

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse Planning & Funding Committee			Attending: Sheila Weix, Beth Collier, Christine Ullstrup, Jill Gamez, Michelle Devine, Linda Van Tol, Kevin Florek, Sarah Johnson, Hannah Huffman, Bill Hanna, Ryan Stachowiak, Kim Dawson
Date: 2/21/2024	Time Started: 9:32 AM	Time Ended: 11:50 AM	
Location: Via Zoom			Presiding Officer: Beth Collier, Christine Ullstrup
Minutes			

Members of the Committee in Attendance: Sheila Weix, Beth Collier, Christine Ullstrup, Jill Gamez, Michelle Devine, Linda Van Tol, Kevin Florek

Department of Health Services (DHS) Staff in Attendance: Bill Hanna, Ryan Stachowiak, Kim Dawson

1. Call to Order and Roll Call

C. Ullstrup called the meeting to order at 9:32 a.m.

2. Discussion with Department of Health Services (DHS) Medicaid Director

Bill Hanna, DHS Medicaid Director, was invited for Q&A with the Committee regarding 1115 Waiver. 1115 gives the Health and Human Services Secretary the ability to waive certain requirements in a standard 1902 Medicaid state plan. The waiver allows federal participation for costs that might not otherwise be covered or matched. There are however caveats, given that 1115 is a negotiation between the state and the Centers for Medicare & Medicaid Services (CMS). Currently there are two 1115 waivers in place. One being within Badger Care, which includes SUD benefit. This waiver was put in place in 2015 during Affordable Care Act (ACA) when Wisconsin did not take the expansion, waiver was a way to negotiate with CMS to cover adults. The second waiver is a senior care benefit.

CMS Medicaid did not approve a 90-day post-partum coverage. The waiver was not approved due to the ability to cover up to 12 months outside of 1115 waiver. 1115 Waiver must be cost neutral, in that you must be able to prove that the cost to the federal government is not greater with a waiver, compared to costs without waiver.

B. Hanna explained that while flexible, 1115 waivers are administratively complex with special terms and conditions. Generally, if we have a different pathway available, we start there first. Additionally, we do not have the resources to make sure services are being offered to fidelity. Regarding new waivers, there is legislation passed in State and Assembly, awaiting the Governor's review, for a mental health facility benefit to receive federal benefit for behavioral health services.

C. Ullstrup asked if the reason Medicaid pursued 1115 goes back to Institutions for Mental Disease (IMD). B. Hanna explained that federal language prohibits match for IMD. CMS gave states guidance to do this through 1115 waiver. Another example is that CMS has pushed for how to get services to justice-involved individuals pre-release. IMD are prohibited unless you have a waiver. Specifically for SUD, we do not have waiver for standalone psychiatric hospitals. SUD services need to be connected to larger service hospital. Short psychiatric stays can be approved, but many states have 60–90-day limits on what the federal government will pay for.

Another piece required for 1115 is evaluation. The evaluation framework and model is posted in the 1115 application online, as well as linked [here](#). The evaluation is being done by UW as a contracted 3rd party evaluator and will be shared once completed in the summer (July).

C. Ullstrup asked about adding room and board to SUD. B. Hanna explained that CMS was asked but did not approve. Instead, DHS is pursuing a housing benefit, but not one that would cover facilities. S. Weix explained that in sober housing, she's seen outpatient services being provided in nearby spaces. S. Weix advocates expanding on this model.

B. Hanna left the meeting and committee continued conversation, communicating interest to stay in touch.

The committee discussed that standalone behavioral health centers are awaiting legislative approval.. A bill passed the Assembly and is in the Senate that would designate \$10 million for DHS to support regional behavioral health centers.

The committee discussed the information collected in October 2023 listening session with providers, to hear how the benefit is going. C. Ullstrup asked for notes to be circulated amongst committee members to add to prior to sending to DHS Medicaid.

3. Review January 17, 2024, Meeting Minutes

K. Florek moved to approve the minutes.

B. Collier seconded the motion.

Motion carried unanimously; minutes approved.

4. Public Comment

No public comment was made. K. Florek raised issue regarding continued challenges with hiring credentialed staff, particularly a diverse staff representative of the population.

5. Discussion on Committee Membership

C. Ullstrup encouraged committee members to recommend any potential applicants interested in applying for open seats. Committee engagement will be discussed at upcoming SCAODA council meeting.

6. Department of Health Services (DHS) Updates

K. Dawson shared about opportunities to utilize DHS communications for SCAODA Council and Committee engagement. DHS Communications often posts to promote open seats on boards and councils. If the committee has any membership openings, the committee can utilize DHS social media to promote applications. DHS Communications does not have much of a history of promoting meetings for boards and councils, however, communications is open to this for SCAODA Council meetings. Individual committee meeting promotion would be too frequent and would be information overload if all committees DHS supports decided to follow suit. DHS can also promote meetings via social media and email blasts. Boards and councils associated with DHS cannot have their own social media but DHS staff can support councils by submitting posts through DHS social media. Members can promote on their own social media their involvement with

boards and councils. If the committee has any in-person meetings, this is a good photo opportunity to make a social media post. There is room to explore how might the SCAODA website better be use for promotion. DHS staff are taking steps to ensure the meeting schedule and open membership applications are highly visible. It is also an option to use Google analytics to better understand foot-traffic on website and most frequently visited SCAODA sub-pages. There is room for DHS Communications to explore how better to promote public notice website in general, so that members of the pubic are better aware of upcoming SCAODA council meetings, but also all public meetings.

The committee discussed the SCAODA website having graphics and more color on the webpage. Particularly interested in a visual that depicts how the committees are related to SCAODA Council. Committee advocates plugging SCAODA in multiple channels to direct individuals to the site and meetings. Committee members also encouraged promoting within their own agencies.

R. Stachoviak shared DHS staffing updates, including Janet Fleege leaving her role, Anne Vulpas starting in Harm Reduction Unit Supervisor, and that Unit Supervisor positions are for the most part filled. A new State Opioid Treatment Authority (SOTA) has not yet been named. The committee inquired about an org chart, and R. Stachoviak shared that a public-facing version of the chart is being prepared and will be shared once available.

S. Johnson shared update that Paul Krupski's position has been filled by Michelle Haese. Paul will continue to represent DHS on the SCAODA, whereas Michelle will represent on opioid specific content. Michelle was hired about a month ago and is planning on attending the upcoming SCAODA Council.

R. Stachoviak confirmed that Nancy Michaud will present on Synar report and non-compliance with federal Tobacco 21 law at SCAODA Council meeting. Recently, SAMHSA communicated that states not in compliance by the end of 2024 will receive a penalty. Committee considered making a motion to encourage legislation for raising the legal age for purchasing tobacco, as Planning and Funding committee recognizes the potential impact of lost funds due to non-compliance penalty.

J. Gamez moved for the committee to request SCAODA to encourages legislation to raise legal age for purchasing tobacco to 21.

B. Collier seconded the motion.

Motion carried unanimously.

S. Weix asked if the block grant penalty would be one-time or ongoing. DHS staff responded that we have limited information in writing, however based on verbal communication we anticipate this penalty to be enforced every year not in compliance. S. Weix recommends communicating this, and that programs likely to experience cuts are not programs likely eligible for opioid settlement funds. B. Collier notes that even once in compliance, it can be difficult to resume full funding. Committee asked DHS to touch base with Prevention Committee to gauge interest in also making a motion at SCAODA Council, to strengthen the issue.

C. Ullstrup inquired about DHS Staff reporting about SUBG report at upcoming SCAODA Council.

7. Review of SCAODA Strategic Goals and Committee workplan

The committee reviewed, discussed, and made edits to the committee's work plan. The committee discussed encouraging officials to draft support for Medicaid funding 75.57, but are unsure whether needing to go to Medicaid or State legislators. The committee members will further investigate the topic, and then determine where to intervene. Consideration to bring a motion to SCAODA Council at June meeting.

8. Agenda for April

The following agenda items were noted by committee members:

- Continue building on Committee's 2023-2024 Work plan – Invite Jennifer Stegall
- Explore JUUL settlement and how dollars are being used – Invite Michelle Haese
- Encourage officials to draft support for Medicaid funding 75.57

9. Adjournment

J. Gamez moved to adjourn the meeting.

L. Van Tol seconded the motion to adjourn.

Motion carried, meeting adjourned at 11:50 a.m.

Prepared by: Kim Dawson, on 2/21/2024.

These minutes are in draft form. They will be presented for approval by the governmental body on: 4/17/2024