

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Christine Ullstrup, Kevin Florek, Kellie Blechinger, Brian Dean, Karen Kinsey, Jill Gamez, Michelle Devine Giese, Sheila Weix DHS Staff: Sarah Boulton, Lindsay Emer, Tom Bentley
Date: 4/27/2022	Time Started: 9:36AM	Time Ended: 12:27PM	
Location: Zoom			Presiding Officer: Christine Ullstrup
Minutes			

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:36 AM by Christine Ullstrup.

Christine invited Sheila Weix to formally join the committee as a member. Sheila Weix accepted and introduced herself, noting that she is in her 5th decade of doing this work and has extensive experience across the substance use continuum and has held multiple roles across different systems, including county and private. Currently, she serves as the Director of Family Health Center of Marshfield. She is also a co-chair of the SCAODA ITC Committee and participated on the workgroup for the DHS 75 revision. Committee members introduced themselves to Sheila and welcomed her to the Committee.

2. Review February 16, 2022 Meeting Minutes

Michelle Devine Giese made a motion to approve the minutes of 2.16.22.

Kevin Florek seconded the motion.

No discussion or changes mentioned.

Motion to approve the minute carried unanimously with one abstention (Sheila Weix).

Minutes were approved.

3. Public Comment

None.

4. Data Overview and Discussion

Christine Ullstrup noted that this Committee has talked about accessing data and using data to plan for treatment services. There's never been a great way to do this. The Committee looked at this a couple years ago when the Data and Evaluation Team were just starting to look at a platform that could map things out. There is now new staff on the data team for the committee to meet. Jill Gamez added that the Committee has been talking about a motion for the Council to get at capacity. What do we have capacity to do? An example is the very simple area of beds. With the planning process for a facility, must do comprehensive reporting around need. What information is available to do this? Since Medicaid RSUD benefit has launched, there has been a longer waitlist than any other time during her tenure. Christine Ullstrup noted that though the Committee did not bring forth a motion at the March SCAODA meeting, she did report out to Council that this is a gap. Medicaid team was able to provide number of residential beds, which is 739 across the state. Sheila Weix noted that there is a difference between number of Medicaid beds and staffed beds. Kevin Florek agreed, reporting that staffing issues are resulting a lower number of staffed beds and that other partners have reported similar issues. Jill Gamez noted that more money is coming through, but if only looking at use prevalence and not capacity then only looking at half the data. Committee reviewed previously emailed questions from Jill Gamez, including treatment capacity, meeting residential treatment capacity, data needed for designated Healthcare Workforce Shortage areas, schools with DHS 35 or 75 licensed branch offices, and mapped higher education institutions with a degree program that feeds the industry. Jill Gamez noted that it's a puzzle, with drug trends as part of the puzzle but need to understand what else is going on in the state. Christine Ullstrup agreed that this is the message the Committee should start with and hopefully the state is motivated to look at what else is going on. Sheila Weix noted that as an outpatient provider and FQHC, they run into burden of data reporting. Working within a consortium, partners have different data systems that don't speak to each other. With various reporting requirements, patients may be asked same questions multiple times and places. There are many unknowable questions, for example, how many people in your region use meth? Would like to see agreed upon data points and then that data in the dashboards. The level and frequency of reporting creates a burden when trying to staff for treatment. Reporting is not something that's generally funded. Christine Ullstrup noted that in asking for more data, may create additional burden for providers. Sheila Weix reported that they don't do any private grants and will often start from zero with all reporting. Quarterly reporting will include additional questions that weren't originally included.

Lindsay Emer, Opioid Response Planning Analyst, and Tom Bentley, Substance Use Data and Evaluation Specialist, from DHS' Division of Care and Treatment provided an overview of data. Lindsay Emer noted that she is working on determining baseline data, as well as developing planning and evaluation, exploring what's working and what does 'working' mean. Where is there data and how do we answer different questions? How current data sources answer questions and what questions may not fit within the purview of data and evaluation. Figuring out how best to support treatment. Tom Bentley provided an overview of available data sources and reviewed DHS dashboards at <https://www.dhs.wisconsin.gov/stats/index.htm> including various components included in different dashboards. When writing a grant application and need to talk about impacts, can utilize dashboards to demonstrate need. Christine Ullstrup reported that some the things they are looking for aren't available, noting it would be interesting to map out providers over the dashboard info. Sheila Weix noted that they've been thrilled with dashboards and have been using them for grant applications. Christine Ullstrup confirmed that they used the dashboard for SAMHSA MAT grant. Karen Kinsey asked about treatment information by county. Lindsay Emer noted that if a dashboard exists, then team has access to the data even if it's not included in dashboard and encouraged committee members to reach out if they have additional questions. Tom Bentley added that for something like synthetic opioid overdose in a rural county that may not be included in a dashboard, if there is a reasonable request for this information, they can provide it. Lindsay Emer noted that for treatment-related dashboards, there are limitations of the data, one of which is how long it takes to update data. Lindsay Emer reviewed treatment data at <https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm> looking at treatment services data through 2020 with specifications such as county, age group, services, and substances, noting that the data reflects only Program Participation System (PPS) data. Treatment data from Dose of Reality opioid treatment data reviewed at <https://www.dhs.wisconsin.gov/opioids/treatment-recovery.htm>, which includes multiple funding streams. Different funders looking at different things. County and Medicaid look at people, private insurance looks at treatment episodes, making it difficult to compare. Christine Ullstrup indicated that at some point, breaking out outpatient by Medicaid compared to residential would be helpful. Lindsay Emer noted that Medicaid breaks out by behavioral, medication, or both, and behavioral could indicate outpatient or residential. Christine Ullstrup asked if SUD is in behavioral and where the data is for people with other use disorders. Lindsay Emer confirmed that this is all SUD but agreed that it would be helpful for behavioral information to be more fine grain and for data to expand beyond opioid use disorder, which is currently what is available. Sheila Weix noted that OMT program ends up reporting in PPS and is not county authorized. Lindsay Emer clarified that services included are county-authorized and that data is filtered out that doesn't fit this. Karen Kinsey asked for clarification between state and county authorized services. Lindsay Emer confirmed that some agencies directly enter into PPS but this dashboard is specifically county-authorized services. Christine Ullstrup noted that the dashboards are great, but they aren't comprehensive, with some services funded by the block grant that aren't captured. Tom Bentley noted that there are limitations to treatment data as it can only collect data that is for publicly funded services. For other areas, may be able to collect more data. Sheila Weix noted that under chapter 51, there is an assumption of very active county-based system, but there are huge amounts of variation across counties for treatment. Some counties have very little county-authorized services. Christine Ullstrup reported that the group has been discussing for re-licensure, asking how many beds providers have across MA, county, private. Lindsay Emer confirmed that they are trying to understand treatment capacity as well as unmet needs. State estimates can generate general number of people who need SUD services across number of populations, can then look at Medicaid and County information, but missing elements of private insurance, etc. Can help generate idea of unmet needs, but there are pieces of the data missing.

Committee discussed capacity and waitlist management. Christine Ullstrup and Jill Gamez noted that was a recent RFP for tracking beds. DHS Grant opportunity Announcement for Substance Use Disorder Treatment Platform was shared in the chat. Jill Gamez noted that they email DCTS when they are at 90% capacity and wondered what is being done with this information. Sheila Weix noted that this came about for waitlist management, which they don't have to track for outpatient but there are single state authorities where management systems have worked well, Minnesota being one example. Lindsay Emer reported that there are general requirements for DHS 75 for capacity but then also treatment availability capacity. PPS is being replaced by Salesforce. For any system, don't want something that is too burdensome for providers to update. Sheila Weix asked what the timeline for the PPS replacement project is. Lindsay Emer noted that they are currently collecting internal and external feedback. Tom Bentley shared PowerPoint presentation on the PPS replacement project, outlining anticipated changes, noting that the replacement will integrate mental health and substance use into one system, and that it will be a web-based system where county staff will be able to view their own data. Karen Kinsey reported a concern that it is only county-based data and is missing lots of treatment data. Lindsay Emer reported that they are looking at ways

to improve PPS and if there are things that aren't PPS appropriate services, determining how best to collect/report them. Karen Kinsey suggested collecting treatment data beyond county services to know how much treatment is being provided. Sheila Weix noted that the state is also using REDCap through Hub and Spoke Pilot Project and asked if this has been considered since REDCap has the capacity to do client satisfaction and quality of life measures. Lindsay Emer confirmed that they are always looking at how to connect information so that program staff don't have to enter information in multiple places. Tom Bentley noted that any new thing that is asked for has the potential to create additional burden. Sheila Weix agreed, noting that there are grant opportunities they don't pursue because they don't have staff capacity to enter data. Lindsay Emer reported that there is movement towards less siloed data collection, but this is a slow process. Focus areas are making reporting less burdensome and reducing duplication. Jill Gamez confirmed with data and evaluation team that PPS reporting is reported on federal level. Data team confirmed, noting that anything that is federally required will carry over to new system. Sheila Weix suggested a review of information as dilaudid is still included. Jill Gamez noted that for NOMS elements, if someone doesn't come back in outpatient, they won't know requested information. An item like employment is not something they are necessarily working on with clients. Type of treatment would be more helpful. Christine Ullstrup confirmed that if there is a committee on what should be on new PPS, P&F Committee would like to be involved and would like to invite the data and evaluation team back in the future. Committee reviewed presentation materials. Kellie Blechinger agreed that oftentimes employment is not something folks are working on. Sheila Weix noted that what is in the system needs to be reviewed. There is lots of stigma and there should be other ways of looking at progress that doesn't include number of arrests. Some things could be asked that are strengths based. Kellie Blechinger agreed, noting that it could measure movement towards change. Group reviewed what program and services are currently captured being captured in PPS. Michelle Devine Giese noted that they've found PPS dashboard data helpful. Christine Ullstrup noted that PPS, Medicaid, Private breakout is currently available for opioids only. Group reviewed REDCap system, with Michelle Devine Giese confirming that they've used it for ED2 Recovery. Sheila Weix confirmed she will get some information from her data team. Group discussed new platform of Salesforce. Michelle Devine Giese reported that they have experience using it for a few programs and find it fairly intuitive.

5. **Revisit RSUD Survey**

Christine Ullstrup noted that around six months ago the committee decided they wanted to send a survey out to all residential providers that were licensed by 75.11 and 75.14. Contact list is not great as different locations are listed multiple times with different contacts. Main purpose was to find out about new RSUD Medicaid benefit – if providers were working with Medicaid, looking at number of beds, and whether they were working with county to cover room and board. Survey was sent out twice and had a very poor response rate. Committee previously discussed revising survey and re-sending. Karen Kinsey suggested that for surveys to be accurate, someone should call. Sheila Weix noted that the terrain has changed since the survey previously went out. The Room and Board grant recently went out to counties, and they've received an email from Wood County about this. Jill Gamez reported that initially, survey was hoping to find out from organizations that chose not to become Medicaid providers what the deciding factors were to identify potential barriers. Group discussed need for additional residential facilities. Kevin Florek reported that they've been trying to open a day facility and it's taken six or seven months for someone to come out. They can't cover fixed costs and are having difficulty finding staff. Group discussed legislation changes that enables social workers to provide substance use services. Sheila Weix noted this is a cleanup of Act 262. Christine Ullstrup confirmed that they ensure scope of practice for hiring. Karen Kinsey noted that BSW with SACT are providing care. Sheila Weix confirmed that they frequently hire BSWs with SACTs and individuals with associates and it's up to them to provide clinical supervision. DSPS is also moving to an electronic system, which should speed things up from the current system of processing on paper.

Christine Ullstrup noted that part of survey was gathering information specific to beds and why providers did not accept benefit. It would be interesting to find out rates in different counties. Committee agreed to develop a subgroup to review survey. Christine Ullstrup, Jill Gamez, and Michelle Devine Giese agreed to review survey. Committee discussed potential synergy with relicensing process. Sheila Weix noted example of nursing relicensing that has an online survey that must be completed. Jill Gamez asked if someone from DQA could attend the next meeting. Sheila Weix noted that she will bring this to the ITC meeting. Involving DHS 75 team and DQA could be helpful. DHS Staff Sarah Boulton to reach out to DQA staff to see if someone can attend next meeting. Karen Kinsey observed that Committee has been looked at very little for feedback with money being pushed out, noting that the Committee used to give feedback very seriously about what was done with block grant. Christine Ullstrup invited feedback and ideas about how to do more of this. Sheila Weix noted that system seems to be

moving very rapidly. Political climate has changed significantly. Participation available through maximizing public hearing opportunities. Can always submit written testimony. Karen Kinsey suggested that the Committee may need to meet with the State.

6. **Review Discussion and Pam Lano and Next Steps**

Christine Ullstrup invited additional discussion on meeting with Pam Lano at May Committee meeting. Jill Gamez noted that it would be great for Pam to follow up with the committee. Some of the information that would potentially be gathered in the survey would likely be of interest to Pam. Christine Ullstrup agreed and noted that the committee planted those seeds with Pam that costs are not being covered. Committee agreed to invite Pam back in July or August for ongoing discussion.

7. **Revisit Strategic Plan**

Christine Ullstrup noted that everyone has a copy of this. No further discussion.

8. **Motion Discussion**

Christine Ullstrup noted that the group is closing the loop on this. Don't need to decide now if the Committee wants to do a motion to full Council. To revisit discussion next meeting.

9. **DHS Update**

DHS Staff Sarah Boulton shared updates from recent Council meeting and April 2022 Opioid Epidemic Response Newsletter. Listening sessions for opioid settlement dollars held in January. 598 people attended one of the 12 sessions; 897 comments submitted through the input survey. Feedback made clear that policy and systems change is essential to success. Remaining feedback was categorized into address root cause, proactive prevention, enhance harm reduction, expand treatment options, and support recovery. Full report <https://www.dhs.wisconsin.gov/publications/p03211.pdf> shared in the chat. McKinsey & Settlement, which is \$10.4 million over five years will support: prevention programs for Black and Native American communities, mobile harm reduction team, coverage of room and board costs for residential treatment settings, and short-term and long-term housing for people in recovery. Wisconsin will receive over \$400 million from separate settlements with three opioid distributors (Cardinal, McKesson, and Amerisource Bergen) and Johnson & Johnson. Payments will start in the second quarter of 2022. Payments from distributors will continue over 18 years. Payments from Johnson & Johnson will continue over nine years. Two other settlements are in process. BPTR Director Teresa Steinmetz and ARPA Behavioral Health Coordinator Emily Jaime will join the committee meeting in May for an overview of SABG ARPA supplemental funding. As reviewed at most recent Council meeting, the funding is a little over \$22 million and goes through September 2025.

10. **New Committee Members**

Christine Ullstrup notes that the Committee would like to recruit a few more folks. Committee has now has eight members. Karen Kinsey to reach out to LSS contact. DHS Staff Sarah Boulton to reach out to Stacy Stone for potential member suggestions. Sheila Weix notes she could also reach out to Oneida, who is a member of Hub and Spoke Pilot.

11. **COVID Impact**

Christine Ullstrup asked members if there are staff shortages at all levels. If paying staff more money and serving less people. Sheila Weix noted that COVID is still out there. They have people waiting for testing. Karen Kinsey reported that it's important to get information out about how much more they are paying staff. Sheila Weix noted that the role of inflation is making an impact as patients are unable to come to appointments because of the cost of gas. Rural area with no public transit. Staff can't afford gas and childcare to come to work. Kevin Florek reported that with opioid settlement funding, they have offered to counties to come pick people up for medically monitored detox, give them their first shot of Vivitrol, and then return them. Sheila Weix reported that they wrote a grant with Wood County Jail to do oral Naltrexone as soon as people leave. Planning right now to go live in July. Kevin Florek noted that they've been seeing a significant amount of fentanyl in treatment, showing up even for marijuana. Sheila Weix confirmed that they've seen the same for methamphetamine.

12. **Agenda for Next Meeting May 18, 2022 (via zoom)**

- Teresa Steinmetz and Emily Jaime ARPA Funding Updates
- Revisit Strategic Plan
- Revisit Survey
- Revisit Motion Discussion
- Invite DQA regarding DHS 75 provider application
- DHS Updates
- New Members

13. **Adjourn**

Meeting adjourned at 12:27 PM with a motion from Michelle Devine Giese and second by Kevin Florek.

Prepared by: Sarah Boulton on 4/27/2022.

Planning and Funding Committee reviewed and approved these minutes at its 2/16/22 meeting.