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State of Wisconsin

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

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**STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE  
DRAFT MEETING MINUTES**

December 13, 2019

9:30 a.m.

American Family Insurance Training Center - Madison, WI

Members Present: Roger Frings, Norman Briggs, Dr. Subhadeep Barman, Christine Ullstrup, Kevin Florek, Thai Vue, Autumn Lacy, Kenyon Kies, Julie Willems Van Dijk, Sen. Janet Bewley, Sen. Patrick Testin and Natalie Aicher, Jan Grebel, John Weitekamp, Rep. Jill Billings (by phone), Brian Dean, Mary Ann Gerrard, Tina Virgil, Kate Domina (by phone), Michael Knetzger

Members Excused: Sue Shemanski

Ex Officio Members Present: Kenyon Kies, Ann DeGarmo, Yolanda McGowan (by phone), Colleen Rinken, Mark Wegner,

Ex Officio Members Excused: Dr. David Galbis-Reig, Jennifer Wickman, Delora Newton, Timothy Weir, Fil Clissa

Staff: Joyce Allen, Mike Derr, Ryan Stachoviak, Teresa Steinmetz, Michelle Lund, Allison Weber, Gary Roth, Amanda Lake Cismesia, Tabitha Beckwith, Kate Rifken, Christy Niemuth, LeeAnn Mueller, Beth Collier (by phone), Paul Krupski

Guests: Raeanna Johnson, Jill Gamez, Emani Lea, Antoneo DeShazor, Pastor Dwain Berry, Minister William Harrell, Freddie Smith, Amy Anderson, Joe Muchka, Sara Jesse, Panzetta White, Harold Gates, David Macmaster, James Nelson, Michelle Devine Giese, Jessica Geschke, Megan Sulikowski, Sandra Westerman (on phone), Denise Johnson, Chris Wardlow, Renee Strand and Amy Simonsen (ASL interpreters), Katie Mekus, Dr. Michael Larson

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**Call to Order:** Roger Frings called the meeting to order at 9:35 a.m.

**Introductions:** Members introduced themselves.

**Announcements:** Roger Frings respectfully requested all attendees' cooperation and patience, given the large number of guest who wish to speak during the Public Input segment. He explained that time restraints may be issued throughout the meeting in order to get through all agenda items.

**Approval of September 6, 2019 Minutes:** Christine Ullstrup moved to approve the draft minutes, Mary Ann Gerrard seconded the motion. After discussion, **the motion passed unanimously.**

**Public input:**

Sara Jesse of the Sauk County Health Department is the administrator for the county's PDO Grant project. She explained the use of Narcan can be used by anyone currently, under state law; Narcan is critical for keeping people alive. However, she asked that state statutes surrounding its use and dispensary be clarified so that it's clear when Narcan can be warehoused and dispensed, and thereby minimize any reluctance to use Narcan due to liability concerns. As an example, some county corporation counsels do not allow health departments to dispense Narcan because of concerns that a prescription must be provided before any Narcan usage on the street. In response to questions from Sen. Bewley, Jesse stated that fire department and law enforcement staff need to be trained by a physician or EMS provider on the use of Narcan. Sen. Bewley also posed the concern of potential liability if a revived person subsequently engages in dangerous behavior.

Jill Gamez mentioned the proposed Medicaid reimbursement rate for SUD residential treatment services, explaining that the rate is too low for providers to properly serve those in need of treatment. She noted that the proposed rate will not cover room and board costs within residential and inpatient treatment facilities. The proposed rate is very low, when in comparison to the \$62.68 hourly rate for outpatient treatment. Also, the proposed rate is very low in comparison to Minnesota. In that state, Medicaid rates are higher for treatment services (e.g., \$177.48 per day for intensive residential treatment), plus the state provides reimbursement for room and board costs.

Pastor Dwain Berry is affiliated with Matt Talbot Recovery, which provides residential treatment services in Milwaukee County. He explain that the program has served 28,000 individuals, is a major Milwaukee employer, employing nearly individuals, 66% whom are African Americans. Pastor Berry expressed concern with the proposed \$66 daily reimbursement rate for transitional residential services, noting that the program currently receives \$115 per day from Milwaukee County. Such a drastic change in reimbursement would result in the closing of the program, forcing many to not only lose access to jobs, but access to treatment as well. The perception is that DHS is seeking to take over residential treatment, as no one with Matt Talbot was asked for feedback prior to the announcement of the proposed rates. He urges DHS and Division of Medicaid Services to rethink its proposed rate and policies and the negative impact they would have on providers, consumers and the community. Matt Talbot Recovery has issued a report stating those negative impacts and consequences in more detail.

Freddie Smith (transitional housing director with Matt Talbot Recovery) stated that if the Feb. 1st implementation of the change in rates happens, this will negatively impact residential

treatment. It will be devastating to the city of Milwaukee. Not just the low rate, providers will have to say no to the people they have on their waiting list. They would have to be turned away immediately. There is no space available at our CBRF, there is a shortage of health care professionals. Why would DHS want to change or take over residential treatment in this manner, when there is a larger need for services?

Emani Lea (a graduate of Marquette University) is looking to earn her PhD, is a suicide survivor. She shared her experiences with lack of long-term access to services Available outpatient therapy and drug counseling would only be covered for 3 sessions by her insurance. Waiting lists have kept her from care for months. One year later her mental health services voucher would only cover 15 days. Budget cuts to these services is inhumane. This move will kill people, facilities will shut down if they lose 40% of their funding.

Antoneo DeShazor (executive director of a Matt Talbot Recovery program) stated that the proposed changes and policies would have major negative impacts on providers' ability to provide needed treatment to many consumers. The proposals would force them to close their doors. James Nelson, a community organizer and person with lived experience, shared his experiences in recovery and work experience as an AODA counselor. He stated that if not for residential treatment services, he would not have successfully recovered. He noted the domino effect of residential treatment providers closing down; where would people in need go? This would threaten the safety net of the Milwaukee community. Minister William Harrell shared his experiences as a user and time incarcerated in prison, and that Matt Talbot Recovery provided a seed of recovery in him when he received assistance from its program. Finally Pancetta White, the mother of seven children, shared her experience as a user and receiving residential treatment at Meta House. She stated that families of all kinds need residential treatment.

Raeanna Johnson (business development manager at Tellurian) noted it is very difficult to become Medicaid certified with the current proposed rates. The proposed rate is less than half of Tellurian's current fixed rates. Tellurian and other providers will lose partnerships with the counties if they cannot find some supplemental funding. She encouraged DHS to discuss supplemental funding as well as discussions about increasing Medicaid reimbursement rates.

Michelle Divine Giese is executive director of Apricity, which provides residential treatment services. Her business is one of the lowest cost providers in WI, and provides dual diagnosis at no additional cost. These proposed rates will reduce the number of people Apricity can treat, and potentially close its facility. Over 350 persons have been served in their center; where are those people going to get help if they can't receive help there? Will some of them even be alive if we tell them they have to wait 28 days to get treatment?

Senator Janet Bewley asked if the DHS would have the chance to speak as well. Roger Frings verified that DHS would have the opportunity to respond and discuss the matter later on in the meeting.

Roger Frings closed the public comment section after the last speaker at 10:50 a.m. Mike Derr will re-send or share the Medicaid Coverage of Residential Facility Substance Abuse Disorder Treatment documents and response feedback with Council members.

Roger Frings proposed a ten minute break. Unanimous consent was granted for the break, starting 10:55 a.m.

Meeting called back into order by Roger Frings at 11:05 a.m.

### **Committee Reports:**

*Executive Committee* – The Committee last met on November 25<sup>th</sup>, 2019, and Roger Frings gave a summary of the discussion at that meeting. The August Committee meeting minutes were approved at the Nov. 25<sup>th</sup> meeting.

*Diversity Committee* – Thai Vue went over the 2019 Committee activities under the 2018-22 SCAODA Strategic Plan, including Committee objectives and goals. He explained that in 2018, a development process occurred which promoted a diversity competency training, as well as diversity forum coordination. Other Committee goals will still include keeping its webpage current and up to date, creating and updating the annual presentation at the Fall Conference, advocating for more training that is specific to culture, as well as increasing membership, especially an AODA counselor.

Harold Gates, a member of the Diversity Committee, referenced webinar trainings in 2018 involving cultural competency, as well as on Culturally and Linguistically Appropriate Service (CLAS) standards (along with Mai Zong Vue). Gates also discussed the *Roadmap for Training and Technical Assistance Efforts in Substance Use Service Administration*, a manual published through SAMHSA providing further background on CLAS. Mike Derr will send a copy of this manual to Council members. Gates noted the Committee has recommended that CLAS be incorporated into DHS 75 and contracts overseen by the Bureau of Prevention Treatment & Recovery.

Sandy Hardy and Denise Johnson shared their interest in learning and identifying types of needs assessments that are tailored to analyze needs of specific underserved populations. Sandy and Denise explained that this will be done with assistance from the Great Lakes Addiction Technology Transfer Center, and they will be presenting further on this topic next year. They referenced a Committee goal to create and provide three trainings, and to review data for the progression of treatment for substance abuse disorders.

*Intervention and Treatment Committee* -- Norman Briggs shared the Committee's 2019 activities under the 2018-22 SCAODA Strategic Plan, and priorities moving forward. He explain that the number of adolescent treatment providers has dwindled over the years, presenting a major need, and also addressed the rising levels of substance use disorder needs for older adults

Regarding the Committee's **first motion** calling for substance use disorder (SUD) professionals to assess and treat persons for tobacco use disorders when presenting for SUD treatment, Norman Briggs requested that the motion be tabled, for further study and review by the Committee.

**Unanimous verbal consent was given by Council members to tabling the motion.**

Norman Briggs then presented the **Committee's second motion**, seeking Council approval of the Report on At Risk Substance Use by Older Adults, written by a workgroup within the Committee. Briggs then moved that the motion to approve the Report be approved, and Subhadeep Barman seconded the motion. Workgroup leader Joe Muchka gave an overview and highlights from the

Report, noting that the Workgroup had worked on compiling and drafting this Report over the past 18 months. In particular, Muchka specifically referenced the IT Committee's call to action and recommendations, and referrals to treatment and age specific drug disorder treatment for older adults, noting that about 1.5 persons in Wisconsin are age seventy and above. He also noted that 70 percent of elders with substance use issues are overlooked, and 50 percent of all nursing home patients have a substance use disorder. He shared an entry from a journal published in March 2019 explaining that Wisconsin has the highest rate of deadly falls that are elder or alcohol related in the nation. This rate is more than double the national average of falls, although Wisconsin's icy conditions in the winter may contribute to this. Muchka noted that the current treatment delivery systems are not properly prepared to deal with older adults' needs and what is to come in future decades.

After some further discussion, **the motion carried with a unanimous vote in favor of approving the Report.**

*Working Lunch Proposed* – Roger Frings referenced the time (12:15 p.m.), and proposed that the group spend a few minutes picking up lunch in the hallway, then immediately return to the meeting room with their lunch and proceed with the meeting. The Council members verbally agreed. Meeting then resumed at 12:15 p.m.

*Planning and Funding Committee Update* – Christine Ullstrup noted that the Committee facilitated a public listening session at the fall 2019 Mental Health and Substance Use Recovery Conference, at the end of the first day. She and Roger Frings gave a brief summary of the discussion and highlights of comments and questions raised by participants.

Christine Ullstrup read the **Committee's motion: SCAODA encourages the Department of Health Services, Division of Medicaid Services, to consider reimbursement rates that reflect the cost of services provided in both transitional and high intensity residential treatment.** Ullstrup moved that the Council approve the motion; Sandy Hardie seconded the motion. Discussion followed.

Julie Willems Van Dijk explained to the Council that DHS needed to receive federal approval (Section 1115 Exemption) to expand Medicaid coverage to include SUD residential treatment, as most states do not cover those services. In response to several of the Public Input comments, she emphasized that DHS is not trying to take over SUD residential treatment, but instead seeking to add more funds and resources into residential treatment. Willems Van Dijk noted that what Division of Medicaid Services announced at the 11/12/19 joint IT and Planning & Funding committee meeting were only proposed rates, not final. She announced that DHS will not be implementing the Medicaid coverage expansion policies on 2/1/20 as initially planned. Instead, DHS will continue to study and review the reimbursement rates and other policies, taking into account the comments and feedback offered by treatment service providers, counties, consumers and other stakeholders, as well as rates and policies of other states. She acknowledged that Medicaid reimbursements do not include room and board costs, and DHS will look to see how counties could provide funding to cover such costs while Medicaid covers the costs of treatment services. Also, the Medicaid reimbursement rates and coverage expansion will not be included in HMO contracts during 2020.

Subhadeep Barman stated that the room and board cost exception from Medicaid coverage complicates this matter. If public funds don't pay for residential treatment and associated costs, we will be paying for it ultimately in other ways – i.e., hospital stays that are much more expensive than room and board in residential treatment. Several Council members noted that perception that the proposed Medicaid rates represent a cut to treatment providers, as many currently receive higher reimbursements from counties. Norman Briggs questioned why DHS would implement one reimbursement rate for the entire state, since each provider and county faces different service costs and may provide different types and degrees of treatment.

Roger Frings then asked Mike Derr to record votes on this motion. **Seven Council members voted Yes (Autumn Lacy, Subhadeep Barman, Sandy Hardie, Norman Briggs, John Weitekamp, Thai Vue, and Christine Ullstrup); nine members Abstained (Sen. Testin, Julie Willems Van Dijk, Roger Frings, Tina Virgil, Mary Ann Gerrard, Sen. Bewley, Jan Grebel, Michael Knetzger and Brian Dean). Motion carried.**

*Prevention Committee* – For the sake of time, acting Committee chairperson Chris Wardlow briefly referenced the Committee's 2019 Progress summary under the Council's 2018-22 Strategic Plan, found on pages 50-52 of the Booklet. Wardlow proceeded to briefly highlight the *Report on Substance Misuse and the Wisconsin Workforce: Analysis and Recommendations for Addressing and Reducing Substance Misuse in the Wisconsin Workforce*. Wardlow introduced the **Committee's first motion: that the Council to review and adopt the aforementioned Report.**

Michelle Devine Giese and Jill Gamez, members of Employee Workforce Substance Misuse Prevention Ad Hoc Committee, then outlined the Report in further detail. They focused on the Report overview and set of recommendations, and explain the different areas of interest. One, pre-employment and unemployment: pre-employment drug screening, so as to have employers consider it. Two, during employment: workplace drug screening, employee assistance programs, EAP services, Trauma-Informed care, Insurance, Recovery supported work environments, and community engagement. Roger Frings shared that the Department of Workforce Development provided feedback on the Report over the prior several months and expressed its support. Thai Vue stated he would like to see actions and activities addressing cultural-specific issues in the workplace. Other Council members suggested that the Report reference Alliance for Wisconsin Youth organizations and activities. Sen. Bewley referenced the employee drug testing recommendations, and suggested that if employers are drug testing, they should test all employees, not just lower-paid employees.

After the above discussion, **the motion carried with a unanimous vote in favor of approving the Report.**

Chris Wardlow then referenced the Committee's **second motion: The Council will request clarification of the statutes regarding the prescribing, dispensing and delivery opioid antagonists, and regarding intent of the Good Samaritan Law.** Roger Frings requested the Council's unanimous consent to send the motion back to committee for further review and possible reconsideration at an upcoming Council meeting. **Council members unanimously granted consent.**

**Presentations on Recovery Housing:** Both Christine Ullstrup and Michelle Devine Giese agreed to postpone their presentations, given the limited time remaining to get through the remaining meeting agenda items. Roger Frings informed them that the presentations will be included in the March 2020 meeting agenda.

**Two Presentations on Best Practices and Contemporary Issues in Drug Testing:**

*Katie Mekus, Averhealth* - Katie Mekus' presentation summarized accurate and reliable testing procedures for substance use tests and best practices for test validity, which involve the establishment of chain custody for each potential specimen as well as how more space, faster collection times, consistent collection protocols and increased trust provide the best consistency for testing data. Mekus also shared ideas on how drug testing can be made more affordable as part of a substance use disorder monitoring program. Her presentation also summarized the National Association of Drug Court Professionals and the American Society of Addiction Medicine drug testing procedures; differences between the two include varying levels of testing frequency.

*Dr. Michael Larson, Marshfield Clinic* – Dr. Michael Larson began his presentation posing the question whether drug testing is trauma-informed, and whether the level of testing and protocol currently being used is beneficial. Dr. Larson expanded on the use of UDTs (Urinary Drug Tests) in various settings, and noted that the use of openness and positives has a much greater effect on honesty and progress. If more therapeutic processes on drug testing are in place and the level of immediate punishment is decreased, further levels of observation and beneficial changes are able to occur. Dr. Larson also discussed the different levels of observation, influences on UDTs as well as the concept that while punishment is easy, therapy is difficult but well worth the effort of exploring other options that ensure better success.

**Agency Reports:**

*Department of Health Services* – Julie Willems Van Dijk discussed the dangers of vaping, and summarized some of the risks that come with vaporizing vitamin E and Tetrahydrocannabinol. Based on preliminary information from vaping related hospitalizations, the primary reason for these risks is still unknown. In addition, Paul Krupski summarized six recently proposed HOPE legislative bills from Rep. Nygren. These bills propose to: (1) extend authorization of the e-PDMP (prescription drug monitoring program) for five additional years; (2) provide reimbursement for peer recovery coaching through Medicaid; (3) authorize registration of SUD recovery residences; 4) authorize opioid antagonist administration in jails, and medication-assisted treatment in prisons and jails; (5) add acupuncture and chiropractic care among physical health services authorized under Medicaid; and (6) extend immunity protection from revocation of probation and parole for certain persons who administer Narcan in response to overdoses.

*Department of Revenue* – No update was given.

*Department of Public Instruction* – Brian Dean shared that DPI is seeking applications for mini AODA grant awards (up to \$1,000) to school districts and student groups to support tobacco and

vaping prevention initiatives. A West Bend High School science class will also be presenting on how vaping affects the lungs and what is in a vaping pen after it has been used.

*Department of Safety and Professional Services* – No update was given from the agency. Roger Frings noted that DSPS has provided responses to several of the written questions regarding Act 262 and certification considerations that the Intervention & Treatment Committee had previously submitted to DSPS.

*Department of Transportation*- No update was given.

*Department of Veterans Affairs* – Colleen Rinken update Council members that some positions have been turned into LTEs (limited term employment positions) and had a period of rehiring. The Department also altered from a grant (DHS) based system to a pilot program and now is run through the state. There is heavy concentration regarding homelessness, substance use and mental health case management, as well as on what funding is available for veterans who cannot afford treatment (comprehensive care).

*Department of Justice* – Tina Virgil provided a briefly a brief update. She noted that jailers have been added as one additional group covered under the Good Samaritan Law.

*Department of Corrections* – Autumn Lacy provided a brief update. Both DHS and DOC have been providing many forms of medication-assisted treatment to residents.

*Wisconsin Technical Colleges* – No update was given.

**Bureau of Prevention Treatment and Recovery Update:** Joyce Allen updated SCAODA on staff changes within DHS. Scott Stokes has moved to the Division Public Health Division; therefore, the Bureau is now recruiting candidates for a new Substance Abuse Services Section chief. Allen also noted that LeeAnn Mueller, the Intoxicated Driver Program coordinator, has retired. Also, Amanda Lake Cismesia accepted a position as Behavioral Health Services Coordinator within the Mental Health Services Section. However, she will still continue overseeing efforts to rewrite DHS Rule 75. A completed revised rule draft will be shared with the Office of Legal Counsel in early 2020. Additionally, Christy Niemuth gave a brief update on the Narcan Direct project. Christy shared that each county and tribe involved provides an update each month, which includes details on how many people have been trained and how much Narcan has been used and ordered. In addition, an update on the State Opioid Response grant program will be given at a future Council meeting, due to time restraints. Mike Derr shared that the FFY 2020 Synar Report has been finalized and was signed off by the Secretary's Office. Nancy Michaud with the Division of Public Health will give a presentation on the Synar Report at the March Council meeting.

**Report from Wisconsin Council on Mental Health:** Ryan Stachoviak reported that there are many new members on the Wisconsin Mental Health Council, and that Rick Immler has been elected as the new chair. The Council is currently seeking a member who will serve as liaison to SCAODA.



**March 13, 2020 Meeting Agenda Items:** Roger Frings explained the two recovery housing presentations, initially scheduled for today, will be carried over to the next meeting, and that a strategic plan update will be given by the Diversity Committee at the next council meeting. Other updates at the next meeting will include the SABG Needs Assessment and Behavioral Health Gaps Study. Frings also stated that he is considering holding a future Council meeting outside of Madison; this will be discussed further by Council members.

**Adjournment:** The meeting was adjourned at 3:12 pm.

Minutes written by Mike Derr on Feb. 28, 2020 by Mike Derr, approved by SCAODA at its June 5, 2020 meeting.