 & 4	<ol style="list-style-type: none"> <li>1. Held Cultural Diversity Workshop at the Annual MH/SUD's Conference, October 2019.</li> <li>2. Held a Diversity Dialogue Reception at the Annual MH/SUD Conference, October 2019.</li> </ol>
4. Keeping Website current -promote information to providers -keeping Diversity Committee information current	3 (c & e) 4	<ol style="list-style-type: none"> <li>1. Cultural Competency Resources added to Website?</li> </ol>
5. Make annual presentation to SCAODA on diversity issues.	3 (c) (e)	
6. Advocate for more training on Culturally Intelligent Practices for AODA Counselors	3 (c, d & e)	<ol style="list-style-type: none"> <li>1. Supporting the Emerging Leaders Training program.</li> <li>2. Advocated and supported the</li> </ol>

		<p>development of the GAPS Survey</p> <p>3. Invited and learned about the Peer Specialist Certification Program</p>
<p>Advocate for training &amp; retention of minority AODA counselors</p>	<p>3 &amp; 4</p>	<p>1. Ongoing questions raised at Cultural Diversity Meetings.</p> <p>2. Continuing to discuss the needs and explore avenues to advocate for such unmet needs.</p> <p>3. Ongoing discussion with DSPP and its impacts on the challenge of creating a diverse workforce.</p> <p>4. Participated in DHS 75's envision process</p>

Others: Strategic planning was to be held in April, but due to COVID, it was postponed.



## Cultural Diversity Committee Priorities for 2020-21

**Priority #1:** Continue to be involved in the CLAS Standards Implementation at all levels

**Priority #2:** Advocate and explore funding to hire staff to adequately support the diversity, inclusion and cultural work of the Cultural Diversity Committee

**Priority #3:** Recruit additional Committee members

**Priority #4:** Development and distribution of the GAPS Report educational materials

**Priority #5:** Ongoing advocacy and education for the inclusion of building a culturally competent behavioral workforce in order to impact system change and increase access to MH/SUD services for underserved populations

# FINAL DRAFT

December 1, 2020

## **BACKGROUND**

The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences.

GOAL #4 of the SCAODA Strategic Plan states: Remedy historical, racial/ethnic, gender, and other bias in substance use disorder systems, policies and practices.

Objective 4(a): Improve the effectiveness of addressing the substance use disorder needs of underserved populations.

Objective 4(b): Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.

Objective 4(c): Support research and identification of substance use disorder-related social determinants of health.

Objective 4(d): Support and advocate adoption of emerging innovative and promising substance use disorder programs and practices that are incorporated within the national CLAS Standards.

The purpose of this Informational memo is to direct awareness to the systemic racism evident in Wisconsin's health care systems, focus attention on the public health crisis that results from this racism, and initiate planning to begin steps necessary to remediate racism in programs administered through the State of Wisconsin.

Racial injustice and inequity have become a national dialogue in 2020. Systemic racism has gained increased awareness with the disproportionate impact of the COVID19 pandemic on underserved populations across the country. As of September 2020, for example, Wisconsin's black citizens had a 450% increased rate of dying from COVID19. Wisconsin ranks poorly on several metrics of health care access, service delivery and outcomes among underserved populations, ranking the worst in the nation on infant mortality rates for Black babies. As a national leader in many long-term care programs and among the most successful states in supporting individuals with disabilities, these outcomes are unacceptable.

## **Proposed Creation of Ad Hoc Workgroup**

Creation of SCAODA Executive Committee Special Ad Hoc Workgroup on Equity and Inclusion in the provision of substance abuse services.

### **Mission Statement:**

To provide leadership, guidance, and advocacy to ensure that appropriate substance abuse services are culturally appropriate, evidence-based, and made available to all who need them anywhere in the state of Wisconsin.

**Goals:**

1. Identify Treatment gaps, focusing on who has needs, what those needs are, where those needs occur, and when. (We can utilize information from the GAPS analysis to further drill down and identify this)
2. Improve workforce recruiting for racially diverse providers (How do we improve and advocate for more individuals to enter the treatment provider field with emphasis on ethnic diversity) (We could refer to the GAPS analysis, Workforce Report and the ATTC Road Map)
3. Improve education and collaboration with Law Enforcement emphasizing cultural competence (Perhaps invite local law enforcement to the WG, enlisting a discussion with them regarding diversity training and how we might help)
4. Continue and further work with drug free community coalitions to enhance funding opportunities which embrace cultural competence within prevention efforts.
5. Engage and collaborate with all Standing Committees of SCAODA towards improving substance use services with emphasis on Culturally and Linguistically Appropriate Services (CLAS Standards).
6. Collaborate with other DHS bureaus as they relate to these priorities including the Secretary's Office as well as other state agencies.

**Objectives:**

1. Co-ownership of the Goals with the Division of Care and Treatment Services to make them actionable using the following tools generated by the Division. (For example, 2019 Wisconsin Behavioral Health System Gaps Report, 2019 Wisconsin Mental Health and Substance Use Disorder Needs Assessment and the Workforce Report).
2. Align the work of the SCAODA Equity and Inclusion Ad Hoc Work Group with the Diversity, Equity and Inclusion work tied to every State of Wisconsin Department via the Governor's Executive Order # 59. (A working retreat of SCAODA Members and could serve to incorporate the recommendations of the Ad Hoc Work Group into the role that SCAODA plays across the state in championing Equity and Inclusion).
3. It is the goal of the Work Group to meet monthly, via Zoom.
4. The Work Group requests membership and participation representing all 4-standing committees of the full State Council as well as other individuals with expertise in diversity, equity, and inclusion.
5. The Work Group shall report back to the full State Council with its preliminary work and findings by June 2021.



## OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Jessica Geschke, Holly Stanelle, David Macmaster, Joe Muchka, Sandra Adams, Amy Anderson, Sheila Weix, Amanda Lake, Elizabeth Collier, Saima Chauhan, Michael Kemp, Jill Gamez, Tamara Feest, Alan Frank, Pam Lano, and Carl Hampton.
Date: 7/14/2020	Time Started: 10:03am	Time Ended: 12:15pm	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson
<b>Minutes</b>			

1. Roger Frings called the meeting to order at 10:03am.
  2. Minutes from the 4/21/20 meeting were presented for approval. A motion was made to approve by Sandra Adams, and was seconded by Sheila Weix. The minutes were approved with all in favor.
  3. Discussion of COVID-19 Impacts: Sheila Weix shared that her agency had planned to resume in-person treatment groups, however in-person services were again suspended when COVID numbers in her region increased. Ms. Weix shared that her agency continues to use mostly phone services, as a audio-video is not widely available in her area and for the population served. Ms. Weix shared that approximately 10% of their patients are still attending in-person services, for Vivitrol injections or other specific medication needs. Sandra Adams shared that her agency was in a similar position of planning to resume more in-person services, but had to pause most in-person services due to increasing COVID cases. Ms. Adams shared that her agency is currently facilitating a hybrid model of both in-person and telehealth services. Saima Chauhan reported that her agency continues holding groups via Zoom, however attendance has dropped off at times. Ms. Chauhan stated that some staff are facilitating services outdoors in the community, wearing masks and face shields. Ms. Chauhan shared that their agency also utilizes a kiosk system to provide medication-management services for MAT with a prescriber via telehealth, using a wifi enabled tablet that is sanitized between patient appointments.
- Roger Frings shared that most recovery mentoring is occurring over the phone, however he has met with some individuals in-person outdoors to provide support if needed. Mr. Frings provided that accountability has been a challenge when individuals aren't able to meet in person for support or services.
- Multiple providers shared that not holding groups poses an economic impact due to lost reimbursement. Providers also discussed how they are managing medication inductions, physical exams, and drug testing services to account for social distancing.
- David Macmaster shared that recovery meetings are occurring both online and in-person following social distancing guidelines and wearing face coverings. Mr. Macmaster shared that he is hearing anecdotally about increasing relapses and individuals struggling with substance use during this time, and expressed interest in additional data and outreach regarding these needs.
- Sheila Weix shared that her programs recently added ETG testing to urine drug screens and have discovered significant and under-reported concerns related to alcohol use.
- Roger Frings asked about no-shows and missed appointments. Ms. Weix shared that there has been an increase in no-shows as fatigue has set in. Multiple providers shared a feeling of being on "damage-control" and trying to put out a safety net to prevent overdoses and worsening problems. Sandra Adams agreed that there have been increasing no-shows for appointments, and there is an imminent need to keep people alive in order to later engage in treatment services.

Alternatively, Jill Gamez reported a decrease in no-shows at her agency in May, however, she agreed that virtual appointments appear not to be taken as seriously by clients, such as not being in a confidential location, not being clothed appropriately for a session, etc. Providers shared a need to outline expectations for clients attending virtual care appointments.

Jessica Geschke indicated that volume has increased significantly at WI Voices for Recovery, for the ED 2 Recovery program, and that there has been an increase in the number of individuals needing follow-up from a recovery coach after an overdose resulting in ER visit. Ms. Geschke shared about strategies that partner agencies are using to meet with clients, such as meeting outdoors, etc. Ms. Geschke also stated that Dane County has had a 50% increase in overdose deaths, and that hospitals have varying protocols and responses for recovery coach involvement at times due to COVID risks and precautions.

Sheila Weix further stated that although intakes at her agency are higher, ongoing follow-through for services is lacking. Ms. Weix also agreed with previous statements, sharing that her hospital-based staff have experienced a 300% increase in consultation requests for inpatient needs.

Joe Muchka shared that day treatment and IOP programs were initially closed at his agency, but that some have since re-opened and have waiting lists to participate. Mr. Muchka provided that there have been issues noted regarding primary care physicians prescribing benzodiazepines for individuals that are struggling with recovery. Mr. Muchka also shared the struggle for providers in meeting the needs of patients that are high risk and have many recovery needs, while also feeling concerned for their COVID exposure risks, particularly providers at higher risk for severe illness. Some providers feel that they are choosing to sacrifice their anxieties in order to assist their patients.

Multiple providers were in agreement that they have seen increased prescribing of benzodiazepines during the pandemic affecting individuals in recovery. Ms. Weix shared evidence for concern at her agency regarding the “3 B’s- benzos, buprenorphine, and booze” that appear to be increasing during the pandemic, especially as patients are not reporting their alcohol use. Joe Muchka questioned whether the Department of Health Services might issue information for prescribers regarding these risks. Roger Frings also discussed outreach to the Medical Board and WISAM. Amanda Lake and Beth Collier stated that they would share this information back with DHS for possible actions through the Resilient WI initiative or public health.

Alan Frank discussed changes that are occurring within the Department of Corrections institutions to better accommodate patient needs, and discussed the need to maintain creative approaches to keep people alive and then resume more treatment services at a later time. Mr. Frank also shared the awareness that staff cannot continue to meet the needs of the same number of individuals at this time, based on service limitations, staff fatigue, and the increased time to complete service tasks within pandemic operational changes.

Amy Anderson also brought up that individuals who have lost employment during this time are not able to access care due to lack of insurance.

Roger Frings thanked providers for this information and updates. This topic will remain a standing agenda item for upcoming meetings.

4. Guest speaker Carl Hampton from the Department of Safety and Professional Services introduced himself and his role with DSPS and substance abuse counselor credentialing. Mr. Hampton provided responses and information regarding the questions compiled by the group prior to the meeting: a. Regarding challenges for obtaining hours and continuing education during COVID, Mr. Hampton shared that a waiver process is available for individual providers, however DSPS is also looking at more expansive provisions that may be available. b. Mr. Hampton also indicated that DSPS is working

to address issues related to substance abuse counselor credentialing and inter-state reciprocity. c. Mr. Hampton agreed that there appears to be confusion regarding which body has authority and representation for substance abuse counselors within the department, and that DSPS is looking at that structure and representation. Mr. Hampton offered to return answers to additional questions back to ITC and SCAODA following his team's further review and analysis. Sheila Weix requested for answers back more quickly regarding specific priority items, and the group provided a prioritized list of questions for DSPS.

5. Michael Kemp questioned what data is available regarding access to treatment, provider closures, loss of credentialed providers due to COVID, etc. Mr. Kemp shared that he is aware of some programs that have closed, including adolescent services and sites for interns pursuing their education and credentialing. The group discussed information that may be available through the DHS Division of Quality Assurance for certified programs, or through DSPS for professional certification. Mr. Kemp shared the need for this data in order to support requests for provider relief and service needs with federal and state officials. The group agreed to further exploration of sources of available data, including PPS and Forwardhealth claims information for services received, as well as treatment service availability, service gaps and waitlists, etc. Jill Gamez shared fastrackmn.org as a model.

Beth Collier shared information about CARES funding to support services during the COVID pandemic, related to these provider hardships.

Amanda Lake will reach out regarding DHS data for a future ITC meeting.

6. a. Medicaid updates- Pam Lano shared that Forwardhealth update #2020-28 takes effect on 08/01/2020, aligning Forwardhealth reimbursement with 2017 WI Act 262 for behavioral health providers and substance use services. Ms. Lano also shared that Forwardhealth has developed several policy updates for telehealth services during COVID and continues to work on telehealth expansion to align with 2019 WI Act 56. Ms. Lano provided that the temporary telehealth policy changes will remain in place until permanent policies are developed for telehealth service delivery. The Division of Medicaid Services will also be hosting an all-provider telehealth presentation overview at the end of July- an announcement will be forthcoming. Ms. Lano also shared that the residential substance use treatment benefit was paused last year following stakeholder feedback regarding rates for the benefit. DMS has continued to work with providers and stakeholder groups to develop the benefit structure and rates. Ms. Lano also provided that DMS is working on development of a SUD health home model, and released a request for applications in early July for agencies that are interested in becoming 'hubs' for this system that provides comprehensive, coordinated care for individuals with SUD and other behavioral health or medical needs. The deadline for proposals is August 24<sup>th</sup>. DMS is looking to fund 3 pilot sites with additional expansion in 2021.

b. DHS 75 updates- Amanda Lake shared that the rule is in the final review with the department's office of legal counsel and should be available for review soon.

7. There were no public comments.

8. COVID-19 provider updates will be carried over for the upcoming meeting's agenda, as will data tracking for behavioral health service impacts. DHS 75 will remain on the agenda, as well as possible Medicaid updates. The committee also looks forward to follow-up from DSPS, especially in regards to defining scope of practice for and allowance for virtual CEU's during COVID.

The meeting was adjourned at 12:15pm, following a motion by Holly Stanelle and a second by Joe Muchka.

Prepared by: A. Lake on 10/13/2020.

These minutes were approved by the governmental body on: 10/13/2020





State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**  
INTERVENTION AND TREATMENT COMMITTEE (ITC)

October 13, 2020 - 10:00 p.m. to 1:00 p.m.

**This meeting will be held via teleconference.**  
**How to join the teleconference:**

[Join Zoom Meeting](#)

Phone: (312) 626-6799 Passcode: 92464446768#  
Meeting URL: <https://dhs.wi.zoom.us/j/92464446768>  
Meeting ID: 924 6444 6768

**AGENDA**

1. Call to order and roll call
2. Review and approval of 7/14/2020 meeting minutes
3. Review of recent SCAODA meeting on 9/11/2020
4. Discussion of COVID-19 and considerations for substance use services
5. Discussion and review of substance abuse credentialing and 2017 Act 262  
(Guest: Carl Hampton, DSPS)
6. Data collection regarding substance use services and pandemic impacts
7. ITC strategic plan progress and priorities
8. DHS 75 revision
9. Public comments
10. Future meeting dates, agenda topics, and other announcements

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse. The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

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Next scheduled ITC Meeting: November 10, 2020

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**OPEN MEETING MINUTES**

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Jessica Geschke, Holly Stanelle, David Macmaster, Joe Muchka, Sandra Adams, Amy Anderson, Sheila Weix, Amanda Lake, Elizabeth Collier, Saima Chauhan, Michael Kemp, Jill Gamez, Carl Hampton, Anne Larson, Rosa Van Valkenberg
Date: 10/13/2020	Time Started: 10:03am	Time Ended: 1:00pm	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

**Minutes**

1. Roger Frings called the meeting to order at 10:03am.
2. Minutes from the 7/14/20 meeting were presented for approval. A motion was made to approve by Joe Muchka, and was seconded by Sandra Adams. The minutes were approved with all in favor and no abstentions or further discussion.
3. Review of 9/11/20 SCAODA meeting: Roger Frings provided a summary of topics covered during the recent council meeting, including discussion of COVID-19 impacts, presentation of the Behavioral Health Gaps Analysis by the University of Wisconsin Population Health Institute, presentations on recovery housing from Meta House and Apricity, SCAODA officer elections, information from the Wisconsin Interagency Council on Homelessness, and staffing changes within the Bureau of Prevention, Treatment, and Recovery.

4. Discussion of COVID-19 Impacts: Sheila Weix shared that, due to a significant increase in COVID cases in her region, her agency has reduced in-person services. Ms. Weix reported that the Northern region and tribal areas are being hit particularly hard with recent COVID rates, and are experiencing difficulties staffing services due to staff members being out due to illness. Ms. Weix reported that in-person services are limited at this time to injectable medications or other required needs for in-person care. Ms. Weix further shared that people are experiencing a high level of “pandemic fatigue” and are socializing despite known risks. Clients, likewise, appear to be tiring of phone services, however, only a fraction of patients in the region have internet capability for video-based services.

Sandra Adams provided that her agency is also seeing increasing cases of COVID illness impacting both staff and clients. Ms. Adams shared that her agency continues delivering services virtually, however rates of relapse, suicide, and provider burn-out are high. Ms. Adams also concurs with the sense of “pandemic fatigue” in her area, as some individuals are worried for their loved ones, while others are ‘giving up’ and participating in social gatherings despite risks. Ms. Adams shared challenges and efforts in supporting staff at this challenging time and while operating remotely.

Joe Muchka reported that all staff at his agency have been called back to in-person work, and that there are significant concerns related to the inability to maintain social distancing in the available facility space. Mr. Muchka shared that he is seeing a full schedule of patients each day, and that many providers and their families are concerned about their risk of infection. Providers with additional health considerations are left feeling that they are sacrificing their own health needs in order to meet the needs of their patients. Mr. Muchka further provided that his agency has seen approximately 10% of their workforce resign or leave for other work settings due to these concerns. Other committee members concurred that there is rapid turnover of staff related to the pandemic.

Jill Gamez reports that her agency continues to facilitate a hybrid of virtual and in-person services. Ms. Gamez reports that group therapy is occurring in person, however, attendance is limited and social distancing is possible in the available space. Ms. Gamez shared her process for monitoring data regarding virtual versus in-person service delivery, for example, noting when sessions appear to be abbreviated or other indicators that a staff member may be struggling. Ms. Gamez further explained that they have had some staff members test positive, however transmission did not occur at

the agency, and the agency is tracking any contacts that exceed 15 minutes within 6 feet. Ms. Gamez also discussed recently having two clients in residential services test positive for COVID and that, despite significant preparations for this event, her agency still faced significant challenges during the situation.

Michael Kemp added that graduate students are struggling to find internship sites due to COVID-19.

Holly Stanelle shared that the Department of Corrections is seeing increasing COVID cases at institutions and amongst staff. At this time, outside services are not permitted and programming is limited on site. Earned release is the only SUD treatment service operating at this time, which is a response to the pressure for faster discharges. Many staff are fatigued as they are working to do more work with less resources. PPE at facilities and institutions is limited.

5. Guest speaker Carl Hampton, from the Department of Safety and Professional Services, provided follow-up to questions posed by the committee related to provider credentialing and 2017 Act 262. Mr. Hampton offered his contact information, as well as his colleague, Michael Tierney, for additional questions related to substance abuse provider credentialing. (\*Responses from Mr. Hampton and contact information for Mr. Hampton and Mr. Tierney are attached.) The committee proposed to continue discussion of 2017 Act 262 impacts and recommendations at future meetings.

6. Regarding data collection for substance use services and pandemic impacts, Amanda Lake shared that a workgroup has been formed within DHS to focus on provider viability and capacity, although this work is still in beginning stages. Sheila Weix continued to share the need to track services that are unavailable or inaccessible, to better assess shortages across the state.

7. The group discussed the ITC 2020-2021 strategic plan progress and priorities. Committee members requested inclusion of efforts related to tobacco integration, as well as additional strategic plan focus areas related to needs identified in the BH Gaps Analysis, policy developments such as residential substance use treatment benefits, Medicaid substance use health homes, and telehealth. The group would like to have further discussion of the strategic plan at the next meeting, prior to submission to the council in December.

8. Amanda Lake shared that there will be a public hearing for the DHS 75 rule in mid-November and that the rule is currently under review with the Wisconsin Legislative Council. Ms. Lake also shared that no changes have been made to the draft rule text following the economic impact public comment period, as changes have been reserved until after the public hearing.

9. There were no public comments.

10. COVID-19 provider updates will be carried over for the upcoming meeting's agenda, as well as ongoing discussion of the ITC strategic plan. Additional agenda items should be forwarded to Saima Chauhan.

The meeting was adjourned at 1:00pm, following a motion by Holly Stanelle and a second by Sheila Weix.

Prepared by: A. Lake on 11/6/2020.

These minutes were approved by the governmental body on: 11/10/2020.



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**  
INTERVENTION AND TREATMENT COMMITTEE (ITC)

November 10, 2020 - 10:00am to 1:00 p.m.

**This meeting will be held via teleconference.**  
**How to join the teleconference:**

**Join Zoom Meeting**

<https://dhs.wi.zoom.us/j/98488938389>.

Meeting ID: 984 8893 8389  
1-312-626-6799 US (Chicago)

**AGENDA**

1. Call to order and roll call
2. Review and approval of 10/13/2020 meeting minutes
3. Discussion of COVID-19 and considerations for substance use services
4. DSPS Updates
5. Discussion on residential treatment rate
6. ITC strategic plan progress and priorities
7. DHS 75 revision
8. Public comments
9. Future meeting dates, agenda topics, and other announcements

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse. The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

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Next scheduled ITC Meeting: November 10, 2020  
Next scheduled SCAODA Meeting: December 4, 2020



## Intervention and Treatment Committee

### 2019-2020 Work Plan Progress

SCAODA Primary Goals for 2018-2022	SCAODA Objectives for Each Goal
1. Change Wisconsin's cultural norms to transform the state's Substance Use Disorder (SUD) problems into healthy behavioral outcomes.	(a) Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.
2. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.	(a) Enhance Council visibility as an SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.
3. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.	(a) Increase focus and resources for youth and adolescent prevention and treatment programs... (b) Address the rising levels of SUD needs for the senior population. (c) Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards. (d) Continue supporting and advocating the use of SBIRT models throughout schools and communities. (e) Support and advocate adoption of emerging innovative and promising SUD programs and practices. (f) Increase the excise tax on fermented beverages to meet the average tax of all states, and increase the portion of excise tax revenue apportioned to SUD programs.
4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.	(a) Improve the effectiveness of addressing the SUD needs of underserved populations. (b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas. (c) Support research and identification of SUD-related social determinants of health. (d) Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.

<b>Committee Plan to address Goal &amp; Objective: 2019-2020</b>	<b>SCAODA Goal &amp; Objective No. [e.g. 2(a)]</b>	<b>Activities &amp; Outcomes demonstrating Progress during: 2019-2020</b>
Continue work to increase focus and resources for youth and adolescent prevention and treatment programs, to include: (1) recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.	3(a)	<p>1. Membership and leadership for CYFT subcommittee has been under recruitment. Due to COVID-19 challenges and ongoing membership and leadership vacancies, work in this area and strategic planning in this area is ongoing.</p> <p>2. ITC facilitated discussions with CYFT staff to share thoughts and ideas for work of the subcommittee, including assessment of current youth and family service array, providing input for administrative rule revision related to youth and family treatment, and promoting models and best practices for youth and family treatment.</p> <p>3. Collaboration with community organizations and other agencies that focus on prevention and treatment of youth.</p>
Address the rising levels of SUD needs for the senior population.	3(b)	<p>1. The “At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin” report was presented to and accepted by the council, and continues to be published and disseminated.</p> <p>2. Continue to encourage the implementation of the recommendations in the report.</p>
Propose position statements related to intervention and treatment.	3(e)	<p>1. The committee has and continues to collect valuable provider information and reports regarding the impact of COVID-19 for behavioral health services across the state, and reports this information back to DHS and other policymakers to support the ongoing effort of addressing emerging needs during the pandemic.</p> <p>2. The committee continues collaboration with the Department of Safety and</p>

		<p>Professional Services regarding provider credentialing and substance use workforce issues.</p> <p>3. The committee continues to advocate regarding the residential substance use treatment benefit under Medicaid, including providing feedback and recommendations for benefit structure and sustainable reimbursement.</p> <p>4. The committee presented a motion to support the integration of tobacco use disorder treatment with substance use treatment services. The motion was passed by the council.</p>
Continue efforts to utilize existing and new funding and treatment resources that focuses on substance use disorder's which include tobacco and nicotine use disorder	3(e)	<p>1. Creation of a tobacco integration implementation workgroup.</p> <p>2. Explore new and existing resources with a focus on SUD, tobacco and nicotine use disorder.</p>
Work with DSPPS and other appropriate stakeholders to develop recommendations related to substance use workforce.	3(e)	<p>1. Continue to include DSPPS in ITC deliberations.</p> <p>2. Provide feedback and recommendations to DSPPS as it relates to the credentialing and licensure of the substance use workforce.</p>

## **Intervention and Treatment Committee Priorities for 2020-2021**

**Priority #1:** Continue work to increase focus and resources for youth and adolescent prevention and treatment programs, to include: (1) collegiate recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.

**Priority #2:** Work with DSPPS and other appropriate stakeholders to develop recommendations related to substance use workforce

**Priority #3:** Propose position statements related to intervention and treatment

**Priority #4:** Continue efforts to utilize existing and new funding and treatment resources that focuses on substance use disorder's which include tobacco and nicotine use disorder

## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Planning and Funding Committee, State Council on Alcohol and other Drug Abuse (SCAODA)		Attending: Members: Raeanna Johnson; Michelle Devine Giese; Karen Kinsey; Brian Dean; Kellie Blechinger; Jill Gamez	
Date: 8/19/2020	Time Started: 9:34 am	Time Ended: 12:10 pm	Not Present: Christine Ullstrup; Kevin Florek Guests: Roger Frings; Norm Briggs; Sandra Westerman; Pam Lano (DHS, DMS). Amanda Lake (DHS, BPTR). DHS Staff: Mike Derr
Location: Via Zoom		Presiding Officer: Committee collectively presided	

### Minutes

Call to Order: Meeting called to order at 9:34 am.

Review of July 15, 2020 draft meeting minutes:

Karen Kinsey moved to approve minutes, and Michelle Devine Giese seconded. No discussion of changes. Motion carried unanimously.

Public Comment:

No comments were offered from callers or non-Committee members attending the meeting. Sandra Westerman has been listening in to several committee meetings recently, she introduced herself, works with Alkermes in St. Paul, MN. Her interest is residential treatment, and improved access to medication assisted treatment.

Covid-19 Impacts on SUD Services:

Jill Gamez shared updates and impacts with Arbor Place staff and activities. She noted uncertainties regarding mask requirements – i.e., must staff wear masks if they maintain social distancing with residents? She mentioned the challenges that providers face with staff shortages due to contact with others who tested positive. Karen Kinsey recommended consulting with local public health agencies to determine how to proceed when dealing with staff shortages or staff who have had contact with others who have Covid-19.

Michelle Devine Giese noted many of the same concerns at Apricity Services. She shared that the county health department has provided different messages and guidance, depending on who answers the phone. She requested that Jill share her chart of public health guidelines for various scenarios with the committee members.

Karen Kinsey stated that Arc Community Services tries to err on the side of caution when deciding how to deal with staff who are connected to positive Covid-19 tests. Their policy is to not accept any clients who are positive. Arc negotiated with Dept. of Corrections (DOC) to house only one woman per room instead of the normal two. Kellie Blechinger gave a quick update on the situation in DOC, noting that the Green Bay Correctional Institute is currently experiencing positive tests with staff and residents.

Raeanna Johnson asked whether there have been problems with quick test results. Michelle responded that there has been a slowdown in how quickly results are turned around. Kellie has heard similarly, that results aren't being communicated until 3-4 days after the test.

Update on Medicaid Benefit for SUD Residential Treatment:

Pam Lano with DHS, Division of Medicaid Services gave an update on her division's activities and progress with establishing policy for the expanded Medicaid benefit. She noted that staff have devoted time talking with counties, providers and tribes on this new benefit policy to get their feedback. An external workgroup of

stakeholders was formed in early 2020 to help provide feedback policy proposals. The pandemic last spring has slowed down this process. Among the updates:

- Any services covered by Medicaid will not cover room and board costs.
- DMS is deciding that Medicaid benefits will be managed directly by ForwardHealth, not through local or regional HMOs.
- This new benefit will cover ASAM 3.1 and 3.5 services.
- The new policy will clarify coverage language and eligibility language DMS is working on including a prior authorization process.
- DMS will also launch an SUD Hub & Spoke model service. Pam elaborated further on this model service, noting that this will utilize virtual “home health,” highly targeted case management like services. This model would expand the use of OBOTS to cover all substance use disorders. The initial phase will be launched as a pilot program; DMS will seek proposals and select three providers to serve as the hub sites. Services would be launch by March 2021.
- The DMS benefits team is still working on proposing specific rates for SUD residential treatment.
- The plan is by early Sept., DMS will report back policy proposals with the external workgroup, then share this information with stakeholders and partners at-large.
- Pam confirmed that Medicaid coverage for MAT services is a separate benefit.

Pam will later share with SCAODA and this Committee a concept paper, clinical flow chart and an announcement on the GFO for the Hub & Spoke program.

#### Status of DHS 75 Administrative Rule Change:

Amanda Lake Cismesia gave a brief highlight of the current stage in the rulemaking process that the proposed new Chapter DHS 75 is at. Presently, public comments are being solicited on the economic impact of the proposed rule, with a public hearing and public comment period to be held later in 2020, and the final rule language to be submitted to the Governor and Legislature for review by the end of 2020. It’s likely the Legislature would give final approval (if it in fact approves) by mid-2021. Some of the proposed rule language consists of organizational changes, where the writers pulled out the existing prevention and early intervention provisions and included them into their own, newly-created sub-chapter. Similarly, a new sub-chapter was created for residential treatment service requirements. And new language was added addressing integrated services, to now only require one certification for integrated outpatient behavioral health services, for example.

Several Committee members noted the overview summary of the proposed rules is very helpful for understanding the major changes. Michelle Devine Giese would be interested in knowing more about what future ASAM training would be offered through DHS or other sources. In response to Norm Briggs’ question, Amanda will check to see whether on what ASAM materials and activities the State has the right to use, as ASAM has been moving toward exercising proprietary rights on their materials. Amanda’s understanding is that ASAM training will be provided on the basics of the rubrics and criteria. More advance trainings likely will involve a cost. It’s possible that state governments can use ASAM language, but that agencies would still be required to purchase the materials.

#### Committee’s 2019-20 Progress Report of Workplan Activities:

Committee members walked through the various objectives and tasks of the draft 2019-20 Committee Progress Report and 2020-21 Priorities, which aligns with the recently-completed 2020 Work Plan. For SCAODA Goal 2/Objective (a) [“Continue analyzing SUD needs in counties and regions across the state...”], Mike gave an update on Tasks 1, 3 and 5, while Roger Frings updated the group on Task 2 that he has reached out to WI Counties Association and is awaiting a response. For SCAODA Goal 3/Objective (b), [“Review and support

legislation promoting SUD services...”], Michelle Devine Giese asked us to add her name as a responsible party for completing.

Karen Kinsey proposed that for the 2020-21 Committee priorities, a provision be added that states DHS contracting and payments be completed in a timely manner. Committee members suggested that this also be added as new objective/outcome No. 5 in the 2019-20 Progress Report, which Mike Derr will complete in time to share at the Sept. 11<sup>th</sup> Council meeting. The Committee members by consensus approved the proposed 2019-20 Progress Report/2020-21 Work Plan, provided Mike will make the above changes then email the revised document to Committee members for final review.

#### DHS and Provider Updates:

Given a shortage of time remaining for the meeting, each committee member gave brief agency updates. Several members talked about the challenges of retaining staff and training new hires during this pandemic period.

Mike Derr announced that the Bureau has hired a new Mental Health Block Grant Planner, Madeline Johnson. Teresa Steinmetz replaced Joyce Allen in early August as the Bureau director. The Bureau is presently working on filling several vacancies, including: assistant bureau director; women’s treatment coordinator (Bernestine Jeffers replacement); IDP coordinator (LeeAnn Mueller’s replacement); one or two SOR grant coordinators; PDO coordinator (replacing Christy Niemuth); and SUD treatment coordinator (replacing Ken Ginlach).

Karen Kinsey asked whether any progress has been made toward adding a Native American representative onto SCAODA. Roger Frings responded that no progress has recently occurred. Kellie Blechinger mentioned that new Council member Terry Schemenauer has many contacts with the Native American community; he would be good to consult with on this front.

#### Topics for 10/21/20 Committee meeting:

- Further updates from Mike Derr and Teresa Steinmetz with DHS on the contracting process.
- Update on adoption of policies for the new SUD Residential Treatment Medicaid Benefit.
- Discussion on Committee activities in achieving 2020-21 Work Plan tasks.

Adjournment: By group consensus, the meeting was adjourned at 12:10 p.m.

Prepared by: Michael Derr on 10/22/2020.

Minutes were approved by the P&F Committee at its 10/21/20 meeting.



Roger Frings  
Chairperson  
  
Sandy Hardie  
Vice Chairperson  
  
Kevin Florek  
Secretary

State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**

Planning and Funding Committee

October 21, 2020

9:30 AM to 12:30 PM

**Join Zoom Meeting**

<https://dhs.wi.zoom.us/j/97755481836?pwd=RzdIOUxZZEpEOGZrM0FWK3VHUHlqQT09>

**Meeting ID: 977 5548 1836**

**Dial by your location – 1-312-626-6799**

**MEETING AGENDA**

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review August 19, 2020 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. COVID-19 Impacts and Updates.....Committee Members
5. Update on Medicaid Expansion Policies.....Pam Lano, DHS
6. DHS, Bureau of Prevention Treatment & Recovery Contracting.....Teresa Steinmetz, DHS
7. Committee 2020 Work Plan – Progress & Updates.....Committee Members
8. DHS and Agency Updates.....Mike Derr & Committee Members
9. Agenda Items for November 18, 2020 Committee meeting.....Committee Members
10. Adjournment.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or at [Michael.Derr@dhs.wisconsin.gov](mailto:Michael.Derr@dhs.wisconsin.gov).

**OPEN MEETING MINUTES**

Instructions: [F-01922A](#)

Name of Governmental Body: Planning and Funding Committee, State Council on Alcohol and other Drug Abuse (SCAODA)			Attending: Members: Christine Ullstrup; Raeanna Johnson; Michelle Devine Giese; Karen Kinsey; Brian Dean; Kellie Blechinger; Jill Gamez; Kevin Florek.
Date: 10/21/2020	Time Started: 9:32 am	Time Ended: 12:28 pm	Not Present: N/A Guests: Roger Frings; Norm Briggs; Pam Lano, and Chris Thomas (DHS, DMS); Teresa Steinmetz (DHS/DCTS). DHS Staff: Mike Derr
Location: Via Zoom			Presiding Officer: Christine Ullstrup

**Minutes**

Call to Order: Meeting called to order at 9:32 am.

Review of August 19, 2020 draft meeting minutes:

Michelle Devine Giese moved to approve minutes, and Kellie Blechinger seconded. No discussion of changes. Motion carried unanimously.

Public Comment:

No comments were offered from callers or persons joining the meeting.

Covid-19 Impacts on SUD Services:

Several committee members gave updates on the latest impacts of the pandemic on service provider activities, including their staff and consumers. Those members noted the recent surge in number of cases and actions their agencies have taken in response. Michelle Devine Giese noted that guidelines and messages differ, depending on which public health office and person she confers with. Several persons mentioned their programs continue losing significant revenues due to operating at less than full capacity, and that Covid testing options have changed or become more limited due to DHS being too busy in some instances to provide testing resources.

Michelle mentioning looking for resources to train her staff on using ASAM; Kevin Florek offered to provide guidance and assistance. Jill Gamez mentioned that Arbor Place maintains a policy of staff staying more than 6 feet away from consumers at all times. If a staffer is less than 6 feet away for at least 15 minutes, then the others nearby are considered to be at-risk of contracting Covid-19. Jill also has observed how risk criteria is applied differently from county to county. Christine Ullstrup shared that Meta House is now relying on pre-packaged food delivery. Normally, staff and residents cook the meals as a skill development activity. Kellie Blechinger and Brian Dean gave updates at DOC and DPI, respectively.

Update on Medicaid Benefit for SUD Residential Treatment:

Kevin Florek mentioned that last week Division of Medicaid Services (DMS) released its proposed reimbursement rates for both high intensive (\$221.87) and transitional residential treatment services (\$99.84). The rates also include enhanced rate modifiers taking into account consumers who are pregnant, adolescents, or are intellectually disabled. However, room and board costs cannot be reimbursed, over and above the new rates. Christine Ullstrup asked how these proposals would impact the draft response letter than several committee members had prepared. Committee members agreed that since DMS came out with the proposed rates, the committee should hold off on a letter for now. Kevin expressed concern that the new rates, though higher than last year's proposed rates, are still significantly below what Tellurian and other vendors receive from Dane County.



Pam Lano and Chris Thomas with DMS then gave the latest update on the division's activities and progress with establishing policy for the expanded Medicaid benefit. They noted that in forming the rates and policy, DMS is constrained by having to meet the federal budget neutrality requirement. Among the updates:

- Under federal law, Medicaid cannot cover room and board expenses. To mitigate this, DMS has asked to include in the DHS 2021-23 budget state funds that would cover room and board for residential treatment providers. Other grant funds could also cover room and board – though generally room and board is not an allowable SABG cost.
- Counseling and other designated core services must be covered under the daily rate. Providers cannot also bill separate insurance or payers to cover those service costs. However, other additional services (i.e., psychiatric) can be billed for independent of Medicaid.
- DMS will publish the proposed coverage policy by mid-November for public comment, with the industry review policy to be disseminated sooner. (Pam will make that policy available to Committee members through Mike Derr.)
- DMS will also work with BPTR and others to coordinate provider training, including ASAM training.
- DMS is seeking to align the Medicaid policy to fit the new DHS 75 rule that will provide more flexibility in meeting requirements.

Christine suggested that DMS consider using rate enhancement modifiers for other factors, such as clients with co-occurring disorders. She and others also suggested that other services essential to SUD treatment and recovery should also be considered when establishing the reimbursement rate, such as parenting and parent coaching services.

Pam Lano also gave a brief update on implementation of her division's Hub & Spoke program. DMS has selected three sites to operate pilot programs, and will soon announce their identity.

#### DHS, Bureau of Prevention Treatment & Recovery (BPTR) Contracting Process:

BPTR director Teresa Steinmetz introduced herself and her background, and explained the department's process for awarding contracts annually. She explained that contract pre-payments were discontinued in 2016 pursuant to SAMHSA audit findings. The bureau added one FTE contract specialist in early 2020 (Cindy Matz); her presence has helped to shorten the amount of time that contracts are processed. Also, six FTEs from DCTS facilities have recently been re-assigned to BPTR for program responsibilities; this should also help improve efficiency in contracting. Mike Derr gave some figures from BPTR contract specialists that illustrate some reduction in time in processing contracts at specific stages.

Karen Kinsey noted that the delays in issuing out new contracts seems to have gotten worse over the years, and asked how non-profit agencies should give feedback on the impact of those delays. Teresa invited providers to contact her directly ([TeresaJ.Steinmetz@dhs.wisconsin.gov](mailto:TeresaJ.Steinmetz@dhs.wisconsin.gov)) or contact Mike Derr to pass along feedback. Teresa also noted that generally BPTR will try to process contracts for non-profit vendors first, to minimize the time that they have to wait for funds once a new contract period starts. However, Covid-19 contracts have sometimes bumped in front. And the department's contract central unit is an independent entity that doesn't always honor BPTR's requests or priorities. Teresa stated that BPTR will continue pushing all units to get contracts out to non-profit recipients more quickly.

#### Committee Letter to DMS re: MA Coverage of SUD Residential Treatment:

Christine Ullstrup noted that Jill, Michelle and Kevin jointly drafted a letter that provided feedback and concerns on anticipated MA coverage policies. Before the letter was sent out, however, DMS came out with proposed rates and other policies. Christine posed the questions whether the committee should advocate for

room and board coverage from other sources, and whether a specific rate amount should be considered. She and Kevin Florek clarified that despite the limitations, providers can still allocate a specific percentage of beds or slots for MA clients, and remainder for clients covered by private insurance or other funding sources. Jill Gamez observed that it's difficult even for Committee members to agree on a rate, since different circumstances across the state and programs result in different costs and revenue needs. She also wondered how a separate room and board fund would get distributed – would it be administered through DHS? Through counties? Given directly to providers or the client? More questions than answers at this point.

Jill also shared that the State of Minnesota pays room and board reimbursements directly providers. Interestingly, Wisconsin's proposed residential treatment rates exceed Minnesota's. Karen Kinsey advised that a Committee letter must explicitly state what members want and propose a solution. Jill suggested that the letter advocate for room and board reimbursement and how that amount must reflect true amounts. She, Michelle and Kevin will redraft the letter, present it at the 11/19/20 Committee meeting and decide how to best share it with DMS and BPTR, and ultimately to the full Council by 12/4/20.

#### DHS Updates:

Mike Derr gave a quick overview of the most recent BPTR hires and current staff openings. DHS will be hosting a virtual public hearing on 11/13/20 to receive input and feedback on the proposed DHS 75 rewrite. Written comments will be accepted up until that date. This is the last opportunity for stakeholders to weigh in the proposed rules language. DHS must submit the final proposed rule to the Governor and Legislature by 2/6/21.

#### Committee's 2019-20 Progress Report of Workplan Activities:

Given lack of time remaining, no updates were given. Discussion is tabled until the November meeting.

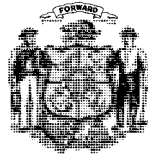
#### Topics for 11/19/20 Committee meeting:

- Roger Frings is proposing establishing an Equity and Inclusion sub-committee to review and offer action plan for implementing CLAS standards and roadmap. One member of each standing committee will serve on that sub-committee.
- Review of industry standard policies for the new SUD Residential Treatment Medicaid Benefit, and Committee decision on how to proceed with a letter offering feedback on those policies.
- Discussion on Committee member updates and activities in achieving 2020-21 Work Plan tasks.

Adjournment: Kevin Florek moved to adjourn, Raeanna Johnson seconded the motion. Motion was approved, the meeting was adjourned at 12:28 p.m.

Prepared by: Michael Derr on 11/16/2020.

Minutes were approved by the P&F Committee at its 11/19/20 meeting.



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**

Planning and Funding Committee

November 18, 2020

9:30 AM to 12:30 PM

**Join Zoom Meeting**

<https://dhs.wi.zoom.us/j/86317288160?pwd=a05vVW40azhLNEJxaU40SnlQSVhKZz09>

**Meeting ID:** 863 1728 8160

**Passcode:** 761395

**Dial by your location:** 1-312-626-6799 (Chicago)

**MEETING AGENDA**

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review October 21, 2020 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. COVID-19 Impacts and Updates.....Committee Members
5. Discussion: Latest Proposed Medicaid Expansion Policies.....Committee Members
6. Ad Hoc Workgroup on Equity and Inclusion in SUD Services.....Christine Ullstrup
7. Committee 2020 Work Plan – Progress & Updates.....Committee Members
8. DHS and Agency Updates.....Mike Derr & Committee Members
9. Agenda Items for January 20, 2021 Committee meeting.....Committee Members
10. Adjournment.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or at [Michael.Derr@dhs.wisconsin.gov](mailto:Michael.Derr@dhs.wisconsin.gov).

<https://scaoda.wisconsin.gov>

<p><b>Committee Introducing Motion:</b> Planning &amp; Funding Committee</p>
<p><b>Motion:</b> SCAODA encourages Department of Health Services to establish funding to cover WI Medicaid members’ costs of Room and Board in Residential SUD Treatment, through execution of individual contractual agreements with DHS 75.11 and 75.14 Residential Treatment Providers.</p>
<p><b>Related SCAODA Goal:</b> #3 ~ Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.</p>
<p><b>Background:</b> Forward Health created the new residential SUD treatment benefit in response to a Medicaid coverage gap that prevented access to residential SUD treatment services and continuity of care. The residential SUD benefit is available to members of all ages pursuing recovery from one or more substance use disorders. The Benefit Coverage Policy clearly outlines what services are included within the benefit as well as what are considered non-covered services and expenses. Room and board related to residential SUD treatment is a non-covered expense. Members may use other funding sources to pay for room and board. Therefore, the new Medicaid Benefit does not cover the <u>full expense</u> of the service provided.</p> <ul style="list-style-type: none"> <li>• <u>Positive Impact:</u> If DHS establishes funding to cover the cost of room and board, Wisconsin Medicaid consumers suffering from a substance use disorder requiring a residential level of care for safe and adequate treatment <i>will not have the barrier</i> of funding in order to access to Residential Substance Use Disorder Treatment. Residential Treatment Providers will have the opportunity to access blended funding streams to be compensated for services provided to Medicaid Members. Also, by establishing individual contracts directly with Treatment Providers, there is a higher probability a negotiated rate will adequately cover a Provider’s actual cost, thus leading to a more sustainable fiscal position for Treatment Providers.</li> <li>• <u>Potential Opposition:</u> Additional funding sources are already scarce, so proposing to earmark state or other funds specifically for room and board expenses will remove those funds from supporting other important public welfare needs. Furthermore, other funding sources are already available for residential treatment providers to tap into in order to cover room and board expenses, including county levy funds, private insurance, other state and federal grant funds, and client self-pay. Asking DHS to propose an additional budget line item or funding source to cover room and board will provide one more reason to oppose a large-scale expansion of ForwardHealth benefits to include SUD residential treatment services.</li> </ul>

**Rationale for Supporting Motion:** The Planning & Funding Committee is concerned that the exclusion of payment for the Room and Board component of Residential SUD Treatment, with no systemic solution to the service nonpayment, will result in the following: 1) Inequitable access to the medically necessary level of care for Medicaid-qualifying consumers across the state; 2) Compromised ability of Residential Treatment Providers to continue to provide important SUD services; and 3) Providers elect to not be a Medicaid Service Provider due to only having the ability to consistently obtain partial payment for the Residential Service.

- 1) Inequitable access to the medically necessary level of care for Medicaid Members across the state ~ Residential Treatment Providers are responsible for identifying a payment source for Room and Board for patients who have their residential treatment services covered by Wisconsin Medicaid. Currently, potential sources of payment include the Medicaid member, their county of residence (through established contract and authorization), funds raised by the Provider (fundraising, grant writing, etc.). Some counties are able and willing to pay the room and board costs for residential treatment provided to their residents, while other counties are not. This contributes to the continued inequitable access to care that has been prevalent indefinitely within the state.
- 2) Threatened ability of Residential Treatment Providers to continue to provide important SUD services ~ The rate setting for the Medicaid Residential Treatment Benefit has been contentious, and although the rate was significantly increased from the Nov. 2019 proposal, there is still a great need for Providers to obtain full payment for services rendered. No business can sustain the ability to provide a service, without obtaining funding to pay the full cost of that service. When the expenses are more than revenue, one of two things occur: 1) Expenses start to get cut, which could include staffing, staff wages, benefits, and service provisions; 2) Program close due to the funding deficit.
- 3) Providers choosing not be a Medicaid Service Provider due to only having the ability to consistently obtain partial payment for the Residential Service ~ The intent of establishing the Medicaid Benefit is to make the service accessible to members who need it. However, Providers will need to decide if the funding structure is feasible to be able to service the population, or if this population is one that will need to be excluded from services offered. It is a calculated business decision Providers routinely make when deciding to establish service contracts.

Next, establishing individual contracts with DHS 75 Residential Treatment Providers will create two main benefits. First, the rate of reimbursement is a negotiated rate between the provider and DHS. This allows the rate to be reflective of what the Provider needs in order to provide the service. It also potentially eliminates the need to cut expenses and sacrifice quality of services. Second, individual contracting supports the framework of a Recovery Oriented System of Care (ROSC). *“The central focus of a ROSC is to create an infrastructure or ‘system of care’ with resources to effectively address the full range of substance use problems within communities.” (Addiction Technology Transfer Center Network).*

The Committee respects the complexity of this issue that DHS faces. However, with the multitude of challenges and health disparities related to substance use disorders faced by the residents of Wisconsin, we believe there is no better time than now to actively address the limitations to the Medicaid Residential SUD Benefit with an equitable and accessible solution.

## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA Prevention Committee - Alcohol Priority Action Team			Attending: Roger Frings, Julia Sherman, Danielle Luther, Sarah Linnan, Chris Wardlow, Faith Price, Emily Holder, Christopher Huard, Jenny Hallett, Annie Short DHS Staff: Raina Haralampopoulos, Cecie Culp, Kimberly Wild, Maggie Northrop, Tom Bentley, Allison Weber
Date: 7/16/2020	Time Started: 9:30 a.m.	Time Ended: 12:00 p.m.	
Location: Meeting held remotely via Zoom and conference call due to the covid-19 pandemic			Presiding Officer: Chris Wardlow, Interim Chair
<b>Minutes</b>			

1. **Introductions** – Chris Wardlow, Interim Chair, welcomed members and guests. Members and guests introduced themselves.
2. **Public Comment** – There was no public comment.
3. **January Meeting Minutes** – Julia Sherman made a motion to approve minutes; Roger Frings seconded the motion; No discussion and motion passed.
4. **Update from the SCAODA Meeting**- Roger Frings shared that the motion that was made by this Committee to the full SCAODA Council regarding the request to create the Alcohol Prevention Ad Hoc Workgroup and the motion passed unanimously. The motion regarding the Good Samaritan Law also passed SCAODA unanimously. SCAODA will have an interim meeting on August 7<sup>th</sup> to hear a presentation on the Gaps Analysis Report.
5. **Alcohol Priority Action Team** - Maggie Northrop, from the Division of Public Health (DPH), shared that the State Emergency Operations Center (SEOC) has been re-integrated into Department of Health Services (DHS). The state health assessment is wrapping up and there is a section on behavioral health. Maggie and Cecie Culp have been working with local public health departments and learning about the challenges that individuals with a Substance Use Disorder (SUD) are currently experiencing during the pandemic. They are working with the Resilient Wisconsin team to try to find a way to assist these individuals with SUD in receiving assistance, treatment, and resources. Performance management public scorecard efforts have been put on hold with the state’s public health plan. The group discussed the results of the recent webinar from RTI.
6. **Discussion About the Next Alcohol Prevention Ad Hoc Workgroup** – Julia Sherman shared an update on membership of the Ad Hoc Committee that will review and update the previous Alcohol Culture and Environment report. Julia would welcome additional members for this committee and new member recommendations can be sent to Julia.
7. **Workforce Prevention Recommendation Report Update and Dissemination Plan** – Raina shared that the report is being distributed digitally to partners. Raina is working on having this reports printed and will be working to develop a plan for distributing hard copies.
8. **Stimulant Data Dashboards Presentation** - Tom Bentley with OHI/DPH/DHS presented new stimulant data dashboards. Tom requested feedback from the group including thoughts on who the primary audience will be so that the dashboards can be best tailored.
9. **Review and Discuss the SCAODA Strategic Plan and Goals with Prevention Committee’s Progress** - Chris Wardlow discussed how the work of the Prevention Committee aligns with the goals of the larger SCAODA. Julia shared that using youth-specific language to describe our initiatives limits our activities because there are many environmental factors that prevent or promote youth alcohol use, such as alcohol outlet density. Julia suggested using language such as “programs and policies that impact youth.”

**10. Updates on Prevention Grants** - A handout was provided to Committee members and guests on prevention grant updates; if individuals have questions they can email Raina Haralampopoulos or other grant coordinators directly. Raina shared that DHS has had several staffing changes including that Christy Niemuth has moved on to a position in the Division of Public Health.

### 11. Agency Member Updates

- **Emily Holder (Department of Public Instruction)** – DPI has opted to delay collecting YRBS data until the fall of 2021 due to current uncertainty regarding the covid-19 pandemic. DPI is moving forward with a student mini-grant program that they are hoping to launch in August 2020. Peer-to-peer grants for suicide prevention will be released to 250 schools for programs in this area. DPI is planning the *Building the Heart of Successful Schools Conference* with a virtual option this fall.
- **Julia Sherman (Wisconsin Alcohol Policy Project, WAPP)** - The Alcohol Policy Seminar will be held on October 8, 2020 and will be held virtually. Speakers include Tracy Toomey who is the Director of the Alcohol Epidemiology Program at the University of Minnesota. She is very knowledgeable on alcohol prevention policies and she has conducted studies on underage alcohol use and heavy drinking, underage access to alcohol, alcohol sales to individuals who are intoxicated, and alcohol use among different populations. Michael Sparks will be presenting two case studies on alcohol outlet density in Wisconsin. A few months later, Michael will follow up with the community later to check on about how they utilized the steps that were identified at the conference.
- **Faith Price (Department of Children and Families)** – Faith shared that CPS reports have decreased significantly and there is a task force and strategic planning committee that are currently working on identifying child abuse and neglect in communities. Youth justice referrals have increased. Faith is working on an RFP specific to substance use prevention and decreasing youth delinquency. Youth services conference planning for April 2021 is taking place and they are working to plan for a virtual option. The target audience is for all youth service providers.
- **Allison Weber (DHS)** – Small Talks’ order form is on the website so coalitions can order hard copies of the materials. There are also short videos being filmed for this campaign of parents sharing their experiences having Small Talks with their children. Fact sheets are being translated into Spanish and Hmong.
- **Jenny Hallett** – Recovery Advocacy Project
- **Danielle Luther** – The HOPE Consortium Conference is scheduled for August 6<sup>th</sup> and 7<sup>th</sup>, 2020 and will be held virtually. Registered attendees will have access to the sessions after the fact.
- **Roger Frings** - The plan is to share the Workforce Report with the legislature digitally and paper copies will be distributed later. Roger is working to share the report with insurance companies throughout the state.

### 12. Future agenda items –

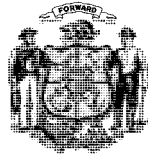
- Next meeting will be October 15, 2020 and will be held virtually.
- Review status of the stimulant dashboard

### 13. Meeting Adjourned

Roger Frings made a motion to adjourn, seconded by Julia Sherman, no discussion and meeting adjourned at 12:00 p.m.

Prepared by: Kimberly Wild on 7/16/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 10/15/2020



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE  
Prevention Committee**

October 15, 2020

9:30 AM to Noon

[Join Zoom Meeting](#) Password: Prevention

**MEETING AGENDA**

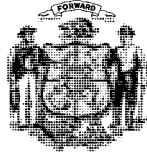
1. Welcome and Introductions.....Chris Wardlow, Interim Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow
3. Approve Minutes from July 16, 2020 Meeting..... Chris Wardlow
4. Update from the SCAODA meeting.....Roger Frings, SCAODA Chair
5. Alcohol Priority Action Team (APAT) Update.....Maggie Northrop, OPPA/DPH/DHS
6. Alcohol Prevention ad hoc Workgroup Update.....Julia Sherman, UW Law School
7. OD2A Presentation.....Christy Niemuth, Harm Reduction Coordinator, DPH/DHS
8. Review and Revise/Update the Prevention Committee's Priorities, Goals, Objectives and Progress..... Chris Wardlow
9. Updates on Prevention Grants (PFS15, Tribal PFS, PDO, SPF Rx, and SOR) – DCTS Staff and Christina Denslinger, GLITC
10. Agency Member Updates.....Committee Members
11. Future Agenda Items.....Committee Members

**Next meeting is Thursday, January 21, 2021.**

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Prevention Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee's primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Raina Haralampopoulos at 608-206-0400 or at [Mary.Haralampopoulos@wisconsin.gov](mailto:Mary.Haralampopoulos@wisconsin.gov).





State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**OPEN MEETING NOTICE**

**Alcohol Prevention ad hoc Workgroup**

October 23, 2020

10:00 a.m. to Noon

[Join Zoom Meeting](#) Passcode: 950962

**MEETING AGENDA**

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business..... Maureen Busalacchi, Chair
3. Expectations of the Workgroup..... Maureen Busalacchi, Chair
4. Background and Review of the Charge .....Julia Sherman, Member
5. Focus on Public Health and Data.....TBD
6. Identify Information, Expertise, and Industry to Move Forward.....Committee Members
7. Future Agenda Items.....Committee Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Alcohol Prevention ad hoc Workgroup serves under the Prevention Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies.

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# SCAODA 2021 Meeting Dates

(Proposed)

March 5, 2021 (Remotely via Zoom)

June 4, 2021 (Meeting Mode TBD)

September 10, 2021 (Meeting Mode TBD)

December 3, 2021 (Meeting Mode TBD)

## Location of In-Person Meetings:

American Family Insurance Conference Center  
6000 American Parkway  
A-Building, Room A3141 in the Training Center  
Madison, WI

**BY-LAWS**  
**of the**  
**State of Wisconsin**  
**State Council on Alcohol and Other Drug Abuse**  
**As Approved**  
**June 6, 2008**  
**Amended 9-10-10, 9-9-11, 12-13-13, 12-12-14**

*<please note: lines underlined below are taken directly from statute.>*

**ARTICLE I**

**Purpose and Responsibilities**

**Section 1. Authority**

The council is created in the office of the governor pursuant to sec. 14.017 (2), Wis. Stats. Its responsibilities are specified under sec. 14.24, Wis. Stats.

**Section 2. Purpose**

The purpose of the state council on alcohol and other drug abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

**Section 3. Responsibilities**

The state council on alcohol and other drug abuse shall:

- a. Provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state.

- b. Meet at least once every 3 months.
- c. By June 30, 1994, and by June 30 every 4 years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs. The state plan shall include all of the following:
  - i. Goals, for the time period covered by the plan, for the state alcohol and other drug abuse services system.
  - ii. To achieve the goals in [par. \(a\)](#), a delineation of objectives, which the council shall review annually and, if necessary, revise.
  - iii. An analysis of how currently existing alcohol and other drug abuse programs will further the goals and objectives of the state plan and which programs should be created, revised or eliminated to achieve the goals and objectives of the state plan.
- d. Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, review and make recommendations to the governor, the legislature and state agencies, as defined in [s. 20.001 \(1\)](#), regarding the plans, budgets and operations of all state alcohol and other drug abuse programs. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- e. Provide the legislature with a considered opinion under [s. 13.098](#).
- f. Coordinate and review efforts and expenditures by state agencies to prevent and control alcohol and other drug abuse and make recommendations to the agencies that are consistent with policy priorities established in the state plan developed under [sub. \(3\)](#).
- g. Clarify responsibility among state agencies for various alcohol and other drug abuse prevention and control programs, and direct cooperation between state agencies.
- h. Each biennium, select alcohol and other drug abuse programs to be evaluated for their effectiveness, direct agencies to complete the evaluations, review and comment on the proposed evaluations and analyze the results for incorporation into new or improved alcohol and other drug abuse programming.

- i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- j. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages, ethnicities, sexual orientation, disabilities, and religions to address alcohol, tobacco and other drug abuse problems.

## **ARTICLE II**

### **Membership**

#### **Section 1. Authority**

Membership is in accordance with section 14.017(2), Wis. Stats.

#### **Section 2. Members**

- 2.1** The 22-member council includes six members with a professional, research or personal interest in alcohol, tobacco and other drug abuse problems, appointed for four-year terms, and one of them must be a consumer representing the public. It was created by chapter 384, laws of 1969, as the drug abuse control commission. Chapter 219, laws of 1971, changed its name to the council on drug abuse and placed the council in the executive office. It was renamed the council on alcohol and other drug abuse by chapter 370, laws of 1975, and the state council on alcohol and other drug abuse by chapter 221, laws of 1979. In 1993, Act 210 created the state council on alcohol and other drug abuse, incorporating the citizen's council on alcohol and other drug abuse, and expanding the state council and other drug abuse's membership and duties. The state council on alcohol and other drug abuse's appointments, composition and duties are prescribed in sections 15.09 (1)(a), 14.017 (2), and 14.24 of the statutes, respectively.

The council strives to have statewide geographic representation, which includes urban and rural populated areas, to have representation from varied stakeholder groups, and shall be a diverse group with respect to age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

**2.2** There is created in the office of the governor a state council on alcohol and other drug abuse consisting of the governor, the attorney general, the state superintendent of public instruction, the secretary of health services, the commissioner of insurance, the secretary of corrections, the secretary of transportation and the chairperson of the pharmacy examining board, or their designees; a representative of the controlled substances board; a representative of any governor's committee or commission created under [subch. I](#) of ch. 14 to study law enforcement issues; 6 members, one of whom is a consumer representing the public at large, with demonstrated professional, research or personal interest in alcohol and other drug abuse problems, appointed for 4-year terms; a representative of an organization or agency which is a direct provider of services to alcoholics and other drug abusers; a member of the Wisconsin County Human Service Association, Inc., who is nominated by that association; and 2 members of each house of the legislature, representing the majority party and the minority party in each house, chosen as are the members of standing committees in their respective houses. [Section 15.09](#) applies to the council.

### **2.3 Selection of Members**

From Wis. Stats. 15.09 (1)(a); Unless otherwise provided by law, the governor shall appoint the members of councils for terms prescribed by law. Except as provided in [par. \(b\)](#), fixed terms shall expire on July 1 and shall, if the term is for an even number of years, expire in an odd-numbered year.

### **2.4 Ex-Officio Members**

- a. Ex-officio members may be appointed by a majority vote of the council to serve on the council, special task forces, technical subcommittees and standing committees. Other agencies may be included but the following agencies shall be represented through ex-officio membership: The Wisconsin Departments of: Revenue, Work Force Development, Safety and Professional Services, Veteran Affairs and Children and Families, the Wisconsin Technical Colleges System and the University of Wisconsin System.
- b. Ex-officio members of the council may participate in the discussions of the council, special task forces, technical subcommittees, and standing committees except that the chairperson may limit their participation as necessary to allow full participation by appointed members of the council subject to the appeal of the ruling of the chairperson.

- c. An ex-officio member shall be allowed to sit with the council and participate in discussions of agenda items, but shall not be allowed to vote on any matter coming before the council or any committee of the council, or to make any motion regarding any matter before the council.
- d. An ex-officio member may not be elected as an officer of the council.
- e. An ex-officio member shall observe all rules, regulations and policies applicable to statutory members of the council, and any other conditions, restrictions or requirements established or directed by vote of a majority of the statutory members of the council

## **2.5 Selection of Officers**

Unless otherwise provided by law, at its first meeting in each year the council shall elect a chairperson, vice-chairperson and secretary from among its members. Any officer may be reelected for successive terms. For any council created under the general authority of [s. 15.04 \(1\) \(c\)](#), the constitutional officer or secretary heading the department or the chief executive officer of the independent agency in which such council is created shall designate an employee of the department or independent agency to serve as secretary of the council and to be a voting member thereof.

## **2.6 Terms of Voting Members**

- a. Voting members shall remain on the council until the effective date of their resignation, term limit or removal by the governor, or until their successors are named and appointed by the governor.
- b. Letter of resignation shall be sent to the governor and council chairperson.
- c. Each voting member or designee of the council is entitled to one vote.

## **2.7 Code of Ethics**

All members of the council are bound by the codes of ethics for public officials, Chapter 19, Wis. Stats., except that they are not required to file a statement of economic interest. Ex-officio members are not required to file an oath of office. As soon as reasonably possible after appointment or commencement of a conflicting interest and before

voting on any grant, members shall reveal any actual or potential conflict of interest. Chapter 19.46 of Wisconsin State Statutes states that no state public official may take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest or use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.

## **2.8 Nondiscrimination**

The council will not discriminate because of age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

## **2.9 Nomination Process for Appointed Members and Officers**

As per Article II, Section 2.1, the governor is required to appoint six citizen members. In addition, the council elects the chairperson, vice-chairperson and secretary, annually. The council will follow this process when making recommendations to the governor concerning appointments and nominating a slate of officers:

- a. The council, along with the office of the governor and department staff, will monitor when council terms will expire. It will also monitor the composition of the council with respect to the factors specified in Article II, Section 2.1.
- b. The vice-chairperson of the council shall convene a nominating committee and appoint a chairperson of that committee as needed to coordinate the process for all appointments to the council as outlined in Article II, Section 2 and annually put forth a slate of officers as identified in Article II Sections 3.1, 3.2 and 3.3. The Council Chairperson may ask for nominations from the floor to bring forth nominations in addition to the slate of officers brought forth by the nominating committee. The nominating committee shall make recommendations to the council regarding nominations and appointments prior to the September council meeting and have such other duties as assigned by the council.
- c. The nominating committee of the council, with support of bureau staff, will publicize upcoming vacancies, ensuring that publicity includes interested and underrepresented groups, including



alcohol, tobacco and other drug abuse agencies, alcohol, tobacco and other drug abuse stakeholder groups, consumers, and providers of all ethnic groups. Publicity materials will clearly state that council appointments are made by the governor. Materials will also state that the governor normally considers the council's recommendations in making council appointments.

- d. While any person may apply directly to the governor according to the procedures of that office, all applicants will be asked to provide application materials to the council as well. Bureau staff will make contact with the office of the governor as necessary to keep the committee informed regarding applicants, including those that may have failed to inform the committee of their application.
- e. Applicants shall provide a letter of interest or cover letter, along with a resume and any other materials requested by the office of the governor. The nominating committee, in consultation with department staff, may request additional materials. The nominating committee, with support of bureau staff, will collect application materials from nominees, including nominees applying directly to the governor. The nominating committee or staff will acknowledge each application, advising the applicant regarding any missing materials requested by the nominating committee. The nominating committee or staff will review each application to ensure that all required nomination papers have been completed.
- f. The nominating committee may establish questions to identify barriers to attendance and other factors related to ability to perform the function of a member of the state council on alcohol and other drug abuse and to identify any accommodations necessary to overcome potential barriers to full participation by applicants. The nominating committee may interview applicants or designate members and/or staff to call applicants. Each applicant shall be asked the standard questions established by the committee.
- g. The nominating committee shall report to the full council regarding its review of application materials and interviews. The report shall include the full roster of applicants as well as the committee's recommendations for appointment.
- h. The council shall promptly act upon the report of the nominating committee. Council action shall be in the form of its recommendation to the governor. Department staff shall convey the council's recommendation to the office of the governor.

## **2.10 Removal from Office**

The Governor may remove appointed members from the council. The council may recommend removal but the Governor makes the final decision regarding removal.

## **Section 3. Officers**

### **3.1 Chairperson**

The chairperson is the presiding officer and is responsible for carrying out the council's business including that motions passed be acted upon in an orderly and expeditious manner and assuring that the rights of the members are recognized. The chairperson may appoint a designee to preside at a meeting if the vice-chairperson is unable to preside in their absence. The chairperson is also responsible for organizing the work of the council through its committee structure, scheduling council meetings and setting the agenda. The chairperson may serve as an ex-officio member of each council committee. The chairperson shall represent the positions of the council before the legislature, governor and other public and private organizations, unless such responsibilities are specifically delegated to others by the council or chairperson. The agenda is the responsibility of the chairperson, who may consult with the executive committee or other council members as necessary.

### **3.2 Vice-Chairperson**

The vice-chairperson shall preside in the absence of the chairperson and shall automatically succeed to the chair should it become vacant through resignation or removal of the chairperson until a new chairperson is elected. The vice-chairperson shall also serve as the council representative on the governor's committee for people with disabilities (GCPD). If unable to attend GCPD meetings, the vice-chairperson's designee shall represent the council.

### **3.3 Secretary**

The secretary is a member of the executive Committee as per Article IV, Section 5. The secretary is also responsible for carrying out the functions related to attendance requirements as per Article III, Section 6.

### **3.4 Vacancies**

In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other

Drug Abuse, the following procedure should be followed: In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibility of Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibility of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory membership until such time as new Officers are elected according to the procedures outlined in the By-Laws.

## **ARTICLE III**

### **Council Meetings**

#### **Section 1. Council Year**

The council year shall begin at the same time as the state fiscal year, July 1.

#### **Section 2. Meetings**

##### **2.1 Regular and special meetings**

Regular meetings shall be held at least four times per year at dates and times to be determined by the council. Special meetings may be called by the chairperson or shall be called by the chairperson upon the written request of three members of the council.

##### **2.3 Notice of meetings**

The council chairperson shall give a minimum of seven days written notice for all council meetings. An agenda shall accompany all meeting notices. Public notice shall be given in advance of all meetings as required by Wisconsin's Open Meetings Law. If a meeting date is changed, sufficient notice shall be given to the public.

##### **2.3 Quorum**

A simple majority (51%) of the membership qualified to vote shall constitute a quorum to transact business.

#### **Section 3. Public Participation**

Consistent with the Wisconsin Open Meetings law, meetings are open and accessible to the public.

## **Section 4. Conduct of Meetings**

- 4.1 Meetings shall be conducted in accordance with the latest revision of Robert's Rules of Order, unless they are contrary to council by-laws or federal or state statutes, policies or procedures.

## **Section 5. Agendas**

- 5.1 Agendas shall include approval of minutes from prior meetings, any action items recommended by a committee, an opportunity for public comment, and other appropriate matters.
- 5.2 Requests for items to be included on the agenda shall be submitted to the chairperson two weeks prior to the meeting.

## **Section 6. Attendance Requirements**

- 6.1 All council members and committee members are expected to attend all meetings of the council or the respective committees. Attendance means presence in the room for more than half of the meeting.
- 6.2 Council or committee members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee or committee staff person or chairperson at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3 Any statutory members or designees of the council or committee who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council or committee chair to discuss the reasons for absence and whether the member will be able to continue serving. Appointed members who do not believe that they can continue should tender their resignation in writing to the secretary of the council or committee chair. Any council member resignations will be announced by the chairperson and forwarded by written notice to the Governor of the need for a new appointment. The replacement member would fulfill he resigned member's term.

## **Section 7. Staff Services**

The division of mental health and substance abuse services shall provide staff services. Staff services shall include: record of attendance and prepare minutes of meetings; prepare draft agendas; arrange meeting rooms; prepare correspondence for signature of the chairperson; offer information and assistance to council committees;

analyze pending legislation and current policy and program issues; prepare special reports, and other materials pertinent to council business.

## **Section 8. Reimbursement of Council and Committee Members**

According to Section 15.09 of Wisconsin Statutes: Members of a council shall not be compensated for their services, but, except as otherwise provided in this subsection, members of councils created by statute shall be reimbursed for their actual and necessary expenses incurred in the performance of their duties, such reimbursement in the case of an elective or appointive officer or employee of this state who represents an agency as a member of a council to be paid by the agency which pays his or her salary.

## **ARTICLE IV**

### **Committees**

#### **Section 1. Committee Structure**

- 1.1** There shall be an executive committee as provided below. The executive committee is a standing committee of the council.
- 1.2** The council may establish other standing committees and subcommittees as necessary or convenient to conduct its business. Of the standing committees established by the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. Subcommittees are a subset of a standing committee. Subcommittees are standing committees, which by another name is a permanent committee. Standing committees meet on a regular or irregular basis dependent upon their enabling act, and retain any power or oversight claims originally given them until subsequent official actions of the council (changes to law or by-laws) disbands the committee. Of the standing subcommittees established by the state council on alcohol and other drug abuse, at least one shall have a focus on children youth and families and is a subcommittee of the intervention and treatment committee, at least one shall have a focus on cultural competency and is a subcommittee of the cultural diversity committee, and at least one shall have a focus on epidemiology and is a subcommittee of the prevention committee.

Ad-hoc committees are established to accomplish a particular task and are to be temporary, with the charge being well-defined and linked to SCAODA's strategic plan, not to exceed duration of twelve calendar months. Ad-hoc committees are formed by standing committee chairs. Ad-hoc committees must report their progress at the meeting of their standing committee. Ad-hoc committees can be granted extensions by the standing committee chair.

It is the intent of this section that:

- There should be periodic review of the structure and progress of the work of the committees, subcommittees and ad-hoc committees.
- If the officers have concerns about the work of the standing committees, subcommittees or ad-hoc committees, they could convene an executive committee meeting to discuss options, "for the good of the order."
- The intent of this group is to recommend that ad-hoc committees be time-limited (recommend one year) and the committee chair determines if the work should go forward beyond the original charge.
- The charge should be well-defined and linked to SCAODA's strategic plan.
- The committee chairs should be primarily responsible for creating and disbanding ad-hoc groups.
- The committee chairs should be responsible for monitoring the work and duration of the work in coordination with SCAODA.

**1.3** Committees may determine their own schedules subject to direction from the full council.

## **Section 2. Composition of Committees**

**2.1** Council committees may include members of the public as well as council members.

**2.2** The council chairperson may appoint a chairperson who must be a member of the council, for each committee. The council chairperson, with the advice of the committee chairperson may appoint other committee members.

**2.3** Committees may designate subcommittees including ad hoc committees, as necessary or convenient subject to limitation by the full council.

**2.4** A council member shall not chair more than one committee.

- 2.5** A committee chairperson's term shall not exceed the length of their appointment or four years whichever comes first. With the majority vote of the council, a chairperson may be reappointed.

### **Section 3. Requirements for all Committees**

- 3.1** A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.
- 3.2** All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.
- 3.3** Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.
- 3.4** Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 3.5** Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.
- 3.6** The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

### **Section 4. Requirements for Committee Chairpersons**

The chairperson of each committee is responsible for:

- a. Ensuring that the by-laws and every applicable directive of the council are followed by the committee as indicated in Chapters 15.09, 14.017 and 14.24 of Wisconsin Statutes;
- b. Ensuring that recommendations of the committee are conveyed to the full council;

- c. Submitting meeting minutes in the approved format to the council; and
- d. Coordinating work with other committees where items could be of mutual interest.

## **Section 5. Executive Committee**

**5.1** The executive committee shall be comprised of at least three members, including the council chairperson, vice-chairperson and secretary.

**5.2** The executive committee will have the following responsibilities:

- a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.
- b. Meet at the request of the chairperson as needed;
- c. Provide for an annual review of the by-laws;
- d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and
- e. Other duties designated by the council.

### **5.3 Rapid Response**

The executive committee may act on behalf of the full council only under the following circumstances:

- a. When specifically authorized by the council;
- b. When action is needed to implement a position already taken by the council;
- c. Except when limited by the council, the executive committee may act upon the recommendation of a committee, other than the executive committee, if such action is necessary before a council meeting may reasonably be convened, provided that if more than one committee has made differing recommendations concerning the subject, the executive committee may not act except to request further study of the subject; or
- d. Except when limited by the council, the executive committee, by unanimous consent, may take such other action as it deems



necessary before a council meeting may reasonably be convened.

## **ARTICLE V**

### **Amendments**

The by-laws may be amended, or new by-laws adopted, after thirty days written notice to council members by a two-thirds vote of the full council membership present at a regularly scheduled meeting.

